

# Cass County Rural Task Force 2026-2029 Project Applications

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

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

### Applicant Information

Agency Name:	<u>Village of Cassopolis</u>		
Contact Name:	<u>Emilie LaGrow</u>	Title:	<u>Village Manager</u>
Email Address:	<u>manager@cassopolis-mi.us</u>	Phone Number:	<u>269-445-8648</u>
Engineer/Consultant:	<u>Mickey Bittner</u>	Company:	<u>Wightman</u>
Email Address:	<u>mbittner@gowightman.com</u>	Phone Number:	<u>269-266-2159</u>

### Project Description

Project Name/Road Name: S. O'Keefe Street

Project Limits (From/To): Reed Street (M-62) to W. State Street (M-60)

Project Length (to the nearest hundredth of a mile): 0.56 miles

City, Village, or Township: Village of Cassopolis

Additional location description if needed

**Major Work Type:** Milling and Two Course Asphalt Resurfacing 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 \_\_\_

## 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  No  *If no, provide details on when these funds will be secured*

Non-Participating Cost Estimate: \$ 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

What is the most recent PASER rating (<https://www.mcgi.state.mi.us/tamcMap/>): 5

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: 3R

What is the expected increase in Remaining Service Life (RSL): 15 Years

What is the current state of drainage on the road:  
Good

## Regional Significance

What is the average annual daily traffic (AADT) volume for the limits of this project? 1725 Vehicles/day

What is the National Functional Classification (NFC) of the road: Local Road 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.michigantrafficcrashfacts.org/>)

### All Crashes

Total number of crashes: 4  
 Number of fatalities: 0  
 Number of Serious Injuries: 0

### Pedestrian and Bicycle Crashes

Total number of crashes: 0  
 Number of fatalities: 0  
 Number of Serious Injuries: 0

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"/>
Improved pavement markings	Angle, rear-end crashes	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Improved signage	Angle, rear-end crashes	Yes <input checked="" 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

Yes, there are existing sidewalks

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

ADA-compliant ramps will be constructed

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

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  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

TBD

\* 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: <u>2</u>	Center Turn Lane (Y/N): <u>80</u>	On Street Parking (Y/N): <u>20</u>	Through Lanes: <u>    </u>	Center Turn Lane (Y/N): <u>    </u>	On Street Parking (Y/N): <u>N</u>
Shoulder	<input type="checkbox"/> Paved <input checked="" type="checkbox"/> Unpaved		Width: <u>    </u> Ft.	<input type="checkbox"/> Paved <input type="checkbox"/> Unpaved		Width: <u>    </u> Ft.
Sidewalk/path	Placement Both Sides		Width: <u>4-5</u> Ft.	Placement Both Sides		Width: <u>4-5</u> Ft.
On road bicycle facilities	<input type="checkbox"/> Bike Lanes	<input type="checkbox"/> Other (Specify) _____		<input type="checkbox"/> Bike Lanes	<input type="checkbox"/> Other (Specify) _____	
	<input type="checkbox"/> Sharrows	_____		<input type="checkbox"/> Sharrows	_____	
	<input type="checkbox"/> Wide Shoulders	<input checked="" type="checkbox"/> None		<input type="checkbox"/> Wide Shoulders	<input checked="" type="checkbox"/> None	
Utilities	<input type="checkbox"/> Utility Work is needed			<input type="checkbox"/> Replacement of utilities		
	<input type="checkbox"/> Water/Sewer Work is needed			<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).

Name: Mickey Bittner Title: Village Engineer

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

If you need assistance, please contact Brandon Kovnat, SWMPC Transportation Planner  
Email [kovnatb@swmpc.org](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	\$	%
State D Requested	\$	%
Local Match	\$	%
	\$	%
	\$	%

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

Non-Participating Cost Estimate: \$ \_\_\_\_\_

Total Project Estimate with Non-Participating: \$ \_\_\_\_\_

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

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

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

## Estimated Project Schedule

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

## System Preservation

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

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

Which MDOT guidelines will the project use:

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

What is the current state of drainage on the road:



## Regional Significance

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

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

Is the project on a All Season Route Yes  No

## Safety

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

### All Crashes

Total number of crashes: \_\_\_\_\_

Number of fatalities: \_\_\_\_\_

Number of Serious Injuries: \_\_\_\_\_

### Pedestrian and Bicycle Crashes

Total number of crashes: \_\_\_\_\_

Number of fatalities: \_\_\_\_\_

Number of Serious Injuries: \_\_\_\_\_

List the safety countermeasures included in the project

Use the attached list of countermeasures and associated crash types

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

## Complete Streets

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

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

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

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

## Accessibility and Equity

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

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

## Strategic Planning & Investment

The project crosses jurisdictional boundaries. Yes  No

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

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

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

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

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

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"/> Bike Lanes <input type="radio"/> Other (Specify) _____ <input type="radio"/> Sharrows		
	<input type="radio"/> Wide Shoulders		<input type="radio"/> None	<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).

