

Highway, Road or Street Improvement Sample Work/Project Form (May, 2019)

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:								
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:								
STDS	Functional Class <i>National:</i>			State:				
	Design Standards Table 2-001.			National Highway System: <input type="radio"/> Yes <input type="radio"/> No				
SP	Design Speed: _____ MPH, Posted/Anticipated Speed Limit: _____ MPH							
	Avg Daily Traffic: (refer to 428 NAC 2-001.03B Note 7)		Initial Year (Completion of Work/Project)		Design Year (if IY ADT < 750 VPD, see instructions)			
TRAFFIC			Initial Year (IY)	ADT (VPD)	Hvy Trucks %	Design Year (DY)	ADT (VPD)	
			20__			20__		
	HWY, ROAD OR STREET		EXISTING		PLANNED	PROPOSED IMPROVEMENT ^b		
			Width (ft)	Surface/Type	Width (ft)	Surface/Type	Thickness (in)	Work Type *
	Thru Travel Lane ^a :							
Traveled Way:								
Median:								
Shoulders:								
		^a Total Number Thru Travel Lanes:		^b Work on Base				
		Additional Explanation:						
* 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	Design Loading, Work Type*
	City/County - NBIS			SR	SD			
				_____	<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"/> Add Auxiliary Lane(s)	<input type="checkbox"/> Grading	<input type="checkbox"/> Guardrail	<input type="checkbox"/> Acquire Right of Way	<input type="checkbox"/> Remove Structure/Bridge (and not replace)			
	<input type="checkbox"/> Sidewalk/Trail	<input type="checkbox"/> Other Utilities Work	<input type="checkbox"/> Fencing	<input type="checkbox"/> Lighting	<input type="checkbox"/> Bridge Re-deck			
	<input type="checkbox"/> Removal of Roadside Obstacles	<input type="checkbox"/> Traffic Control Devices	<input type="checkbox"/> Curb Work	<input type="checkbox"/> Construction Detour	<input type="checkbox"/> Bridge Rail			
	<input type="checkbox"/> Flatten Vertical Curve(s)	<input type="checkbox"/> Erosion Control	<input type="checkbox"/> Curb Ramp(s)		<input type="checkbox"/> Storm Sewer or Culverts			
<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 Completed:		Cost Effective Analysis		Other Benefit/Cost Analysis			
		<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								
Construction Period (estimate):				Construction Start Date:				
COST	Estimated Costs	County	Municipality	State	Federal	Other	Total	
	(1,000)							
Print Name:			Title:		Date:			
Signature:								