See the PS&E Checklist Narrative for additional information and instructions. **Items in bold text below are critical**. **Only Yes or N/A answers can be given in order to for PS&E to be approved.**

| PROJECT INFORMATION – Designer (*Complete this section and include with Stage 3 submittal. Use the prefix “FT”*) |
| --- |
| Contract No.:       | Des. No.:       |
| Route:       | County:       |
| INDOT District: Click to Select  | Construction Estimate at Stage 3:       |
| Scheduled Letting Date:       | Contract Completion Date:      (project manager completes) |
| Location (as shown in SPMS):       |
| Project Description (as shown in SPMS): Click to Select |
| Design Criteria: Click to Select | Roadway Classification Functional: Click to SelectContext: Click to Select |
|   |  |
| Highway System (Check all that apply) |  |
| National Highway System |[ ]   |
| State Highway System |[ ]   |
| National Truck Network |[ ]   |
| Local Agency |[ ]   |

| PLANS – Plan Reviewer |
| --- |
| Items | Response | Comments |
| 1 | Engineers/Scope Report  | Date Approved /Amended:       | Click to Select |  |
| 2 | Hydraulic Review  | Date Approved:      | Click to Select |  |
| 3 | Geotechnical  | Date Approved:      | Click to Select |  |
| 4 | Pavement Design | Date Approved:      | Click to Select |  |
| 5 | Are pedestrian facilities designed in accordance with the PROWAG? | Click to Select |  |
| 6 | If existing pedestrian facilities are impacted during construction, does the MOT address alternate routes for pedestrians? | Click to Select |  |
| 7 | Does the project have a Transportation Management Plan (TMP) that complies with the Work Zone Safety & Mobility Rule and the Temporary Traffic Control Devices Rule in the 23 CFR 630 Subparts J & K? | Click to Select |  |
| 8 | For any project on or over an Interstate, is an Interstate Highway Congestion Policy (IHCP) exception required?If “Yes”, date approved:      Are the IHCP exception approved lane closure and mitigation requirements included in the contract documents? | Click to SelectClick to Select |  |
| 9 | Does the project involve new or modified Interstate access and require an Interstate Access Document (IAD)?If “Yes”, date FHWA approved:       | Click to Select |  |
| 10 | Is the Level 1 Checklist submitted? | Click to Select |  |
| Are there Level 1 Design Exceptions for the project? | Click to Select |
| Are the Level 1 Design Exceptions approved? | Click to Select |
| **List Level 1 Design Exceptions (DE)** | Approval Dates |
| Design Criteria (select all that apply) | INDOT | FHWA |
| [ ]  Design Speed |       |       |
| [ ]  Lane Width |       |       |
| [ ]  Shoulder Width |       |       |
| [ ]  Design Loading Structural Capacity |       |       |
| [ ]  Horizontal Curve-Minimum Radius |       |       |
| [ ]  Stopping Sight Distance-Horizontal Curve |       |       |
| [ ]  Stopping Sight Distance-Vertical Curve |       |       |
| [ ]  Maximum Grade |       |       |
| [ ]  Travel Lane-Cross Slope |       |       |
| [ ]  Superelevation Rate |       |       |
| [ ]  Minimum Vertical Clearance |       |       |
| [ ]  ADA |       |       |
| 11 | If non-participating items are included in the project, are they listed separately with an asterisk in the construction estimate? | Click to Select |  |
| 12 | Are proprietary items included in the contract documents?If “Yes”, has their use been approved? | Click to SelectClick to Select |  |
| 13 | Is the final design estimate complete and reasonable? | Click to Select |  |
| **INDOT / LPA Plan Reviewer** (Items 1 - 13) |
| Name:  | Comments:  |
| Date:  |
| Phone:  |
| E-Mail: |

| PLANNING/FUNDING – Project Manager |
| --- |
| Item | Response | Comments |
| 14 | Is the project programmed in the current Statewide Transportation Improvement Program (STIP) and/or approved amendments or modifications?If “Yes”, list STIP reference and date in the Comments Is the project funded with a Metropolitan Planning Organization (MPO) /Metropolitan Transportation Plan, Transportation Improvement Program (TIP) and/or approved amendments or modifications?If “Yes”, list TIP reference and date in the Comments If it has an approved Amendment or Modification, list Amendment or Modification number in the Comments. | Click to SelectClick to Select |  |
| 15 | Is the project required to be on the Federal-aid system? | Click to Select |  |
| 16 | Is a Value Engineering Study required for this project?(An NHS bridge project exceeding $40 million, or $50 million all other NHS projects)If “Yes”, has a value engineering study been completed? | Click to SelectClick to Select |  |
| 17 | **If the total project cost is between $100 million and $500 million:****Has an Initial Financial Plan been completed?****If applicable, have annual updates been completed?** **If “Yes”, list approval date in Comments** | Click to SelectClick to Select |  |
| 18 | **If the total Project Cost is $500 million or more:****Has a Project Management Plan (including initial Financial Plan) been completed? If “Yes”, list approval date in Comments****Was a Cost and Schedule Risk Assessment (CSRA) completed?** **If “Yes”, list date of review in Comments** | Click to SelectClick to Select |  |