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

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2026-2029 Transportation Improvement Program (TIP)  
Federal Surface Transportation Block Grant Project Application

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

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

Non-Participating Cost Estimate: \$ \_\_\_\_\_

Total Project Estimate with Non-Participating: \$ \_\_\_\_\_

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

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

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

## Estimated Project Schedule

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

## System Preservation

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

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

Which MDOT guidelines will the project use:

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

What is the current state of drainage on the road:

## Regional Significance

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

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

Is the project on a All Season Route Yes  No

## Safety

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

### All Crashes

Total number of crashes: \_\_\_\_\_

Number of fatalities: \_\_\_\_\_

Number of Serious Injuries: \_\_\_\_\_

### Pedestrian and Bicycle Crashes

Total number of crashes: \_\_\_\_\_

Number of fatalities: \_\_\_\_\_

Number of Serious Injuries: \_\_\_\_\_

List the safety countermeasures included in the project

Use the attached list of countermeasures and associated crash types

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

## Complete Streets

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

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

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

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

## Accessibility and Equity

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

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

## Strategic Planning & Investment

The project crosses jurisdictional boundaries. Yes  No

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

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

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

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

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

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"/> Bike Lanes	<input type="radio"/> Other (Specify) _____	
	<input type="radio"/> Sharrows	_____		<input type="radio"/> Sharrows	_____	
	<input type="radio"/> Wide Shoulders	<input type="radio"/> None		<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).

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



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

If you need assistance, please contact Brandon Kovnat, SWMPC Transportation Planner  
Email [kovnatb@swmpc.org](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	\$	%
State D Requested	\$	%
Local Match	\$	%
	\$	%
	\$	%

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

Non-Participating Cost Estimate: \$ \_\_\_\_\_

Total Project Estimate with Non-Participating: \$ \_\_\_\_\_

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

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

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

## Estimated Project Schedule

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

## System Preservation

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

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

Which MDOT guidelines will the project use:

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

What is the current state of drainage on the road:

## Regional Significance

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

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

Is the project on a All Season Route Yes  No

## Safety

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

### All Crashes

Total number of crashes: \_\_\_\_\_

Number of fatalities: \_\_\_\_\_

Number of Serious Injuries: \_\_\_\_\_

### Pedestrian and Bicycle Crashes

Total number of crashes: \_\_\_\_\_

Number of fatalities: \_\_\_\_\_

Number of Serious Injuries: \_\_\_\_\_

List the safety countermeasures included in the project

Use the attached list of countermeasures and associated crash types

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

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

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

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

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

## Accessibility and Equity

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

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

## Strategic Planning & Investment

The project crosses jurisdictional boundaries. Yes  No

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

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

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

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

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

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

## Risk Assessment

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

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

Does the project require utility relocation? Yes  No  Unknown

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

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

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

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

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

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

## Existing 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	<input type="radio"/> Bike Lanes <input type="radio"/> Other (Specify) _____ <input type="radio"/> Sharrows		_____	<input type="radio"/> Bike Lanes <input type="radio"/> Other (Specify) _____ <input type="radio"/> Sharrows		_____
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

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### Certification of Matching Funds

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

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

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

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## Estimated Project Schedule

Activity	Date (Month/Year)
NEPA/SHPPO Submitted	
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## System Preservation

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

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

Which MDOT guidelines will the project use:

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

What is the current state of drainage on the road:

## Regional Significance

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

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

Is the project on a All Season Route Yes  No

## Safety

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

### All Crashes

Total number of crashes: \_\_\_\_\_

Number of fatalities: \_\_\_\_\_

Number of Serious Injuries: \_\_\_\_\_

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Total number of crashes: \_\_\_\_\_

Number of fatalities: \_\_\_\_\_

Number of Serious Injuries: \_\_\_\_\_

List the safety countermeasures included in the project

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



## Accessibility and Equity

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

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

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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

