

Transportation Improvement Program



CONTACT	Contact Information	
	Contact Person _____	Title _____
	Mailing Address _____	
	City _____	Zip Code _____
	Phone _____	Email _____

Priority	Listed in TIP 2013-2016		Project Name
	Yes	No	
		✓	Resurfacing Bridgeport Rd (Highland Rd - Rt 77 to Rt 77)
		✓	Resurfacing Highland Rd (Bridgeport Rd - Rt 77 to Highland Rd)
		✓	Resurfacing East Rd (Rt 179 to Rt 81)
	✓		Fish Rd (Rt 24 to Mass.)
	✓		Fish Rd (Rt 177 to Rt 24)
	✓		Intersection Safety Improvements to Canning Boulevard at Stafford Road Tiverton - Roundabout
		✓	Resurfacing Rt 24 (Rt 138 to Massachusetts S/L)
		✓	Resurfacing Rt 77, Main Rd (Central Ave to Fairfield Ave)
		✓	Old Crandall Rd 1 Bridge at Adamsville Brook
		✓	Nannaquaket Rd Bridge at Nannaquaket River
		✓	Old Crandall Rd 2 Bridge at Adamsville Brook
		✓	Eagleville Road SB at RI 24 SB
		✓	Nannaquaket Pond Bridge at RI 77 Main Rd
		✓	Nonquit Pond Bridge at Pond Bridge Rd
		✓	Beattie Brook Bridge at Nannaquaket Rd
		✓	Sin & Flesh Brook Bridge at Old Main Rd
		✓	Eight Rod Way-Fish Rd NB at RI 24 NB
		✓	Eagleville Road NB at RI 24 NB

Project Prioritization *(continued)*

PROJECT PRIORITIZATION

Priority	Listed in TIP 2013-2016		Project Name
	Yes	No	
		✓	Tiverton Four Corners Bridge, RI 77 West Main Rd at Borden Brook
		✓	Adamsville Fall River Bridge, RI 81 Crandall Rd at Adamsville Brook
		✓	Eight Rod Way, Fish Rd at RI 24 SB
	✓		
	✓		
		✓	
		✓	
	✓		

See Sheet #2 for more.

Required Public Hearing

The required public hearing was held on _____

Applicant Certification

The information provided on this application is in accordance with local regulations and ordinances.

Applicant

Title

Chief Executive Officer Signature

Date

CERTIFICATION

Submittal Checklist

- 3 collated copies of complete TIP submittal package
 - Project Prioritization Cover Sheet
 - New Project Application Form for each new project
 - 2-page narrative on evaluation criteria
 - 8.5" x 11" PDF map of project location

Email a copy of complete TIP submittal package to Kimberly.Crabill@doa.ri.gov or provide on a CD

Submit complete TIP submittal package to:

Rhode Island Statewide Planning Program
ATTN: Kimberly Crabill
One Capitol Hill
Providence, RI 02908

CHECKLIST

ALL APPLICATIONS ARE DUE BY 3:00PM ON FRIDAY, JANUARY 8, 2016

Project Prioritization Cover Sheet | Town of Tiverton

Transportation Improvement Program

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Project Prioritization *(continued)*

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	✓		
		✓	
		✓	
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New Project Application

Transportation Improvement Program



CONTACT

Contact Information

Agency/Organization _____

Contact Person _____ Title _____

Mailing Address _____

City _____ Zip Code _____

Phone _____ Email _____

PROJECT INFORMATION

Type of Project *select all that apply*

Bridge

Pavement

Drainage

Planning

Traffic

Transit

Bicycle

Pedestrian

Transportation Enhancement

Other _____

Project Description

Project Title _____

Location by Street Name _____

Project Limits - From _____ To _____

Please include an 8.5" x 11" map of the site, indicating project limits.

Provide a brief description of the proposed project:

Describe need for proposed project:

Describe anticipated municipal or state transportation network or economic development benefits:

- Is the project consistent with the local Comprehensive Plan? Yes No
- Is the project on the Federal Aid System? Yes No
- Is the project on the National Highway System? Yes No

CRITERIA

Evaluation Criteria

Please address the following topics as they relate to the project. Refer to “An Overview of TIP Guiding Principles” for more information. Submission **must not exceed** 2 pages, single-spaced, 12-point font.

