**Section 1: Applicant Information**

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| Agency Name  |       |
| Location of Project (i.e. Benton Township) |       |
| Contact Name  |       | Title |       |
| Phone Number |       | Email  |       |

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| **Section 2: Project Proposal and Funding Request**  |
| Project Name |       |
| Project Limits (i.e. Napier to Britain) |       | Proposed Year(s) of Project Funding  | [ ] 2017 [ ]  2018[ ] 2019 [ ]  2020[ ]  Not Sure  |
| Project Length |       (in miles, to the nearest hundredth) | Was this project already scheduled for 2017 in the TwinCATS 2014-2017 TIP?  | [ ]  Yes[ ]  No       |
| Improvement Type |  [ ] Reconstruction [ ]  Preventative Maintenance [ ]  Resurfacing  [ ] Overlay [ ]  "Mill and Fill" [ ]  Non-Motorized Only |
| Project Description (please provide major work items including any sidewalks, utility work, and ADA upgrades)  |        |
| Project Funding: (Remember, TwinCATS receives $871,925 in federal STP funds per year) |
| Funding Type | Source (i.e. STP, Village) | Amount  |
| **Federal** | STP  | $      |
| **Local** |       | $      |
|       |       |       |
|       |       |       |
| TOTAL |  | $       |
| Does your agency have the financial capacity to Advance Construct all or part of this project if necessary? If yes, what is the maximum dollar amount your agency is willing to Advance Construct (AC)?  | [ ]  Yes [ ]  NoMaximum Dollar Amount you can AC? $       |
| A local match equal to 18.15% of the construction cost is required. Is your agency committing a local match percentage that is 30% or greater of the construction cost?  | [ ]  Yes [ ]  No If yes, what percentage?       |

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| **Section 3: Safety**  |
| How will this project improve safety?  | [ ]  Convert one way to two way or vice versa [ ]  Install or upgrade ADA ramps where they connect to sidewalks[ ]  Install new marked crosswalks[ ]  New designated facilities for bicyclists [ ] Better driving surface ONLY (i.e. fewer potholes or bumps in the road after project is done)[ ]  Other (please specify in the box below) |
| Please describe the safety improvements you intend to make with this project: |       |
| Have you applied for federal safety funds for the safety elements in this project in the past three years and been rejected by the state because your crash thresholds are too low?  | [ ]  Yes [ ]  NoWhat was applied for?      Year of application?      |
| Have you had multiple crashes (of any type) at this location in the last three years (2013-2015)? *(Note: SWMPC staff will do this analysis based on Michigan Crash Facts data)* | [ ]  Yes [ ]  No [ ]  Not Sure |

