Cass County Rural Task Force 2026-2029 Project Applications

Contents

Village of Cassopolis – S. O'Keefe Street From Reed St. to W. State St. (M-60)	2
Cass County Road Commission – Bell Rd from Ironwood Dr to US-12	7
Cass County Road Commission – Fir Road From Redfield to US 12	12
Cass County Road Commission – Calvin Center Road From Williamsville to Jefferies	17
Cass County Road Commission – Marcellus Highway From Atwood to Twin Lakes	22
Cass County Road Commission – Marcellus Highway From Burlington to M40	27
Cass County Road Commission – Marcellus Highway From City Limit to Atwood	32
Cass County Road Commission – Pokagon Township From Oak Grove to Village	37
Cass County Road Commission – Redfield Street From Batchelor Road to Gumwood Road	42
Cass County Road Commission – Old 205 From Stateline to US 12	47
Cass County Road Commission – Redfield Street From Conrad to M62	52
Cass County Transit Authority – Diagnostic Scanner	57
Cass County Transit Authority – Phone System	58
Cass County Transit Authority – Hand Tools 1	59
Cass County Transit Authority – Computers	60
Cass County Transit Authority – Office Furniture	61
Cass County Transit Authority – Scheduling Software	62
Cass County Transit Authority – Bus Cameras	63
Cass County Transit Authority – Garage Hoist	64
Cass County Transit Authority – Exterior Painting	65
Cass County Transit Authority — Interior Digital Signage	66
Cass County Transit Authority – Hand Tools 2	67
Cass County Transit Authority – Replace Windows	68

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

Rural Task Force Region Four Application for the 2027-2029 Call for Projects

Applicant Information						
Agency Name:	y Name: Village of Cassopolis					
Contact Name:	Emilie LaGrow	Title:	Village Manager			
Email Address:	manager@cassopolis-mi.us	Phone Number:	269-445-8648			
Engineer/Consultant:	Mickey Bittner	Company:	Wightman			
Email Address:	mbittner@gowightman.com	Phone Number:	269-266-2159			
Project Description	n					
Project Name/Road Name	me: S. O'Keefe Street					
Project Limits (From/To	Reed Street (M-62) to W. State	Street (M-60)				
Project Length (to the n	nearest hundredth of a mile): $\frac{0.56}{}$ miles					
City, Village, or Townshi	ip: Village of Cassopolis					
Additional location description if needed						
Major Work Type: Mil	illing and Two Course Asphalt Resurfac	cing	Preferred Year of Funding: 2027			
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.).						
The project includes 4" of cold milling, HMA surfacing, ADA ramp upgrades, and slope restoration.						
Describe any non-participating work if applicable						
N/A						
What is the need and purpose for this project (what issues are being addressed by the proposed work)						
Two-course resurfacing to extend the life of the pavement structure and upgrade all ramps.						
If you are submitting multiple applications, please rank your applications by priority. Rank: of						

Page 1 of 5

Proposed Budget

	Amount	Percent of Total
Total Participating Construction Estimate	\$ 550000	100 %
STBG Requested	\$	2 %
State D Requested	\$ 440000	80 %
Local Match	\$ 110000	20 %
Enter additional fund source	\$	%
Enter additional fund source	\$	%

Are the other funding sources secured? Yes $oxdot$ No $oxdot$ If no, provide details on when these funds will it			
Non-Participating Cost Estimate:	<u>\$</u> 0		
Total Project Estimate with Non-Participating:	\$_550000		
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:	_{\$} TBD		

Estimated Project Schedule

Activity	Date (Month/Year)
NEPA/SHPPO Submitted	09/15/26
Right-of-Way Certification Submitted	09/15/26
Grade Inspection (GI) Completed	10/14/26
Full Biddable Package Submitted to MDOT	11/11/26
Project Letting	01/08/27
Construction Start	05/03/27
Project Completion	06/18/27

System Preservation

5
Yes ☑ No □
3R
Years

What is the current state of drainage on the road:

Good

Regional Significance					
What is the average annual daily traffic (A	ADT) volume for the limits of this project?	1725 Vehicles/day			
What is the National Functional Classificat	tion (NFC) of the road: Local R	oad 3R			
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.michigantra	fficcrashfacts.org/)			
All Crashes	Pedestrian and Bicycle Cras	shes_			
Total number of crashes: 4	Total number of crashes:	0			
Number of fatalities: 0	Number of fatalities:	0			
Number of Serious Injuries: 0	Number of Serious Injuries:	0			
List the safety countermeasures included Use the attached list of countermeasures	· ·				
Counter Measure	Crash Type Addressed	Does this address a fatal or serious injury crash			
Improved pavement markings	Angle, Rear-End Crashes	Yes □ No ⊠			
Improved pavement markings	Angle, rear-end crashes	Yes ⊠ No □			
Improved signage	Angle, rear-end crashes	Yes ⊠ No □			
		Yes No No			
		Yes No No			
		Yes No No			
		Yes No No			
Complete Streets					
Are there existing pedestrian and/or bicyc	ele facilities within the limits of the project? If so,	please explain			
Yes, there are existing sidewalks					
Describe any improvements to pedestrian	and/or bicycle facilities included with the project	t			
ADA-compliant ramps will be cons	tructed				
Will the new/improved pedestrian and/or or one that is planned to be completed be	bicycle facilities connect to existing pedestrian/before 2029: Y/N	picycle facility Yes ⊠ No ☐			
Does your agency have a policy for maintaining non-motorized transportation infrastructure, such as Yes No X					

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)	Yes ⊠ No □
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 th	ne relevant
The project has been identified in a Capital Improvements Plan.		
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 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 No] Unknown ⊠
Describe approximately how many individual mature trees or acres of trees will be related TBD	moved if app	licable

^{*} 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 Proposed Existing Number of Through Center Turn On Street Parking Through Center Turn On Street Parking Lane (Y/N): 80 Lane (Y/N): __ Lanes: 2 (Y/N): 20 lanes (Y/N): N Lanes: Width: ____ Ft. Width: _____ Ft. Shoulder ☐ Paved ☐ Unpaved ☐ Paved ☐ Unpaved Sidewalk/ Placement Placement Width: ⁴⁻⁵ Ft. Width: 4-5 Ft. **Both Sides Both Sides** path ☐ Other (Specify) ☐ Bike Lanes ☐ Other (Specify) ☐ Bike Lanes On road bicycle ☐ Sharrows ☐ Sharrows facilities ☐ Wide Shoulders ☐ Wide Shoulders None None Replacement of utilities Utility Work is needed Utilities Relocation of utilities Water/Sewer Work is needed 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

Name: Mickey Bittner	Title: Village Engineer
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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 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 replacement, guardrail, tree clearing, grading, culvert replacement	• • •
Describe any non-participating work if applicable	
What is the need and purpose for this project (what issues are be	eing addressed by the proposed work)
If you are submitting multiple applications, please rank your appli	ications by priority. Rank: of

