

Exhibit 12.2 – TTP Bridge Program Certification Checklist

TTP 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: _____