 **ILLINOIS DEPARTMENT OF TRANSPORTATION**

**DIVISION OF AERONAUTICS**

**INSTRUCTIONS FOR COMPLETING**

**TRANSPORTATION IMPROVEMENT PROGRAM (TIP)**

**DATA SHEET**

A Transportation Improvement Program (TIP) Data Sheet must be submitted for each major work item that is requesting Federal assistance for FY15. Submittal of this information is necessary to effectively administer the Airport Improvement Program.

**HEADER INFORMATION** – Include the name of the airport, the LOCID, the local priority of the requested work, and the project description.

**SKETCH** – Color-coded sketch that depicts and identifies the scope and limits of the proposed project.

**JUSTIFICATION** – The justification should be brief and describe the need, objectives, method of accomplishment, and the benefit expected to be obtained from the assistance.

**COST ESTIMATE** – The estimate of total cost (engineering, administrative, legal, appraisal costs, etc.) including Federal, State and Local shares. Attach a detailed cost estimate showing unit costs; aggregate in square yards (S.Y.), concrete paving in square yards (S.Y.) and asphaltic paving in tons. Separate the costs for land acquired in fee and land acquired in easement. NOTE: cost estimates may include a 3% contingency.

**SPONSOR’S VERIFICATION** – The verification that the project is properly planned and is ready to “go” within the 1st year of the three-year TIP program period. Except for equipment acquisition, proposed development and land acquisition must be shown on an approved ALP, have cleared environmental processing, and the land already acquired or have a signed purchase agreement. These requirements must be completed before a project can be considered for funding. Provide a date for each item verifying that all project requirements are satisfied.

If requesting Federal assistance for snow removal equipment, include an inventory of existing airport equipment and calculations based on Chapters 4 & 5 of the Airport Winter Safety and Operations, Advisory Circular (AC) 150/5200-30 and the Airport Snow and Ice Control Equipment, AC 150/5220-20 showing the minimum equipment needed, along with the TIP Data Sheet.

If requesting Federal assistance for general aviation apron expansion, include calculations based on Appendix 5 of the Airport Design Advisory Circular 150/5300-13 showing justification for the size of apron needed, along with the TIP Data Sheet.

If requesting Federal assistance for revenue producing facilities (fuel farms, hangars), please contact the Division for eligibility requirements. Submit with the TIP Data Sheet; 1) A statement that airside development projects are complete or a financial plan to fund airside needs over the next three years, 2) A statement that approach surfaces are clear of obstructions, and 3) A statement of capacity justification for the project.

***TIP DATA SHEET***

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| **AIRPORT** |  | **LOCID** |  | **LOCAL PRIORITY** |  |
| **PROJECT DESCRIPTION** |  | **FY 2015** |
| **SKETCH: If not enough space provided below, please attach sketch** |
| **JUSTIFICATION:**       |
| **COST ESTIMATE:** (Attach detailed cost estimate) |
| **Federal (****%) $** | **State (****%) $** | **Local (****%) $** | **Total: $** |
| **SPONSOR VERIFICATION:** | **Date:** (see instruction sheet) |
| For each and every project as applicable |  | Date of approved ALP with project drawnDate of environmental determination (ROD, FONSI, CE), or cite CE paragraph # (307-312) in Order 1050.1E; determination to accompany submittalDate of land acquisition or signed purchase agreementSnow removal equipment inventory & sizing worksheet (for SRE acquisition)Apron sizing worksheet (for apron projects)5010 Inspection Compliance (Attach copy of letter from Bureau of Aviation Safety)Revenue producing facilities (for fuel farms, hangars, etc.) |

**I certify to the best of my belief and knowledge that all Runway approaches are clear of obstructions.**

**Sponsor’s Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**PRINTED NAME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ TITLE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**PHONE NUMBER: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**DIVISION OF AERONAUTICS USE ONLY**

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| **PREAPP NUMBER** | **GRANT NUMBER** | **NPIAS CODE** | **WORK CODE** | **FAA PRIORITY** | **FEDERAL $** |
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