P	ro	pc	S	ed	В	ud	g	et
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	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 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 □
Complete Streets		
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		icycle facility Yes □ No □
Does your agency have a policy for maintainir bike lanes and pedestrian pathways/sidewalk		e, such as Yes \square No \square

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 goals or objectives, and describe how this project will help achieve them	olan, speci	fy the	e releva	nt				
Risk Assessment								
Does right of way need to be acquired?	Yes □ N	о 🗆	Unkno	wn 🗆				
Does the project intersect with a railroad crossing?	Yes □ N	о 🗆	Unkno	wn 🗆				
Does the project require utility relocation?	Yes □ N	о 🗆	Unkno	wn 🗆				
Are the project limits within a defined FEMA floodplain?	Yes □ N	о 🗆	Unkno	wn 🗆				
Will there be trees removed within the project limits?	Yes □ N	о 🗆	Unkno	wn 🗆				
Is the project within 100 feet of a cemetery?	Yes □ N	о 🗆	Unkno	wn 🗆				
Are there historic elements withing 100 feet of the proposed work*	Yes □ N	о 🗆	Unkno	wn 🗆				
Describe approximately how many individual mature trees or acres of trees will be re-	moved if	appli	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**

					1 F					
	Existing					Proposed				
Number of	Through	Center Tui	'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	Widt	h: Ft.		☐ Paved ☐	Unpaved	Widt	:h: Ft.	
Sidewalk/ path	Placement		Widt	h: Ft.	Placement			Widt	:h: Ft.	
On road	o Bike Lane	S	o 0	ther (Specify)		o Bike Lane	S	o C	ther (Specify)	
bicycle	o Sharrows					SharrowsWide Shoulders		_		
facilities	o Wide Sho	ulders	o N	one				o None		
		1	1			☐ Replaceme	nt of utilitie	es		
Utilities	☐ Utility Wor				☐ Relocation of utilities					
	☐ Water/Sewer Work is needed			d		☐ Sewer and,	or water lir	ne wo	rk	
					. L					

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

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 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 replacement, guardrail, tree clearing, grading, culvert replacement	• • •
Describe any non-participating work if applicable	
What is the need and purpose for this project (what issues are be	eing addressed by the proposed work)
If you are submitting multiple applications, please rank your appli	ications by priority. Rank: of

P	ro	pc	S	ed	В	ud	g	et
---	----	----	---	----	---	----	---	----

	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 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 □
Complete Streets		
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		icycle facility Yes □ No □
Does your agency have a policy for maintainir bike lanes and pedestrian pathways/sidewalk		e, such as Yes \square No \square

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 goals or objectives, and describe how this project will help achieve them	olan, speci	fy the	e releva	nt				
Risk Assessment								
Does right of way need to be acquired?	Yes □ N	о 🗆	Unkno	wn 🗆				
Does the project intersect with a railroad crossing?	Yes □ N	о 🗆	Unkno	wn 🗆				
Does the project require utility relocation?	Yes □ N	о 🗆	Unkno	wn 🗆				
Are the project limits within a defined FEMA floodplain?	Yes □ N	о 🗆	Unkno	wn 🗆				
Will there be trees removed within the project limits?	Yes □ N	о 🗆	Unkno	wn 🗆				
Is the project within 100 feet of a cemetery?	Yes □ N	о 🗆	Unkno	wn 🗆				
Are there historic elements withing 100 feet of the proposed work*	Yes □ N	о 🗆	Unkno	wn 🗆				
Describe approximately how many individual mature trees or acres of trees will be re-	moved if	appli	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**

					1 F					
	Existing					Proposed				
Number of	Through	Center Tui	'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	Widt	h: Ft.		☐ Paved ☐	Unpaved	Widt	:h: Ft.	
Sidewalk/ path	Placement		Widt	h: Ft.	Placement			Widt	:h: Ft.	
On road	o Bike Lane	S	o 0	ther (Specify)		o Bike Lane	S	o C	ther (Specify)	
bicycle	o Sharrows					SharrowsWide Shoulders		_		
facilities	o Wide Sho	ulders	o N	one				o None		
		1	1			☐ Replaceme	nt of utilitie	es		
Utilities	☐ Utility Wor				☐ Relocation of utilities					
	☐ Water/Sewer Work is needed			d		☐ Sewer and,	or water lir	ne wo	rk	
					. L					

Applicant Acknowledgements

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Certification of Matching Funds

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 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 replacement, guardrail, tree clearing, grading, culvert replacement	• • •
Describe any non-participating work if applicable	
What is the need and purpose for this project (what issues are be	eing addressed by the proposed work)
If you are submitting multiple applications, please rank your appli	ications by priority. Rank: of

P	ro	pc	S	ed	В	ud	g	et
---	----	----	---	----	---	----	---	----

	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	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									
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		icycle facility Yes □ No □							
Does your agency have a policy for maintainir bike lanes and pedestrian pathways/sidewalk		e, such as Yes \square No \square							

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)		Yes □	No 🗆
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, speci	fy the	e releva	nt
Risk Assessment				
Does right of way need to be acquired?	Yes □ N	о 🗆	Unkno	wn 🗆
Does the project intersect with a railroad crossing?	Yes □ N	о 🗆	Unkno	wn 🗆
Does the project require utility relocation?	Yes □ N	о 🗆	Unkno	wn 🗆
Are the project limits within a defined FEMA floodplain?	Yes □ N	о 🗆	Unkno	wn 🗆
Will there be trees removed within the project limits?	Yes □ N	о 🗆	Unkno	wn 🗆
Is the project within 100 feet of a cemetery?	Yes □ N	о 🗆	Unkno	wn 🗆
Are there historic elements withing 100 feet of the proposed work*	Yes □ N	о 🗆	Unkno	wn 🗆
Describe approximately how many individual mature trees or acres of trees will be re-	moved if	appli	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**

					1 F				
	Existing				Proposed				
Number of	Through	Center Tui	'n	On Street Parking		Through	Center Tur		On Street Parking
lanes	Lanes:	Lane (Y/N)):	(Y/N):		Lanes:	Lane (Y/N)	:	(Y/N):
Shoulder	□ Paved ⊠	Unpaved	Widt	h: Ft.		☐ Paved ☐	Unpaved	Widt	:h: Ft.
Sidewalk/ path	Placement		Widt	h: Ft.		Placement		Widt	:h: Ft.
On road	o Bike Lane	S	o 0	ther (Specify)		o Bike Lane	S	o C	ther (Specify)
bicycle	o Sharrows					o Sharrows		_	
facilities	o Wide Sho	ulders	o N	one		o Wide Sho	ulders	o N	lone
		1	1			☐ Replaceme	nt of utilitie	es	
Utilities	•	Utility Work is needed			☐ Relocation of utilities				
	☐ Water/Sewer Work is needed			☐ Sewer and,	or water lir	ne wo	rk		
					. L				

Applicant Acknowledgements

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Certification of Matching Funds

