

**INDIAN RESERVATION ROAD BRIDGE PROGRAM (IRRBP)
PLANS, SPECIFICATION, AND ESTIMATE CERTIFICATION CHECKLIST**

IRRB BRIDGE PROJECT _____

Project Name: _____ Project Number: _____
Structure No. (item 8): _____ ID Number: _____ Region: _____
Agency: _____ Reservation: _____
County: _____ State: _____
Project Location: _____

General Description of the Work: _____

Ownership: BIA: _____ If non-BIA owned, provide the following:
Name of Owner: _____
Point of contact (name): _____
Point of contact's phone number: _____
Sufficiency Rating: _____ **(Note: Attach SI&A data sheet on which this project is based)**
Status: _____
Type of Construction: _____ ADT (item 29): _____
Detour Length (item 19): _____ (miles) Truck ADT (item 109): _____ Function Class (item 26): _____
Do School Buses use this bridge?: _____ How many trips per day? _____
Safety Issues involved with this project? _____

Does the bridge project have Right of Way? _____ If Yes, date obtained: _____
NEPA Compliance, Date: _____
Archeological/Cultural Resource Compliance, Date: _____
PS&E Approval, Date: _____
Estimated cost of the construction contract (funds requested): \$ _____
Remarks: _____

We certify that the bridge project PS&E package is complete, approved, and the project is ready to proceed to construction and request funding:

Tribal Transportation Director (approval): _____ Date: _____