**Facility Project Study Report**

**To**

***Enter Reason(s) per Appendix L***

APPROVAL RECOMMENDED:

 (Name), *DISTRICT DIVISION CHIEF, PLANNING*

APPROVAL RECOMMENDED:

 (Name), *PROJECT MANAGER*

APPROVED:

 (Name), *DISTRICT DIRECTOR (or delegated authority) DATE*

**Vicinity Map**

|  |
| --- |
| *Insert a vicinity map, showing:** *Project limits*
* *Topographical features listed in report*
* *North arrow*
 |

This facility project study report has been prepared under the direction of the following registered civil engineer. The registered civil engineer attests to the technical information contained herein and the engineering data upon which recommendations, conclusions, and decisions are based.

 *REGISTERED CIVIL ENGINEER DATE*

**XX/XX/XX**

**C12345**

**Name**

**Table of Contents**

*As needed, include a table of contents with the topics from the body of the report.*

**1. INTRODUCTION**

Project Description:

*Describe the proposed project*

|  |  |
| --- | --- |
| **Project Limits** | *District-County-L-Facility Number* |
| **Number of Alternatives** | *Delete row if not applicable* |
| **Programmable Project Alternative** |  |
|  | **Current Cost****Estimate:** | **Escalated Cost Estimate:** |
| **Capital Outlay Support** |  |  |
| **Capital Outlay Construction** |  |  |
| **Capital Outlay Right-of-Way** |  |  |
| **Funding Source** | *Enter program code(s)* |
| **Funding Year** |  |
| **Type of Facility** | *#-lane conventional highway, expressway, freeway* |
| **Number of Structures** |  |
| **SHOPP Project Output** | *Delete row for non-SHOPP projects* |
| **Anticipated Environmental Determination or Document** |  |
| **Legal Description** | *See the Plans Preparation Manual Section 2-2.2 heading “Title Sheet Project Descriptions”* |
| **Project Development Category** | *See PDPM Chapter 8, Section 5* |

**2. Purpose and NEED**

**Purpose:**

 *State the purpose of the project.*

**Need:**

 *State the need of the project.*

**3. EXISTING CONDITION AND PROJECTED GROWTH**

Description of Existing Facilities

|  |  |
| --- | --- |
| Location: |  |
| Number of crews or employees: |  |
| Size of crews: |  |
| Service area in lane miles: |  |
| Equipment used (type, size and number): |  |
| Description of improvements (uses, ages, sizes, construction): |  |
| Site size, shape and access: |  |
| Value of site separately: |  |
| Value of site improved: |  |
| Number and size of existing buildings on-site for existing facility: |  |

History

|  |  |
| --- | --- |
| Modifications to facilities since original construction: |  |
| Citizen complaints: |  |
| Local government input: |  |
| Other: |  |

Joint Use Opportunities

*Discuss.*

Projected Inventory Growth and Workload

*Discuss.*

**4. DEFICIENCIES**

Operational Needs

*Discuss.*

Service Needs

*Discuss.*

Safety, Site and Facility Concerns

*Discuss.*

Site Requirements

*Discuss.*

Environmental Compliance

*Discuss.*

Synopsis of Deficiencies

*Discuss.*

**5. ALTERNATIVES**

Alternatives

*Discuss.*

Staging

*Discuss.*

Energy Conservation

*Discuss.*

Competitive Cost of Each Alternative

*Discuss.*

Alternative Analysis

*Discuss.*

No Project Transportation Cost

*Discuss.*

Rejected Alternatives

*Discuss.*

**6. PROPOSAL**

*Discuss.*

**7. FUNDING, PROGRAMMING AND ESTIMATE**

Funding

*Discuss the project funding and include one of the following statements:*

It has been determined that this project is eligible for Federal-aid funding.

*Or*

It has been determined that this project is not eligible for Federal-aid funding.

Programming

*If the project is already programmed, include the data for comparison and discuss how the proposed estimates compare to the current programmed amounts.*

*Complete the table for each funding source. Consult with the project manager to determine the fiscal funding year, the escalated estimates, and the escalation rates. Enter funding source, estimates, adjust fiscal year designations as needed, and state any key assumptions including the escalation rates used.*

|  |  |
| --- | --- |
| Fund Source | Fiscal Year Estimate |
| 20.XX.###.### | Prior | 14/15 | 15/16 | 16/17 | 17/18 | 18/19 | 19/20 | Future | Total |
| Component | In thousands of dollars ($1,000) |
| PA&ED Support |  |  |  |  |  |  |  |  |  |
| PS&E Support |  |  |  |  |  |  |  |  |  |
| Right-of-Way Support |  |  |  |  |  |  |  |  |  |
| Construction Support |  |  |  |  |  |  |  |  |  |
| Right-of-Way |  |  |  |  |  |  |  |  |  |
| Construction |  |  |  |  |  |  |  |  |  |
| Total |  |  |  |  |  |  |  |  |  |

*State the support cost ratio. Consult with the project manager to determine the support cost ratio.*

The support cost ratio is ##.##%.