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## Risk Assessment

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

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

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

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

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## 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"/> Bike Lanes <input type="radio"/> Other (Specify) _____ <input type="radio"/> Sharrows		_____
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

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

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

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

## System Preservation

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

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

Which MDOT guidelines will the project use:

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

What is the current state of drainage on the road:

## Regional Significance

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

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

Is the project on a All Season Route Yes  No

## Safety

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

### All Crashes

Total number of crashes: \_\_\_\_\_

Number of fatalities: \_\_\_\_\_

Number of Serious Injuries: \_\_\_\_\_

### Pedestrian and Bicycle Crashes

Total number of crashes: \_\_\_\_\_

Number of fatalities: \_\_\_\_\_

Number of Serious Injuries: \_\_\_\_\_

List the safety countermeasures included in the project

Use the attached list of countermeasures and associated crash types

Counter Measure	Crash Type Addressed	Does this address a fatal or serious injury crash
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		Yes <input type="checkbox"/> No <input type="checkbox"/>
		Yes <input type="checkbox"/> No <input type="checkbox"/>
		Yes <input type="checkbox"/> No <input type="checkbox"/>
		Yes <input type="checkbox"/> No <input type="checkbox"/>
		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

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## Risk Assessment

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

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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	<input type="radio"/> Bike Lanes <input type="radio"/> Other (Specify) _____ <input type="radio"/> Sharrows		<input type="radio"/> None	<input type="radio"/> Bike Lanes <input type="radio"/> Other (Specify) _____ <input type="radio"/> Sharrows		<input type="radio"/> None
Utilities	<input type="checkbox"/> Utility Work is needed <input type="checkbox"/> Water/Sewer Work is needed			<input type="checkbox"/> Replacement of utilities <input type="checkbox"/> Relocation of utilities <input type="checkbox"/> Sewer and/or water line work		

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Project Name/Road Name: \_\_\_\_\_

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Additional location description if needed  
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Major Work Type: \_\_\_\_\_ Preferred Year of Funding: \_\_\_\_\_

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	Amount	Percent of Total
Total Participating Construction Estimate	\$	100 %
STBG Requested	\$	%
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If so, what is the maximum Amount: \$ \_\_\_\_\_

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## 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"/> None	<input type="radio"/> Bike Lanes <input type="radio"/> Other (Specify) _____ <input type="radio"/> Sharrows		<input type="radio"/> None
Utilities	<input type="checkbox"/> Utility Work is needed <input type="checkbox"/> Water/Sewer Work is needed			<input type="checkbox"/> Replacement of utilities <input type="checkbox"/> Relocation of utilities <input type="checkbox"/> Sewer and/or water line work		

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

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

If you need assistance, please contact Brandon Kovnat, SWMPC Transportation Planner  
Email [kovnatb@swmpc.org](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	\$	%
State D Requested	\$	%
Local Match	\$	%
	\$	%
	\$	%

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

Non-Participating Cost Estimate: \$ \_\_\_\_\_

Total Project Estimate with Non-Participating: \$ \_\_\_\_\_

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

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

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

## Estimated Project Schedule

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

## System Preservation

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

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

Which MDOT guidelines will the project use:

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

What is the current state of drainage on the road:

## Regional Significance

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

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

Is the project on a All Season Route Yes  No

## Safety

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

### All Crashes

Total number of crashes: \_\_\_\_\_

Number of fatalities: \_\_\_\_\_

Number of Serious Injuries: \_\_\_\_\_

### Pedestrian and Bicycle Crashes

Total number of crashes: \_\_\_\_\_

Number of fatalities: \_\_\_\_\_

Number of Serious Injuries: \_\_\_\_\_

List the safety countermeasures included in the project

Use the attached list of countermeasures and associated crash types

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

	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		

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

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

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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.).

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Describe any non-participating work if applicable  
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What is the need and purpose for this project (what issues are being addressed by the proposed work)  
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If you are submitting multiple applications, please rank your applications by priority. Rank: \_\_\_\_ of \_\_\_\_

## Proposed Budget

	Amount	Percent of Total
Total Participating Construction Estimate	\$	100 %
STBG Requested	\$	%
State D Requested	\$	%
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	\$	%
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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	
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## System Preservation

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

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

Which MDOT guidelines will the project use:

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

What is the current state of drainage on the road:

## Regional Significance

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

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

Is the project on a All Season Route Yes  No

## Safety

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

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Total number of crashes: \_\_\_\_\_

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Number of Serious Injuries: \_\_\_\_\_

