

1. New Revised



Alabama Department of Transportation
Local Public Agency (LPA)
Project Programming Request

For: City County Other

TO BE COMPLETED BY ALDOT	
Control No.:	
Project ID.:	
Project Name:	
Project LPA Coordinator:	

2. LPA Name (and County):

3. Project Administrator:

4. PROJECT DESCRIPTION

Detailed Project Description (Location of Proposed Project, Logical Termini Justification, Location Map, Typical Cross Sections, etc.; attach any additional sheets necessary):

Latitude: ° ' " Longitude: ° ' " New/Reconstruction Maintenance Other

Road, Street, Trail, Historical Renovation, Other	From	To	Length	National Functional Classification	National Highway System (Yes or No)

Purpose and Need of Proposed Project (What is the problem to be resolved?):

5. FUNDING TYPE: STP BR HSIP ENH SRTS OTHER

6. ESTIMATED PROJECT FUNDING (Attach supporting documentation for estimates)

	Federal	State	Local Match	Non-participating	Total
7. PE Phase					
a. Preliminary Engineering					
b. NEPA					
c. Final Design					
d. Responsible Charge (RC)					
e. ALDOT (capped)					
PE Subtotal					
8. ROW					
9. Utilities					
10. Construction					
11. CE Phase					
a. Construction Engineering					
b. RC					
c. ALDOT (1% of construction estimate (minimum \$5,000), plus \$2,500 for audit)					
CE Subtotal					
12. Total					

13. SPECIAL ASSESSMENTWill special assessments be used to collect a portion of the required local funding match? Yes No**14. DESIGN DETAILS**

	Existing	Proposed	Remarks/Existing Conditions
a. Surface Width			
b. Surface Type			
c. Shoulder Width			
d. Shoulder Type			

15. EXISTING STRUCTURES

Structure No.	Feature Crossed	Type of Structure	Length	Width	Sufficiency Rating	Proposed Treatment

16. SCHEDULE CONSIDERATIONS (Attach explanations and supporting documentation to this form)

<i>Does the proposed project involve:</i>	Yes	No	TBD	Remarks (if Yes, please explain)	
a. ROW Acquisition (including easements)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Number of Tracts:	
b. Relocation of People or Business	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Residential <input type="checkbox"/> Business	
c. Utility Relocation or Adjustment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Gas <input type="checkbox"/> Water <input type="checkbox"/> Power <input type="checkbox"/> Phone <input type="checkbox"/> Other	
d. Railroad Involvement	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Crossing <input type="checkbox"/> Parallel <input type="checkbox"/> Within 50'	
e. Channel Changes Anticipated	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Minor <input type="checkbox"/> Major	
f. Horizontal Alignment or Realignment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	17. TRAFFIC DATA	
g. Design Exception Required	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		Current ADT
h. PE Procurement <input type="checkbox"/> RFP <input type="checkbox"/> Locally Funded					20-Year ADT
i. CE Procurement <input type="checkbox"/> RFP <input type="checkbox"/> Locally Funded <input type="checkbox"/> On-Call				% Trucks	

18. PROPOSED PROJECT SCHEDULE

a. Letting Date:	b. Begin Construction:	c. End Construction:
Project on 1- and 6-Year Plan? <input type="checkbox"/> Yes <input type="checkbox"/> No Attach 1- and 6-Year Plan Revision or New Plan Documentation		

19. ADDITIONAL REMARKS OR COMMENTS BY LPA*(Attach as needed)***20. SIGNATURES**

Requested by LPA Project Administrator (PA):	Date:
Notification to MPO (if applicable) PA signature:	Date:
Approved by ALDOT Region Engineer:	Date:
Approved by ALDOT Bureau Chief, Office Engineer:	Date:
Approved by ALDOT Chief Engineer:	Date: