

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 Old Flat River Rd (Rt 117 to Rt 117)
		✓	Resurfacing Old Summit Rd & Susan Bowen Rd (Rt 117 to Rt 117)
		✓	Resurfacing Rt 3, Cowesett Ave and Tiogue Ave (Pilgrim Ave to Rt 2)
		✓	Unnamed Stone Arch, RI 115 Main St at Mill Canal
		✓	Washington RI Bridge, South Main St at Pawtuxet River SW Branch
		✓	Log Bridge, RI 102 Victory Hwy at Quidnick Brook
		✓	Johnsons Pond Bridge, Hill Farm Rd at Johnson's Pond
		✓	Coventry Center Bridge, Old Flat River Rd at Flat River Reservoir
		✓	Summit Bridge, Old Summy Rd at Bucks Horn Brook
		✓	Interlaken Bridge, RI 115 Main St at Mill Canal
		✓	Harris Bridge, Lincoln Ave at Pawtuxet River N Branch
		✓	Fairbanks Bridge, RI 14 Plainfield Pk at Moosup River
		✓	Bucks Horn Brook Bridge, RI 117 Flat River Rd
		✓	Sandy Bottom Bridge, RI 33 Sandy Bottom Rd at Pawtuxet River
		✓	Harkney Hill Rd Bridge at Johnson Pond
		✓	Green Bridge, RI 117 Flat River Road at Bucks Horn Brook
		✓	Town Farm Culvert, RI 117 Flat River Road at Flat River
		✓	Spring Lake Bridge, RI 3 Nooseneck Hill Rd at Mishnock River

Project Prioritization *(continued)*

PROJECT PRIORITIZATION

Priority	Listed in TIP 2013-2016		Project Name
	Yes	No	
		✓	Tiogoue Lake Bridge, RI 3 Tiogoue Rd at Dyer Brook
		✓	Maple Valley Road Bridge at Flat River
		✓	Hill Street Bridge at Pawtuxet River N Branch
		✓	Cahoone Road Bridge at Bucks Horn Brook
		✓	Nicholas Road Bridge at Roaring Brook
		✓	Summit RR Bridge, RI 102 Victory Hwy at bridle/hiking trail
		✓	Unnamed Stone Arch, RI 115 Main St at Mill Canal
		✓	Barbs Hill Road Brudge at Mossup River

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

Transportation Improvement Program



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

PROJECT PRIORITIZATION	Project Prioritization <i>please use an additional sheet if necessary</i>			
	Priority	Listed in TIP 2013-2016		Project Name
		Yes	No	

CERTIFICATION	Applicant Certification	
	The information provided on this application is in accordance with local regulations and ordinances.	
	Applicant _____	Title _____
	Signature _____	Date _____

Submittal Checklist

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Project Prioritization Cover Sheet

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Rhode Island Statewide Planning Program

ATTN: Kimberly Crabill

One Capitol Hill

Providence, RI 02908

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

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.

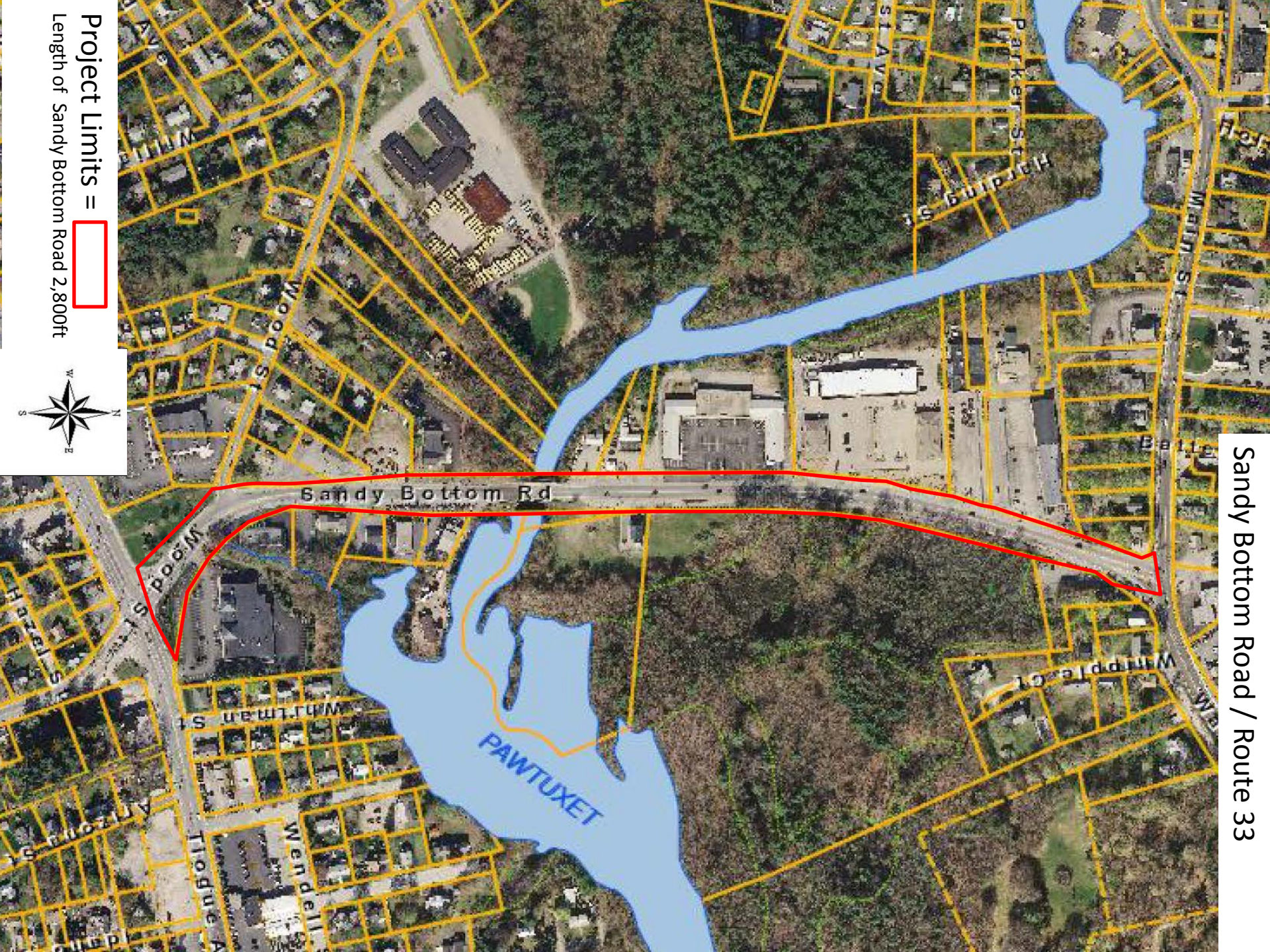
Applicant's Signature

Date

Chief Executive Officer's Signature

Date

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



Project Limits =



Length of Sandy Bottom Road 2,800ft