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 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 replacement, guardrail, tree clearing, grading, culvert replacement	• • •
Describe any non-participating work if applicable	
What is the need and purpose for this project (what issues are be	eing addressed by the proposed work)
If you are submitting multiple applications, please rank your appli	ications by priority. Rank: of

P	ro	pc	S	ed	В	ud	g	et
---	----	----	---	----	---	----	---	----

	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 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 □
Complete Streets		
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		icycle facility Yes □ No □
Does your agency have a policy for maintainir bike lanes and pedestrian pathways/sidewalk		e, such as Yes \square No \square

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 goals or objectives, and describe how this project will help achieve them	olan, speci	fy the	e releva	nt				
Risk Assessment								
Does right of way need to be acquired?	Yes □ N	о 🗆	Unkno	wn 🗆				
Does the project intersect with a railroad crossing?	Yes □ N	о 🗆	Unkno	wn 🗆				
Does the project require utility relocation?	Yes □ N	о 🗆	Unkno	wn 🗆				
Are the project limits within a defined FEMA floodplain?	Yes □ N	о 🗆	Unkno	wn 🗆				
Will there be trees removed within the project limits?	Yes □ N	о 🗆	Unkno	wn 🗆				
Is the project within 100 feet of a cemetery?	Yes □ N	о 🗆	Unkno	wn 🗆				
Are there historic elements withing 100 feet of the proposed work*	Yes □ N	о 🗆	Unkno	wn 🗆				
Describe approximately how many individual mature trees or acres of trees will be re-	moved if	appli	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**

					1 F					
	Existing					Proposed				
Number of	Through	Center Tui	'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	Widt	h: Ft.		☐ Paved ☐	Unpaved	Widt	:h: Ft.	
Sidewalk/ path	Placement		Widt	h: Ft.	Placement			Widt	:h: Ft.	
On road	o Bike Lane	S	o 0	ther (Specify)		o Bike Lane	S	o C	ther (Specify)	
bicycle	o Sharrows					SharrowsWide Shoulders		_		
facilities	o Wide Sho	ulders	o N	one				o None		
		1	1			☐ Replaceme	nt of utilitie	es		
Utilities	☐ Utility Wor				☐ Relocation of utilities					
	☐ Water/Sewer Work is needed			d		☐ Sewer and,	or water lir	ne wo	rk	
					. L					

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Certification of Matching Funds

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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 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 replacement, guardrail, tree clearing, grading, culvert replacement	• • •
Describe any non-participating work if applicable	
What is the need and purpose for this project (what issues are be	eing addressed by the proposed work)
If you are submitting multiple applications, please rank your appli	ications by priority. Rank: of

P	ro	pc	S	ed	В	ud	g	et
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	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 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:	
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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 □
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complete streets		
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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 🗆				
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Risk Assessment								
Does right of way need to be acquired?	Yes □ N	о 🗆	Unkno	wn 🗆				
Does the project intersect with a railroad crossing?	Yes □ N	о 🗆	Unkno	wn 🗆				
Does the project require utility relocation?	Yes □ N	о 🗆	Unkno	wn 🗆				
Are the project limits within a defined FEMA floodplain?	Yes □ N	о 🗆	Unkno	wn 🗆				
Will there be trees removed within the project limits?	Yes □ N	о 🗆	Unkno	wn 🗆				
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Describe approximately how many individual mature trees or acres of trees will be re-	moved if	appli	icable					

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					1 F					
	Existing					Proposed				
Number of	Through	Center Tui	'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	Widt	h: Ft.		☐ Paved ☐	Unpaved	Widt	:h: Ft.	
Sidewalk/ path	Placement		Widt	h: Ft.	Placement			Widt	:h: Ft.	
On road	o Bike Lane	S	o 0	ther (Specify)		o Bike Lane	S	o C	ther (Specify)	
bicycle	o Sharrows					SharrowsWide Shoulders		_		
facilities	o Wide Sho	ulders	o N	one				o None		
		1	1			☐ Replaceme	nt of utilitie	es		
Utilities	☐ Utility Wor				☐ Relocation of utilities					
	☐ Water/Sewer Work is needed			d		☐ Sewer and,	or water lir	ne wo	rk	
					. L					

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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:
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P	ro	pc	S	ed	В	ud	g	et
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	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 total	als from 2019-2023 (https://www.michigantra	fficcrashfacts.org/)
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Counter Measure	Crash Type Addressed	Does this address a fatal or serious injury crash
Improved pavement markings	Angle, Rear-End Crashes	Yes □ No ⊠
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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		icycle facility Yes \square No \square
Does your agency have a policy for maintaining bike lanes and pedestrian pathways/sidewalk		e, such as Yes 🗆 No 🗆

Accessibility and Equity						
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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 🗆		
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facilities	o Wide Sho	ulders	o N	one		o Wide Sho	ulders	o N	lone
						☐ Replacement of utilities			
Utilities	•	Utility Work is needed				☐ Relocation of utilities			
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					. L				

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Total Project Estimate with Non-Participating:	\$
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If so, what is the maximum Amount:	\$
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What is the current state of drainage on the road:	

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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 □
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For the questions below use the five-year total	als from 2019-2023 (https://www.michigantra	fficcrashfacts.org/)
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complete streets		
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Does your agency have a policy for maintainir bike lanes and pedestrian pathways/sidewalk		e, such as Yes \square No \square

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)		Yes □	No 🗆
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, speci	fy the	e releva	nt
Risk Assessment				
Does right of way need to be acquired?	Yes □ N	о 🗆	Unkno	wn 🗆
Does the project intersect with a railroad crossing?	Yes □ N	о 🗆	Unkno	wn 🗆
Does the project require utility relocation?	Yes □ N	о 🗆	Unkno	wn 🗆
Are the project limits within a defined FEMA floodplain?	Yes □ N	о 🗆	Unkno	wn 🗆
Will there be trees removed within the project limits?	Yes □ N	о 🗆	Unkno	wn 🗆
Is the project within 100 feet of a cemetery?	Yes □ N	о 🗆	Unkno	wn 🗆
Are there historic elements withing 100 feet of the proposed work*	Yes □ N	о 🗆	Unkno	wn 🗆
Describe approximately how many individual mature trees or acres of trees will be re-	moved if	appli	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**

					1 F					
	Existing					Proposed				
Number of	Through	Center Tui	'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 ⊠	d 🗵 Unpaved Width: Ft.			☐ Paved ☐ Unpaved		Width: Ft.			
Sidewalk/ path	Placement		Width: Ft.			Placement		Width: Ft.		
On road	o Bike Lane	Bike Lanes Other (Specify)		ther (Specify)		o Bike Lane	S	o C	ther (Specify)	
bicycle	o Sharrows					o Sharrows		_		
facilities	o Wide Sho	ulders	o N	one		o Wide Shoulders		o None		
					☐ Replaceme	nt of utilitie	es			
Utilities	•	Utility Work is needed			☐ Relocation of utilities					
	☐ Water/Sewer Work is needed				☐ Sewer and/or water line work					
					. L					

