



GREATER *BUFFALO-NIAGARA* REGIONAL TRANSPORTATION COUNCIL

INITIAL PROJECT PROPOSAL

PIN: _____

DATE SUBMITTED: _____

PROJECT TITLE: _____

FUNCTIONAL CLASSIFICATION: _____ FEDERAL AID SYSTEM: Interstate NHS Non-NHS

PROBLEM DESCRIPTION: _____

PROPOSED OBJECTIVES *(see description)*: _____

PRELIMINARY SOLUTION: _____

RELATIONSHIP TO LONG RANGE PLAN *(see description)*:

GOAL: _____

PERF. _____

MEAS. _____

_____ % _____ % _____ % _____ %

ENVIRONMENTAL CLASSIFICATION:

AIR QUALITY CONFORMITY: EXEMPT NON-EXEMPT N/A

NEPA RECOMMENDATION: CLASS I CLASS II CLASS III N/A – 100% State Funded

SEQR RECOMMENDATION: TYPE II SUBJECT TO PROCESSING

LANE KM (MILES): _____ CENTERLINE KM (MILES): _____ AADT: _____ TRUCK %: _____

NUMBER OF BRIDGES: _____ BIN(S): _____

IPP PREPARER: _____ **DATE** _____

PROJECT MANAGER: _____ **DATE** _____

RPPM CONCURRENCE: _____ **DATE:** _____

LOCAL SPONSOR CONCURRENCE: _____ **DATE:** _____