

# Project Prioritization Cover Sheet

## Transportation Improvement Program



<b>CONTACT</b>	<b>Contact Information</b>	
	Agency/Organization _____	
	Contact Person _____	Title _____
	Mailing Address _____	
	City _____	Zip Code _____
	Phone _____	Email _____

<b>PROJECT PRIORITIZATION</b>	<b>Project Prioritization</b> <i>please use an additional sheet if necessary</i>			
	Priority	Listed in TIP 2013-2016		Project Name
		Yes	No	

<b>CERTIFICATION</b>	<b>Applicant Certification</b>	
	The information provided on this application is in accordance with local regulations and ordinances.	
	Applicant _____	Title _____
	Signature _____	Date _____

**Submittal Checklist**

- 3 collated copies of complete TIP submittal package
  - Project Prioritization Cover Sheet
  - New Project Application Form for each new project
    - 2-page narrative on evaluation criteria
    - 8.5" x 11" PDF map of project location

Email a copy of complete TIP submittal package to [Kimberly.Crabill@doa.ri.gov](mailto:Kimberly.Crabill@doa.ri.gov) or provide on a CD

Submit complete TIP submittal package to:

Rhode Island Statewide Planning Program  
ATTN: Kimberly Crabill  
One Capitol Hill  
Providence, RI 02908

**ALL APPLICATIONS ARE DUE BY 3:00PM ON FRIDAY, JANUARY 8, 2016**