

For more information on completing this form, refer to the *DR 530 Guidance Document*.

1. New Revised
 State of Nebraska Department of Roads
Local Public Agency (LPA)
Project Programming Request

For: City County Other

2. LPA Name (and County):
 3. Responsible Charge:

TO BE COMPLETED BY NDOR	
Control No.:	
Project No.:	
Project Name:	
Project Coordinator:	

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 (Infrastructure) _____

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

	FFY of TIP/STIP	Federal	Local Match	Nonparticipating	Other	Total
7. PE Phase						
a. PE						
b. NEPA						
c. Final Design						
d. RC						
e. NDOR						
PE Subtotal						
8. ROW						
9. Utilities						
10. Construction						
11. CE Phase						
a. CE						
b. RC						
c. NDOR						
CE Total						
12. TOTAL						

13. OTHER CONSIDERATIONS

- a. Will special assessments district(s) be used to collect a portion of the required local funding match? Yes No
- b. Project on One- & Six-Year Plan? Yes No Attach One- and Six-Year Plan Revision or New Plan Documentation.

14. DESIGN DETAILS

	Existing	Proposed	Remarks/Existing Condition
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)

Is there an expectation that the proposed project will involve any of the following:

Yes No

a. ROW Acquisition (including Easements)	<input type="checkbox"/>	<input type="checkbox"/>	Estimated No. of Tracts:			
b. Relocation of Residences or Businesses	<input type="checkbox"/>	<input type="checkbox"/>	Residences	Businesses		
c. Utility Relocation or Adjustment	<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"/> Crossing	<input type="checkbox"/> Parallel	<input type="checkbox"/> Within 50'	
e. Channel Changes	<input type="checkbox"/>	<input type="checkbox"/>				
f. New Horizontal Alignment	<input type="checkbox"/>	<input type="checkbox"/>				
g. Design Relaxation or Exception	<input type="checkbox"/>	<input type="checkbox"/>				
h. NDOR Permit to Occupy	<input type="checkbox"/>	<input type="checkbox"/>				
i. Has ROW already been acquired?	<input type="checkbox"/>	<input type="checkbox"/>	17. TRAFFIC DATA			
			Current ADT			
j. PE Procurement <input type="checkbox"/> RFP <input type="checkbox"/> Locally Funded			Design Year ADT			
k. CE Procurement <input type="checkbox"/> RFP <input type="checkbox"/> Locally Funded <input type="checkbox"/> On-Call			% Trucks			

18. ADDITIONAL REMARKS OR COMMENTS BY LPA

(Attach as needed)

19. SIGNATURES

Requested by LPA Responsible Charge:	Date:
Approved by MPO (if applicable):	Date:
Recommended by NDOR Section Head:	Date:
Approved by NDOR Local Projects Engineer:	Date:
Approved by NDOR Program Management Engineer:	Date:

This is not a contractual agreement.