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Total number of crashes: \_\_\_\_\_

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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"/>
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		Yes <input type="checkbox"/> No <input type="checkbox"/>
		Yes <input type="checkbox"/> No <input type="checkbox"/>
		Yes <input type="checkbox"/> No <input type="checkbox"/>
		Yes <input type="checkbox"/> No <input type="checkbox"/>
		Yes <input type="checkbox"/> No <input type="checkbox"/>

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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

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The project crosses jurisdictional boundaries. Yes  No

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

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

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Are there historic elements within 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	<input type="radio"/> Bike Lanes <input type="radio"/> Other (Specify) _____ <input type="radio"/> Sharrows		_____	<input type="radio"/> Bike Lanes <input type="radio"/> Other (Specify) _____ <input type="radio"/> Sharrows		_____
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Rural Task Force Region Four  
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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

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Additional location description if needed  
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Major Work Type: \_\_\_\_\_ Preferred Year of Funding: \_\_\_\_\_

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

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	Amount	Percent of Total
Total Participating Construction Estimate	\$	100 %
STBG Requested	\$	%
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	\$	%
	\$	%

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Non-Participating Cost Estimate: \$ \_\_\_\_\_

Total Project Estimate with Non-Participating: \$ \_\_\_\_\_

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

## Estimated Project Schedule

Activity	Date (Month/Year)
NEPA/SHPPO Submitted	
Right-of-Way Certification Submitted	
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		Yes <input type="checkbox"/> No <input type="checkbox"/>
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Does your agency have a policy for maintaining non-motorized transportation infrastructure, such as bike lanes and pedestrian pathways/sidewalks? Yes  No

## Accessibility and Equity

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Engineer/Consultant: \_\_\_\_\_ Company: \_\_\_\_\_

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Total Project Estimate with Non-Participating: \$ \_\_\_\_\_

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

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

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

## Estimated Project Schedule

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

## System Preservation

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

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

Which MDOT guidelines will the project use:

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

What is the current state of drainage on the road:

## Regional Significance

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

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

Is the project on a All Season Route Yes  No

## Safety

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

### All Crashes

Total number of crashes: \_\_\_\_\_

Number of fatalities: \_\_\_\_\_

Number of Serious Injuries: \_\_\_\_\_

### Pedestrian and Bicycle Crashes

Total number of crashes: \_\_\_\_\_

Number of fatalities: \_\_\_\_\_

Number of Serious Injuries: \_\_\_\_\_

List the safety countermeasures included in the project

Use the attached list of countermeasures and associated crash types

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

## Complete Streets

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

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

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

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

## Accessibility and Equity

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

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

## Strategic Planning & Investment

The project crosses jurisdictional boundaries. Yes  No

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

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

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

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

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

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"/> Bike Lanes <input type="radio"/> Other (Specify) _____ <input type="radio"/> Sharrows		
	<input type="radio"/> Wide Shoulders <input type="radio"/> None			<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).

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



## RURAL TASK FORCE DATA SHEET TRANSIT JOB

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

**ALL ITEMS MUST BE COMPLETED**

NEW JOB <input checked="" type="checkbox"/> OR JOB CHANGE <input type="checkbox"/>		JOB NUMBER	CHANGE TYPE <input type="checkbox"/> FY <input type="checkbox"/> COST <input type="checkbox"/> SCOPE <input type="checkbox"/> MULTIPLE WORK DESCRIPTION <input type="checkbox"/> DELETE <input type="checkbox"/> MOVE TO ILLUSTRATIVE	
FISCAL YEAR 2026	COUNTY CASS	TRANSIT AGENCY - LEGAL NAME CASS COUNTY TRANSPORTATION AUTHORITY		
AGENCY ADDRESS 400 E STATE ST		CITY CASSOPOLIS	ZIP CODE 49031	

**REMINDERS FOR RPA JOB PROGRAMMING**

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

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

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

1) STBG	\$		6,500
2) STATE CTF	\$		1,625
3) LOCAL FUNDING <i>(Part of 20% match)</i>	\$		
SUBTOTAL	\$		8,125
4) OTHER LOCAL FUNDING <i>(Not part of 20% match)</i>	\$		
<b>TOTAL JOB COST:</b>	<b>\$</b>		<b>8,125</b>

JOB DESCRIPTION (REPORT)

Work Description pick list here

**DETAILED JOB DESCRIPTION**

*(If multiple types of items are being purchased/replaced,  
select Multiple Work Descriptions from the drop-down box  
and specify the work descriptions with job description below.)*

