**Submittal Checklist**

Project Assessed Risk is **LOW**

CDOT Systems Engineering Analysis Checklist (this form)

CDOT ITS Project Risk Assessment Form

Project Assessed Risk is **MEDIUM**

CDOT Systems Engineering Analysis Checklist (this form)

CDOT ITS Project Risk Assessment Form

Concept of Operations

Project Turbo Architecture File (prepared by maintainer of regional ITS architecture)

Project Assessed Risk is **HIGH**

CDOT Systems Engineering Analysis Checklist (this form)

CDOT ITS Project Risk Assessment Form

Concept of Operations

Project Plan

Project Turbo Architecture File (prepared by maintainer of regional ITS architecture)

**Select Miscellaneous Equipment Funding Opportunity**

Traffic Signal System Improvement Program (TSSIP)

Multimodal Signal Operations Support

Intelligent Transportation Systems (ITS) Pool (requires at least 20% match of non-federal funds)

**Project Priority**

For TSSIP and ITS Pool applications, please enter the applicable project priority (number and letter, as necessary).

Traffic Signal System Improvement Program project priority

Intelligent Transportation System Pool project priority

**Section 1 Project Information**

|  |  |
| --- | --- |
| **Contact** |  |
| **Name:** |  |
| **Phone:** |  |
| **E-Mail:** |  |

|  |  |
| --- | --- |
| **Project Title** | **Project Number** |
|  | New Project  Modification to existing project |

|  |
| --- |
| **Project Description** |
|  |

|  |  |  |
| --- | --- | --- |
| **Project Location**  **(attach map)** | **Estimated Project Dates** | **Project Estimate**  **(attach details)** |
|  | Start Date: | State $ |
| End Date: | Federal $ |
|  | Non-federal $ |
|  | Total $ |

|  |
| --- |
| **Nature of Work**  Scoping  Design Software / Integration  Construction Operations  Evaluation  Planning  Maintenance (Equipment Replacement)  Other |
| If Other Explain: |

|  |
| --- |
| **Relationship to other projects and phases** |
|  |

**Section 2 Needs/Benefits Assessment**

**What needs does this project address?**

Include explanation of project’s advancement of RCTO goals/initiatives

|  |
| --- |
|  |

**How were these needs identified?**

|  |
| --- |
| Internal Agency Assessment  Stakeholder Involvement  Study  Other  Attach any relevant documentation / meeting notes |

**What are the projected operations benefits?**

|  |
| --- |
| Estimate the reduction in person-hours of travel (PHT) and criteria emissions |

**Section 3 Regional ITS Architecture**

**For medium and high risk projects, provide a description of how this project fits into the appropriate regional ITS architecture (with specific references to the specific regional ITS architecture plan):**

**Regional Architectures impacted by the project:**

|  |
| --- |
| Statewide  DRCOG (Region 6)  Region 1 & 2  Region 4  Region 3 & 5  Other: |

**Changes recommended to CDOT / Regional Architectures due to the project?** No Yes

|  |
| --- |
| If Yes Provide Detail: |

**Section 4 Alternatives Analysis**

**Describe the alternative concepts/ideas considered and how the best alternative was selected.**

|  |
| --- |
|  |

**Section 5 Key Systems Engineering Documents**

**Project Matrix – Documentation (attach existing documents)**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | Existing | To be Modified | To be Completed | Comments: |
| Concept of Operations |  |  |  |  |
| System Functional Requirements |  |  |  |  |
| Detailed Design |  |  |  |  |
| Operations & Maintenance Plan |  |  |  |  |
| Testing and Evaluation Plan |  |  |  |  |

**Section 6 Procurement**

**Procurement method** \*\*Check all that apply

|  |
| --- |
| Construction Contract  Request for Proposal  Invitation to Bid  State Price Agreement Contract  Other  Project Key Dates:  (start and end of design; start and end of procurement; start and end of installation; project end date)    Comments: |

**List equipment to be purchased with project funding**

|  |
| --- |
|  |

**Section 7 Operations and Maintenance**

**Procedures and resources needed for operation and maintenance**

|  |
| --- |
|  |

**Estimated annual operations and maintenance costs**

|  |
| --- |
|  |

**Identify both the stakeholder responsible for maintenance and the funding source**

|  |
| --- |
|  |

**Section 8 Agreements**

**List any agreements needed or utilized for this project**

|  |
| --- |
|  |

**Section 9 Project Summary Documents**

|  |  |  |  |
| --- | --- | --- | --- |
|  | Complete | Date: | Comments: |
| Benefits Analysis |  |  |  |
| Completed Testing and Evaluation Plan\* |  |  |  |
| Revised Concept of Operations (if applicable) |  |  |  |
| Revised System Functional Requirements (if applicable) |  |  |  |
| Revised Operations & Maintenance Plan (if applicable) |  |  |  |
| Intergovernmental Agreements (if applicable) |  |  |  |
| Lessons Learned |  |  |  |

\* Low risk projects require e-mail to party responsible for maintaining the relevant ITS architecture