- 1. Mobility Benefits
- 2. Cost Effectiveness
- 3. Economic Development
- 4. Environmental Impact
- 5. Supports Local and State Goals
- 6. Safety and Security
- 7. Equity

PROJECT ESTIMATES

Project Estimates

	ROW	Study	Design	Construction	Total
Estimated Project Costs					
				Total Cost	
				Amount Requested through TIP Process	

Is there funding from other sources committed to this project? Yes No

Source	Amount
	Total

Estimated date of construction _____

CERTIFICATION

Applicant Certification

I attest that the information provided on this application is in true and accurate.

Applicant’s Signature

Date

Chief Executive Officer’s Signature

Date

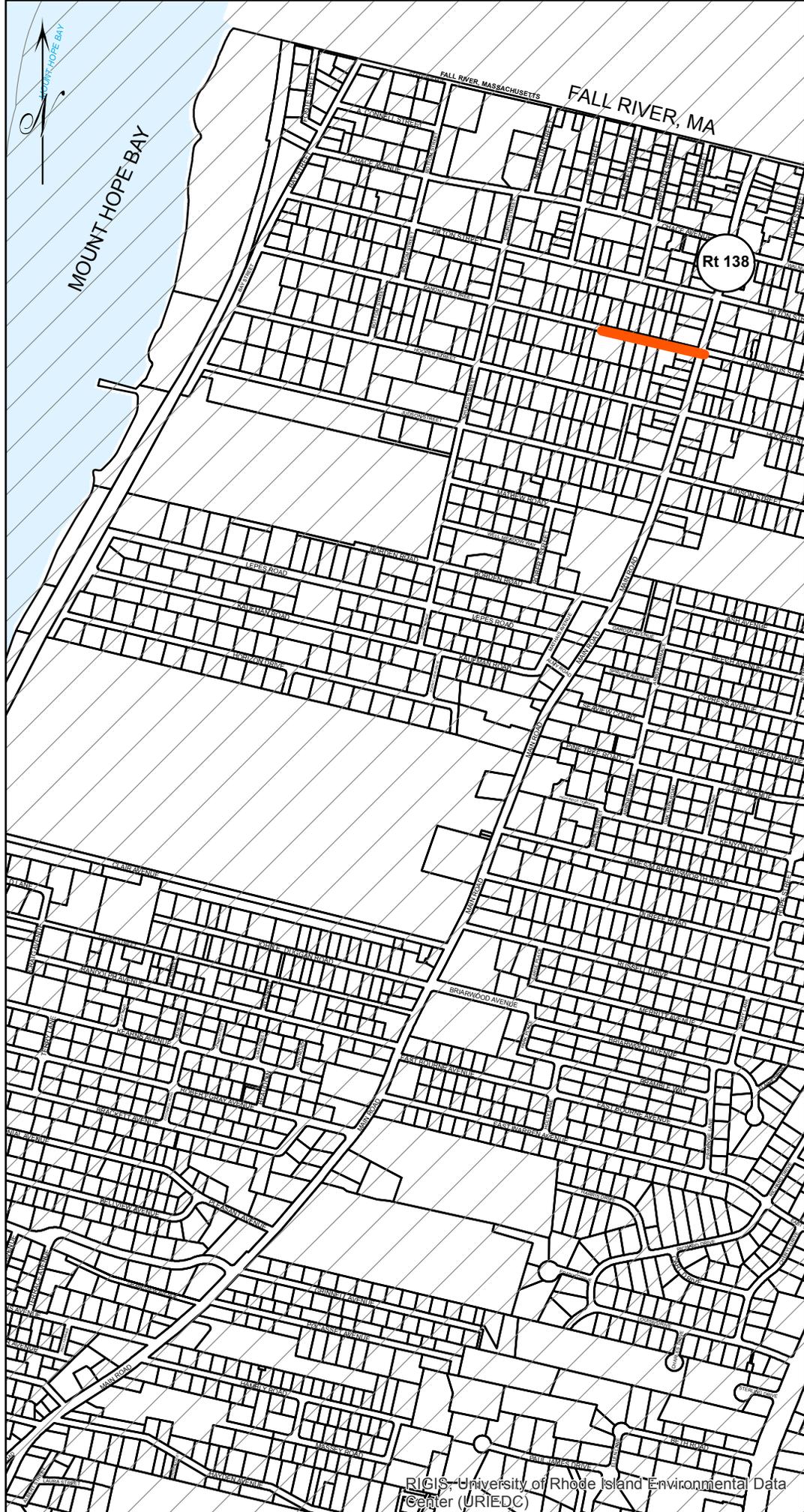
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Transportation Priorities

