

Tennessee ITS Project Identification Form

INSTRUCTIONS: Refer to Section 4.2 of the TDOT ITS Project Development Guidelines. Attach or make available any documents referenced in this form when submitting.

SECTION 1 – PROJECT INFORMATION

Agency: _____

Agency Information (Address, phone number, e-mail, etc):

Project Name and Location:

- New Project
- Modification Project
- Expansion Project

Nature of Work:

- | | |
|--|--|
| <input type="checkbox"/> Planning | <input type="checkbox"/> Scoping |
| <input type="checkbox"/> Design Software / Integration | <input type="checkbox"/> Construction |
| <input type="checkbox"/> Operations | <input type="checkbox"/> Maintenance (Equipment Replacement) |
| <input type="checkbox"/> Evaluation | <input type="checkbox"/> Other: _____ |

Please provide the following background information. In most cases, 1-3 sentences will be sufficient for each item.

Brief Description of ITS project objectives – (What is the purpose of the project? What needs are being addressed?):

Project Summary – (What solutions will address the needs? What major elements will be installed? What major function(s) will be performed?)

Work to Date: (Any preliminary planning, investigation of options, associated internal or external systems examined?)

SECTION 2 – RISK ASSESSMENT

(For each question, answer Yes, No, Not Sure or N/A for not applicable):

1 – Will the project depend on **only your agency** to implement and operate?

2 - Will the project use only software proven elsewhere, with **no** new software writing?

3 - Will the project use only hardware and communications **proven** elsewhere?

4 - Will the project use only **existing interfaces** (no new interfaces to other systems)?
_____ (If YES include reference)

5 - Will the project use only **existing system requirements** that are well documented?
_____ (If YES include reference)

6 - Will the project use only **existing operating procedures** that are well documented?
_____ (If YES include reference)

7 - Will the project use only technologies with service life **longer** than 2-4 years?

SECTION 3 – FUNDING

Identify all that apply: Local Agency State Federal Funds

TIP/STIP Identification and Description:

_____	_____	_____
Agency Representative	Signature	Date

_____	_____	_____
MPO/RPO Representative	Signature	Date

FOR TDOT USE ONLY:

- | | |
|---|--|
| <input type="checkbox"/> No additional documentation required | <input type="checkbox"/> Inconclusive risk level determination (SSEAF is required) |
| <input type="checkbox"/> Low Risk (SSEAF is required) | <input type="checkbox"/> High Risk (SEAR is required) |

_____	_____	_____
TDOT Representative	Signature	Date