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Certification of Matching Funds

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 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 replacement, guardrail, tree clearing, grading, culvert replacement	• • •
Describe any non-participating work if applicable	
What is the need and purpose for this project (what issues are be	eing addressed by the proposed work)
If you are submitting multiple applications, please rank your appli	ications by priority. Rank: of

P	ro	pc	S	ed	В	ud	g	et
---	----	----	---	----	---	----	---	----

	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 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:		
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 □
Complete Streets		
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		icycle facility Yes □ No □
Does your agency have a policy for maintainir bike lanes and pedestrian pathways/sidewalk		e, such as Yes \square No \square

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 🗆				
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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								
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 goals or objectives, and describe how this project will help achieve them	olan, speci	fy the	e releva	nt				
Risk Assessment								
Does right of way need to be acquired?	Yes □ N	о 🗆	Unkno	wn 🗆				
Does the project intersect with a railroad crossing?	Yes □ N	о 🗆	Unkno	wn 🗆				
Does the project require utility relocation?	Yes □ N	о 🗆	Unkno	wn 🗆				
Are the project limits within a defined FEMA floodplain?	Yes □ N	о 🗆	Unkno	wn 🗆				
Will there be trees removed within the project limits?	Yes □ N	о 🗆	Unkno	wn 🗆				
Is the project within 100 feet of a cemetery?	Yes □ N	о 🗆	Unkno	wn 🗆				
Are there historic elements withing 100 feet of the proposed work*	Yes □ N	о 🗆	Unkno	wn 🗆				
Describe approximately how many individual mature trees or acres of trees will be re-	moved if	appli	icable					

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	Existing					Proposed				
Number of	Through	Center Tui	'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	Widt	h: Ft.		☐ Paved ☐	Unpaved	Widt	:h: Ft.	
Sidewalk/ path	Placement		Width: Ft.			Placement		Width: Ft.		
On road	o Bike Lane	S	Other (Specify)			o Bike Lanes		Other (Specify)		
bicycle	o Sharrows					o Sharrows		_		
facilities	o Wide Sho	ulders	o N	one		o Wide Sho	ulders	o N	lone	
		1	1			☐ Replaceme	nt of utilitie	es		
Utilities	☐ Utility Wor				☐ Relocation of utilities					
	☐ Water/Sewer Work is needed				☐ Sewer and/or water line work				rk	
					. L					

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Certification of Matching Funds

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 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 replacement, guardrail, tree clearing, grading, culvert replacement	• • •
Describe any non-participating work if applicable	
What is the need and purpose for this project (what issues are be	eing addressed by the proposed work)
If you are submitting multiple applications, please rank your appli	ications by priority. Rank: of

P	ro	pc	S	ed	В	ud	g	et
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	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	
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Full Biddable Package Submitted to MDOT	
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Construction Start	
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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:	
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What is the current state of drainage on the road:	

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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		
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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 🗆				
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Sidewalk/ path	Placement		Width: Ft.			Placement		Width: Ft.		
On road	o Bike Lane	S	Other (Specify)			o Bike Lanes		Other (Specify)		
bicycle	o Sharrows					o Sharrows		_		
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		1	1			☐ Replaceme	nt of utilitie	es		
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		Yes □ No □						
		Yes □ No □						
		Yes □ No □						
		Yes □ No □						
		Yes □ No □						
Complete Streets								
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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	:						
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					1 F				
		Exis	ting			Proposed			
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		1	1			☐ Replaceme	nt of utilitie	es	
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Certification of Matching Funds

Name:	Title:
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RURAL TASK FORCE DATA SHEET TRANSIT JOB

ALL ITEMS MUST BE COM	IPLETED							
					CHANGE TYPE		_	
NEW IOD V	NOT [7]	JOB NUN	VIBER L		FY COST SCOPE MULTIPLE WORK DESCRIPTION			
NEW JOB OR JOB CHA	INGE []				☐ DELETE ☐ MC	OVE TO ILLUSTR	ATIVE	
FISCAL YEAR	COUNTY				TRANSIT AGENCY - L	EGAL NAME		
2026	CASS				CASS COUNTY TRA	ANSPORTATIO	N AUTHORITY	
AGENCY ADDRESS					CITY		ZIP CODE	
400 E STATE ST					CASSOPOLIS		49031	
REMINDERS FOR RPA JO	B PROGRAM	MING						
JOB TYPE	MODE					JOB PHASE		
MULTIMODAL	TRANSIT		9			NON-INFRAST	RUCTURE (NI)	
TEMPLATE	TEMPLATE BO	UNDARY						
TRANSIT - STIP - RURAL - FLEX	Berrien, Cass	, Van Bu	ren [4]					
MAJOR ROUTE REPORT	PHASE FINANC	CIAL SYST	ГЕМ			LOCATION REF	PORT	
TRANSIT CAPITAL	STL					AREA WIDE		
Scheduled obligation date is the Choose Transit Capital GPA.	e last day in Se	ptember	of the fis	cal yea	ar. Scheduled end da	te is obligation of	date plus three years.	
SCOPE CODE (FILL OUT ONE F		CODE)		TRAN	ISIT FLEX CATEGORY	1	MDOT OBLIGATION	
1140 - Bus Support Equip / Fa	cilities				5310 🔀 53	11	YES	
JOB COST					TION (REPORT)			
00B 0001			Work D	escrip	tion pick list here			
1) STBG	5	6,500				D JOB DESC		
.,					(If multiple types of i	tems are being	purchased/replaced, m the drop-down box	
2) STATE CTF		1,625	PROCU		and specify the work of AGNOSTIC SCANNE	lescriptions with	job description below.)	
3) LOCAL FUNDING	6		111000	1 (TOTO OT THE	itt olt ollol		
(Part of 20% match)	***************************************							
		9 125						
SUBTOTAL S	B	8,125						
4) OTHER LOCAL FUNDING	r							
4) OTHER LOCAL FUNDING (Not part of 20% match)	P	***************************************						
	\$	8,125						
101AE 30B 0031.	•••••							
OPT PROJECT MANAGER NAME FRED FEATHERLY								
SUBMITTED BY (Please print)	***************************************		TITLE	Ξ			DATE	
GERRY BUNDLE			EXEC	CUTIV	E DIRECTOR		10/04/2024	
SIGNATURE /					AND THE STATE OF T		PHONE NUMBER	
You Ke	endle						(269) 445-2455	
1500							(200) 440-2400	

