

Berrien County Rural Task Force 2026-2029 Project Applications

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Rural Task Force Region Four
2026-2029 Transportation Improvement Program (TIP)
Federal Surface Transportation Block Grant Project Application

If you need assistance, please contact Brandon Kovnat, SWMPC Transportation Planner
Email kovnatb@swmpc.org or call (269) 925-1137 x 1524

Applicant Information

Agency Name: _____

Contact Name: _____ Title: _____

Email Address: _____ Phone Number: _____

Engineer/Consultant: _____ Company: _____

Email Address: _____ Phone Number: _____

Project Description

Project Name/Road Name: _____

Project Limits (From/To): _____

Project Length (to the nearest hundredth of a mile): ____ miles

City, Village, or Township: _____

Additional location description if needed

Major Work Type: _____ Preferred Year of Funding: _____

Detailed Work Description (Include all work items as part of this project e.g. drain cleaning, curb and gutter replacement, guardrail, tree clearing, grading, culvert replacement, all types of ROW, ADA upgrades, etc.).

Describe any non-participating work if applicable

What is the need and purpose for this project (what issues are being addressed by the proposed work)

If you are submitting multiple applications, please rank your applications by priority.

Rank: ____ of ____

Proposed Budget

	Amount	Percent of Total
Total Participating Construction Estimate	\$	100 %
STBG Requested	\$	%
State D Requested	\$	%
Local Match	\$	%
	\$	%
	\$	%

Are the other funding sources secured? Yes ☐ No ☐ If no, provide details on when these funds will be secured

Non-Participating Cost Estimate: \$_____

Total Project Estimate with Non-Participating: \$_____

Are you willing to contribute additional local match above the minimum 18.15% required: Yes ☐ No ☐

Are you willing to use an Advance Construct (AC): Yes ☐ No ☐

If so, what is the maximum Amount: \$_____

Estimated Project Schedule

Activity	Date (Month/Year)
NEPA/SHPPO Submitted	
Right-of-Way Certification Submitted	
Grade Inspection (GI) Completed	
Full Biddable Package Submitted to MDOT	
Project Letting	
Construction Start	
Project Completion	

System Preservation

What is the most recent PASER rating (<https://www.mcgi.state.mi.us/tamcMap/>): _____

Do the project limits begin or end at a road with a PASER of 7 or higher: Yes ☐ No ☐

Which MDOT guidelines will the project use:

What is the expected increase in Remaining Service Life (RSL): _____ Years

What is the current state of drainage on the road:

Regional Significance

What is the average annual daily traffic (AADT) volume for the limits of this project? _____ Vehicles/day

What is the National Functional Classification (NFC) of the road:

Is the project on a All Season Route

Yes ☐ No ☐

Safety

For the questions below use the five-year totals from 2019-2023 (<https://www.michigantrafficcrashfacts.org/>)

All Crashes

Total number of crashes: _____

Number of fatalities: _____

Number of Serious Injuries: _____

Pedestrian and Bicycle Crashes

Total number of crashes: _____

Number of fatalities: _____

Number of Serious Injuries: _____

List the safety countermeasures included in the project

Use the attached list of countermeasures and associated crash types

Counter Measure	Crash Type Addressed	Does this address a fatal or serious injury crash
<i>Improved pavement markings</i>	<i>Angle, Rear-End Crashes</i>	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
		Yes <input type="checkbox"/> No <input type="checkbox"/>
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Complete Streets

Are there existing pedestrian and/or bicycle facilities within the limits of the project? If so, please explain

Describe any improvements to pedestrian and/or bicycle facilities included with the project

Will the new/improved pedestrian and/or bicycle facilities connect to existing pedestrian/bicycle facility or one that is planned to be completed before 2029: Y/N Yes ☐ No ☐

Does your agency have a policy for maintaining non-motorized transportation infrastructure, such as bike lanes and pedestrian pathways/sidewalks? Yes ☐ No ☐

Accessibility and Equity

Is the project located in a Disadvantaged Community (DAC), as identified by the Climate and Environmental Justice Screening Tool (<https://screeningtool.geoplatform.gov/>): Yes ☐ No ☐

