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 m	ile): miles
City, Village, or Township:	
Additional location description if needed	
Major Work Type:	Preferred Year of Funding:
•	ns as part of this project e.g. drain cleaning, curb and gutter ulvert replacement, all types of ROW, ADA upgrades, etc.).
Describe any non-participating work if applicable	e
What is the need and purpose for this project (w	vhat issues are being addressed by the proposed work)
If you are submitting multiple applications, pleas	se 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 \square No \square If no, provide details or	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:	

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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 \square No \square		
Safety				
For the questions below use the five-year total	als from 2019-2023 (https://www.michigantra	fficcrashfacts.org/)		
All Crashes	Pedestrian and Bicycle Cras	<u>hes</u>		
Total number of crashes:	Total number of crashes:			
Number of fatalities:	Number of fatalities:			
Number of Serious Injuries:	Number of Serious Injuries:			
List the safety countermeasures included in the Use the attached list of countermeasures and	· ·			
Counter Measure	Crash Type Addressed	Does this address a fatal or serious injury crash		
Improved pavement markings	Angle, Rear-End Crashes	Yes □ No ⊠		
		Yes □ No □		
		Yes □ No □		
		Yes □ No □		
		Yes □ No □		
		Yes □ No □		
		Yes □ No □		
Complete Streets				
Are there existing pedestrian and/or bicycle fa	acilities within the limits of the project? If so, a	olease explain		
The there existing peacetrain analysis breyers to	remites within the initias of the project. If 30, p	neuse 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 $_{\text{Yes}} \square _{\text{No}} \square$ or one that is planned to be completed before 2029: Y/N				
Does your agency have a policy for maintaining non-motorized transportation infrastructure, such as \Box No \Box bike lanes and pedestrian pathways/sidewalks?				

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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 Plasimilar plan?	an or		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)					
If the project supports goals or objectives in another planning document please identify the goals or objectives, and describe how this project will help achieve them	olan, spe	ecify th	e relevant		
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 re	moved	if appl	icable		

^{*} 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 and Proposed Roadway Design

	Existing			Proposed					
Number of	Through	Center Turn On St		On Street Parking		Through	Center Tur	'n	On Street Parking
lanes	Lanes:	Lane (Y/N)):	(Y/N):		Lanes: Lane (Y/N)		:	(Y/N):
Shoulder	□ Paved ⊠	Unpaved	Widtl	n: Ft.		☐ Paved ☐	Unpaved	Widt	h: Ft.
Sidewalk/ path	Placement Width: Ft.			Placement		Width: Ft.			
On road	Bike Lanes Other (Specify)			o Bike Lane	S	o 0	ther (Specify)		
bicycle	o Sharrows					o Sharrows			
facilities	o Wide Sho	ulders	ders o None			o Wide Sho	ulders	o N	one
Utilities	☐ Utility Work is needed ☐ Water/Sewer Work is needed			☐ Replaceme ☐ Relocation ☐ Sewer and,	of utilities		k		

Applicant Acknowledgements

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.

Certification of Matching Funds

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 mil	e): miles
City, Village, or Township:	
Additional location description if needed	
Major Work Type:	Preferred Year of Funding:
· · · · · · · · · · · · · · · · · · ·	s as part of this project e.g. drain cleaning, curb and gutter lvert replacement, all types of ROW, ADA upgrades, etc.).
Describe any non-participating work if applicable	
What is the need and purpose for this project (w	hat issues are being addressed by the proposed work)
If you are submitting multiple applications, please	e 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 \square No \square 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 \square No \square
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:	

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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 total	als from 2019-2023 (https://www.michigantra	fficcrashfacts.org/)		
All Crashes	Pedestrian and Bicycle Cras	<u>hes</u>		
Total number of crashes:	Total number of crashes:			
Number of fatalities:	Number of fatalities:			
Number of Serious Injuries:	Number of Serious Injuries:			
List the safety countermeasures included in the Use the attached list of countermeasures and	• •			
Counter Measure	Crash Type Addressed	Does this address a fatal or serious injury crash		
Improved pavement markings	Angle, Rear-End Crashes	Yes □ No ⊠		
		Yes □ No □		
		Yes □ No □		
		Yes □ No □		
		Yes No		
		Yes □ No □		
		Yes □ No □		
Complete Streets				
-	acilities within the limits of the project? If so	aloaco ovalain		
Are there existing pedestrian and/or bicycle is	acilities within the limits of the project? If so,	Jiease explain		
Describe any improvements to pedestrian and/or bicycle facilities included with the project				
Will the new/improved pedestrian and/or bid or one that is planned to be completed before	ycle facilities connect to existing pedestrian/be 2029: Y/N	icycle facility Yes □ No □		
Does your agency have a policy for maintaining non-motorized transportation infrastructure, such as \Box No \Box bike lanes and pedestrian pathways/sidewalks?				