RURAL TASK FORCE DATA SHEET TRANSIT JOB

ALL ITEMS MUST BE COM	IPLETED					
				CHANGE TYPE		
NEW JOB OR JOB CHA	NGE JOE	B NUMBER		processed becomes growing	SCOPE	MULTIPLE WORK DESCRIPTION
				DELETE MC	OVE TO ILLUSTR	ATIVE
FISCAL YEAR	COUNTY			TRANSIT AGENCY - L		
2026	CASS			CASS COUNTY TRA	ANSPORTATIO	N AUTHORITY
AGENCY ADDRESS				CITY		ZIP CODE
400 E STATE ST				CASSOPOLIS		49031
REMINDERS FOR RPA JO	B PROGRAMMIN	NG				
JOB TYPE	MODE				JOB PHASE	
MULTIMODAL	TRANSIT				NON-INFRAST	RUCTURE (NI)
TEMPLATE	TEMPLATE BOUND					
TRANSIT - STIP - RURAL - FLEX	Berrien, Cass, Va	an Buren [4]				
MAJOR ROUTE REPORT TRANSIT CAPITAL	PHASE FINANCIAL STL	.SYSTEM			AREA WIDE	PORT
Scheduled obligation date is the Choose Transit Capital GPA.	e last day in Septer	mber of the fis	cal yea	ar. Scheduled end da	te is obligation of	date plus three years.
SCOPE CODE (FILL OUT ONE F	ORM PER SCOPE CO	DE)	TRAN	SIT FLEX CATEGORY		MDOT OBLIGATION
1140 - Bus Support Equip / Fa		~		5310 🔀 53	11	YES
IOD COST		JOB DE	SCRIP	TION (REPORT)	<u> </u>	
JOB COST		Work D	Descrip	tion pick list here		
1) STBG	\$	000			D JOB DESC	
2) STATE CTF	\$ 1,0	000	а	select Multiple Work	Descriptions fro lescriptions with	purchased/replaced, m the drop-down box job description below.)
2) 01/112 011	2000-000-000-000-000-000-000-000-000-00	REPLAC		FICE PHÔNE SYSTE		
3) LOCAL FUNDING	\$					
(Part of 20% match)	Character is a short management of concentrative color-to-sound leges to see a management					
SUBTOTAL	\$5,0	000				
4) OTHER LOCAL CUMPING	Φ.					
4) OTHER LOCAL FUNDING (Not part of 20% match)	b	APPENDENCE OF SECOND				
TOTAL JOB COST:	\$5,0	000				
OPT PROJECT MANAGER NAMI FRED FEATHERLY	Ξ					
SUBMITTED BY (Please print) GERRY BUNDLE		TITLE		E DIRECTOR		DATE 10/04/2024
		EVEC	SUTIVE	DINECTOR		10/04/2024
SIGNATURE Ser, A	Sundle					PHONE NUMBER (269) 445-2455
1 0	· · · ·					

RURAL TASK FORCE DATA SHEET TRANSIT JOB

ALL ITEMS MUST BE COM	PLETED		J		
			CHANGE TYPE		
NEW JOB X OR JOB CHA	NGE JOB NUM	MBER		SCOPE	MULTIPLE WORK DESCRIPTION
			DELETE MC	OVE TO ILLUSTRA	ATIVE
FISCAL YEAR	COUNTY		TRANSIT AGENCY - LI		
2026	CASS		CASS COUNTY TRA	ANSPORTATIO	T
AGENCY ADDRESS			CITY		ZIP CODE
400 E STATE ST			CASSOPOLIS		49031
REMINDERS FOR RPA JO	B PROGRAMMING				
JOB TYPE	MODE			JOB PHASE	
MULTIMODAL	TRANSIT			NON-INFRASTI	RUCTURE (NI)
TEMPLATE	TEMPLATE BOUNDARY				
TRANSIT - STIP - RURAL - FLEX			*	T	
TRANSIT CAPITAL	STL	ГЕМ		AREA WIDE	ORT
Scheduled obligation date is th Choose Transit Capital GPA.	e last day in September	of the fiscal ye	ar. Scheduled end da	te is obligation o	date plus three years.
SCOPE CODE (FILL OUT ONE FO		TRAN	ISIT FLEX CATEGORY 5310 S 53		MDOT OBLIGATION YES
		Lineared Process	TION (REPORT)		
JOB COST		Work Descrip	otion pick list here		
4) CTDC	16,000		DETAILE	D JOB DESC	RIPTION
1) STBG	10,000		(If multiple types of i	items are being	purchased/replaced.
2) STATE CTF			select Multiple Work in and specify the work of AND TOOLS FOR SHO	lescriptions with	m the drop-down box job description below.)
3) LOCAL FUNDING \$		TROCORLIN	IND TOOLS TON ON		
(Part of 20% match)					
SUBTOTAL S	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)		TITLE			DATE
GERRY BUNDLE		EXECUTIV	E DIRECTOR		10/04/2024
SIGNATURE ()	10				PHONE NUMBER
Dey 5	undle				(269) 445-2455

RURAL TASK FORCE DATA SHEET TRANSIT JOB

ALL ITEMS MUST BE COM	/IPLETED				
			CHANGE TYPE	processed from	
NEW JOB OR JOB CHA	JOB NU	JMBER	FY COST	Income Income	MULTIPLE WORK DESCRIPTION
			DELETE M	OVE TO ILLUSTR	ATIVE
FISCAL YEAR	COUNTY		TRANSIT AGENCY - L		
2026	CASS	************************	CASS COUNTY TR	ANSPORTATIO	N AUTHORITY
AGENCY ADDRESS			CITY		ZIP CODE
400 E STATE ST			CASSOPOLIS		49031
REMINDERS FOR RPA JO)B PROGRAMMING	***************************************		Y	
JOB TYPE	MODE			JOB PHASE	
MULTIMODAL	TRANSIT			NON-INFRAST	RUCTURE (NI)
TEMPLATE	TEMPLATE BOUNDAR				
TRANSIT - STIP - RURAL - FLEX				·	
MAJOR ROUTE REPORT TRANSIT CAPITAL	PHASE FINANCIAL SYS	SIEM		AREA WIDE	PORT
Scheduled obligation date is the Choose Transit Capital GPA.		r of the fiscal ye	ear. Scheduled end da	I	date plus three years.
SCOPE CODE (FILL OUT ONE F 1140 - Bus Support Equip / Fa		TRA	NSIT FLEX CATEGORY 5310 5310 53	l.	MDOT OBLIGATION YES
JOB COST			PTION <i>(REPORT)</i> ption pick list here		
	40.000		DETAILE	D JOB DESC	PIRTION
1) STBG	\$12,000		(If multiple types of	items are being	purchased/replaced,
2) STATE CTF	\$3,000		select Multiple Work and specify the work o OMPUTERS/COLOR I	descriptions with	m the drop-down box job description below.) R
0) 200/12/0/10/10	\$				
(Part of 20% match)	45.000				
SUBTOTAL	\$15,000				
() 0711771 0011 71117110	•				
4) OTHER LOCAL FUNDING (Not part of 20% match)	\$				
TOTAL JOB COST:	\$ 15,000				
				A	
OPT PROJECT MANAGER NAM FRED FEATHERLY	Ē 				
SUBMITTED BY (Please print) GERRY BUNDLE		TITLE EXECUTI\	/E DIRECTOR		DATE 10/04/2024
SIGNATURE	Bundle	•			PHONE NUMBER
- Juny !	Julion				(269) 445-2455