Does this project remove a priority ADA barrier, as identified in an adopted ADA Transition Plan or similar plan? Yes ☐ No ☐

Strategic Planning & Investment

The project crosses jurisdictional boundaries. Yes ☐ No ☐

The project will coordinate with other infrastructure projects (i.e. utility, water, sewer, etc.) Yes ☐ No ☐

The Project is identified in a pavement asset management plan Yes ☐ No ☐

There is an asset management plan covering utilities along the length of the project Yes ☐ No ☐

The city/village/Township has adopted an asset management policy Yes ☐ No ☐

The project supports goals or objectives from another planning document (ex. master plan or rec plan) Yes ☐ No ☐

If the project supports goals or objectives in another planning document please identify the plan, specify the relevant goals or objectives, and describe how this project will help achieve them

Risk Assessment

Does right of way need to be acquired? Yes ☐ No ☐ Unknown ☐

Does the project intersect with a railroad crossing? Yes ☐ No ☐ Unknown ☐

Does the project require utility relocation? Yes ☐ No ☐ Unknown ☐

Are the project limits within a defined FEMA floodplain? Yes ☐ No ☐ Unknown ☐

Will there be trees removed within the project limits? Yes ☐ No ☐ Unknown ☐

Is the project within 100 feet of a cemetery? Yes ☐ No ☐ Unknown ☐

Are there historic elements withing 100 feet of the proposed work* Yes ☐ No ☐ Unknown ☐

Describe approximately how many individual mature trees or acres of trees will be removed if applicable

* Historic elements include any of the following if they are 50 years old or older: **objects** (ex. Statues or monuments), **structures** (ex. bridges, stone curbs, or brick streets), intentional/designed landscapes, **buildings**, **Historic districts**, **intentional/designed landscapes**

	Existing			Proposed		
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Shoulder	<input type="checkbox"/> Paved <input checked="" type="checkbox"/> Unpaved		Width: ____ Ft.	<input checked="" type="checkbox"/> Paved <input type="checkbox"/> Unpaved		Width: ____ Ft.
Sidewalk/ path	Placement		Width: ____ Ft.	Placement		Width: ____ Ft.
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Utilities	<input type="checkbox"/> Utility Work is needed <input type="checkbox"/> Water/Sewer Work is needed			<input type="checkbox"/> Replacement of utilities <input type="checkbox"/> Relocation of utilities <input type="checkbox"/> Sewer and/or water line work		

By signing below, the project sponsor ensures that they have read and understood the appropriate federal guidance and agree to follow all applicable federal regulations and requirements from the acceptance of federal funds, should this project receive an award. In addition, the project sponsor acknowledges the potential loss of federal funds if the project is not obligated within the programmed fiscal year or if Michigan Department of Transportation statewide obligation limitations have been met.

By signing below, the Project Sponsor assures that sufficient funds are available to pay any costs above the awarded federal fund amount and that completion of this project is not contingent upon additional grants (the sources of matching funds may be changed after STBG funding has been awarded, in accordance with all established TIP amendment guidelines).

Name: _____ Title: _____

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Project Length (to the nearest hundredth of a mile): ____ miles

City, Village, or Township: _____

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Major Work Type: _____ Preferred Year of Funding: _____

Detailed Work Description (Include all work items as part of this project e.g. drain cleaning, curb and gutter replacement, guardrail, tree clearing, grading, culvert replacement, all types of ROW, ADA upgrades, etc.).