Estimate

*Discuss significant aspects of the construction estimate. Refer to attachment as needed.*

**8. DELIVERY SCHEDULE**

|  |  |  |
| --- | --- | --- |
| Project Milestones | Milestone Date(Month/Day/Year) | Milestone Designation (Target/Actual) |
| PROGRAM PROJECT | M015 |  |  |
| BEGIN ENVIRONMENTAL | M020 |  |  |
| NOTICE OF PREPARATION (NOP) | M030 |  |  |
| NOTICE OF INTENT (NOI) | M035 |  |  |
| CIRCULATE DED EXTERNALLY | M120 |  |  |
| PA & ED | M200 |  |  |
| PS&E TO DOE | M377 |  |  |
| DRAFT STRUCTURES PS&E | M378 |  |  |
| RIGHT OF WAY CERTIFICATION | M410 |  |  |
| READY TO LIST | M460 |  |  |
| FUND ALLOCATION | M470 |  |  |
| HEADQUARTERS ADVERTISE | M480 |  |  |
| AWARD | M495 |  |  |
| APPROVE CONTRACT | M500 |  |  |
| CONTRACT ACCEPTANCE | M600 |  |  |
| END PROJECT | M800 |  |  |

*M030 is only required when there is an EIR environmental document, M035 is only required when there is an EIS environmental document, M120 is only required if there is a draft environmental document that will be released to the public, and M378 is not required, but optional if there are structures involved, delete rows as needed. The Milestone Designation column may be deleted when all the milestone dates are in the future.*

**9. RISKS**

*Summarize information from the risk register.*

**10. EXTERNAL AGENCY COORDINATION**

Federal Highway Administration (FHWA)

*Discuss if the project has been identified as a “Project of Division Interest” or “Project of Corporate Interest.”*

*Discuss project actions, as appropriate, assumed by Caltrans and any coordination with the FHWA for review and approval of project actions.*

*If the project proposes new or modified Interstate access, include a discussion of any issues and the proposed or actual dates for the Determination of Engineering and Operational Acceptability and Final Approval.*

The project requires the following coordination:

*The following is a list of common entities that Caltrans coordinates with on projects, delete and add to the list as appropriate.*

US Army Corps of Engineers

Department of the Army Permit for:

Clean Water Act Section 404

Rivers and Harbors Act of 1899 Section 9

Rivers and Harbors Act of 1899 Section 10

General Permits (Regional Permit, Nationwide Permit or Programmatic Permit)

Standard Permits (Individual Permit or Letter of Permission)

Section 9 Permit

United States Coast Guard

Rivers and Harbors Act of 1899 Section 9

Bridge Permit

California Department of Fish and Wildlife

California Fish and Game Code Section1602

Lake or Streambed Alteration Agreement

California Coastal Commission and/or Local Coastal Program

California Public Resources Code Division 20 (California Coastal Act)

Coastal Development Permit

California State Lands Commission

California Public Resources Code Division 6

Permit

Central Valley Flood Protection Board

California Water Code Division 5, Part 4

Encroachment Permit

Regional Water Quality Control Board

Clean Water Act Section 401

Water Quality Certification

San Francisco Bay Conservation and Development Commission

California Government Code Title 7.2

California Public Resources Code Division 19

Major Permit, Administrative Permit, or Regionwide Permit

Local Agency

Cooperative Agreements with

Local Agency

Agreements with

Railroads

Railroad Agreement for at-grade or separated-grade crossings

Other

Specify

**11. PROJECT REVIEWS**

Scoping team field review Date

Scoping team field review attendance roster attached.

District Program Advisor *Enter Name* Date

Headquarters SHOPP Program Advisor *Enter Name* Date

District Maintenance *Enter Name* Date

Headquarters Project Delivery Coordinator *Enter Name* Date

Project Manager *Enter Name* Date

FHWA *Enter Name* Date

District Safety Review Date

Constructability Review Date

Other Date

**12. PROJECT PERSONNEL**

*List the project personnel, such as:*

Name, Title Phone #

**13. ATTACHMENTS (Number of Pages)**

*List attachments with the number of pages, such as:*

1. Location map (1)
2. Storm Water Data Report-signed cover sheet (1)