

APPENDIX G

Megaproject Advocate Questionnaire and Evaluation Form

**LOUISIANA STATEWIDE TRANSPORTATION PLAN UPDATE
MEGA PROJECT QUESTIONNAIRE**

Please complete this questionnaire for each proposed mega project. Additional pages may be attached if necessary.

1. Project Name: _____
2. Project Limits: _____
3. Project Description: _____

4. Project Purpose: _____

5. Is the project of ___ local, ___ regional, ___ statewide and/or ___ national significance?
6. Has the project been identified as a need in a study such as a Comprehensive Plan or Transportation Long Range Plan? ___ Yes ___ No. If yes, which one(s): _____

7. Which transportation modes does the project address? _____
8. Estimate of Project Costs: _____
9. Is funding available for this project? ___ Yes ___ No. If yes, Please identify _____

If no funding is available, what source or sources of funds should be used? _____

10. Will the project...
 - a. Reduce travel times and congestion? ___ Yes ___ No
 - b. Increase economic opportunities for residents and businesses? ___ Yes ___ No. If yes, how?

 - c. Provide more travel choices? ___ Yes ___ No. If yes, how? _____

 - d. Improve connections between places? ___ Yes ___ No. If yes, which ones? _____

 - e. Require undeveloped land to construct? ___ Yes ___ No

- f. Require fortification or special maintenance against possible damage from severe storms?
____ Yes ____ No

- g. Improve neighborhoods? ____ Yes ____ No. If yes, please describe how: _____

- h. Negatively impact neighborhoods? ____ Yes ____ No. If yes, please describe how: _____

- i. Improve safety? ____ Yes ____ No. If yes, how? _____

- j. Enhance access to jobs? ____ Yes ____ No. If yes, how? _____

- k. Minimize environmental impacts? ____ Yes ____ No. If yes, how? _____

11. Who will be the primary beneficiaries of the project? _____

12. Who has endorsed this project, how has the project been supported? _____

13. Additional Information for the Council to consider: _____

Project Representative: _____
Phone Number: _____
Email Address: _____

**LOUISIANA STATEWIDE TRANSPORTATION PLAN
MEGA PROJECT EVALUATION FORM**

Mega Project Name: _____

Directions: Please evaluate the project by answering the following questions. Based on the information provided in the Advocate's presentation, the project is likely to:

	<i>Strongly Disagree</i>		<i>Neutral</i>		<i>Strongly Agree</i>	<i>Not Enough Info Provided</i>
Goal: Infrastructure Preservation and Maintenance						
1. Relieve the maintenance burden on existing infrastructure.	1	2	3	4	5	N/A
2. For new infrastructure, <u>not</u> create undue maintenance or repair needs.	1	2	3	4	5	N/A
Goal: Safety						
3. Improve safety on existing roadways.	1	2	3	4	5	N/A
4. For new infrastructure, <u>not</u> cause undue safety problems.	1	2	3	4	5	N/A
Goal: Economic Competitiveness						
5. Increase economic opportunities for residents and businesses.	1	2	3	4	5	N/A
6. Improve connections between small urban areas with employment centers.	1	2	3	4	5	N/A
7. Improve access to intermodal facilities.	1	2	3	4	5	N/A
8. Reduce travel time delay and congestion.	1	2	3	4	5	N/A
Goal: Community Development and Enhancement						
9. Provide more travel mode choices for residents.	1	2	3	4	5	N/A
10. Improve connections to neighborhoods and services.	1	2	3	4	5	N/A
11. <u>Not</u> impact neighborhoods in a negative way.	1	2	3	4	5	N/A
12. Address the travel needs of a broad range of users (e.g., autos, trucks, non-motorized uses).	1	2	3	4	5	N/A
Goal: Environmental Stewardship						
13. <u>Not</u> create undue environmental impacts.	1	2	3	4	5	N/A
14. <u>Not</u> require special design or construction due to risk of severe storms or erosion/subsidence.	1	2	3	4	5	N/A

Additional Questions

15. Is the project of ____ local, ____ regional, ____ statewide and/or ____ national significance?
 16. What level of priority should be assigned to it (Priority A = Highest; Priority D = Lowest)?
 ____ Priority A, ____ Priority B, ____ Priority C, ____ Priority D, or ____ do not include in Plan Update

Your Name: _____ Date: _____

THANK YOU FOR YOUR TIME! PLEASE RETURN COMPLETED FORM TO A STUDY TEAM MEMBER.

**LOUISIANA STATEWIDE TRANSPORTATION PLAN
MEGA PROJECT EVALUATION FORM**

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Your Name: _____ Date: _____

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