**SWRPO**

**PROJECT FEASIBILITY FORM (PFF)**

For assistance, contact Traci Burnsed, RPO Planner, at (575) 388-1509 or traci@swnmcog.org

**GENERAL INFORMATION**

|  |  |
| --- | --- |
| Preparation Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Project Title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Requesting Entity: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Governing Body Approval:  YES \_\_NO \_\_PENDING\_\_ |
| Contact Person: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

**PROJECT DESCRIPTION AND JUSTIFICATION**

Project Type (Circle/boldface/underline all that apply):

*ROADWAY ENHANCEMENT BRIDGE SAFETY OTHER*

Route Number and/or Street Road Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Project Termini: \_\_\_\_\_\_\_\_\_\_\_ Beginning Mile point \_\_\_\_ Ending Mile point \_\_\_

Total length of proposed project: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**PURPOSE AND NEED**

**NEED(S) to be addressed (Circle/boldface/underline all that apply):**

*System Preservation Economic Development System Connectivity Safety*

*Environmental Protection Security*

**Justification of NEED(S) circled above (Use additional pages if necessary):**

Begin typing here. Box will expand as needed.

**PROJECT COSTS:**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Column A** | | | | **Column B** | | |
| If project is not phased, complete column A only.  If project is phased, list the amount of funding being currently requested in Column A and complete Column B. | | | | Total Phases No. (1, 2, 3, I, II, III, etc.): | |  |
| The amount below represents the cost of the entire project and will be greater than Column A. | | |
| Project Cost: | | $ | | Total Project Cost: | **$** | |
| **Percentage Estimates:** | | | | Phased projects are usually large and divided into parts or phases. If you wish to supply any additional information, list comments here: | | |
| Total Local Match | % | | $ |
| Total Federal Share | % | | $ |
|  | **100%** | |  |

Please indicate below if your entity wishes to pursue a local match waiver from District 1NMDOT for the above listed transportation project.

**Match Waiver:** Yes \_\_\_ No \_\_\_\_

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **DISTRICT ONE REVIEW:** | | | | |
| By: | Date: | Recommended: | Yes | No |