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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	o 🗆
Does this project remove a priority ADA barrier, as identified in an adopted ADA Transition Plasimilar plan?	an or	Yes □ No	o 🗆
Strategic Planning & Investment			
The project crosses jurisdictional boundaries.		Yes □ No	o 🗆
The project will coordinate with other infrastructure projects (i.e. utility, water, sewer, etc.)		Yes □ No	o 🗆
The Project is identified in a pavement asset management plan		Yes □ No	o 🗆
There is an asset management plan covering utilities along the length of the project		Yes □ No	o 🗆
The city/village/Township has adopted an asset management policy		Yes □ No	o 🗆
The project supports goals or objectives from another planning document (ex. master plan or	rec plan)	Yes □ No	o 🗆
If the project supports goals or objectives in another planning document please identify the project or objectives, and describe how this project will help achieve them	olan, specify	the relevant	
Risk Assessment			
Does right of way need to be acquired?	Yes □ No	□ Unknowr	n 🗆
Does the project intersect with a railroad crossing?	Yes □ No	□ Unknowr	n 🗆
Does the project require utility relocation?	Yes □ No	□ Unknowr	n 🗆
Are the project limits within a defined FEMA floodplain?	Yes □ No	□ Unknowr	n 🗆
Will there be trees removed within the project limits?	Yes □ No	□ Unknowr	n 🗆
Is the project within 100 feet of a cemetery?	Yes □ No	□ Unknowr	n 🗆
Are there historic elements withing 100 feet of the proposed work*	Yes □ No	□ Unknowr	n 🗆
Describe approximately how many individual mature trees or acres of trees will be re-	moved if ap	plicable	

^{*} 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 and Proposed Roadway Design

	Existing					Prop	osed	
Number of	Through	Center Tur	'n	On Street Parking	Through	Center Tur	n	On Street Parking
lanes	Lanes:	Lane (Y/N)):	(Y/N):	Lanes:	Lane (Y/N)	:	(Y/N):
Shoulder	□ Paved ⊠	Unpaved	Width	n: Ft.	□ Paved □	Unpaved	Width	n: Ft.
Sidewalk/ path	Placement		Width	n: Ft.	Placement		Width	n: Ft.
On road	o Bike Lanes o Other (ther (Specify)	o Bike Lane	S	o Ot	ther (Specify)	
bicycle	o Sharrows				o Sharrows			
facilities	o Wide Sho	ulders	o No	one	o Wide Sho	ulders	o No	one
		اد ده می ما ما	ı		☐ Replaceme	nt of utilitie	es	
Utilities Utility Work is r					☐ Relocation of utilities			
☐ Water/Sewer Work is needed ☐ Sewer and/or water line wo			ne wor	k				

Applicant Acknowledgements

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.

Certification of Matching Funds

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Name:	Title:

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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 mil	e): miles
City, Village, or Township:	
Additional location description if needed	
Major Work Type:	Preferred Year of Funding:
· · · · · · · · · · · · · · · · · · ·	s as part of this project e.g. drain cleaning, curb and gutter lvert replacement, all types of ROW, ADA upgrades, etc.).
Describe any non-participating work if applicable	
What is the need and purpose for this project (w	hat issues are being addressed by the proposed work)
If you are submitting multiple applications, please	e rank your applications by priority. Rank: of

Rural Task Force Region Four Application for the 2026-2029 Call for Projects

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:	

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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 \square No \square							
Safety							
For the questions below use the five-year totals from 2019-2023 (https://www.michigantrafficcrashfacts.org/)							
All Crashes	Pedestrian and Bicycle Cras	<u>hes</u>					
Total number of crashes:	Total number of crashes:						
Number of fatalities:	Number of fatalities:						
Number of Serious Injuries:	Number of Serious Injuries:						
List the safety countermeasures included in tl	ne project						
Use the attached list of countermeasures and	d associated crash types	Does this address a fatal					
Counter Measure	Crash Type Addressed	or serious injury crash					
Improved pavement markings	Angle, Rear-End Crashes	Yes □ No ⊠					
		Yes □ No □					
		Yes □ No □					
		Yes □ No □					
		Yes □ No □					
		Yes □ No □					
		Yes □ No □					
Complete Streets							
Are there existing pedestrian and/or bicycle for	acilities within the limits of the project? If so, p	olease explain					
Describe any improvements to pedestrian and	d/or bicycle facilities included with the project	:					
Will the new/improved pedestrian and/or bic or one that is planned to be completed before	ycle facilities connect to existing pedestrian/b e 2029: Y/N	icycle facility Yes □ No □					
Does your agency have a policy for maintaining non-motorized transportation infrastructure, such as \square No \square bike lanes and pedestrian pathways/sidewalks?							