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Are you willing to use an Advance Construct (AC): Yes ☐ No ☐

If so, what is the maximum Amount: \$_____

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Do the project limits begin or end at a road with a PASER of 7 or higher: Yes ☐ No ☐

Which MDOT guidelines will the project use:

What is the expected increase in Remaining Service Life (RSL): _____ Years

What is the current state of drainage on the road:

Regional Significance

What is the average annual daily traffic (AADT) volume for the limits of this project? _____ Vehicles/day

What is the National Functional Classification (NFC) of the road:

Is the project on a All Season Route Yes ☐ No ☐

Safety

For the questions below use the five-year totals from 2019-2023 (<https://www.michigantrafficcrashfacts.org/>)

All Crashes

Total number of crashes: _____

Number of fatalities: _____

Number of Serious Injuries: _____

Pedestrian and Bicycle Crashes

Total number of crashes: _____

Number of fatalities: _____

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List the safety countermeasures included in the project

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Counter Measure	Crash Type Addressed	Does this address a fatal or serious injury crash
<i>Improved pavement markings</i>	<i>Angle, Rear-End Crashes</i>	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
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		Yes <input type="checkbox"/> No <input type="checkbox"/>
		Yes <input type="checkbox"/> No <input type="checkbox"/>
		Yes <input type="checkbox"/> No <input type="checkbox"/>
		Yes <input type="checkbox"/> No <input type="checkbox"/>
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Complete Streets

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Does your agency have a policy for maintaining non-motorized transportation infrastructure, such as bike lanes and pedestrian pathways/sidewalks? Yes ☐ No ☐

Accessibility and Equity

Is the project located in a Disadvantaged Community (DAC), as identified by the Climate and Environmental Justice Screening Tool (<https://screeningtool.geoplatform.gov/>): Yes ☐ No ☐

Does this project remove a priority ADA barrier, as identified in an adopted ADA Transition Plan or similar plan? Yes ☐ No ☐

Strategic Planning & Investment

The project crosses jurisdictional boundaries. Yes ☐ No ☐

The project will coordinate with other infrastructure projects (i.e. utility, water, sewer, etc.) Yes ☐ No ☐

The Project is identified in a pavement asset management plan Yes ☐ No ☐

There is an asset management plan covering utilities along the length of the project Yes ☐ No ☐

The city/village/Township has adopted an asset management policy Yes ☐ No ☐

The project supports goals or objectives from another planning document (ex. master plan or rec plan) Yes ☐ No ☐

If the project supports goals or objectives in another planning document please identify the plan, specify the relevant goals or objectives, and describe how this project will help achieve them

Risk Assessment

Does right of way need to be acquired? Yes ☐ No ☐ Unknown ☐

Does the project intersect with a railroad crossing? Yes ☐ No ☐ Unknown ☐

Does the project require utility relocation? Yes ☐ No ☐ Unknown ☐

Are the project limits within a defined FEMA floodplain? Yes ☐ No ☐ Unknown ☐

Will there be trees removed within the project limits? Yes ☐ No ☐ Unknown ☐

Is the project within 100 feet of a cemetery? Yes ☐ No ☐ Unknown ☐

Are there historic elements withing 100 feet of the proposed work* Yes ☐ No ☐ Unknown ☐

Describe approximately how many individual mature trees or acres of trees will be removed if applicable

* Historic elements include any of the following if they are 50 years old or older: **objects** (ex. Statues or monuments), **structures** (ex. bridges, stone curbs, or brick streets), intentional/designed landscapes, **buildings**, **Historic districts**, **intentional/designed landscapes**

	Existing			Proposed		
Number of lanes	Through Lanes: ____	Center Turn Lane (Y/N): ____	On Street Parking (Y/N): ____	Through Lanes: ____	Center Turn Lane (Y/N): ____	On Street Parking (Y/N): ____
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Name: _____ Title: _____

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Agency Name: _____

Contact Name: _____ Title: _____

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Project Description

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Additional location description if needed

Major Work Type: _____ Preferred Year of Funding: _____

Detailed Work Description (Include all work items as part of this project e.g. drain cleaning, curb and gutter replacement, guardrail, tree clearing, grading, culvert replacement, all types of ROW, ADA upgrades, etc.).

