

### GENERAL INFORMATION

**Preparation Date:** \_\_\_\_\_ **Project Title:** \_\_\_\_\_

**Local Entity:** \_\_\_\_\_  
(Applicant)

Is there an approved Governing Body resolution for this application  
 YES  NO  PENDING If pending, date expected \_\_\_\_\_

#### Responsible Charge

**Name:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

**Title:** \_\_\_\_\_ **Email:** \_\_\_\_\_

### PROJECT DESCRIPTION

**Project Type** (Check all that apply):

ROADWAY  BRIDGE  SAFETY  PLANNING/DESIGN  OTHER

If you chose "OTHER" please clarify here: \_\_\_\_\_

#### Project Scope:

**Project Phases** to be included in request (Check all that apply):

- PLANNING
- PRELIMINARY ENGINEERING/DESIGN
- CONSTRUCTION
- CONSTRUCTION MANAGEMENT & TESTING
- RIGHT OF WAY ACQUISITION

**Is the request to address a bridge on the NMDOT's Local Bridge Priority List for Replacement/Rehabilitation?**

NO  YES If yes, please indicate bridge #: \_\_\_\_\_

**Is the request to continue or advance a phase of a previous project?**

NO  YES If yes, please indicate funding sources and scope of previous phase below.

Funding Source: \_\_\_\_\_

Previous Phase Project Scope: \_\_\_\_\_

Completion Date of Previous Phase: \_\_\_\_\_

Current Phase being requested: \_\_\_\_\_

**Project Location**

Route Number and/or Street Name: \_\_\_\_\_

**Project Termini:**

Beginning Mile point and/or intersection: \_\_\_\_\_

Ending Mile point and/or intersection: \_\_\_\_\_

Total length of proposed project: \_\_\_\_\_

**NOTE: A local government project that is located in full or in part within a department right-of-way or NHS route must be administered in accordance with the "Tribal/Local Public Agency Handbook".**

**A local government project that ties into, connects or crosses a department right-of-way or an NHS route, or when the project may have an effect on existing improvements within department rights-of-way, requires the approval of the department.**

**Is the project located in full or in part within a department right-of-way or NHS route?**

NO  YES If yes, the project must be administered in accordance with the Tribal/Local Public Agency Handbook and follow all requirements and procedures.

**Does the project tie into, connect or cross a department right-of-way or an NHS route, or will the project have an effect on existing improvements within a NMDOT right-of-way?**

NO  YES If yes, a "Letter of Approval or Letter of Support" is required from the NMDOT District Engineer.

**Will the project impact known environmental and/or cultural resources?**

NO  YES If yes, please clarify \_\_\_\_\_

**Is this project tied to any past or future federal funding?**

NO  YES If yes, please identify \_\_\_\_\_

**Does the Local Entity intend to apply for Match Waiver Funding\*?**

NO  YES

*\*Checking this box does not guarantee Match Waiver funding, approval is based on a financial analysis from the Department of Finance and Administration.*

**PROJECT COSTS:**

Column A (Not Phased)			Column B (Phased)
If project is <b>not</b> phased, complete column A only.  If project is phased, list the amount of funding being currently requested in Column A and complete Column B.			Total Phases No. (1, 2, 3, I, II, III, etc.):
			The amount below represents the cost of the entire project and will be greater than Column A.
			Total Project Cost: <b>\$</b>
<b>Percentage Estimates:</b>			Phased projects are usually large and divided into parts or phases. Please clarify how the requested project funding relates to the total overall project. Identify future phases and estimated costs.
Total State Share	95%	\$	
Total Local Match	5%	\$	
<b>Total cost</b>	<b>100%</b>	<b>\$</b>	

LOCAL ENTITY REVIEW:			
By:	Date:	Project is Feasible:	<input type="checkbox"/> Yes <input type="checkbox"/> No
NMDOT DISTRICT REVIEW:			
By:	Date:	Project is Feasible:	<input type="checkbox"/> Yes <input type="checkbox"/> No

<p><u>NMDOT District comments.</u></p>
<p><u>NMDOT Environmental Bureau comments.</u></p>

**Topics to discuss during all PFF meetings:**

- Is this project included in any other planning documents? (Comprehensive Plan, ICIP, etc.)
- Does the Local Entity have the minimum match required for the project? If not, does the Local Entity intend to apply for a match waiver?
- If match waiver is not approved will the Local Entity still be able to complete the project?
- Does the Local Entity have a good track record for responsible use/tracking of state funds? Have they met closeout deadlines? Have they successfully completed other state funded projects in a timely manner?
- Has the Local Entity had any issues with design/construction in the past?
- Does the Local Entity have major audit findings that would prevent them from being a responsible fiscal agent?

**Additional topics to discuss during PFF meetings ONLY if project is on or intersects with an NMDOT or NHS route:**

- Is the Local Entity familiar with the NMDOT T/LPA Handbook? Has the person in responsible charge attended one of the T/LPA Handbook trainings?
- Is the project within NMDOT ROW? If so, does the district support the project?
  - Are agreements necessary for maintenance and operations? (Lighting agreements, landscaping, etc.)
  - Will the District require the Local Entity to follow specific criteria/specifications if project is awarded?
- The Local Entity must follow the NMDOT specifications as outlined in the “Specs for Highway and Bridge Construction” unless the appropriate NMDOT Design Center grants permission prior to design for the Local Entity to use other specs.