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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 Plasimilar plan?	in or		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 plants or objectives, and describe how this project will help achieve them	ılan, speci	fy th	e relevant
Risk Assessment			
Does right of way need to be acquired?	Yes □ N	o 🗆	Unknown □
Does the project intersect with a railroad crossing?	Yes □ N	о 🗆	Unknown □
Does the project require utility relocation?	Yes □ N	o 🗆	Unknown \square
Are the project limits within a defined FEMA floodplain?	Yes □ N	o 🗆	Unknown \square
Will there be trees removed within the project limits?	Yes □ N	o 🗆	Unknown \square
Is the project within 100 feet of a cemetery?	Yes □ N	o 🗆	Unknown \square
Are there historic elements withing 100 feet of the proposed work*	Yes □ N	o 🗆	Unknown \square
Describe approximately how many individual mature trees or acres of trees will be real	moved if	appl	icable

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Existing and Proposed Roadway Design

				Prop	osed			
Number of	Through	ugh Center Turn		On Street Parking	Through	Center Tur	n	On Street Parking
lanes	Lanes:	Lane (Y/N)	:	(Y/N):	Lanes:	Lane (Y/N):		(Y/N):
Shoulder	□ Paved ⊠	Unpaved	Widtl	n: Ft.	□ Paved □	Unpaved	Widtl	n: Ft.
Sidewalk/ path	Placement		Widtl	n: Ft.	Placement		Widtl	n: Ft.
On road	○ Bike Lanes ○ Other (ther (Specify)	o Bike Lane	S	o Ot	ther (Specify)	
bicycle	o Sharrows				o Sharrows			
facilities	o Wide Sho	ulders	o No	one	o Wide Sho	ulders	o No	one
		1	ı		☐ Replaceme	nt of utilitie	es	
Utilities	☐ Utility Wor				☐ Relocation of utilities			
	☐ Water/Sewer Work is needed ☐ Sewer and/or water line work		k					

Applicant Acknowledgements

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.

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Name:	Title:	

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Applicant Information	
Agency Name:	
Contact Name:	Title:
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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 mil	e): miles
City, Village, or Township:	
Additional location description if needed	
Major Work Type:	Preferred Year of Funding:
· · · · · · · · · · · · · · · · · · ·	s as part of this project e.g. drain cleaning, curb and gutter lvert replacement, all types of ROW, ADA upgrades, etc.).
Describe any non-participating work if applicable	
What is the need and purpose for this project (w	hat issues are being addressed by the proposed work)
If you are submitting multiple applications, please	e rank your applications by priority. Rank: of

Rural Task Force Region Four Application for the 2026-2029 Call for Projects

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:	

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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 total	als from 2019-2023 (https://www.michigantra	fficcrashfacts.org/)				
All Crashes	Pedestrian and Bicycle Cras	<u>hes</u>				
Total number of crashes:	Total number of crashes:					
Number of fatalities:	Number of fatalities:					
Number of Serious Injuries:	Number of Serious Injuries:					
List the safety countermeasures included in tl	ne project					
Use the attached list of countermeasures and	d associated crash types	Does this address a fatal				
Counter Measure	Crash Type Addressed	or serious injury crash				
Improved pavement markings	Angle, Rear-End Crashes	Yes □ No ⊠				
		Yes □ No □				
		Yes □ No □				
		Yes □ No □				
		Yes □ No □				
		Yes □ No □				
		Yes □ No □				
Complete Streets						
Are there existing pedestrian and/or bicycle for	acilities within the limits of the project? If so, p	olease explain				
Describe any improvements to pedestrian and	d/or bicycle facilities included with the project	:				
Will the new/improved pedestrian and/or bic or one that is planned to be completed before	ycle facilities connect to existing pedestrian/b e 2029: Y/N	icycle facility Yes □ No □				
Does your agency have a policy for maintaining bike lanes and pedestrian pathways/sidewalk	ng non-motorized transportation infrastructures?	e, such as Yes \(\subseteq \text{No } \subseteq				

