

# Checklist for Federal Projects within Existing ROW

Project No. \_\_\_\_\_

Project Location: (see attached project location map) \_\_\_\_\_

Project Type: Check all that apply<sup>1</sup>

Project Manager

\_\_\_\_\_ Pavement preservation or rehabilitation  
(overlays or other methods)

Name: \_\_\_\_\_

\_\_\_\_\_ Sidewalk installation/rehabilitation

Title: \_\_\_\_\_

\_\_\_\_\_ Beautification Projects

Address: \_\_\_\_\_

\_\_\_\_\_ Bridge Replacement/rehabilitation

Address 2: \_\_\_\_\_

\_\_\_\_\_ Intersection improvements

Phone: \_\_\_\_\_

\_\_\_\_\_ Pavement Markings/ Striping<sup>2</sup>

E-mail \_\_\_\_\_

\_\_\_\_\_ Rumble Strips/ Stripes

\_\_\_\_\_ Sign Installation<sup>2</sup>

\_\_\_\_\_ Guardrail Installation

\_\_\_\_\_ Shoulder paving (No Widening)

\_\_\_\_\_ Lighting

\_\_\_\_\_ Engineering Studies

\_\_\_\_\_ Other Improvements not listed, specify type \_\_\_\_\_

<sup>1</sup> Any other type of work will require a project memo. All projects listed herein are in existing right-of-way and require no additional right-of-way acquisition to be completed. All projects listed are intended to be accomplished within the existing roadway template/ prism within previously disturbed or modified areas.

<sup>2</sup> Project will be designed in accordance with the MUTCD

## Estimated Project Costs

Federal funding amount \$ \_\_\_\_\_  
State funding amount \$ \_\_\_\_\_  
Local funding amount \$ \_\_\_\_\_  
Other funding amount \$ \_\_\_\_\_  
Total Project Cost \$ \_\_\_\_\_

Project is listed in the STIP State Transportation Improvement Program in year Yes \_\_\_\_ or No \_\_\_\_

Desired date to begin work: Month \_\_\_\_\_, Year \_\_\_\_\_

**Method of Execution of Work**

- \_\_\_\_\_ County/City will let construction work for competitive bids;
- \_\_\_\_\_ County/City will purchase materials under a competitive process and install with their own forces (force account);
- \_\_\_\_\_ County will utilize state services to let contract for competitive bids;
- \_\_\_\_\_ County/City will hire a consultant to perform engineering.

**Environmental Impacts: Check appropriate boxes**

**Section 106 (cultural Resources)**

\_\_\_\_\_ No Historic Properties are affected (No Adverse Effect or Adverse Effect will require a project memo)

**Endangered Species**

- \_\_\_\_\_ Project is in a county which has no federal threatened and endangered species
- \_\_\_\_\_ Project will have no impact on federal threatened or endangered species.

**STATE AID FOR LOCAL TRANSPORTATION  
Federal Projects within existing ROW**

**Federal Action Determination Statement**

Based on the environmental Study in accordance with 23CFR 771.117, it is determined that the proposed improvement is a Class II Action (categorical exclusion) anticipated to have no foreseeable change on the quality of the human environment.

**Recommended:**

\_\_\_\_\_  
County Engineer

\_\_\_\_\_  
Date

**Reviewed and Recommended**

\_\_\_\_\_  
District State Aid Engineer

\_\_\_\_\_  
Date

**Approved**

\_\_\_\_\_  
Director, State Aid for Local Transportation

\_\_\_\_\_  
Date