# **EXHIBIT 6-A HBRRP APPLICATION/SCOPE DEFINITION FORM**

See Section 6.6, Chapter 6 of the LAPG for information about this form.

This form shall replace Exhibit 7-D, "Major Structure Data", from Chapter 7, "Field Review," of the LAPM. Wherever the LAPM requires Exhibit 7-D for other programs, Exhibit 6-A may be substituted. Bridge projects funded entirely through other programs should continue to use Exhibit 7-D.

(One bridge per application, separate applications are required for multiple bridges at same location. Multiple bridges may be combined into one federal aid project later.)

State Bridge No.	Loc	cal Bridge No.
Project Number		(Caltrans to provide project number for new projects)
Responsible Agency		—
Caltrans District		
County		
Project Manager		
Title		
Phone	Fa	ax
E Mail		
Project Location		
Project Limits		
Type of Work		
Work Description		
1		
HBRRP Category:		
Rehabilitation		Scour Countermeasure
		Replacement Due to Flood Control Project
		New Bridge to Replace Ferry Service
	broach Barrier Replacement	Historic Bridge
Low Water Crossin		High Cost Bridge
		4

■ Minimal Application: Only questions 1, 2, 3, 4, cost data and signoff will be completed. Other information will be submitted at a later time after PE has been federally authorized to scope the project. See Section 6.6.2 "Minimum Application Requirements" for additional information.

The field review process enables the proper scoping of projects. Some field reviews are mandatory, most are optional. Field reviews are critically important to identify difficult environmental, Right of Way, and bridge type selection issues early in the project development phase. Please see Chapter 7 of the LAPM further discussion.

Yes

] Yes

Yes

🗌 No

🗌 No

No

- 1. Do you request that Caltrans initiate a field review?
- 2. Do you need help with consultant selection/oversight?
- 3. Do you need help with the federal process?
- Caltrans engineers are available to provide an optional cursory review of the PS&E. The review looks at constructability, standard details and specifications, foundation/hydraulic design, and HBRRP funding eligibility. Do you request Caltrans perform a cursory PS&E review for this project? (If yes, please also request a field review.)

Federal Congressional District(s) State Senate District(s) State Assembly District(s)			
Preliminary Engineering by:	Local Agency Staff	Consultant	Other
Design by:	Local Agency Staff	Consultant	Other
Foundation Investigation by:	Local Agency Staff	Consultant	Other
Hydrology Study by:	Local Agency Staff	Consultant	Other
Detour, stage construction, or close road?			
Length of detour:			
Resident Engineer for Bridge Work:	Local Agency Staff	Consultant	☐ Other

For painting & scour scopes of work, skip this page.

### NBI data is from the Bridge Inspection Report (SI&A sheet) Contact the DLAE/SLA for assistance, if needed.

Date Constructed (NBI Item 27):	Historical Bridge Category (NBI Item 37)					
- Structure Data	Existing	5	Proposed	1	Minimum AASHTO Standards	
Structure type						
Structure length (specify units)						
Spans (No. and length)						
Curb to Curb width (See NBI Item 51 definition)						
Number of lanes						
Lane widths						
Shoulder widths	Lt	Rt	Lt	Rt		
Bike lanes (identify only if <u>not</u> included in the shoulder dimensions)	Lt	Rt	Lt	Rt		
Sidewalks/separated bikeways	Lt	Rt	Lt	Rt		
Approach roadway width (traveled way + paved shoulders, tapered approaches should be measured at the touchdown points not the abutments)						
Approach road length (from each abutment)	abt1	abt2	abt1	abt2		
Total bridge deck width						

# Summary of Major Deficiencies of Existing Bridge (See Section 6.12 for information) (Contact the DLAE/SLA for assistance, if needed)

Data is from SI&	A Sheet (Last pag	e of Bridge	Inspection I	Report)	SD = Structurally Deficient FO = Functionally Obsolete
Sufficiency Rating	g (SR) =	Status = [	SD F	O Blank	Blank = Not SD or FO NG = Not Good (Deficiency)
Description of Data Item	NBI Data Item	Deficient Criteria	Results	What are the ]	· · · ·
Deck	Item 58=	≤ 4 is problem	□OK □NG-SD		
Superstructure	Item 59=	≤4 is problem	□ OK □ NG-SD		
Substructures	Item 60=	≤ 4 is problem	□OK □NG-SD		
[Item 62 applie	s only if the last d	igits of Item	43 are code	d 19.]	
Culvert and Retaining Walls	Item 62=	≤ 4 is problem	□ OK □ NG-SD		
Structural Condition	Item 67=	≤ 3 is problem	□ OK □ NG		
[Item 71 appli	es only if the last of	digit of Item	42 is coded	0, 5, 6, 7, 8, or 9	.]
Waterway Adequacy	Item 71=	≤ 3 is problem	□OK □NG		
Deck Geometry	Item 68=	≤ 3 is problem	□OK □NG-FO		
			-		

Description of Data Item	NBI Data Item	Deficient Criteria	Results	What are the Deficiencies?
[Item 69 applie	s only if the last d	igit of Item	42 is coded	0, 1, 2, 4, 6, 7 or 8.]
Under- clearances	Item 69=	$\leq 3$ is problem	□OK □NG-FO	
Approach Roadway Alignment	Item 72=	≤ 3 is problem	□OK □NG-FO	
Scour Criticality	Item 113=	≤ 3 is problem	□OK □NG	
Bridge Railing	Item 36A=	= 0 Review	□OK □NG	
Guardrail Transition, Approaches, Guardrail Ends	Item 36B= Item 36C= Item 36D=	= 0 Review	□ OK □ NG	
ther deficiencies not identified in Bridge spection Report	Discuss in detail HBRRP funds to			and photographs as needed to justify

5. If this application is for rehabilitation or replacement scope, will all deficiencies be resolved by the project? If no, please discuss below or attach discussion on separate pages to application.