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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?							
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 plants or objectives, and describe how this project will help achieve them	lan, speci	ify the	e relevant				
Risk Assessment							
Does right of way need to be acquired?	Yes □ N	lo 🗆	Unknown 🗆				
Does the project intersect with a railroad crossing?	Yes □ N	lo 🗆	Unknown 🗆				
Does the project require utility relocation?	Yes □ N	lo 🗆	Unknown 🗆				
Are the project limits within a defined FEMA floodplain?	Yes □ N	lo 🗆	Unknown 🗆				
Will there be trees removed within the project limits?	Yes □ N	lo 🗆	Unknown 🗆				
Is the project within 100 feet of a cemetery?	Yes □ N	lo 🗆	Unknown 🗆				
Are there historic elements withing 100 feet of the proposed work*	Yes □ N	lo 🗆	Unknown 🗆				
Describe approximately how many individual mature trees or acres of trees will be real	noved if	appl	icable				

^{*} 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 and Proposed Roadway Design

		Exis		Proposed				
Number of	Through	Center Tur	'n	On Street Parking	Through	Center Tur	'n	On Street Parking
lanes	Lanes:	Lane (Y/N)	:	(Y/N):	Lanes:	Lane (Y/N)	:	(Y/N):
Shoulder	□ Paved ⊠	Unpaved	Widtl	n: Ft.	□ Paved □	Unpaved	Width	n: Ft.
Sidewalk/ path	Placement		Width: Ft.		Placement		Width: Ft.	
On road	o Bike Lane	S	Other (Specify)		o Bike Lane	S	o Ot	ther (Specify)
bicycle	o Sharrows				o Sharrows			
facilities	o Wide Sho	ulders	o None		o Wide Sho	ulders	o No	one
Utilities	☐ Utility Work is needed ☐ Water/Sewer Work is needed			☐ Replaceme ☐ Relocation ☐ Sewer and,	of utilities		k	

Applicant Acknowledgements

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.

Certification of Matching Funds

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 mil	e): miles
City, Village, or Township:	
Additional location description if needed	
Major Work Type:	Preferred Year of Funding:
· · · · · · · · · · · · · · · · · · ·	s as part of this project e.g. drain cleaning, curb and gutter lvert replacement, all types of ROW, ADA upgrades, etc.).
Describe any non-participating work if applicable	
What is the need and purpose for this project (w	hat issues are being addressed by the proposed work)
If you are submitting multiple applications, please	e rank your applications by priority. Rank: of

Rural Task Force Region Four Application for the 2026-2029 Call for Projects

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 \square No \square If no, provide details or	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:	

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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 \square No \square						
Safety						
For the questions below use the five-year total	als from 2019-2023 (https://www.michigantraf	ficcrashfacts.org/)				
All Crashes	Pedestrian and Bicycle Crasl	<u>hes</u>				
Total number of crashes:	Total number of crashes:					
Number of fatalities:	Number of fatalities:					
Number of Serious Injuries:	Number of Serious Injuries:					
List the safety countermeasures included in the Use the attached list of countermeasures and	· ·					
Counter Measure	Crash Type Addressed	Does this address a fatal or serious injury crash				
Improved pavement markings	Angle, Rear-End Crashes	Yes □ No ⊠				
		Yes □ No □				
		Yes □ No □				
		Yes □ No □				
		Yes □ No □				
		Yes □ No □				
		Yes □ No □				
Complete Streets						
_	acilities within the limits of the project? If so, p	aloaco ovalain				
Are there existing pedestrian and/or bicycle is	actitudes within the limits of the project? If so, p	nease explain				
Describe any improvements to pedestrian and	d/or bicycle facilities included with the project					
Will the new/improved pedestrian and/or bicor one that is planned to be completed before	ycle facilities connect to existing pedestrian/bi e 2029: Y/N	cycle facility Yes 🗆 No 🗆				
Does your agency have a policy for maintaining non-motorized transportation infrastructure, such as \Box No \Box bike lanes and pedestrian pathways/sidewalks?						

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Accessibility and Equity	J						
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?							
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)							
If the project supports goals or objectives in another planning document please identify the project or objectives, and describe how this project will help achieve them	olan, specify	the releva	nt				
Risk Assessment							
Does right of way need to be acquired?	Yes □ No	□ Unkno	wn 🗆				
Does the project intersect with a railroad crossing?	Yes □ No	□ Unkno	wn 🗆				
Does the project require utility relocation?	Yes □ No	□ Unkno	wn 🗆				
Are the project limits within a defined FEMA floodplain?	Yes □ No	□ Unkno	wn 🗆				
Will there be trees removed within the project limits?							
Is the project within 100 feet of a cemetery?	Yes □ No	□ Unkno	wn 🗆				
Are there historic elements withing 100 feet of the proposed work*	Yes □ No	□ Unkno	wn 🗆				
Describe approximately how many individual mature trees or acres of trees will be re-	moved if a	pplicable	1				

^{*} 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 and Proposed Roadway Design

		Exi		Proposed				
Number of	Through	Center Tu	rn	On Street Parking	Through	Center Tur	'n	On Street Parking
lanes	Lanes:	Lane (Y/N):	(Y/N):	Lanes:	Lane (Y/N)	:	(Y/N):
Shoulder	☐ Paved	□ Unpaved	Widtl	n: Ft.	□ Paved □	Unpaved	Widtl	n: Ft.
Sidewalk/ path	Placemen		Width: Ft.		Placement		Width: Ft.	
On road	o Bike La	nes	Other (Specify)		o Bike Lane	!S	o Ot	ther (Specify)
bicycle	o Sharrows		o Sharrows					
facilities	o Wide S	houlders	o None		o Wide Sho	oulders	o No	one
Utilities	☐ Utility Work is needed ☐ Water/Sewer Work is needed			☐ Replacement ☐ Relocation ☐ Sewer and	of utilities		k	

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Name:	Title:
Name:	116161

Michigan Department of Transportation 1797 (10/2022)

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 COM	IPLETED							
					CHANGE TYPE	_		
NEW JOB X OR JOB CHANGE JOB NUMB			MBER		FY COST SCOPE MULTIPLE WORK DESCRIPTION			
					☐ DELETE ☐ MOVE TO ILLUSTRATIVE			
FISCAL YEAR	COUNTY				TRANSIT AGENCY - LEGAL NAME			
2026	Berrien				Berrien County Board of Commissioners			
AGENCY ADDRESS					CITY		ZIP CODE	
701 Main Street					St. Joseph		49085	
REMINDERS FOR RPA JO	DB PROGRAI	MMING						
JOB TYPE	MODE JOB PHASE					JOB PHASE		
MULTIMODAL	TRANSIT NON-INFRA				NON-INFRAST	RUCTURE (NI)		
TEMPLATE	TEMPLATE B	TEMPLATE BOUNDARY						
TRANSIT - STIP - RURAL - FLEX	Berrien, Cas	s, Van Bu	ıren [4]					
MAJOR ROUTE REPORT	PHASE FINAN	PHASE FINANCIAL SYSTEM LOCATION F				LOCATION REF	EPORT	
TRANSIT CAPITAL	STL	STL				AREA WIDE		
Scheduled obligation date is the Choose Transit Capital GPA.	ne last day in S	eptember	of the fis	cal yea	ar. Scheduled end da	te is obligation o	date plus three years.	
SCOPE CODE (FILL OUT ONE F	ORM PER SCOP	E CODE)		TRAN	ISIT FLEX CATEGORY		MDOT OBLIGATION	
1160 - Signal & Communication	n Equip - Bus				5310 🗶 53	YES		
JOD COST			I	JOB DESCRIPTION (REPORT)				
JOB COST			Vehicle	e Equip	ipment			
1) STP	\$	8,000	DETAILED JOB DESCRIPTION (If multiple types of items are being purchased/replace select Multiple Work Descriptions from the drop-down				RIPTION	
1) 311	Ψ						purchased/replaced,	
2) STATE CTF	\$		and specify the work descriptions with job description below.)					
2) 31/112 311			LED Ba	ck-lit D	igital Display and pow	er inverter for 1	5 buses.	
3) LOCAL FUNDING (Part of 20% match)	\$							
SUBTOTAL	\$	10,000						
COBTOTAL	*							
4) OTHER LOCAL FUNDING	\$							
(Not part of 20% match)								
TOTAL JOB COST:	\$	10,000						
101AL 30B 0001.	Ψ							
OPT PROJECT MANAGER NAM Fred Featherly	E							
SUBMITTED BY (Please print)			TITLE	=			DATE	
Dennis Schuh			Trans	sportat	tion Coordinator		10/04/24	
SIGNATURE DONN	is Schul	ń.					PHONE NUMBER	
							(269) 325-6261	