RURAL TASK FORCE DATA SHEET TRANSIT JOB

ALL ITEMS MUST BE CON	MPLETED					
			CHANGE TYPE	p		
NEW JOB OR JOB CHANGE JOB NUM		MBER	FY COST SCOPE MULTIPLE WORK DESCRIPTION			
			DELETE MOVE TO IL		ATIVE	
FISCAL YEAR	COUNTY		TRANSIT AGENCY - L	EGAL NAME		
2026	CASS		CASS COUNTY TR	ANSPORTATIO	N AUTHORITY	
AGENCY ADDRESS			CITY	CITY ZIP CODE		
400 E STATE ST			CASSOPOLIS	CASSOPOLIS 49031		
REMINDERS FOR RPA JO	B PROGRAMMING					
JOB TYPE	MODE			JOB PHASE		
MULTIMODAL	TRANSIT			NON-INFRAST	RUCTURE (NI)	
TEMPLATE	TEMPLATE BOUNDAR	Y				
TRANSIT - STIP - RURAL - FLEX	Berrien, Cass, Van B	uren [4]				
MAJOR ROUTE REPORT	PHASE FINANCIAL SYS	STEM		LOCATION REF	PORT	
TRANSIT CAPITAL	STL			AREA WIDE		
Scheduled obligation date is the Choose Transit Capital GPA.	ıe last day in Septembei	of the fiscal y	rear. Scheduled end da	ate is obligation	date plus three years.	
SCOPE CODE (FILL OUT ONE F	ORM PER SCOPE CODE)	TRA	ANSIT FLEX CATEGORY		MDOT OBLIGATION	
1140 - Bus Support Equip / Fa	cilities		5310 🔀 53	311	YES	
IOD COST		JOB DESCR	IPTION (REPORT)			
JOB COST	Work Desc	ription pick list here				
1) STBG	\$ 20,000		RIPTION			
1) 3133	P		purchased/replaced,			
2) STATE CTF	\$5,000	select Multiple Work Descriptions from the drop-down box and specify the work descriptions with job description below.) REPLACE OFFICE FURNITURE				
3) LOCAL FUNDING	\$					
(Part of 20% match)						
SUBTOTAL	\$ 25,000					
SOBIOTAL	y			¥		
4) OTHER LOCAL FUNDING	\$					
(Not part of 20% match)	P homeone and the control of the con					
TOTAL JOB COST:	\$ 25,000					
TOTAL GOD GOOT.						
OPT PROJECT MANAGER NAMI FRED FEATHERLY	Ē					
SUBMITTED BY (Please print)		TITLE		-	DATE	
GERRY BUNDLE		EXECUTI	VE DIRECTOR		10/04/2024	
SIGNATURE) 10				PHONE NUMBER	
Gu, B	Suntle				(269) 445-2455	

RURAL TASK FORCE DATA SHEET TRANSIT JOB

ALL ITEMS MUST BE COM	1PLETED						
			CHANGE TYPE		1		
NEW JOB OR JOB CHANGE JOB NUM		NUMBER	FY COST SCOPE MULTIPLE WORK DESCRIPTION				
Books			DELETE MO	DELETE MOVE TO ILLUSTRATIVE			
FISCAL YEAR	COUNTY			TRANSIT AGENCY - LEGAL NAME CASS COUNTY TRANSPORTATION AUTHORITY			
2026	CASS			ANSPORTATIO	T		
AGENCY ADDRESS 400 E STATE ST			CASSOPOLIS	CITY ZIP CODE CASSOPOLIS 49031			
		2	CAGGOT OLIG		43001		
REMINDERS FOR RPA JO		<u> </u>		IOD DUAGE			
JOB TYPE	MODE			JOB PHASE			
MULTIMODAL TEMPLATE	TRANSIT TEMPLATE BOUNDA	NDV		NON-INFRAST	RUCTURE (NI)		
TRANSIT - STIP - RURAL - FLEX	B : 6 1/						
MAJOR ROUTE REPORT	PHASE FINANCIAL S	SYSTEM		LOCATION REI			
TRANSIT CAPITAL	STL			AREA WIDE			
Scheduled obligation date is the Choose Transit Capital GPA.	ne last day in Septemb	per of the fiscal	year. Scheduled end da	ate is obligation	date plus three years.		
SCOPE CODE (FILL OUT ONE FOR 1140 - Bus Support Equip / Fa		E) TR	RANSIT FLEX CATEGORY		MDOT OBLIGATION YES		
JOB COST			RIPTION (REPORT)				
JOB (031		Work Desc	cription pick list here				
1) STBG	\$ 56,00	00	DETAILED JOB DESCRIPTION				
,	*	anni anni	(If multiple types of select Multiple Work	purchased/replaced, om the drop-down box			
2) STATE CTF	\$ 14,00		and specify the work of	descriptions with	job description below.)		
		SCHEDULI	NG/DISPATCH SOFTW	ARE			
3) LOCAL FUNDING (Part of 20% match)	\$						
	70.00	20					
SUBTOTAL	\$ 70,00						
4) OTHER LOCAL FUNDING	Φ						
4) OTHER LOCAL FUNDING (Not part of 20% match)	D	MONANCE .					
,	\$ 70,00	00					
TOTAL JOB COST.	Ψ	nainana.					
OPT PROJECT MANAGER NAMI FRED FEATHERLY	_						
SUBMITTED BY (Please print)		TITLE			DATE		
GERRY BUNDLE			TIVE DIRECTOR		10/04/2024		
SIGNATURE	0 10				PHONE NUMBER		
Gen. 1	Bundle				(269) 445-2455		
14					, , , , , , , , , , , , , , , , , , , ,		

