

PROJECT INFORMATION (Contact NCTCOG before using this form)

1. Project Description		
1A. Length (feet or miles)		
1B. Scope of Work		
2. Implementing Agency		
3. Primary Contact for the Implementation Agency	Name/Title: Phone: e-mail:	
4. Form Preparer	Name/Title: Phone: e-mail:	
5. Date Form was Prepared		
6. Project Costs:	Total Amount (\$)	Amount of RTR Funding (\$)
• Engineering		
• Right-of-Way		
• Utility Relocation		
• Construction		
• Total		
7. Date of Cost Estimate		
8. TIP Number		
9. Project Location Map Attached	() Yes () No	
10. Briefly describe the problems/issues and how the project will eliminate or help solve them. Include any information concerning other alternatives considered during project development.		

SIMPLIFIED CHECKLIST (ALL ANSWERS MUST BE "NO")

11. Will the project require additional right-of-way?	() Yes () No
12. Will the project affect any Section 4(f) properties (parks, historical, or archeological sites)?	() Yes () No
13. Will the project require an Individual Permit under Section 404?	() Yes () No
14. Will the project require a Section 9 permit from the Coast Guard?	() Yes () No
15. Does the project impact any federal or state threatened or endangered species?	() Yes () No
16. Does the project impact known contaminated hazardous materials sites?	() Yes () No

CERTIFICATION BY AUTHORIZED REPRESENTATIVE

I certify the information provided in this form accurately reflects the status of compliance with applicable laws and regulations for the project.

Signature: _____ Date: _____

Name: _____ Title: _____

FORM ATTACHMENTS

Location Map (Question 9)	Other