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STBG Requested	\$	%
State D Requested	\$	%
Local Match	\$	%
	\$	%
	\$	%

Are the other funding sources secured? Yes ☐ No ☐ If no, provide details on when these funds will be secured

Non-Participating Cost Estimate: \$_____

Total Project Estimate with Non-Participating: \$_____

Are you willing to contribute additional local match above the minimum 18.15% required: Yes ☐ No ☐

Are you willing to use an Advance Construct (AC): Yes ☐ No ☐

If so, what is the maximum Amount: \$_____

Estimated Project Schedule

Activity	Date (Month/Year)
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Right-of-Way Certification Submitted	
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Full Biddable Package Submitted to MDOT	
Project Letting	
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System Preservation

What is the most recent PASER rating (<https://www.mcgi.state.mi.us/tamcMap/>): _____

Do the project limits begin or end at a road with a PASER of 7 or higher: Yes ☐ No ☐

Which MDOT guidelines will the project use:

What is the expected increase in Remaining Service Life (RSL): _____ Years

What is the current state of drainage on the road:

Regional Significance

What is the average annual daily traffic (AADT) volume for the limits of this project? _____ Vehicles/day

What is the National Functional Classification (NFC) of the road:

Is the project on a All Season Route

Yes ☐ No ☐

Safety

For the questions below use the five-year totals from 2019-2023 (<https://www.michigantrafficcrashfacts.org/>)

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Total number of crashes: _____

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Complete Streets

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Describe any improvements to pedestrian and/or bicycle facilities included with the project

Will the new/improved pedestrian and/or bicycle facilities connect to existing pedestrian/bicycle facility or one that is planned to be completed before 2029: Y/N Yes ☐ No ☐

Does your agency have a policy for maintaining non-motorized transportation infrastructure, such as bike lanes and pedestrian pathways/sidewalks? Yes ☐ No ☐

Accessibility and Equity

Is the project located in a Disadvantaged Community (DAC), as identified by the Climate and Environmental Justice Screening Tool (<https://screeningtool.geoplatform.gov/>): Yes ☐ No ☐

Does this project remove a priority ADA barrier, as identified in an adopted ADA Transition Plan or similar plan? Yes ☐ No ☐

Strategic Planning & Investment

The project crosses jurisdictional boundaries. Yes ☐ No ☐

The project will coordinate with other infrastructure projects (i.e. utility, water, sewer, etc.) Yes ☐ No ☐

The Project is identified in a pavement asset management plan Yes ☐ No ☐

There is an asset management plan covering utilities along the length of the project Yes ☐ No ☐

The city/village/Township has adopted an asset management policy Yes ☐ No ☐

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Risk Assessment

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The Project is identified in a pavement asset management plan Yes ☐ No ☐

There is an asset management plan covering utilities along the length of the project Yes ☐ No ☐

The city/village/Township has adopted an asset management policy Yes ☐ No ☐

The project supports goals or objectives from another planning document (ex. master plan or rec plan) Yes ☐ No ☐

If the project supports goals or objectives in another planning document please identify the plan, specify the relevant goals or objectives, and describe how this project will help achieve them

Risk Assessment

Does right of way need to be acquired? Yes ☐ No ☐ Unknown ☐

Does the project intersect with a railroad crossing? Yes ☐ No ☐ Unknown ☐

Does the project require utility relocation? Yes ☐ No ☐ Unknown ☐

Are the project limits within a defined FEMA floodplain? Yes ☐ No ☐ Unknown ☐

Will there be trees removed within the project limits? Yes ☐ No ☐ Unknown ☐

Is the project within 100 feet of a cemetery? Yes ☐ No ☐ Unknown ☐

Are there historic elements withing 100 feet of the proposed work* Yes ☐ No ☐ Unknown ☐

Describe approximately how many individual mature trees or acres of trees will be removed if applicable

* Historic elements include any of the following if they are 50 years old or older: **objects** (ex. Statues or monuments), **structures** (ex. bridges, stone curbs, or brick streets), intentional/designed landscapes, **buildings**, **Historic districts**, **intentional/designed landscapes**

