

Agency: \_\_\_\_\_ Date: \_\_\_\_\_

Project: \_\_\_\_\_ Project #: \_\_\_\_\_

Project Limits: \_\_\_\_\_

Reviewing Team: \_\_\_\_\_

**Project Characteristics**

Length: \_\_\_\_\_ Cost: \$ \_\_\_\_\_ Cost/Unit Length: \$ \_\_\_\_\_

- |  |  |  |  |
|--|--|--|--|
| Major Structure                          | <input type="checkbox"/> Yes <input type="checkbox"/> No | Includes items that have questionable, complex, or costly function | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Extensive R/W                            | <input type="checkbox"/> Yes <input type="checkbox"/> No |  |  |
| Complex project                          | <input type="checkbox"/> Yes <input type="checkbox"/> No |  |  |
| Includes items that appear too costly    | <input type="checkbox"/> Yes <input type="checkbox"/> No | Includes items difficult to construct                              | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Includes critical or expensive materials | <input type="checkbox"/> Yes <input type="checkbox"/> No | Complicated or costly traffic control or detours                   | <input type="checkbox"/> Yes <input type="checkbox"/> No |

Horizontal Alignment:

Vertical Alignment:

Materials Source:

Design Concept:

Other Considerations:

Other Alternatives Considered:

**Major High Cost Items and Potential  
Cost Saving Ideas**

**Cost**

**Potential Savings**

(1)

\$ \_\_\_\_\_

\$ \_\_\_\_\_

(2)

\$ \_\_\_\_\_

\$ \_\_\_\_\_

(3)

\$ \_\_\_\_\_

\$ \_\_\_\_\_

Conclusions and Recommendations:

Approving Authority Recommendations: