

# Dowagiac Small Urban Meeting

Wednesday, December 17th, 2025, at 1:00 PM

Dowagiac Department of Public Works

302 Wolf Street, Dowagiac, MI 49047

## **Agenda**

1. Call to Order and Introductions
2. Overview of the Small Urban Program
3. Review of past Dowagiac Small Urban Projects
4. Discussion and Approval of Projects for 2027 & 2029
5. Privilege of the floor or public comment
6. Adjournment

Comments can be sent prior to the meeting to Brandon Kovnat at [kovnatb@swmpc.org](mailto:kovnatb@swmpc.org) or by calling (269) 925-1137 x 1524. For questions about accessibility or to request accommodations, please contact Kim Gallagher at (269) 925-1137 x 1518 or by email at [gallagherk@swmpc.org](mailto:gallagherk@swmpc.org)

## **Voting Members**

City of Dowagiac

Cass County Road Commission

Dowagiac Dial A Ride/Cass County Transit Authority

## Dowagiac Small Urban Funded Projects

Year	Agency	Proejct	Federal	Local or CTF	Total
2023	Cass County Road Commission	Middle Crossing St from Prairie Rhonde St to Market St- Resurfacing	\$391,250	\$93,750	\$485,000
2023	Dowagiac Dial A Ride	Van Purchase	\$64,954	\$16,239	\$81,193
2025	City of Dowagiac	W Prairie Ronde St from Fairlawn Dr to West Railroad St - Milling & Asphalt Overlay	\$385,000	\$355,318	\$740,318

## Summary of Requested 2027 & 2029 Projects to utilize the Dowagiac Small Urban Funding

Agency	Request Year	Project	Length (mi)	Federal	Local	Total Participating
Dowagiac	2027	Hill St from Cass Ave to Riverside Dr Crush & Shape Resurfacing	0.5	\$240,934	\$53,426	\$294,360
Dowagiac	2027	Willard St from Cass Ave to the end of the road Crush & Shape Resurfacing	0.34	\$132,736	\$29,434	\$162,170
Dowagiac	2027	South St from Cass Ave to Lincoln St Crush & Shape Resurfacing	0.12	\$45,054	\$9,991	\$55,045
Dowagiac	2029	N Lowe St from W Prairie Ronde St to Pokagon St Crush & Shape Resurfacing	0.71	\$332,468	\$73,724	\$406,192
Cass CRC	2027	Dailey Rd from Mathews St to M-62 Mill & Asphalt Overlay	1.28	\$204,400	\$51,100	\$255,500
Cass CRC	2027	Dutch Settlement St from M-62 to Randall Ave Mill & Asphalt Overlay	1.04	\$186,400	\$46,600	\$233,000
Cass CRC	2029	Yaw St from California Rd to Middle Crossing Rd Mill & Asphalt Overlay	1.42	\$231,600	\$57,900	\$289,500

# Small Urban Program Federal Surface Transportation Block Grant Project Application

If you need assistance, please contact Brandon Kovnat, SWMPC Transportation Planner  
Email [kovnatb@swmpc.org](mailto: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	\$	%
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:

## 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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		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 and Proposed Roadway Design

	<b>Existing</b>			<b>Proposed</b>		
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	<div> <input type="radio"/> Bike Lanes           <input type="radio"/> Other (Specify) _____         </div> <div> <input type="radio"/> Sharrows           <input type="radio"/> None         </div>					
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					

## 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).

Neil M.

Name: \_\_\_\_\_ Title: \_\_\_\_\_



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Neal M.

Name: \_\_\_\_\_ Title: \_\_\_\_\_

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Neil M.

Name: \_\_\_\_\_ Title: \_\_\_\_\_

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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	\$	%
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:

## 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 ☐

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 and Proposed Roadway Design

	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		

## 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).

Neel M.

Name: \_\_\_\_\_ Title: \_\_\_\_\_

If you require assistance accessing this information or require it in an alternative format, contact the Michigan Department of Transportation's (MDOT) Americans with Disabilities Act (ADA) coordinator at [www.Michigan.gov/MDOT-ADA](http://www.Michigan.gov/MDOT-ADA).

Michigan Department  
of Transportation  
2606 (11/2025)

**MDOT SMALL URBAN PROGRAM  
ROAD PROJECT APPLICATION**

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ALL FIELDS MUST BE COMPLETED

**JOB REQUEST**

New Job or Job Change	Job Number	Change Type FY Cost Scope Delete Move Illustrative
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**REQUESTING AGENCY INFORMATION**

Agency Name	Contact Person	Telephone Number
Street Address	City/Zip Code	E-Mail Address

**PROJECT INFORMATION**

Small Urban Area	Small Urban Area Priority	Year of Improvement	Length (Miles)
Road Name	Work Type Code		
Project Limits/Location			
Description			

Is The Road Segment/Project Federal-Aid Eligible?	Yes	No
Is Sidewalk Work to Be Included in the Participating Costs?	Yes	No
Is Right-Of-Way/Land Acquisition Required? If Yes, Please Explain:	Yes	No
Does The Road Have Truck Restrictions? If Yes, Please Explain:	Yes	No

**COST INFORMATION**

Include participating construction capital costs and non-participating costs. (Do not include ROW, feasibility studies, design, testing, preliminary engineering, or construction engineering). Non-participating costs can include water, sewer, utilities, etc.

STP–Urban Requested (Federal Participating)

Local Match (Local Participating)

Non-Participating Costs

Other (Describe: )

PARTICIPATING CONSTRUCTION CAPITAL TOTAL



Advance Construct (AC)

Year:

Amount:

Advance Construct Conversion (ACC)

Year:

Amount:

Local Financial Assurance - this indicates the local government has sufficient funds the local match amounts listed here.

---

OTHER COMMENTS

SUBMITTED BY	TITLE	DATE

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