Michigan Department of Transportation 1797 (10/2022)

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 COM	IPLETED							
		CHANGE TYPE						
NEW JOB X OR JOB CHANGE JOB NUMBER				FY COST SCOPE MULTIPLE WORK DESCR				
		DELETE MC	DELETE MOVE TO ILLUSTRATIVE					
FISCAL YEAR	COUNTY			TRANSIT AGENCY - LEGAL NAME				
	2027 Berrien				Berrien County Board of Commissioners			
AGENCY ADDRESS 701 Main Street			CITY		ZIP CODE 49085			
			St. Joseph		49085			
REMINDERS FOR RPA JC	T							
JOB TYPE	MODE			JOB PHASE				
MULTIMODAL	TRANSIT			NON-INFRASTRUCTURE (NI)				
TEMPLATE TRANSIT - STIP - RURAL - FLEX	Berrien, Cass, Van Bu							
MAJOR ROUTE REPORT	PHASE FINANCIAL SYS		LOCATION REF	DOPT				
TRANSIT CAPITAL	STL	, i = ivi		AREA WIDE				
Scheduled obligation date is the Choose Transit Capital GPA.	e last day in September	of the fisca	al year. Scheduled end da	te is obligation o	date plus three years.			
SCOPE CODE (FILL OUT ONE FO	•	Т Т	RANSIT FLEX CATEGORY		MDOT OBLIGATION			
1140 - Bus Support Equip / Fa	cilities		5310 🗶 53	YES				
JOB COST		JOB DESC	CRIPTION (REPORT) Juipment					
1) STP	\$4,800		(If multiple types of i	ED JOB DESC items are being	purchased/replaced			
2) STATE CTF	\$1,200	select Multiple Work Descriptions from the drop-down box and specify the work descriptions with job description below.)						
3) LOCAL FUNDING (Part of 20% match)	\$	Pnone sys	stem for administrative offi	ces of Berrienbi	us.			
SUBTOTAL S	\$6,000							
4) OTHER LOCAL FUNDING (Not part of 20% match)	5							
TOTAL JOB COST:	\$6,000							
OPT PROJECT MANAGER NAME								
Fred Featherly								
SUBMITTED BY (Please print) Dennis Schuh		TITLE Transp	ortation Coordinator		DATE 10/04/24			
SIGNATURE					PHONE NUMBER			
Dennu			(269) 325-6261					

Michigan Department of Transportation 1797 (10/2022)

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 COM	IPLETED			_				
					CHANGE TYPE			
NEW JOB X OR JOB CHANGE JOB NUMB			30B NOMBER			SCOPE MULTIPLE WORK DESCRIPTION		
					DELETE MOVE TO ILLUSTRATIVE			
FISCAL YEAR					TRANSIT AGENCY - LEGAL NAME			
2027	Berrien				Berrien County Board of Commissioners			
AGENCY ADDRESS					CITY		ZIP CODE	
701 Main Street					St. Joseph		49085	
REMINDERS FOR RPA JO	B PROGRAM	/IMING						
JOB TYPE	MODE				JOB PHASE			
MULTIMODAL	TRANSIT				NON-INFRASTRUCTURE (NI)			
TEMPLATE	TEMPLATE B							
TRANSIT - STIP - RURAL - FLEX								
MAJOR ROUTE REPORT TRANSIT CAPITAL	PHASE FINAN STL	CIAL SYS	IEM			LOCATION REPORT AREA WIDE		
Scheduled obligation date is the Choose Transit Capital GPA.	ie last day in So	eptember				te is obligation		
SCOPE CODE (FILL OUT ONE FO		E CODE)	'	TRAN	SIT FLEX CATEGORY		MDOT OBLIGATION	
1160 - Signal & Communicatio	n Equip - Bus				5310 X 5311 YES			
JOB COST		JOB DE: Vehicle			TION (REPORT) ment			
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)	\$		i ablets to	or 18 i	ouses.			
SUBTOTAL S	\$	20,000						
4) OTHER LOCAL FUNDING S	5							
(Not part of 20% match)								
TOTAL JOB COST:	\$	20,000						
OPT PROJECT MANAGER NAME	 E							
Fred Featherly			T:T: -				DATE	
SUBMITTED BY (Please print) Dennis Schuh			TITLE	oortati	ion Coordinator		DATE 10/04/24	
SIGNATURE Dennis Schuh							PHONE NUMBER	
							(269) 325-6261	