

EXHIBIT 7-B FIELD REVIEW FORM

Please complete information required in the shaded boxes

Local Agency		Field Review Date	
Project Number		Locator (Dst/Co/Rte/PM/Agency)	
Project Name		Bridge No.(s)	

1. PROJECT LIMITS (see attached list for various locations)

Net Length (miles)	
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2. WORK DESCRIPTION

ITS project or ITS element	Yes		No	
If yes, choose: High-Risk (formerly "Major") ITS		Low-Risk (formerly "Minor") ITS		Exempt ITS

3. PROGRAMMING DATA

FTIP (MPO/RTPA)		FY		Page	
Amendment No		FTIP PPNO		FHWA/FTA Approval Date	
Federal Funds (\$)		Phases	PE	R/W	Const
Air Basin: (CMAQ only)					

4. FUNCTIONAL CLASSIFICATION

<u>On the Federal-aid System</u>			<u>Off the Federal-aid System</u>	
	Principal Arterial – Freeway or Expressway			Rural Minor Collector
	Other Principal Arterial			Local
	Minor Arterial			
	Major Collector			
	Urban Minor Collector			

5. STEWARDSHIP CATEGORY

High Profile (Stewardship)	Yes		No	
Delegated (Stewardship)	Yes		No	
		(a) DLAE Oversight	Yes	No
		(b) District Construction	Yes	No

6. CALTRANS ENCROACHMENT PERMIT

Is it required?	Yes		No	
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7. COST ESTIMATE BREAKDOWN									
(Including Structures)					(\$1,000'S)		Federal Participation		
PE	Environmental Process					Yes		No	
	Design					Yes		No	
	ITS System Manager or Integrator					Yes		No	
CONST	Const. Contract					Yes		No	
	Const. Engineering					Yes		No	
R/W	Preliminary R/W Work					Yes		No	
	Acquisition					Yes		No	
	No. of Parcels					Yes		No	
	Easements					Yes		No	
	Right of Entry					Yes		No	
	RAP (No. Families)					Yes		No	
	RAP (No. Bus)					Yes		No	
	Utilities (Exclude if included in contract items)					Yes		No	
TOTAL COST									
7a. Value Engineering Analysis Required?							Yes		No
(Yes, if total project costs are \$50M or more on the NHS, or \$40M or more for bridges on the NHS)									
8. PROPOSED FUNDING				Total Cost		Cost Share			
Grand Total			\$						
Federal Program	#1		\$			Fed	\$		Reimb Ratio
(Name/App Code)	#2		\$			Fed	\$		Reimb Ratio
Matching Funds Breakdown				Local \$					%
				State \$					%
				Other \$					%
State Highway Funds?	Yes		Source					No	
State CMAQ/RSTP Match Eligible?	Yes				No			Partial	
Is the Project Underfunded? Fed \$ < Allowed Reimbursement Rate.						Yes		No	
9. PROJECT ADMINISTRATION									
				Agency		Consultant		State	
PE	Environ Process								
	Design								
	System Manager/Integrator								
R/W	All Work								
CONST ENGR	Contract								
CONSTRUCTION	Contract								
MAINTENANCE									
Will Caltrans be requested to review PS&E?									
				Yes			No		
10. SCHEDULES		Proposed Advertisement Date							
Other Critical Dates									

11. PROJECT MANAGER'S CONCURRENCE			
Local Entity Representative			Date
Signature			Phone
Title			
Is Field Review required?	Yes	<input type="checkbox"/>	No
Caltrans (District) Representative (if attended Field Review)			Date
Signature			Phone
Title			
FHWA Representative Title			Date
Signature			Phone
Title			

12. LIST OF ATTACHMENTS (Including all appropriate attachments if field review is required. See the "[]" Notation for minimum required attachments for non-NHS projects.)	
<input type="checkbox"/>	Field Review Attendance Roster or Caltrans Roster
<input type="checkbox"/>	Vicinity Map (Required for Construction Type Projects)
IF APPLICABLE (Complete as required depending on type of work involved)	
<input type="checkbox"/>	Roadway Data Sheets [Req'd for Roadway projects]
<input type="checkbox"/>	Typical Roadway Geometric Section(s) [Req'd for Roadway projects]
<input type="checkbox"/>	Major Structure Data Sheet [Req'd for HBP]
<input type="checkbox"/>	Signal Diagram
<input type="checkbox"/>	Railroad Grade Crossing Data Sheet
<input type="checkbox"/>	Collision Diagram
<input type="checkbox"/>	Sketch of Each Proposed Alternate Improvement
<input type="checkbox"/>	CMAQ/RSTP State STIP Match
<input type="checkbox"/>	Existing Federal, State and Local ADA deficiencies not included on other Attachments
<input type="checkbox"/>	System Engineering Review Form (SERF) Req'd for High-Risk (formerly "Major") and Low-Risk (formerly "Minor") ITS projects

13. DLAE FIELD REVIEW NOTES

A. MINUTES OF FIELD REVIEWS (See Attachment)

B. ISSUES OR UNUSUAL ASPECTS OF PROJECT (See Attachment)

Distribution: Original with attachments – Local Agency
Copy with attachments (2 copies if HBP) – DLAE