RURAL TASK FORCE DATA SHEET TRANSIT JOB

ALL ITEMS MUST BE COM	IPLETED						
			CHANGE TYPE				
NEW JOB X OR JOB CHANGE JOB NUME		MBER	possessing possessing	FY COST SCOPE MULTIPLE WORK DESCRIPTION			
Emile 1	Townson of the control of the contro		In the second	OVE TO ILLUSTR	ATIVE		
FISCAL YEAR 2027	COUNTY		TRANSIT AGENCY - LEGAL NAME CASS COUNTY TRANSPORTATION AUTHORITY				
	CASS			ANSPORTATIO	1		
AGENCY ADDRESS 400 E STATE ST			CITY		ZIP CODE 49031		
REMINDERS FOR RPA JC	B PROGRAMMING		0/10001 0210		10001		
JOB TYPE	MODE			JOB PHASE			
MULTIMODAL	TRANSIT			NON-INFRAST	RUCTURE (NI)		
TEMPLATE	TEMPLATE BOUNDARY	Y		1			
TRANSIT - STIP - RURAL - FLEX	Berrien, Cass, Van Bu	uren [4]					
MAJOR ROUTE REPORT TRANSIT CAPITAL	PHASE FINANCIAL SYS	STEM		LOCATION REF	PORT		
Scheduled obligation date is the Choose Transit Capital GPA.	le last day in September	of the fiscal ye	ear. Scheduled end da	ate is obligation of	date plus three years.		
SCOPE CODE (FILL OUT ONE FO		TRA	NSIT FLEX CATEGORY 5310 \$\infty\$ 53		MDOT OBLIGATION YES		
IOD COST		JOB DESCRI	PTION (REPORT)				
JOB COST		Work Descri	ption pick list here				
1) STBG	\$56,000		(If multiple types of	ED JOB DESC items are being	purchased/replaced,		
2) STATE CTF	\$14,000	select Multiple Work Descriptions from the drop-down box and specify the work descriptions with job description below.) REPLACE BUS CAMERAS					
3) LOCAL FUNDING (Part of 20% match)	\$						
SUBTOTAL S	\$						
4) OTHER LOCAL FUNDING S (Not part of 20% match)	\$						
TOTAL JOB COST:	\$						
OPT PROJECT MANAGER NAME FRED FEATHERLY	Ξ						
SUBMITTED BY (Please print) GERRY BUNDLE		TITLE	VE DIRECTOR		DATE 10/04/2024		
SIGNATURE Jug /	Surdle				PHONE NUMBER (269) 445-2455		

RURAL TASK FORCE DATA SHEET TRANSIT JOB

ALL ITEMS MUST BE CON	IPLETED						
				CHANGE TYPE		3	
NEW JOB OR JOB CHANGE JOB NUM		//BER	h	SCOPE MULTIPLE WORK DESCRIPTION			
				DELETE MOVE TO ILLUSTRATIVE			
FISCAL YEAR	COUNTY				EGAL NAME		
2027	CASS			CASS COUNTY TRA	ANSPORTATIO		
AGENCY ADDRESS 400 E STATE ST				CASSOPOLIS	CITY ZIP CODE		
REMINDERS FOR RPA JO	D DDOCDAN	MING		CASSOPOLIS		49031	
JOB TYPE		IIVIII4G			IOD DUASE		
MULTIMODAL	MODE				JOB PHASE NON-INFRASTRUCTURE (NI)		
TEMPLATE	TRANSIT TEMPLATE BO	NUNDARY	,		NON-INFRASI	ROCTORE (NI)	
TRANSIT - STIP - RURAL - FLEX	D						
MAJOR ROUTE REPORT TRANSIT CAPITAL	PHASE FINAN	CIAL SYS	TEM		LOCATION RE AREA WIDE	PORT	
Scheduled obligation date is the Choose Transit Capital GPA.	e last day in Se	eptember	of the fiscal ye	ear. Scheduled end da	ate is obligation	date plus three years.	
SCOPE CODE (FILL OUT ONE FO		E CODE)	TRA	NSIT FLEX CATEGORY		MDOT OBLIGATION YES	
IOD COST			JOB DESCRI	PTION (REPORT)			
JOB COST			Work Descri	ption pick list here			
1) STBG	5	40,000	DETAILED JOB DESCRIPTION				
,, 0.20	Ψ			purchased/replaced,			
2) STATE CTF		10,000	select Multiple Work Descriptions from the drop-down box and specify the work descriptions with job description below.) REPLACE GARAGE HOIST IN SHOP				
3) LOCAL FUNDING	\$						
(Part of 20% match)	VIDEOUSEPHANISHISTONIAN						
SUBTOTAL	\$	50,000					
4) OTHER LOCAL FUNDING	2						
(Not part of 20% match)	ν						
	\$	50,000					
OPT PROJECT MANAGER NAMI FRED FEATHERLY							
SUBMITTED BY (Please print) GERRY BUNDLE			TITLE	VE DIRECTOR		DATE 10/04/2024	
SIGNATURE 0						PHONE NUMBER	
Sur B	undle	Name of the last o				(269) 445-2455	

RURAL TASK FORCE DATA SHEET TRANSIT JOB

		CHANGE TYPE	DOWNER SHOWING SAME SAME SAME SAME SAME SAME SAME SAME			
NEW JOB OR JOB CHANGE		MBER	promoted Entered	SCOPE	MULTIPLE WORK DESCRIPTION	
			DELETE MOVE TO ILLUSTRATIVE			
FISCAL YEAR 2028	COUNTY		TRANSIT AGENCY - LEGAL NAME CASS COUNTY TRANSPORTATION AUTHORITY			
AGENCY ADDRESS	I CASS					
400 E STATE ST			CASSOPOLIS	CITY ZIP CODE CASSOPOLIS 49031		
REMINDERS FOR RPA JO	OB PROGRAMMING				1	
JOB TYPE	MODE			JOB PHASE		
MULTIMODAL	TRANSIT			NON-INFRAST	RUCTURE (NI)	
TEMPLATE	TEMPLATE BOUNDAR	Y				
TRANSIT - STIP - RURAL - FLEX	Berrien, Cass, Van B	uren [4]				
MAJOR ROUTE REPORT TRANSIT CAPITAL	PHASE FINANCIAL SYS	STEM		LOCATION REF	PORT	
Scheduled obligation date is to Choose Transit Capital GPA.	ne last day in September	of the fiscal ye	ear. Scheduled end da	te is obligation	date plus three years.	
SCOPE CODE (FILL OUT ONE F 1140 - Bus Support Equip / Fa	,	TRAI	NSIT FLEX CATEGORY	11	MDOT OBLIGATION YES	
IOD COOT		JOB DESCRIP	PTION (REPORT)			
JOB COST		Work Descri	ption pick list here			
1) STBG	\$6,400	DETAILED JOB DESCRIPTION (If multiple types of items are being purchased/replaced,				
2) STATE CTF	\$1,600	select Multiple Work Descriptions from the drop-down box and specify the work descriptions with job description below.) PAINT BUILDING EXTERIOR				
3) LOCAL FUNDING (Part of 20% match)	\$					
SUBTOTAL	\$8,000					
4) OTHER LOCAL FUNDING	\$					
(Not part of 20% match)						
TOTAL JOB COST:	\$8,000					
OPT PROJECT MANAGER NAM FRED FEATHERLY	E					
SUBMITTED BY (Please print) GERRY BUNDLE		TITLE EXECUTIV	/E DIRECTOR		DATE 10/04/2024	
SIGNATURE July	Sundl				PHONE NUMBER (269) 445-2455	

