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 Select  Context: 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 Select  Click 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 Select  Click 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 Select       Click 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 Select  Click 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 Select  Click 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 Select  Click 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 Select  Click to Select |  |
| 20 | Has the Environmental Consultation Form (ECF) been approved?  If “Yes”, list date approved in Comments  If “No” due to incomplete permits, has a USP been submitted? | Click to Select     Click 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 Select  If 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 Select  Provide date of certificate in the Comments  Does 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 Select  Click to Select  Click to Select  Click 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