TTP BRIDGE PROGRAM CERTIFICATION CHECKLIST – Bipartisan Infrastructure Law (BIL)

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

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General Description of the Work:

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Ownership: BIA (Yes/No):_____   If non-BIA owned, provide the following:

Name of Owner:

_____

Point of Contact: Name and Phone Number

_____

Bridge Condition (Good/Fair/Poor):

_____

Note: Attach NBI Data Information for bridge (https://infobridge.fhwa.dot.gov/)

Type of Construction (Rehabilitation/Replacement/New Construction):

_____

Do School Buses use this bridge (Yes/No)? ___
Safety issues involved with this project?

Does the bridge project have Right-of-Way (Yes/No)? ___   If Yes, date obtained: _____

NEPA Compliance, Date: _____   PS&E Approval, Date: _____

Amount of Funding Request: $ _____
Remarks:

We certify that the bridge project information is accurate and complete.

Tribal Transportation Director (approval): _____

Print Name: __