

**STAGE 0
MPO INITIATED PROJECT
Preliminary Scope and Budget Checklist**

MPO AREA _____

Local Street Name _____ City / Town _____ Parish _____

If project is on a state route: State Route Number _____ Control Section _____

Beginning Log Mile _____ Ending Log Mile _____

Total Project Length _____ (miles) * Please provide a detailed map showing project limits *

Project Category (Urban System, Safety, Capacity, etc.) _____

Purpose and need for the project: _____

B. Project Concept

- Description of existing facility (functional class, ADT, number of lanes, drainage, etc):

- Major Design Features/Criteria of the Proposed Facility: _____

- Alternatives to Project Concept: _____

C. Transit Applications: _____

D. Cost Estimate

Phase	Total Estimated Cost	Funding Source (STP>200K, STP<200K, CMAQ, DEMO, DOTD Priority Program)	Match Provided By (City, Parish, State, Other...)	TIP Fiscal Year
Environmental (document,mitigation,etc.)				
Engineering Design				
R/W Acquisition (C of A if applicable)				
Utility Relocations				
Construction				
Construction Engineering & Inspection Services				
TOTAL COST				

E. Prepared By: _____

Date: _____

NOTE: Attach the completed Environmental Checklist