| ENVIRONMENTAL – Project Manager |
| --- |
| Item | Response | Comments |
| 19 | **Is the NEPA document complete?****If “Yes”, list date in the Comments** **Type of Environmental Document:** Click to Select**Is a re-assessment or re-evaluation of the environmental document required?** **If “Yes”, list date(s) for all Additional Information (AI) in Comments** | Click to SelectClick to Select |  |
| 20 | Has the Environmental Consultation Form (ECF) been approved?If “Yes”, list date approved in CommentsIf “No” due to incomplete permits, has a USP been submitted? | Click to SelectClick to Select |  |
| 21 | Have environmental commitments been incorporated into the final design and contract documents? | Click to Select |  |
| 22 | Have all waterway permits been received?If “No”, a USP is required.(Select all permits required.) | Click to Select |  |
| [ ]  IDEM Section 401 NWP [ ]  RGP [ ]  IP [ ]  |
| [ ]  USACE Section 404 NWP [ ]  RGP [ ]  IP [ ]  |
| [ ]  IDNR Construction in Floodway (CIF) |
| [ ]  Construction Stormwater General Permit (CSGP) |
| [ ]  County Drainage Board Permit – Name of County:       |
| [ ]  US Coast Guard |
| [ ]  Other:       |

| RIGHT-OF-WAY, UTILITIES, AIRPORT AND RAILROAD – Project Manager |
| --- |
| Item | Response | Comments |
| 23 | **Has all Right-of-Way for this project been secured and certified by all affected parties? If “No”, provide a detailed explanation.****If “Yes”, list Right-of-Way Certificate approval date in Comments** | Click to Select |  |
| 24 | List Type of Right-of-Way Certificate Click to SelectIf the Right-of-Way Certificate is a Level 2 or Level 3, has FHWA approval been given?If “Yes”, list FHWA approval date in Comments | Click to Select |  |
| 25 | If Right-of-Way is not clear prior to letting, are appropriate restrictions included in the contract documents? | Click to Select |  |
| 26 | List Type of Utility Certificate: Click to SelectProvide date of certificate in the CommentsDoes it have exceptions? | Click to Select |  |
| 27 | If Utility relocations are required but not completed prior to construction authorization, are proper stipulations contained in the contract? | Click to Select |  |
| 28 | Has railroad coordination certification been completed?If the project requires use of or adjustment to railroad facilities, has a railroad agreement been approved? List name of Railroad, RR Agreement Number, and date approved in Comments If “No”, has the USP been submitted?Are liability insurance requirements provided in the proposal? | Click to SelectClick to SelectClick to SelectClick to Select |  |
| 29 | If the project is within 4 miles of an airport. Has coordination with FAA been completed? | Click to Select |  |

| EXPERIMENTAL, WARRANTIES, INCENTIVE/DISINCENTIVE, STATE FURNISHED MATERIAL – Project Manager |
| --- |
| Item | Response | Comments |
| 30 | If applicable, has a FHWA approval letter been included for use of experimental features? | Click to Select |  |
| 31 | If there are guarantees or warranties and the project is on the NHS, has their use been approved by FHWA or State for delegated projects? | Click to Select |  |
| 32 | If there are any incentive / disincentive clauses, have they been reviewed and approved by FHWA or State for delegated projects? | Click to Select |  |
| 33 | If State furnished material (other than signal controllers), borrow or disposal sites are specified in the contract, has a public interest finding been completed with FHWA concurrence? | Click to Select |  |

| FINAL TRACINGS – Project Manager  |
| --- |
| Item | Response | Comments |
| 34 | If non-participating items were added after Stage 3 review, are their funding codes “01Z” (non-participating) in CES? | Click to Select |  |
| 35 | If proprietary items were added after Stage 3 review, has their use been approved? | Click to Select |  |
| 36 | Are previous review comments resolved and incorporated into the Final Tracings plans/contract documents? | Click to Select |  |
| 37 | Has a realistic construction completion date been set?(Add date in Project Information section.) | Click to Select |  |

| **INDOT Project Manager** (Items 14 - 37) |
| --- |
| Name:  | Comments:  |
| Date:  |
| Phone:  |
| E-Mail:  |

| CONTRACT – Contract Administration  |
| --- |
| Item | Response | Comments |
| 38 | **If procurement is not through competitive bidding, has a cost effectiveness finding been approved by FHWA?** | Click to Select |  |
| 39 | **Does the proposal contain:*** **FHWA-1273, Contract Provisions [633.102(b)]**
* **US Department of Labor Wage Rate General Decision Number**
* **Title VI Assurances**
 | Click to Select |  |
| 40 | **Was a DBE goal established for the contract?****If “Yes”, list goal in Comments** | Click to Select |  |
| 41 | If less than a 3-week advertisement period is requested, is the request appropriate and approvable as part of the PS&E? | Click to Select |  |
| 42 | Have prior comments, including phase I PS&E been addressed? | Click to Select |  |
| 43 | Final construction cost estimate submitted?CE cost total to match/approx. List FMIS request in Comments  | Click to Select |  |
| **INDOT Contract Administration** (Items 38 - 43) |
| Name:  | Comments: |
| Date:  |
| Phone:  |
| E-mail:  |

***INDOT Review & Approval:***

Name:

Date:

Phone/Email:

[ ]  INDOT hereby submits Phase 1 PS&E to FHWA for review and comments.

[ ]  INDOT hereby submits Phase 2 PS&E to FHWA, requesting approval.

**FHWA Review Comments (if Full Oversight/PODI):**

[ ]  Comments included on attached comment sheet.

[ ]  No comments

**FHWA Signature (required for Full-Oversight Project/PODI):**

*Reviewed and approved by:*  *Date:*

PS&E has been approved and is ready for advertisement with the following conditions:

[ ]  No conditions