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| **Section 4: Complete Streets**  |
| Does this project meet the TwinCATS Complete Streets Policy, approved in 2014?  | [ ]  Yes [ ]  No, I will seek an exemption |
| If you answered “No” above, please state the reason why this project should be exempt from the TwinCATS Complete Streets Policy. Please cite one of the listed exemptions in the Policy.  |
|       |
|  Existing and Proposed Design of Road  |
| Existing | Proposed |
| Number of Vehicle Lanes | Through Traffic Lanes | Center Turn Lanes | On Street Parking [ ]  Yes [ ] No  | Through Traffic Lanes | Center Turn Lanes | On Street Parking  [ ]  Yes [ ]  No |
|       |       |       |       |
| Shoulder Surfacing | [ ]  Paved [ ]  Unpaved  | Width?       ft | [ ]  Paved[ ]  Unpaved | Width?          ft |
| Sidewalk/ path information | **Placement****[ ]** One Side [ ]  Both Sides[ ]  Intermittent[ ]  None | **Type****[ ]** Shared Use (≥ 8 Ft)[ ]  Sidewalks(≤ 8 ft)  | **Placement****[ ]** One Side [ ]  Both Sides[ ]  Intermittent[ ]  None | **Type****[ ]** Shared Use (≥ 8 Ft)[ ]  Sidewalks(≤ 8 ft) |
| On road bicycle facilities | [ ]  Bike Lane [ ]  Other (specify)[ ]  Sharrows      [ ]  Wide Shoulders [ ]  None  | [ ]  Bike Lane [ ]  Other (specify)[ ]  Sharrows      [ ]  Wide Shoulders [ ]  None |
| Utilities, Sewer and Water |  [ ] Utilities Upgrades Needed [ ] Sewer and water line work needed | [ ]  Replaced Utilities[ ] Relocating Utilities[ ]  Sewer and Water Line Work |
| Please describe any improvements being made as part of this project to crosswalks, signage or signals, or streetscape elements not discussed in project description |       |
| Does this project connect to an existing pedestrian/bicycle facility or one that is planned to be completed from 2017-2020? | [ ] Yes [ ] NoIf yes, which facility?       |
| Does this project enhance connectivity of pedestrian or bicyclists to fixed route or Dial-A-Ride transit?  | [ ] Yes [ ] NoIf yes, how?       |
| **Section 5: System Preservation** |
| Provide the most current PASER rating for the area involving this project. | Year :[ ] Rating 1-2 [ ] Rating 3-4 [ ] Rating 5-7 |
| What is the state of current drainage? | [ ]  Adequate[ ]  Minor and tolerable drainage problems[ ]  Occasional drainage problems with some maintenance required[ ]  Inadequate drainage, frequent flooding, excessive maintenance required |
| What is the expected useful life of the project?  | [ ] 0-3 years [ ]  4-6 [ ] 7-9 [ ] 10-14 [ ] 15-20PM projects use [MDOT Approved Maintenance Techniques for Useful Life](http://www.swmpc.org/downloads/lap_3r_guidelines_2014_0227_final.pdf) |

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| **Section 6: Project Readiness and Targeting Investments Strategically**  |
| Is project mentioned or implied in any of the following plans approved by your governing board?  | [ ]  Asset Management Plan[ ]  Capital Improvement Plan[ ]  Infrastructure PlanPlease cite plan and page number :      |
| Is the project identified in another local planning document such as a parks and recreation plan or master plan? | [ ]  Yes [ ]  NoIf yes: Indicate name of plan and page number below:      |
| Project crosses over jurisdictional boundaries and is being bid as a single project? | [ ]  Yes [ ]  NoIf yes: Indicate name of jurisdiction.       |
| Does this project coordinate with other local projects (i.e. utility or sewer/water line improvements) in order to minimize inconvenience to users? | [ ]  Yes [ ]  NoIf yes: Indicate the project type and construction year.       |
| How many water main breaks have you had at this location in the past five years?  | [ ]  None [ ]  Some (enter number here)       |
| Have you completed a utilities assessment and televised the sewers in the project area?  | [ ]  Yes [ ]  No |
| What is the most current daily traffic count for the limits of this project? | [ ] Less than 2000 [ ] 2000-5000 [ ]  5000-10,000 [ ] Above 10,000Year of count: Source:  |
| What is the National Functional Classification for this Roadway? | [ ] Interstate [ ] Other Principal Arterial [ ] Minor Arterial [ ] Major Collector [ ]  Minor Collector |
| Will this project require environmental mitigation, purchase of ROW, or railroad permits? | [ ] Yes [ ]  No [ ]  Not SureWhich?      *(Please identify any items listed here in the project schedule )* |
| Does this project perform Resurfacing, Reconstruction or Preventative Maintenance on a segment adjacent to a segment where a federally-funded project was done during the 2014-2017 TwinCATS TIP cycle or RTF cycle?  | [ ]  Yes [ ]  NoWhat segment was the PREVIOUS project done on?            |

Please attach the following documents to your application when you email it:

1. Include a project schedule with at least the anticipated program application submission, grade inspection, obligation, letting, construction start, construction completion and any project readiness item (ROW acquisition, RR permits, Environmental permits) completion dates. We recognize that these are estimates, but your agency should be planning for these items.

2. Any maps or diagrams that help detail the project scope and location.

3. Any documentation of public support for the project. If your project is selected for funding, you will be required to submit a resolution of support for your project certifying that your agency will be able to provide the local match in the fiscal year your project is funded.