	Existing			Proposed		
Number of lanes	Through Lanes: ____	Center Turn Lane (Y/N): ____	On Street Parking (Y/N): ____	Through Lanes: ____	Center Turn Lane (Y/N): ____	On Street Parking (Y/N): ____
Shoulder	<input type="checkbox"/> Paved <input checked="" type="checkbox"/> Unpaved		Width: ____ Ft.	<input type="checkbox"/> Paved <input type="checkbox"/> Unpaved		Width: ____ Ft.
Sidewalk/ path	Placement		Width: ____ Ft.	Placement		Width: ____ Ft.
On road bicycle facilities	<input type="radio"/> Bike Lanes <input type="radio"/> Other (Specify) _____ <input type="radio"/> Sharrows <input type="radio"/> Wide Shoulders <input type="radio"/> None			<input type="radio"/> Bike Lanes <input type="radio"/> Other (Specify) _____ <input type="radio"/> Sharrows <input type="radio"/> Wide Shoulders <input type="radio"/> None		
Utilities	<input type="checkbox"/> Utility Work is needed <input type="checkbox"/> Water/Sewer Work is needed			<input type="checkbox"/> Replacement of utilities <input type="checkbox"/> Relocation of utilities <input type="checkbox"/> Sewer and/or water line work		

By signing below, the project sponsor ensures that they have read and understood the appropriate federal guidance and agree to follow all applicable federal regulations and requirements from the acceptance of federal funds, should this project receive an award. In addition, the project sponsor acknowledges the potential loss of federal funds if the project is not obligated within the programmed fiscal year or if Michigan Department of Transportation statewide obligation limitations have been met.

By signing below, the Project Sponsor assures that sufficient funds are available to pay any costs above the awarded federal fund amount and that completion of this project is not contingent upon additional grants (the sources of matching funds may be changed after STBG funding has been awarded, in accordance with all established TIP amendment guidelines).

Name: _____ Title: _____

Rural Task Force Region Four
2026-2029 Transportation Improvement Program (TIP)
Federal Surface Transportation Block Grant Project Application

If you need assistance, please contact Brandon Kovnat, SWMPC Transportation Planner
Email kovnatb@swmpc.org or call (269) 925-1137 x 1524

Applicant Information

Agency Name: _____

Contact Name: _____ Title: _____

Email Address: _____ Phone Number: _____

Engineer/Consultant: _____ Company: _____

Email Address: _____ Phone Number: _____

Project Description

Project Name/Road Name: _____

Project Limits (From/To): _____

Project Length (to the nearest hundredth of a mile): ____ miles

City, Village, or Township: _____

Additional location description if needed

Major Work Type: _____ Preferred Year of Funding: _____

Detailed Work Description (Include all work items as part of this project e.g. drain cleaning, curb and gutter replacement, guardrail, tree clearing, grading, culvert replacement, all types of ROW, ADA upgrades, etc.).

Describe any non-participating work if applicable

What is the need and purpose for this project (what issues are being addressed by the proposed work)

If you are submitting multiple applications, please rank your applications by priority.

Rank: ____ of ____

Proposed Budget

	Amount	Percent of Total
Total Participating Construction Estimate	\$	100 %
STBG Requested	\$	%
State D Requested	\$	%
Local Match	\$	%
	\$	%
	\$	%

Are the other funding sources secured? Yes ☐ No ☐ If no, provide details on when these funds will be secured

Non-Participating Cost Estimate: \$_____

Total Project Estimate with Non-Participating: \$_____

Are you willing to contribute additional local match above the minimum 18.15% required: Yes ☐ No ☐

Are you willing to use an Advance Construct (AC): Yes ☐ No ☐

If so, what is the maximum Amount: \$_____

Estimated Project Schedule

Activity	Date (Month/Year)
NEPA/SHPPO Submitted	
Right-of-Way Certification Submitted	
Grade Inspection (GI) Completed	
Full Biddable Package Submitted to MDOT	
Project Letting	
Construction Start	
Project Completion	

System Preservation

What is the most recent PASER rating (<https://www.mcgi.state.mi.us/tamcMap/>): _____

Do the project limits begin or end at a road with a PASER of 7 or higher: Yes ☐ No ☐

Which MDOT guidelines will the project use:

What is the expected increase in Remaining Service Life (RSL): _____ Years

What is the current state of drainage on the road:

