

TRANSPORTATION IMPROVEMENT PROGRAM FOR FY 2011-2016 PROJECT DESCRIPTION FORM



BASIC PROJECT INFORMATION

1. Submitting Agency:
2. Project Name (from CLRP Project):
3. Phase Name:

	Prefix	Route	Name	Modifier
4. Facility:				
5. From (_ at):				
6. To:				

7. Description:
8. Agency Phase ID:
9. Projected Completion Year:
10. Project Status:
 - _ New Project
 - _ In previous TIP, proceeding as scheduled
 - _ In previous TIP, delayed or reprogrammed
11. Completed:

Environmental Review

12. Type: _ PCE; _ CE; _ DEA; _ EA; _ FONSI; _ DEIS; _ FEIS; _ F4; _ N/A
13. Status: _ Proposed for preparation; _ Under preparation; _ Prepared for review; _ Under review; _ Approved

Complete Streets

13. Does this project provide for direct use by the public?
 - Yes (e.g. roadways, shoulders, sidewalks, shared use paths, street crossings, pedestrian signals, signs, street furniture, landscaping, lighting, transit stops and facilities, rail crossings)
 - No (e.g. transportation support facility, drainage project, equipment purchase/rehabilitation, environmental mitigation, enhancement/beautification, security, education/training)

If Yes, answer #14

14. The following users will be accommodated on this facility:
 - All Pedestrians Bicyclists Transit vehicles and riders Freight vehicles
 - Emergency vehicles Motorists People with disabilities
15. If no accommodations are included above, identify the reason or the specific exemptions from the appropriate Dropdown Menu :
 - As of the effective date of the adoption of the policy, at least 30% of the design phase is complete
 - The affected facility prohibits, by law, use by the user group(s) omitted above
 - The cost of accommodating the omitted user group(s) would be excessively disproportionate as compared to the need or probable use
 - There is a documented absence of a need within the design life of the facility
 - Accommodation of the omitted user group(s) on the affected facility would be inconsistent with local, State, or agency laws, policies, or plans.
 - Other (Explain: _____)

Capital Costs

FISCAL YEAR	AMOUNT	PHASE	SOURCE	FED	STA	LOC

CLRP PROJECT DESCRIPTION FORM