Town of Tiverton

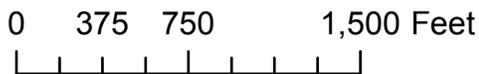


#8 - Canonicus St
Reconstruction



Legend

- Urban Services Area
- Parcels
- Canonicus St Reconstruction



New Project Application

Transportation Improvement Program



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Mailing Address _____

City _____ Zip Code _____

Phone _____ Email _____

PROJECT INFORMATION

Type of Project *select all that apply*

Bridge

Pavement

Drainage

Planning

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- | | |
|-------------------------|-----------------------------------|
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| 2. Cost Effectiveness | 6. Safety and Security |
| 3. Economic Development | 7. Equity |
| 4. Environmental Impact | |

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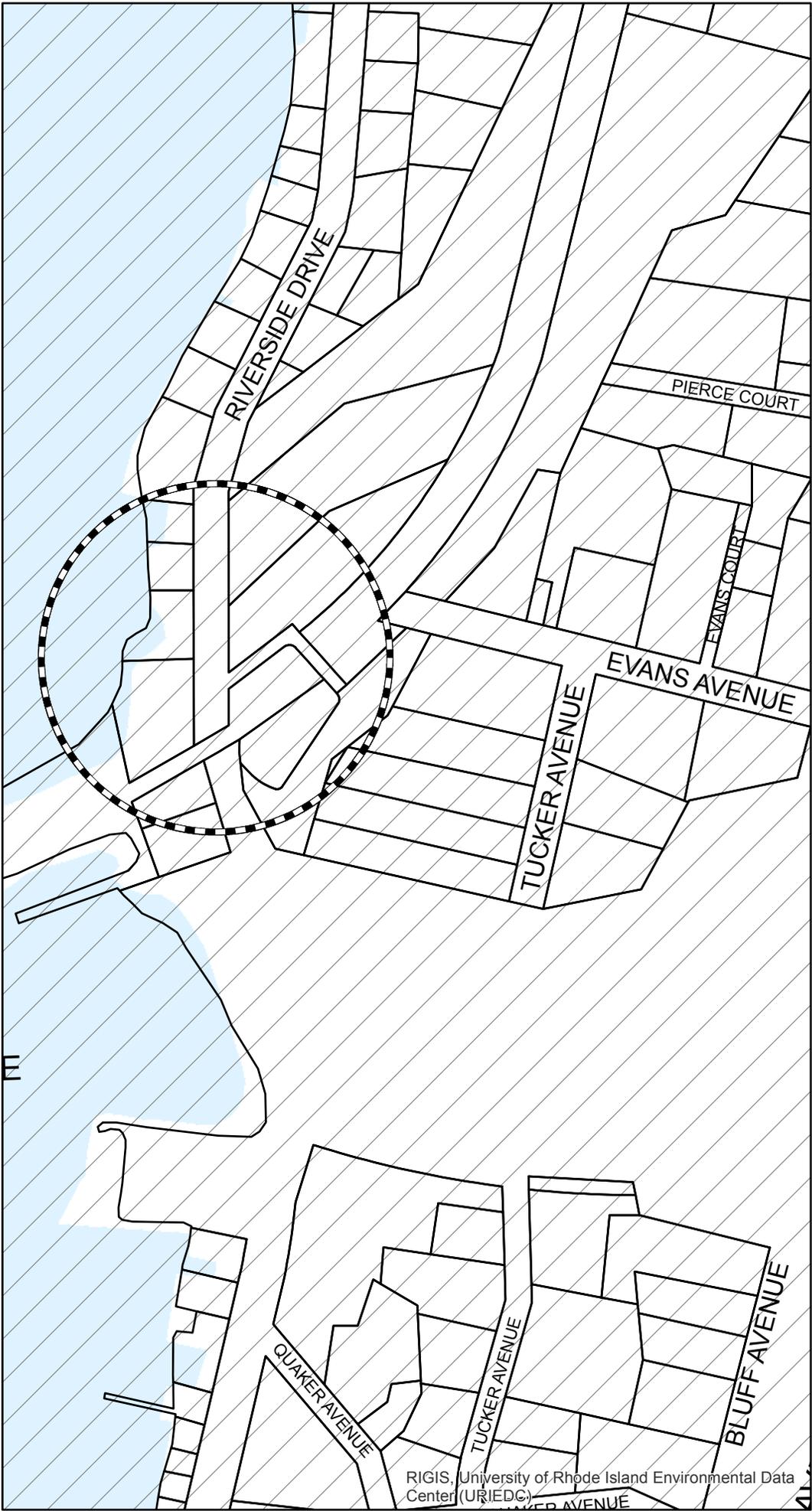
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Transportation Priorities