Regional Significance

What is the average annual daily traffic (AADT) volume for the limits of this project? _____ Vehicles/day

What is the National Functional Classification (NFC) of the road:

Is the project on a All Season Route Yes ☐ No ☐

Safety

For the questions below use the five-year totals from 2019-2023 (<https://www.michigantrafficcrashfacts.org/>)

All Crashes

Total number of crashes: _____

Number of fatalities: _____

Number of Serious Injuries: _____

Pedestrian and Bicycle Crashes

Total number of crashes: _____

Number of fatalities: _____

Number of Serious Injuries: _____

List the safety countermeasures included in the project

Use the attached list of countermeasures and associated crash types

Counter Measure	Crash Type Addressed	Does this address a fatal or serious injury crash
<i>Improved pavement markings</i>	<i>Angle, Rear-End Crashes</i>	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
		Yes <input type="checkbox"/> No <input type="checkbox"/>
		Yes <input type="checkbox"/> No <input type="checkbox"/>
		Yes <input type="checkbox"/> No <input type="checkbox"/>
		Yes <input type="checkbox"/> No <input type="checkbox"/>
		Yes <input type="checkbox"/> No <input type="checkbox"/>
		Yes <input type="checkbox"/> No <input type="checkbox"/>

Complete Streets

Are there existing pedestrian and/or bicycle facilities within the limits of the project? If so, please explain

Describe any improvements to pedestrian and/or bicycle facilities included with the project

Will the new/improved pedestrian and/or bicycle facilities connect to existing pedestrian/bicycle facility or one that is planned to be completed before 2029: Y/N Yes ☐ No ☐

Does your agency have a policy for maintaining non-motorized transportation infrastructure, such as bike lanes and pedestrian pathways/sidewalks? Yes ☐ No ☐

Accessibility and Equity

Is the project located in a Disadvantaged Community (DAC), as identified by the Climate and Environmental Justice Screening Tool (<https://screeningtool.geoplatform.gov/>): Yes ☐ No ☐

Does this project remove a priority ADA barrier, as identified in an adopted ADA Transition Plan or similar plan? Yes ☐ No ☐

Strategic Planning & Investment

The project crosses jurisdictional boundaries. Yes ☐ No ☐

The project will coordinate with other infrastructure projects (i.e. utility, water, sewer, etc.) Yes ☐ No ☐

The Project is identified in a pavement asset management plan Yes ☐ No ☐

There is an asset management plan covering utilities along the length of the project Yes ☐ No ☐

The city/village/Township has adopted an asset management policy Yes ☐ No ☐

The project supports goals or objectives from another planning document (ex. master plan or rec plan) Yes ☐ No ☐

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	Existing			Proposed		
Number of lanes	Through Lanes: ____	Center Turn Lane (Y/N): ____	On Street Parking (Y/N): ____	Through Lanes: ____	Center Turn Lane (Y/N): ____	On Street Parking (Y/N): ____
Shoulder	<input type="checkbox"/> Paved <input checked="" type="checkbox"/> Unpaved		Width: ____ Ft.	<input checked="" type="checkbox"/> Paved <input type="checkbox"/> Unpaved		Width: ____ Ft.
Sidewalk/ path	Placement		Width: ____ Ft.	Placement		Width: ____ Ft.
On road bicycle facilities	<input type="radio"/> Bike Lanes <input type="radio"/> Other (Specify) _____ <input type="radio"/> Sharrows <input type="radio"/> Wide Shoulders <input type="radio"/> None			<input type="radio"/> Bike Lanes <input type="radio"/> Other (Specify) _____ <input type="radio"/> Sharrows <input type="radio"/> Wide Shoulders <input type="radio"/> None		
Utilities	<input type="checkbox"/> Utility Work is needed <input type="checkbox"/> Water/Sewer Work is needed			<input type="checkbox"/> Replacement of utilities <input type="checkbox"/> Relocation of utilities <input type="checkbox"/> Sewer and/or water line work		

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Name: _____ Title: _____

Clear Form

RURAL TASK FORCE DATA SHEET
TRANSIT JOB

INSTRUCTIONS: Submit completed form to the Rural Task Force and
a copy to your OPT Project Manager for each job.

