

Highway, Road or Street Improvement Work/Project (SAMPLE FORM ONLY)

GENERAL PROJECT INFORMATION	Name (County or Municipality): _____							
	Work/Project (W/P) Number: _____			Work/Project Length: _____				
	Other W/P Number: _____			Control Number: _____				
	W/P Location: _____							
	Interlocal Agreement: <input type="radio"/> Yes <input type="radio"/> No If Yes, Name of Other Entity: _____ Scope of W/P: _____							
GENERAL PROJECT INFORMATION	Reason for W/P: <i>Deteriorating Condition of:</i> <input type="checkbox"/> Road/Street surface <input type="checkbox"/> Road/Street base course <input type="checkbox"/> Bridge(s)/structure(s) (check all that apply) <i>Traffic Volume:</i> <input type="checkbox"/> Congestion/delay <input type="checkbox"/> New development or traffic generator, land use, growth <i>Safety:</i> <input type="checkbox"/> Crash History <input type="checkbox"/> Roadway/Bridge standards deficiencies (geometrics, cross-section, load limits, etc.) <i>Social:</i> <input type="checkbox"/> Community Livability (road diet, etc.) <input type="checkbox"/> Economic Development Other: _____							
	Functional Class <i>National:</i> _____			State: _____				
	Design Standards Table 2-001.			National Highway System: <input type="radio"/> Yes <input type="radio"/> No				
	Design Speed: _____ MPH, Posted/Anticipated Speed Lmt: _____ MPH							
	Avg Daily Traffic: _____ (refer to 428 NAC 2-001.03B Note 7)							
TRAFFIC STANDARDS	Initial Year (Completion of Work/Project)		Design Year (if IY ADT < 750 VPD, see instructions)					
	Initial Year (IY)	ADT (VPD)	Hvy Trucks %	Design Year (DY)	ADT (VPD)	Hvy Trucks %		
	20__			20__				
	HWY, ROAD OR STREET			EXISTING	PLANNED	PROPOSED IMPROVEMENT ^b		
				Width (ft)	Surface/Type	Width (ft)	Surface/Type	
Thru Travel Lane ^a :					Thickness (in)	Work Type *		
Traveled Way:								
Median:								
Shoulders:								
Additional Explanation:			^a Total Number Thru Travel Lanes: _____ ^b Work on Base					
* Abbreviations for Work Type : N&R = New or Reconstructed, 3R = Resurfacing, Restoration, Rehabilitation, Maint = Maintenance								
BRIDGE/STRUCTURE	BRIDGES AND STRUCTURES		EXISTING		PROPOSED IMPROVEMENT			
	Structure Number(s)		Structure Type	Condition **		Structure Type	Size	Loading, Work Type *
	City/County - NBIS			SR	SD			
				_____ <input type="checkbox"/>	_____ <input type="checkbox"/>			
				_____ <input type="checkbox"/>	_____ <input type="checkbox"/>			
Additional Explanation: _____								
** Abbreviations for Condition: SR = Sufficiency Rating (ranges from 0 to 100), SD = Structurally Deficient								
OTHER SCOPE	Other Scope of Work: <input type="checkbox"/> Grading <input type="checkbox"/> Acquire Right of Way <input type="checkbox"/> Remove Structure/Bridge (and not replace)							
	<input type="checkbox"/> Add Auxiliary Lane(s) <input type="checkbox"/> Guardrail <input type="checkbox"/> Other Utilities Work <input type="checkbox"/> Bridge Re-deck							
	<input type="checkbox"/> Sidewalk/Trail <input type="checkbox"/> Fencing <input type="checkbox"/> Lighting <input type="checkbox"/> Bridge Rail							
	<input type="checkbox"/> Removal of Roadside Obstacles <input type="checkbox"/> Curb Work <input type="checkbox"/> Traffic Control Devices <input type="checkbox"/> Storm Sewer or Culverts							
	<input type="checkbox"/> Flatten Vertical Curve(s) <input type="checkbox"/> Curb Ramp(s) <input type="checkbox"/> Construction Detour <input type="checkbox"/> Erosion Control <input type="checkbox"/> Other: _____							
ANALYSES	Drainage Study Completed for Structures/Drainage Facilities			Work/Project Relaxation of Standards Requested				
	<input type="radio"/> Yes <input type="radio"/> Pending <input type="radio"/> N/A			<input type="radio"/> Yes <input type="radio"/> Pending <input type="radio"/> N/A				
	Analyses		Cost Effective Analysis		Other Benefit/Cost Analysis			
	Completed: <input type="radio"/> Yes <input type="radio"/> Pending <input type="radio"/> N/A				<input type="radio"/> Yes <input type="radio"/> Pending <input type="radio"/> N/A			
	Nebraska licensed engineer providing design and construction phases services: <input type="radio"/> Yes <input type="radio"/> No							
COST	Construction Period (estimate): _____			Construction Start Date: _____				
	Estimated Costs	County	Municipality	State	Federal	Other	Total	
	(1,000)							
	Print Name: _____			Title: _____		Date: 7/30/2019		
	Signature: _____							