🗌 Yes	No	Not Applicable	

6. Discuss any special conditions or proposed design exceptions:

7. Identify and justify "betterments" that are HBRRP participating but are not related to the major deficiencies. Attach additional pages as needed.

8. Refer to Exhibit 6-B. Identify and justify specific items requiring Caltrans funding approval. Attach additional pages as needed.

9. Other comments: (identify non-HBRRP participating work)

#### **Estimated Construction Costs:**

#### Exclude Contingencies, Supplementary Work, and Construction Engineering

	HBRRP Participating	NOT HBRRP Participating*
Construct Bridge		
Bridge Removal		
Slope Protection		
Channel Work		
Detour - Stage Construction		
Approach Roadway		
Utility Relocation		
Mobilization		
Total		

Total Cost

\*Items that are not HBRRP participating could be participating through other federal programs. See the LAPG for other eligibility requirements of other programs. Local agencies that are unsure which project costs are HBRRP participating should contact the DLAE/SLA for resolution.

Note that the total of the HBRRP participating costs should carry over into the construction line (direct costs) on the next page.

## **Summary of HBRRP Participating Costs**

Please indicate the HBRRP total participating (eligible for reimbursement) costs for this project. Based on the amounts below and the federal reimbursement rate, Caltrans will program (reserve) the HBRRP funds needed for this project. Other federal funds (RSTP, TEA, etc.) needed for this project should be shown in the Field Review form Exhibit 7-B from Chapter 7 of the LAPM.

Target dates represent a commitment by the local agency when the project will need HBRRP funding. Failure to meet target dates may cause funds to be reprogrammed to other projects by other local agencies. The reprogramming of HBRRP funds is at the discretion of Caltrans.

- PE = Preliminary Engineering (Total not to exceed the greater of \$75 K or 25% of CON and consultant contract management and quality assurance not to exceed 15% of consultant costs).
- R/W = Right of Way.
- CE = Construction Engineering (Not to exceed 15% of CON)
- CON = Construction
- Cont = Contingency (including supplemental work) not to exceed 25% (preliminary estimate) nor 10% of CON for final design. \$5 K min.

Enter CE Rate:	
Enter Contingency Rate:	

					HBRRP		
	Direct Costs		Indirect Costs*		Participating \$**	* Target Date	s
PE		+		=			
R/W							
CON							
CE							
Cont							
Subtotal		+		=			
			Total Partici	pating Cost			
	ed. Match Rate:	-		P Requested			

\*See Chapter 5, "Accounting/Invoices," of the LAPM for approval of indirect costs.

\*\*Participating costs exclude ineligible work items. Please review the HBRR Program Guidelines for reimbursable scopes of work and program cost limits. Other federal funds will be shown in the Field Review form, Exhibit 7-B, Chapter 7, "Field Review," of the LAPM.

Date

Caltrans, please notify this agency to confirm this project has been programmed in the HBRRP Multi-Year Plan. I understand that reimbursable work shall not commence until a request for authorization (E76) has been processed by Caltrans and a notice to proceed has been received by this agency.

I certify that this project is in compliance with Chapter 6 (HBRRP) of the *Local Assistance Program Guidelines*. I understand that changes to the project scope/cost/schedule impacting the information in Exhibit 6-A and Exhibit 6-B require the processing of Exhibit 6-D (HBRRP Scope/Cost/Schedule Change Request).

Two (2) copies plus one original of this application (with attachments) will be included in the transmittal package to the DLAE.

Local Agency Project Manager

#### Attachments:

- 1) Exhibit 6-B, LAPG, HBRRP Special Cost Approval Checklist
- 2) Bridge Inspection Report with SI&A Sheet
- 3) Sketch of General Plan or marked up as-built
- 4) Sketch of typical section
- 5) Photographs: 4 corners looking at the bridge & 2 elevation views, & views of each approach, for a total of 8 photographs (minimum).
- 6) Exhibit 7-B, Field Review Form, Chapter 7, LAPM
- 7) Exhibit 7-C, Roadway Data Sheet, Chapter 7, LAPM
- 8) Exhibit 6-C, PIN for Barrier Rail Replacement Projects (include only if applying for Bridge Railing Replacement funds.)

9) Other:

10) Request for Authorization is included in this application package for expedited processing?

Yes	
No	

#### Thank you for assembling the application package. Please send this package to your District Local Assistance Engineer to start the programming process. Please email your suggestions

to improve this form to eric.bost@dot.ca.gov or shannon.mlcoch@dot.ca.gov.

#### For Caltrans use only:

I have reviewed this application for completeness and have forwarded copies to the Office of Program Management and SLA.

I recommend approval. (Attach comments as needed.)

- ☐ I do not recommend approval for the following reasons: See attached memo/email to the Office of Program Management.
- ☐ I request SLA review of this application for the following reasons: (Attach memo/email justifying increased Caltrans oversight.)

DLAE or authorized staff

Date

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