ALL ITEMS MUST BE COMPLETED

NEW JOB <input checked="" type="checkbox"/> OR JOB CHANGE <input type="checkbox"/>		JOB NUMBER	CHANGE TYPE <input type="checkbox"/> FY <input type="checkbox"/> COST <input type="checkbox"/> SCOPE <input type="checkbox"/> MULTIPLE WORK DESCRIPTION <input type="checkbox"/> DELETE <input type="checkbox"/> MOVE TO ILLUSTRATIVE	
FISCAL YEAR 2026	COUNTY Berrien	TRANSIT AGENCY - LEGAL NAME Berrien County Board of Commissioners		
AGENCY ADDRESS 701 Main Street		CITY St. Joseph	ZIP CODE 49085	

REMINDERS FOR RPA JOB PROGRAMMING

JOB TYPE MULTIMODAL	MODE TRANSIT	JOB PHASE NON-INFRASTRUCTURE (NI)
TEMPLATE TRANSIT - STIP - RURAL - FLEX	TEMPLATE BOUNDARY Berrien, Cass, Van Buren [4]	
MAJOR ROUTE REPORT TRANSIT CAPITAL	PHASE FINANCIAL SYSTEM STL	LOCATION REPORT AREA WIDE

Scheduled obligation date is the last day in September of the fiscal year. Scheduled end date is obligation date plus three years.
Choose Transit Capital GPA.

SCOPE CODE (FILL OUT ONE FORM PER SCOPE CODE) 1160 - Signal & Communication Equip - Bus	TRANSIT FLEX CATEGORY <input type="checkbox"/> 5310 <input checked="" type="checkbox"/> 5311	MDOT OBLIGATION YES
--	---	------------------------

JOB COST	JOB DESCRIPTION (REPORT) Vehicle Equipment
1) STP \$ 8,000	DETAILED JOB DESCRIPTION (If multiple types of items are being purchased/replaced, select Multiple Work Descriptions from the drop-down box and specify the work descriptions with job description below.) LED Back-lit Digital Display and power inverter for 15 buses.
2) STATE CTF \$ 2,000	
3) LOCAL FUNDING \$ (Part of 20% match)	
SUBTOTAL \$ 10,000	
4) OTHER LOCAL FUNDING \$ (Not part of 20% match)	
TOTAL JOB COST: \$ 10,000	

OPT PROJECT MANAGER NAME Fred Featherly		
SUBMITTED BY (Please print) Dennis Schuh	TITLE Transportation Coordinator	DATE 10/04/24
SIGNATURE Dennis Schuh		PHONE NUMBER (269) 325-6261

Clear Form

RURAL TASK FORCE DATA SHEET
TRANSIT JOB

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ALL ITEMS MUST BE COMPLETED

NEW JOB <input checked="" type="checkbox"/> OR JOB CHANGE <input type="checkbox"/>		JOB NUMBER	CHANGE TYPE <input type="checkbox"/> FY <input type="checkbox"/> COST <input type="checkbox"/> SCOPE <input type="checkbox"/> MULTIPLE WORK DESCRIPTION <input type="checkbox"/> DELETE <input type="checkbox"/> MOVE TO ILLUSTRATIVE	
FISCAL YEAR 2027	COUNTY Berrien	TRANSIT AGENCY - LEGAL NAME Berrien County Board of Commissioners		
AGENCY ADDRESS 701 Main Street		CITY St. Joseph	ZIP CODE 49085	

REMINDERS FOR RPA JOB PROGRAMMING

JOB TYPE MULTIMODAL	MODE TRANSIT	JOB PHASE NON-INFRASTRUCTURE (NI)
TEMPLATE TRANSIT - STIP - RURAL - FLEX	TEMPLATE BOUNDARY Berrien, Cass, Van Buren [4]	
MAJOR ROUTE REPORT TRANSIT CAPITAL	PHASE FINANCIAL SYSTEM STL	LOCATION REPORT AREA WIDE

Scheduled obligation date is the last day in September of the fiscal year. Scheduled end date is obligation date plus three years.
Choose Transit Capital GPA.

