

National Highway Performance Program Funding

Funding Source	Funding Formula
Funding Source Definition	Merges Interstate Maintenance, National Highway System and part of Bridge program funding
Funding Formula	(State's Apportionment – CMAQ – Planning funds) x 0.637
Applicable Roadways	All roadways on the National Highway System
Programming Authority	<ol style="list-style-type: none"> 1. The State Transportation Agency – ADOT – selects the projects to be funded 2. The projects to be funded must appear in the TIP

Enhanced National Highway System

Category	Type of Roadway	Centerline Mileage*		
		State	Local	Total
Existing NHS System	Interstates	214	0	214
	Other Freeway & Expressway**	183	2	185
	STRAHNET Connectors***	0	5	5
	Principal Arterial - Other	160	23	183
	Intermodal Connector	0	9	9
	Total Existing		557	39
Additions to the NHS per MAP-21	Principal Arterial - Other	0	812	812
	Total Additions	0	817	817
Existing plus Additions	Total Miles	557	851	1,408
	Percent Increase	----	----	137%

*Mileage values are preliminary

** US93/US60(Grand Avenue) is a STRAHNET Route

***Litchfield Rd, Luke AFB to I-10 is a STRAHNET Connector

National Highway System Requirements Under MAP-21

Category	All Agencies
Design Standards	1. Design standard requirements apply to all new construction, reconstruction, resurfacing (except for maintenance), restoration and rehabilitation of NHS facilities <u>regardless</u> of funding source.
	2. All projects must be designed in accordance with AASHTO standards
	3. Design exceptions to AASHTO must be approved by the FHWA and may be approved only on a project-by-project basis
	4. Crashworthy roadway hardware is required on NHS facilities
Independent Assurance (IA) Program	1. Requires that work on NHS facilities be subject to an Independent Assurance (IA) program that insures that materials and workmanship on NHS facilities is in compliance with approved plans and specifications, including approved changes.
	2. The IA program requires the use of an AASHTO accredited laboratory or equivalent.
	3. Personnel in the IA program must be certified.
	4. The IA program for projects includes: <ul style="list-style-type: none"> • A sampling schedule • Identification of locations to be sampled • Attributes to be sampled
Materials Certification	1. Upon completion of a project, the project sponsor is required to provide a Materials Certification to the FHWA
Value Engineering Programs	1. A value engineering study is required on all projects on the NHS that have an estimated cost of \$25 million or more.
General Warranties	1. General warranties may <u>not</u> be included in contracts for projects on the NHS facilities.
	2. No warranty requirement shall be approved in the judgment of the FHWA that would place an undue obligation on a contractor for items over which the contractor has not control.
Outdoor Sign Control	1. Federal sign control and highway beautification requirements apply to signs that are visible from NHS facilities and that are within 660 feet from the edge of the right-of-way.
	2. Failure to comply with outdoor sign requirements can lead to a loss of up to 10 percent of federal highway funds apportioned to a state.
Junkyard Control	1. Federal junkyard requirements apply to junkyards in <u>rural areas</u> where the junkyard is visible from the NHS facility and is within 1000 feet from the edge of the right-of-way.
	2. Requires that <u>rural</u> junkyards outside of industrial areas be screened from viewing from the road or be relocated.
	3. Failure to comply with junkyard control requirements can lead to a loss of up to 10 percent of federal highway funds apportioned to a state.
Category	Certified Accepted (CA) Agencies – Chandler, MCDOT, Mesa, Phoenix, Scottsdale & Tempe
Project Administration	1. Facilities on the NHS are subject to increased federal oversight.

Category	State Highway Agency – ADOT
<p>Minimum Data Collection Requirements</p>	<p>1. The following data items are required for NHS facilities:</p> <ul style="list-style-type: none"> • Centerline mileage • Number of through lanes • Average Annual Daily Traffic (AADT) on a 3-year cycle • Single-unit truck AADT • Multi-unit truck AADT • International Roughness Index (IRI) data on an annual basis
	<p>2. Traffic data collected for the NHS must be collected in accordance with the Traffic Monitoring Guide (TMG), including:</p> <ul style="list-style-type: none"> • Count data collection for roadway segments is to be randomized by location and time of year • Enough permanent count stations to allow for the development seasonal correction factors
<p>Asset Management Plans and Performance Standards</p>	<p>1. The US Department of Transportation is to develop performance standards that are to be incorporated into State Department of Transportation plans. These include the following:</p> <ul style="list-style-type: none"> • Minimum standards for States to use in developing and operating bridge and pavement management systems. • Performance measures for NHS pavement condition, NHS bridge condition, and Interstate and NHS performance. • Data elements necessary to collect and maintain standardized data to carry out a performance-based approach.
	<p>2. The State Transportation Department is to establish an asset and performance plan that includes the following:</p> <ul style="list-style-type: none"> • Summary list, including condition, of the State's NHS pavements and bridges • Asset management objectives and measures • Performance gap identification • Lifecycle cost and risk management analysis • Financial plan • Investment strategies
	<p>3. These plans are to be certified by FHWA on a regular basis.</p>
	<p>4. Failure to establish or implement an asset management system as certified by FHWA or achievement of performance goals can result in a requirement that 35 percent of Nation Highway Performance Program (NHPP) funding be devoted to achieving maintenance goals on the NHS system.</p>

