

TTF BRIDGE PROGRAM CERTIFICATION CHECKLIST – Infrastructure Investment and Jobs Act (IIJA)

Project Name: _____

Project Number: _____

Structure No. (Item 8): _____

NTTFI Route Information: _____ BIA Region: _____

Agency: _____

Tribal Nation: _____

County: _____ State: _____

Project Location:

General Description of the Work:

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 (sign & date): _____

Print Name: _____