**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  No  Maximum 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  No  What 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 No  If yes, which facility? | | | | | | |
| Does this project enhance connectivity of pedestrian or bicyclists to fixed route or Dial-A-Ride transit? | | | | Yes No  If 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 15-20  PM 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 Plan  Please 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  No  If yes: Indicate name of plan and page number below: |
| Project crosses over jurisdictional boundaries and is being bid as a single project? | Yes  No  If 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  No  If 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 10,000  Year 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 Sure  Which?  *(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  No  What 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.