Town of Tiverton

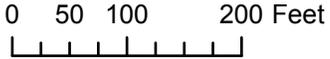


#7 - Riverside Drive Culvert



Legend

- Parcels
- Urban Services Area



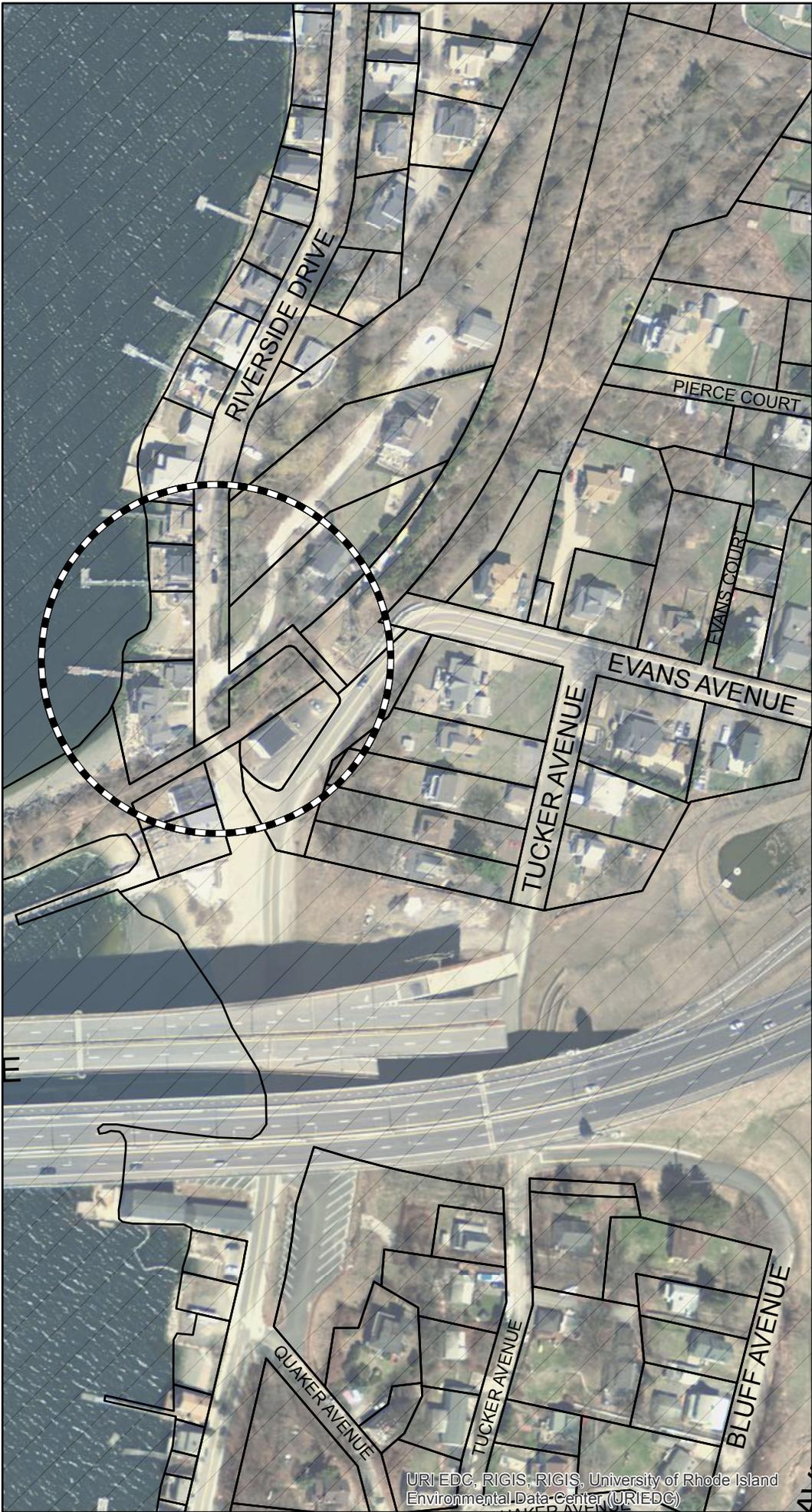
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December, 2015
For Planning Purposes Only
Not Survey Data

Transportation Priorities

Town of Tiverton

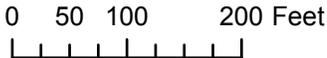


#7 - Riverside Drive Culvert



Legend

-  Parcels
-  Urban Services Area



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Transportation Improvement Program



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