23 CFR 667 Resiliency Worksheet

**Project Information**

|  |  |
| --- | --- |
| Project ID | Funding Source: (State, Federal, or Local) |
|  |  |
| Project Name | Project Termini/Location under evaluation |
|  |  |
| Project Location | Functional Classification: |
|  |  |

**Project Evaluation**

This evaluation form documents the analysis of reasonable alternatives completed pursuant to the requirements of 23 CFR 667, per Caltrans Division of Local Assistance guidelines. Reasonable alternatives are defined as partially or fully achieve one or more of the following:

* Reduces need to expend funds on emergency repair and reconstruction activities
* Improves public safety, public health, and the human / natural environment
* Meets transportation needs, as described in relevant and applicable Federal, State, local, and tribal plans, and programs.[[1]](#endnote-1)

1. What was determined to be the root cause of the repeated disaster damage?1
2. List alternatives identified to mitigate, partially resolve, or fully resolve the root cause of the recurring damage, the costs of achieving the solution, and the likely duration of the solution.

Alternatives Considered

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| No. | Alternative Name/Description (brief)1 | Outcome2 (FR,PR,M,N) | Alter. Cost3 ($) | Service Life4 (years) |
| 1 |  |  |  |  |
| 2 |  |  |  |  |
| 3 |  |  |  |  |

1 Brief description or name identifying the alternative

2 Expected outcome: Fully Resolve (FR), Partially Resolve (PR), mitigate (M), no effect (N)

3 Additional cost to the project, due to the alternative

4 Expected service life of the repair

1. Did you attach the required Resiliency Cost-Benefit Analysis? [ ]  Yes [ ]  N/A

If N/A was checked, briefly explain:

1. Which alternative was selected as the preferred alternative and why? How does the preferred alternative address the root cause of the repeated disaster damage? If it doesn’t, explain why the preferred alternative was selected1. If no alternative was selected explain why.
2. The selected alternative is expected to: (check one)

[ ]  Mitigate the root cause of the damage

[ ]  Partially Resolve the root cause of the damage

[ ]  Fully Resolve the root cause of the damage

[ ]  Other (explain below)

 Briefly explain your above check box selection:

1. What is the likely duration of the solution? Explain how you estimated the duration.

**Certification**

I hereby certify the answers provided to the above questions found on this form and attached pages, relating to the above project referenced by the Project ID, have been provided pursuant to the requirements of 23 CFR 667, as set forth by Caltrans Division of Local Assistance 23 CFR 667 Resiliency guidelines. I further certify all the information on this form is correct and complete, to the best of my knowledge.

|  |  |
| --- | --- |
| Signature: |  |
| Printed Name, Title: |  |
| Date: |  |

**Attach this completed form and the B/C Analysis to the 23 C.F.R. 667 Resiliency Certification**

Distribution: Project File, Caltrans HQ (Email: 23CFR667.Compliance@dot.ca.gov )

1. Relevant and applicable plans and programs includes the Long-Range Statewide Transportation Plan, the Statewide Transportation Improvement Plan (STIP), the Metropolitan Transportation Plan(s), and the Transportation Improvement Program(s) (TIP), which are developed per 23 CFR 450. [↑](#endnote-ref-1)