Process for Modifying/Updating the National Highway System

<p>Roles and Responsibilities</p>	<ol style="list-style-type: none"> 1. The State Transportation Agency (e.g. ADOT) is to develop in cooperation with responsible local officials (e.g. MAG) proposals to add or modify routes on the NHS. 2. The MPO by action of its governing body must approve changes. 3. The FHWA is responsible for reviewing, accepting or rejecting proposed changes
<p>FHWA Guidance</p>	<p>On September 25th, the FHWA issued guidance indicating that changes to the NHS should be developed as laid out in 23 CFR 470.107</p>
<p>NHS network definition as defined in regulation</p>	<p>The NHS is to be a network of interconnected urban and rural principal arterials that serve major population centers, airports, public transportation facilities, other intermodal transportation facilities and major travel destinations, meet national defense requirements and serve interstate and interregional travel.</p>
<p>Criteria for reviewing NHS Actions</p>	<ol style="list-style-type: none"> 1. Proposed additions to the NHS should be included in either an adopted State or metropolitan transportation plan or program. 2. Proposed additions should connect at each end with other routes on the NHS or serve a major traffic generator. 3. Proposals should be developed in consultation with local and regional officials. 4. Proposals to add routes to the NHS should include information on the type of traffic served (i.e., percent of trucks, average trip length, local, commuter, interregional, interstate) by the route, the population centers or major traffic generators served by the route, and how this service compares with existing NHS routes. 5. Proposals should include information on existing and anticipated needs and any planned improvements to the route. 6. Proposals should include information concerning the possible effects of adding or deleting a route to or from the NHS might have on other existing NHS routes that are in close proximity. 7. Proposals to add routes to the NHS should include an assessment of whether modifications (adjustments or deletions) to existing NHS routes, which provide similar service, may be appropriate. 8. Proposed modifications that might affect adjoining States should be developed in cooperation with those States. 9. Proposed modifications consisting of connections to major intermodal facilities should be developed using the criteria set forth below. These criteria were used for identifying initial NHS connections to major intermodal terminals. The primary criteria are based on annual passenger volumes, annual freight volumes, or daily vehicular traffic on one or more principal routes that serve the intermodal facility. The secondary criteria include factors which underscore the importance of an intermodal facility within a specific State. <p>Primary Criteria Commercial Aviation Airports</p> <ol style="list-style-type: none"> 1. Passengers scheduled commercial service with more than 250,000 annual enplanements. 2. Cargo 100 trucks per day in each direction on the principal connecting route, or 100,000 tons per year arriving or departing by highway mode. <p>Ports</p> <ol style="list-style-type: none"> 1. Terminals that handle more than 50,000 TEUs (a volumetric measure of containerized cargo which stands for twenty-foot equivalent units) per year, or other units measured that would convert to more than 100 trucks per day in each direction. (Trucks are defined as large single-unit trucks or

Process for Modifying/Updating the National Highway System

	<p>combination vehicles handling freight.) 2. Bulk commodity terminals that handle more than 500,000 tons per year by highway or 100 trucks per day in each direction on the principal connecting route. (If no individual terminal handles this amount of freight, but a cluster of terminals in close proximity to each other does, then the cluster of terminals could be considered in meeting the criteria. In such cases, the connecting route might terminate at a point where the traffic to several terminals begins to separate.) 3. Passengers terminals that handle more than 250,000 passengers per year or 1,000 passengers per day for at least 90 days during the year.</p> <p>Truck/Rail 1. 50,000 TEUs per year, or 100 trucks per day, in each direction on the principal connecting route, or other units measured that would convert to more than 100 trucks per day in each direction. (Trucks are defined as large single-unit trucks or combination vehicles carrying freight.) Pipelines 1. 100 trucks per day in each direction on the principal connecting route.</p> <p>Amtrak 1. 100,000 passengers per year (entrainments and detrainments). Joint Amtrak, intercity bus and public transit terminals should be considered based on the combined passenger volumes. Likewise, two or more separate facilities in close proximity should be considered based on combined passenger volumes.</p> <p>Intercity Bus 1. 100,000 passengers per year (boardings and deboardings).</p> <p>Public Transit 1. Stations with park and ride lots with more than 500 vehicle parking spaces, or 5,000 daily bus or rail passengers, with significant highway access (i.e., a high percentage of the passengers arrive by cars and buses using a route that connects to another NHS route), or a major hub terminal that provides for the transfer of passengers among several bus routes. (These hubs should have a significant number of buses using a principal route connecting with the NHS.) Ferries 1. Interstate/international 1,000 passengers per day for at least 90 days during the year. (A ferry which connects two terminals within the same metropolitan area should be considered as local, not interstate.) 2. Local see public transit criteria above.</p> <p>Secondary Criteria Any of the following criteria could be used to justify an NHS connection to an intermodal terminal where there is a significant highway interface: 1. Intermodal terminals that handle more than 20 percent of passenger or freight volumes by mode within a State; 2. Intermodal terminals identified either in the Intermodal Management System or the State and metropolitan transportation plans as a major facility; 3. Significant investment in, or expansion of, an intermodal terminal; or 4. Connecting routes targeted by the State, MPO, or others for investment to address an existing, or anticipated, deficiency as a result of increased traffic.</p> <p>Proximate Connections Intermodal terminals, identified under the secondary criteria noted above, may not have sufficient highway traffic volumes to justify an NHS connection to the terminal. States and MPOs should fully consider whether a direct connection should be identified for such terminals, or whether being in the proximity (2 to 3 miles) of an NHS route is sufficient.</p>
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