Twin Cities Area Transportation Study

2020-2023 Transportation Improvement Program (TIP)

Federal Surface Transportation Block Grant Funds

Project Application

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| Section 1. Applicant Information | | | |
| Agency Name |  | | |
| Contact Name |  | Title |  |
| Phone Number |  | Email |  |

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| Section 2. Project Information | | | |
| Project Name/Road Name |  | | |
| Project Limits  (e.g. Napier Ave. to Britain Ave.) |  | | |
| Project Length (nearest hundredth of a mile) |  | Proposed Year of Funding |  |
| Primary Work Type | Reconstruct  Restore & Rehabilitate  Roadside Facility  Resurface  Traffic Operations/Safety  Other (explain below) | | |
| Project Description  (Please provide major work items including sidewalks, utility work, ADA upgrades etc.) |  | | |
| Was this project awarded funding for the 2017-2020 TIP, but was either canceled or failed to be obligated | Yes No If yes, please explain: | | |

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| Section 3. Project Funding | |
| Federal Funding Requested | $ |
| Local Match (18.15% minimum) | $ |
| Total | $ |
| Local Match Percentage (local match/total cost) |  |
| Does your agency have the financial capacity to Advance Construct (AC) all or part of this project if necessary? If yes, what is the maximum dollar amount your agency is willing to Advance Construct (AC)? | Yes  No  Maximum Dollar Amount you can AC?  $ |

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| Section 4. System Preservation | |
| 2018 PASER rating |  |
| Current state of drainage | Adequate  Minor and tolerable drainage problems  Occasional drainage problems with some maintenance required  Inadequate drainage, frequent flooding, excessive maintenance required |
| Expected increase in Remaining Service life (RSL) | 0-3 years  4-6 7-9 10-14 15-20  Use MDOT’s [*Guidelines for Geometrics on Local Projects*](https://www.michigan.gov/documents/mdot/LAP_3R_Guidelines_2017_SIGNED_FINAL_597272_7.PDF) |
| What MDOT guidelines does the project conform to? | Reconstruction (4R)  Resurfacing, restoration, and Rehabilitation (3R)  Preventative Maintenance (PM) |

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| Section 5. Safety | | | | |
| Please list the number and severity of crashes within the proposed project limits over the last 5 yrs.  (2013-2017) (see [Michigan Crash Facts](https://www.michigantrafficcrashfacts.org/) for crash data) | | | | |
| Total Crashes |  | | Pedestrian & Bicycle Crashes |  |
| Fatalities |  | | Serious Injuries |  |
| Using the attached Crash Reduction Factors sheet, please check each safety counter measure that will be included in the project | | | | |
| Describe any other safety improvements this project will provide | |  | | |

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| Section 6. Complete Streets | | |
| Does this project meet the [TwinCATS Complete Streets Policy](https://www.swmpc.org/downloads/complete_streets_policy_adopted_version_2014_2.pdf), approved in 2014? | | Yes  No |
| If yes, Please explain what pedestrian and/or bicycle improvements are included |  | |
| If No, please state the reason why this project should be exempt from the TwinCATS Complete Streets Policy. |  | |
| Does this project connect to an existing pedestrian/bicycle facility or one that is planned to be completed from 2020-2023? | Yes No  If yes, please provide a map of the connecting facilities | |

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| Section 7. Regional Connectivity | |
| What is the most current daily traffic count for the limits of this project? | Less than 2000 2000-5000  5000-10,000 Above 10,000  Year of count:       Source: |
| National Functional Classification (NFC) for this roadway  ([Berrien County NFC Map](https://mdotcf.state.mi.us/public/maps_nfc/pdf/NFC14_BERRIEN.pdf)) |  |
| Does one of TCATA fixed route transit lines use the road? (Only indicate yes if it carries a current route, not a planned route). | Yes No |

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| Section 8. Strategic Planning & Investment | |
| Is the project identified in a Asset Management Plan, or Capital Improvement Plan | Yes No  If yes, please cite the plan and page number: |
| Is the project identified in another planning documents such as a master plan or parks and recreation plan | Yes No  If yes, please cite the plan and page number: |
| Does the project cross jurisdictional boundaries? | Yes  No |
| If yes, will it be bid as a single project? | Yes  No  NA |
| Will this project coordinate with other infrastructure projects (i.e. utility, water, sewer, etc.) | Yes  No  If yes, please indicate the project type and construction year: |
| How many water main breaks have you had at this location in the past five years? |  |
| Is there a completed a utilities assessment that included televising the sewers in the project area? | Yes  No |
| Will this project require environmental mitigation, purchase of Right of Way (ROW), or railroad permits? | Yes  No  Not Sure  If yes, which items are required: |
| Does this project perform Resurfacing, Reconstruction, or Preventative Maintenance on a segment adjacent to a segment where a federally-funded project was done during the [2017-2020 TwinCATS TIP](https://www.swmpc.org/downloads/twin_cats_tip_projects.pdf) cycle or RTF cycle? | Yes  No  What segment was the PREVIOUS project done on? |

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| Section 9. Existing and Proposed Roadway Design | | | | | | | |
|  | **Existing** | | | | **Proposed** | | |
| Number of Vehicle Lanes | Through Traffic Lanes | Center Turn Lane | | On Street Parking | Through Traffic Lanes | Center Turn Lane | On Street Parking |
|  |  | | Yes  No |  |  | Yes  No |
| Shoulder Surface | Paved  Unpaved | | Width (ft.) | | Paved  Unpaved | | Width (ft.) |
| Sidewalk/ path information | **Placement**  One Side  Both Sides  Intermittent  None | | Width (ft.) | | **Placement**  One Side  Both Sides  Intermittent  None | | Width (ft.) |
| On road bicycle facilities | Bike Lane  Other (specify)  Sharrows  Wide Shoulders  None | | | | Bike Lane  Other (specify)  Sharrows  Wide Shoulders  None | | |
| Utilities, Sewer and Water | Utilities Upgrades Needed  Sewer and water work needed | | | | Replaced Utilities  Relocating Utilities  Sewer and Water Line Work | | |
| Please describe any improvements being made as part of this project to crosswalks, signage or signals, or streetscape elements not discussed in project description | | |  | | | | |
| Does this project enhance connectivity of pedestrian or bicyclists to fixed route or Dial-A-Ride transit? | | | Yes No  If yes, how? | | | | |

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| Section 10. Estimated Project Schedule | |
| Activity | Estimated Date |
| Resolution of Support for Local Match Submitted to SWMPC |  |
| Project Application Submitted to MOT |  |
| Grade Inspection Package Submitted to MDOT |  |
| Grade Inspection Meeting Scheduled |  |
| Final Plan and Estimate to MDOT |  |
| Right of Way (ROW) certified\* |  |
| Rail Road Permits\* |  |
| Environmental Mitigation\* |  |
| Project Obligated |  |
| Project Letting |  |
| Construction Start |  |
| Project Completion |  |

\*Enter NA if these items will not be required.