SCOPE CODE (FILL OUT ONE FORM PER SCOPE CODE) 1140 - Bus Support Equip / Facilities	TRANSIT FLEX CATEGORY <input type="checkbox"/> 5310 <input checked="" type="checkbox"/> 5311	MDOT OBLIGATION YES
--	---	------------------------

JOB COST	JOB DESCRIPTION (REPORT) Office Equipment
1) STP \$ 4,800	DETAILED JOB DESCRIPTION (If multiple types of items are being purchased/replaced, select Multiple Work Descriptions from the drop-down box and specify the work descriptions with job description below.) Phone system for administrative offices of BerrienBus.
2) STATE CTF \$ 1,200	
3) LOCAL FUNDING \$ (Part of 20% match)	
SUBTOTAL \$ 6,000	
4) OTHER LOCAL FUNDING \$ (Not part of 20% match)	
TOTAL JOB COST: \$ 6,000	

OPT PROJECT MANAGER NAME Fred Featherly		
SUBMITTED BY (Please print) Dennis Schuh	TITLE Transportation Coordinator	DATE 10/04/24
SIGNATURE Dennis Schuh		PHONE NUMBER (269) 325-6261

Clear Form

RURAL TASK FORCE DATA SHEET
TRANSIT JOB

INSTRUCTIONS: Submit completed form to the Rural Task Force and
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ALL ITEMS MUST BE COMPLETED

NEW JOB <input checked="" type="checkbox"/> OR JOB CHANGE <input type="checkbox"/>		JOB NUMBER	CHANGE TYPE <input type="checkbox"/> FY <input type="checkbox"/> COST <input type="checkbox"/> SCOPE <input type="checkbox"/> MULTIPLE WORK DESCRIPTION <input type="checkbox"/> DELETE <input type="checkbox"/> MOVE TO ILLUSTRATIVE	
FISCAL YEAR 2027	COUNTY Berrien	TRANSIT AGENCY - LEGAL NAME Berrien County Board of Commissioners		
AGENCY ADDRESS 701 Main Street		CITY St. Joseph	ZIP CODE 49085	

REMINDERS FOR RPA JOB PROGRAMMING

JOB TYPE MULTIMODAL	MODE TRANSIT	JOB PHASE NON-INFRASTRUCTURE (NI)
TEMPLATE TRANSIT - STIP - RURAL - FLEX	TEMPLATE BOUNDARY Berrien, Cass, Van Buren [4]	
MAJOR ROUTE REPORT TRANSIT CAPITAL	PHASE FINANCIAL SYSTEM STL	LOCATION REPORT AREA WIDE

Scheduled obligation date is the last day in September of the fiscal year. Scheduled end date is obligation date plus three years.
Choose Transit Capital GPA.

SCOPE CODE (FILL OUT ONE FORM PER SCOPE CODE) 1160 - Signal & Communication Equip - Bus	TRANSIT FLEX CATEGORY <input type="checkbox"/> 5310 <input checked="" type="checkbox"/> 5311	MDOT OBLIGATION YES
--	---	------------------------

JOB COST	JOB DESCRIPTION (REPORT) Vehicle Equipment
1) STP \$ 16,000	DETAILED JOB DESCRIPTION (If multiple types of items are being purchased/replaced, select Multiple Work Descriptions from the drop-down box and specify the work descriptions with job description below.) Tablets for 18 buses.
2) STATE CTF \$ 4,000	
3) LOCAL FUNDING \$ (Part of 20% match)	
SUBTOTAL \$ 20,000	
4) OTHER LOCAL FUNDING \$ (Not part of 20% match)	
TOTAL JOB COST: \$ 20,000	

OPT PROJECT MANAGER NAME Fred Featherly		
SUBMITTED BY (Please print) Dennis Schuh	TITLE Transportation Coordinator	DATE 10/04/24
SIGNATURE Dennis Schuh		PHONE NUMBER (269) 325-6261