## Project Data Sheet Template

**North Carolina Department of Transportation**

**Project Data Sheet**

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| **Essential Project Information** | |
| STIP Project Name |  |
| STIP Number |  |
| County |  |
| NCDOT Division |  |
| ROW Date |  |
| LET Date |  |
| Schedule Considerations | *Is the project being accelerated? Is the project tied to another project? Is it design build?* |
| Cost Estimates | *Are there any cost estimates beyond those included in the STIP (i.e., those included in a feasibility study)?* |
| Funding Type | *Is federal or state funding being used? Are there any special funding considerations like grants or local funds?* |
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| **Proposed Project Details** | |
| Project Description |  |
| Project Limits |  |
| Typical Section |  |
| Access Control |  |
| Design Speed |  |
| Right-of-Way Width |  |
| Physical or Engineering Constraints | *These may include rivers, cemeteries, geologic constraints, utilities, and other concerns that could drive the alternatives and/or create potential design exceptions.* |
| Other Considerations |  |
| Survey Request Date |  |
| Design Plan |  |
| Construction Recommendation | *Include relevant information from the Construction Recommendation Excel Sheet.* |
| Consultant Involvement | *Did the consultant begin work under a Limited Notice to Proceed? If so, what is the anticipated date for Task Order 2?* |
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| **Project History** | |
| Planning Studies |  |
| SPOT Description | *Provide the project description from the most recent SPOT analysis.* |
| Feasibility Studies | *Describe any feasibility studies that have included the project corridor.* |
| Problem Statement | *Provide any previous problem statements from the CTP or Feasibility Study.* |
| Alternatives Previously Dismissed and Why |  |
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| **Purpose & Need** | |
| Purpose | *Provide the purpose of the project, if one has been identified in prior planning studies.* |
| Need(s) | *Provide the need for the project, if one has been identified in prior planning studies.* |
| Supporting Data | *Are there any studies or other documents that demonstrate the need for the project? For example, if the project is needed because of traffic congestion, has a forecast been prepared?* |
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| **Alternatives Currently Under Consideration** | |
| Alternative 1 |  |
| Alternative 2 |  |
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| **Public and Agency Coordination** | |
| Anticipated Permits | *Describe potential 404 permitting and any other anticipated permits (CAMA, FERC, TVA, US Coast Guard, etc.)* |
| Federal Agency Involvement | *Who is the lead federal agency? Which agencies will be otherwise involved?* |
| Public Involvement Strategy | *This is different and more inclusive than a Public Involvement Plan. A public involvement strategy is dynamic and subject to change.* |
| Merger Screening Date | *Was the project screened into Merger? What issues arose during screening?* |
| Potential Merger Triggers |  |
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| **Existing Conditions** | |
| Functional Classification |  |
| Strategic Highway Corridor |  |
| AADT |  |
| Access Control |  |
| Typical Section |  |
| Right-of-Way Width |  |
| Posted Speed |  |
| Structures (bridges, RCBC, etc.) |  |
| Railroad Involvement |  |
| Other Adjacent STIP Projects |  |
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| **Preliminary Resource Inventory Table** | |
| Utilities |  |
| Hazardous Materials |  |
| Known Potentially-Eligible National Register of Historic Places Sites/Districts |  |
| Other Cultural Resources | *Known archaeological resources? Tribal resources? Other potentially historic properties or districts?* |
| Wetlands |  |
| Streams |  |
| FEMA Floodplain Detailed Study Area |  |
| Water Supply Watersheds |  |
| Riparian Buffer Rules |  |
| Active Agriculture |  |
| Parks, Greenways, Game Lands, Section 4(f) & Section 6(f) Properties |  |
| Environmental Justice Populations |  |
| Other Resources (i.e., Wild and Scenic Rivers, TVA, Scenic Byways, etc.) | *Wild and Scenic Rivers? TVA Properties? Scenic Byways?* |

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| **Project Management Approval** | |
| The need for the proposed change is sufficient to justify the impacts to the scope, schedule, and budget. | |
| **Project Manager** | |
| Name |  |
| Signature |  |
| Date |  |
| **Supervisor** | |
| Name |  |
| Signature |  |
| Date |  |

*Attach General Study Area Map and CE Screening Report Here*