RURAL TASK FORCE DATA SHEET TRANSIT JOB

ALL ITEMS MUST BE COM	IPLETED						
			CHANGE TYPE		LAND TIPLE MORE PEOPLETION		
NEW JOB 🛛 OR JOB CHA	NEW JOB OR JOB CHANGE JOB NUMBE		hamana hamana	passed bassed bassed			
FISCAL YEAR	COUNTY		TRANSIT AGENCY - L	TRANSIT AGENCY - LEGAL NAME			
2028	CASS		CASS COUNTY TRANSPORTATION AUTHORITY				
AGENCY ADDRESS			CITY		ZIP CODE		
400 E STATE ST			CASSOPOLIS		49031		
REMINDERS FOR RPA JO	B PROGRAMMING						
JOB TYPE	MODE			JOB PHASE			
MULTIMODAL	TRANSIT			NON-INFRAST	RUCTURE (NI)		
TEMPLATE	TEMPLATE BOUNDARY Berrien, Cass, Van Bu				¥		
TRANSIT - STIP - RURAL - FLEX				LOCATION DE			
MAJOR ROUTE REPORT TRANSIT CAPITAL	PHASE FINANCIAL SYS	IEW		AREA WIDE	ORI		
Scheduled obligation date is the Choose Transit Capital GPA.	ne last day in September	of the fiscal	year. Scheduled end da	ite is obligation o	date plus three years.		
SCOPE CODE <i>(FILL OUT ONE F</i>) 1140 - Bus Support Equip / Fa		TR	RANSIT FLEX CATEGORY	1	MDOT OBLIGATION YES		
JOB COST			RIPTION (REPORT)				
00B 0001		Work Desc	cription pick list here				
1) STBG	\$4,800	DETAILED JOB DESCRIPTION (If multiple types of 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.) INTERIOR DIGITAL SIGNAGE FOR BUSES					
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 NAMI FRED FEATHERLY	E						
SUBMITTED BY (Please print) GERRY BUNDLE		TITLE	TIVE DIRECTOR		DATE 10/04/2024		
SIGNATURE GLY BU	108		,		PHONE NUMBER (269) 445-2455		
(209) 440-2400							

RURAL TASK FORCE DATA SHEET TRANSIT JOB

ALL ITEMS MUST BE COM	IPLETED					
			CHANGE TYPE	p		
NEW JOB OR JOB CHANGE JOB NUME		MBER	FY COST		MULTIPLE WORK DESCRIPTION	
THE TOOL OF THE	hand hand	☐ DELETE ☐ MOVE TO ILLUSTRATIVE				
FISCAL YEAR	COUNTY		TRANSIT AGENCY - LEGAL NAME			
2028	CASS		CASS COUNTY TRA	ANSPORTATIO	_	
AGENCY ADDRESS			(C) (C) (C) (C)	CITY ZIP CODE		
400 E STATE ST			CASSOPOLIS		49031	
REMINDERS FOR RPA JO	B PROGRAMMING			Y		
JOB TYPE	MODE			JOB PHASE		
MULTIMODAL	TRANSIT			NON-INFRAST	RUCTURE (NI)	
TEMPLATE	TEMPLATE BOUNDARY					
TRANSIT - STIP - RURAL - FLEX				Г	\	
MAJOR ROUTE REPORT TRANSIT CAPITAL	STL	TEM		AREA WIDE	PORT	
Scheduled obligation date is the Choose Transit Capital GPA.	e last day in September	of the fiscal ye	ar. Scheduled end da	ite is obligation	date plus three years.	
SCOPE CODE (FILL OUT ONE FO		TRAN	SIT FLEX CATEGORY		MDOT OBLIGATION YES	
		Lancon According to the lancon	PTION (REPORT)			
JOB COST			otion pick list here			
4) CTDC	12,000		DETAIL E	D JOB DESC	RIPTION	
1) STBG	\$ 12,000	(If multiple types of items are being purchased/replaced, select Multiple Work Descriptions from the drop-down box				
2) STATE CTF	3,000					
3) LOCAL FUNDING	\$					
(Part of 20% match)						
SUBTOTAL	15,000					
4) OTHER LOCAL FUNDING S (Not part of 20% match)	Ď					
TOTAL JOB COST:	\$15,000					
OPT PROJECT MANAGER NAME FRED FEATHERLY	=	•				
SUBMITTED BY (Please print) GERRY BUNDLE		TITLE	E DIRECTOR		DATE 10/04/2024	
SIGNATURE //		LALGOTTV	L DINLOTOR			
Guy B	untle				PHONE NUMBER (269) 445-2455	

RURAL TASK FORCE DATA SHEET TRANSIT JOB

ALL ITEMS MUST BE COM	IPLETED					
				CHANGE TYPE	General Section	
NEW JOB OR JOB CHANGE JOB NUMB		MBER	FY COST	SCOPE [MULTIPLE WORK DESCRIPTION	
			DELETE MO	OVE TO ILLUSTR	ATIVE	
FISCAL YEAR	COUNTY			TRANSIT AGENCY - L	EGAL NAME	
2028	CASS			CASS COUNTY TRA	ANSPORTATIO	N AUTHORITY
AGENCY ADDRESS				CITY		ZIP CODE
400 E STATE ST				CASSOPOLIS		49031
REMINDERS FOR RPA JO	B PROGRAM	MING				
JOB TYPE	MODE				JOB PHASE	
MULTIMODAL	TRANSIT	S. S			NON-INFRAST	RUCTURE (NI)
TEMPLATE	TEMPLATE BO	DUNDARY	,			
TRANSIT - STIP - RURAL - FLEX	Berrien, Cass	s, Van Bu	ren [4]			~
MAJOR ROUTE REPORT	PHASE FINAN	CIAL SYS	TEM		LOCATION RE	PORT
TRANSIT CAPITAL	STL				AREA WIDE	
Scheduled obligation date is the Choose Transit Capital GPA.	ne last day in Se	eptember	of the fisca	l year. Scheduled end da	ite is obligation	date plus three years.
SCOPE CODE (FILL OUT ONE F	ORM PER SCOP	E CODE)	Т	RANSIT FLEX CATEGORY		MDOT OBLIGATION
1140 - Bus Support Equip / Fa	cilities			5310	11	YES
IOP COST				CRIPTION (REPORT)		
JOB COST			Work Des	scription pick list here		
1) STBG	\$	4,000		DETAILE	D JOB DESC	RIPTION
1) 0180	Ψ			purchased/replaced,		
2) STATE CTF	\$	1,000	select Multiple Work Descriptions from the drop-down box and specify the work descriptions with job description below.) REPLACE WINDOWS IN SHOP			
3) LOCAL FUNDING	\$					
(Part of 20% match)	***************************************					
	•	5,000				
SUBTOTAL	\$					
4) OTHER LOCAL FUNDING	<u></u>					
4) OTHER LOCAL FUNDING (Not part of 20% match)	Φ	THE PROPERTY OF THE PROPERTY O				
	¢.	5,000				
TOTAL JOB COST:	\$	3,000				
OPT PROJECT MANAGER NAM FRED FEATHERLY	E					
SUBMITTED BY (Please print)			TITLE			DATE
GERRY BUNDLE			EXECU	TIVE DIRECTOR		10/04/2024
SIGNATURE /	0					PHONE NUMBER
Y. R.	inde					(269) 445-2455
	111					(=00) 1.0 2.00