INCENTIVE / DISINCENTIVE AMOUNT DETERMINATION
English-Units Project

I. PROJECT CHARACTERISTICS

Route _____ Contract No.: _____ Project No.: _____
Des. No. _____: District: _____
National Highway System (NHS) Route: ☐ Yes ☐ No
Location: _____
Estimated Start Date of Work: _____
Estimated Completion Date Without I/D: _____
Estimated Contract Amount: $_____
* Estimated Local Traffic AADT: _____ Trucks ___%
* Estimated Through Traffic AADT: _____ Trucks ___%
** Length of Local Traffic Detour: _____ mi
** Length of Through Traffic Detour: _____ mi

* Use best judgment for breakdown of traffic.
** Use official detours for through traffic.

II. I/D CONSIDERATIONS

Contract restrictions (e.g., utility adjustments, R/W acquisitions, permits, environmental constraints, closure times, special fabrication requirements):

_____
_____
_____

Reasons for proposing I/D:

_____
_____
_____

Critical construction elements:

_____
_____
_____

Estimated Completion Date With I/D: _____

Estimated I/D Amount: $_____ per day
Proposed I/D Time: _____ Calendar Days

Maximum I/D Adjustments = (I/D Amount) x (I/D Time):

$_____ x _____ days = $_____

User Vehicle Costs (UVC):	$0.25 / mi / veh (Autos & Trucks)
User Time Value (UTV):	$5.00 / h / veh
Local Design Speed:	_____ km/h
Through Design Speed:	_____ km/h
Traffic Adjustment Factor (TAF):	Suggested Value 0.35 (TAF normal range is 0.30 to 0.45)

NOTE: Use either of the following analyses depending on the type of project (road closure-detoured or through-traffic project). Various computer programs are available such as QUEWZ for estimating queue lengths and user costs that can be used in lieu of the following for freeway work zone lane closures. Contact the Design Division's Specialty Projects Group for details.

A. <u>User Costs for Closure-Detoured Project</u>

Local Traffic:

Vehicle Costs = (UVC) (AADT) (Local-Detour Length)
($0.25) (_____) (_____ mi) = $_____

User Costs = (UTV) (AADT) (Local-Detour Length) (1/Design Speed)
($5.00) (_____) (_____ mi) (1/_____) = $_____

Local-Road User Costs (LRUC) = (Vehicle Costs + User Costs)
$_____ + $_____ = $_____

Through Traffic:

Vehicle Costs = (UVC) (AADT) (Through-Detour Length)
($0.25) (_____) (_____ mi) = $_____

User Costs = (UTV) (AADT) (Through-Detour Length) (1/Design Speed)
($5.00) (_____) (_____ mi) (1/_____) = $_____

Through-Road User Costs (TRUC) = (Vehicle Costs + User Costs)

$_____ + $_____ = $_____

Site RUC = LRUC + TRUC

$_____ + $_____ = $_____

B. Disruption Costs for Through-Traffic Project

NOTE: The following analysis provides only delay cost for through traffic only. If the project includes ramp or intersection closures, the analysis from Part A above can be added to the through-traffic disruption costs and/or other factors commensurate upon the scope of the particular project.

Vehicle Costs = (UVC) (AADT) (TAF)

($0.25) (_____) (_____) = $_____

User Costs = (UTV) (AADT) (TAF)

($5.00) (_____) (_____) = $_____

Traffic Disruption Costs = (Vehicle Costs + User Costs)

$_____ + $_____ = $_____

C. General Comments

_____

_____

_____

_____

D. Other Factors to Consider. Is the route ON or NEAR any of the following?

- ☐ School
- ☐ Hospital
- ☐ Emergency Route
- ☐ Hazardous Materials Route
- ☐ Special/Seasonal Events
- ☐ Local Businesses

III. SUMMARY

Recommended Maximum I/D Time: _____ Calendar Days
Recommended I/D Date: _____
Recommended Maximum I/D Amount: $_____ per Day
Is I/D amount > 5% of contract amount? ☐ Yes ☐ No

NOTE: If the I/D amount per day is greater than the Site RUC or Traffic User Costs, I/D is not justified.

IV. APPROVALS

A. Non-NHS Project

Prepared By: _____ Date _____

Recommended By: _____ Date _____
Field Construction Engineer, Construction Mgmt.. Div.

If I/D ≤ 5% of contract amount,

Approved By: _____ Date _____
Director, Construction Management Division

If I/D > 5% of contract amount,

Approved By: _____ Date _____
Chief Highway Engineer

Received By: _____ Date _____
Contracting Office Manager, Contract Administration Division

B. NHS Project

Prepared By: _____ Date _____

Recommended By: _____ Date _____
Field Construction Engineer, Construction Mgmt.. Div.

Approved By: _____ Date _____
Chief Highway Engineer

Received By: _____ Date _____
Contracting Office Manager, Contract Administration Division

NHS Exemption: ☐ Yes ☐ No
If No, this document to be submitted to FHWA for approval.

Approved By: _____ Date _____
Federal Highway Administration

Click When Done Clear Data