PROCURE DIAGNOSTIC SCANNER FOR SHOP

OPT PROJECT MANAGER NAME  
FRED FEATHERLY

SUBMITTED BY (Please print)  
GERRY BUNDLE

TITLE  
EXECUTIVE DIRECTOR

DATE  
10/04/2024

SIGNATURE

*Gerry Bundle*

PHONE NUMBER  
(269) 445-2455

## RURAL TASK FORCE DATA SHEET TRANSIT JOB

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

**ALL ITEMS MUST BE COMPLETED**

NEW JOB <input checked="" type="checkbox"/> OR JOB CHANGE <input type="checkbox"/>	JOB NUMBER	CHANGE TYPE <input type="checkbox"/> FY <input type="checkbox"/> COST <input type="checkbox"/> SCOPE <input type="checkbox"/> MULTIPLE WORK DESCRIPTION <input type="checkbox"/> DELETE <input type="checkbox"/> MOVE TO ILLUSTRATIVE
FISCAL YEAR 2026	COUNTY CASS	TRANSIT AGENCY - LEGAL NAME CASS COUNTY TRANSPORTATION AUTHORITY
AGENCY ADDRESS 400 E STATE ST	CITY CASSOPOLIS	ZIP CODE 49031

**REMINDERS FOR RPA JOB PROGRAMMING**

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

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

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

1) STBG	\$	4,000
2) STATE CTF	\$	1,000
3) LOCAL FUNDING <i>(Part of 20% match)</i>	\$	_____
SUBTOTAL	\$	5,000
4) OTHER LOCAL FUNDING <i>(Not part of 20% match)</i>	\$	_____
<b>TOTAL JOB COST:</b>	\$	<b>5,000</b>

**JOB DESCRIPTION (REPORT)**

Work Description pick list here

**DETAILED JOB DESCRIPTION**

*(If multiple types of items are being purchased/replaced,  
select Multiple Work Descriptions from the drop-down box  
and specify the work descriptions with job description below.)*

REPLACE OFFICE PHONE SYSTEM

OPT PROJECT MANAGER NAME  
FRED FEATHERLY

SUBMITTED BY *(Please print)*  
GERRY BUNDLE

TITLE  
EXECUTIVE DIRECTOR

DATE  
10/04/2024

SIGNATURE

*Gerry Bundle*

PHONE NUMBER  
(269) 445-2455

## RURAL TASK FORCE DATA SHEET TRANSIT JOB

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

**ALL ITEMS MUST BE COMPLETED**

NEW JOB <input checked="" type="checkbox"/> OR JOB CHANGE <input type="checkbox"/>	JOB NUMBER	CHANGE TYPE <input type="checkbox"/> FY <input type="checkbox"/> COST <input type="checkbox"/> SCOPE <input type="checkbox"/> MULTIPLE WORK DESCRIPTION <input type="checkbox"/> DELETE <input type="checkbox"/> MOVE TO ILLUSTRATIVE
FISCAL YEAR 2026	COUNTY CASS	TRANSIT AGENCY - LEGAL NAME CASS COUNTY TRANSPORTATION AUTHORITY
AGENCY ADDRESS 400 E STATE ST	CITY CASSOPOLIS	ZIP CODE 49031

**REMINDERS FOR RPA JOB PROGRAMMING**

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

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

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

1) STBG	\$		16,000
2) STATE CTF	\$		4,000
3) LOCAL FUNDING <i>(Part of 20% match)</i>	\$		
SUBTOTAL	\$		20,000
4) OTHER LOCAL FUNDING <i>(Not part of 20% match)</i>	\$		
<b>TOTAL JOB COST:</b>	<b>\$</b>		<b>20,000</b>

JOB DESCRIPTION (REPORT)  
Work Description pick list here

**DETAILED JOB DESCRIPTION**  
*(If multiple types of items are being purchased/replaced, select Multiple Work Descriptions from the drop-down box and specify the work descriptions with job description below.)*

PROCURE HAND TOOLS FOR SHOP

OPT PROJECT MANAGER NAME FRED FEATHERLY		
SUBMITTED BY (Please print) GERRY BUNDLE	TITLE EXECUTIVE DIRECTOR	DATE 10/04/2024
SIGNATURE 	PHONE NUMBER (269) 445-2455	

## RURAL TASK FORCE DATA SHEET TRANSIT JOB

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

**ALL ITEMS MUST BE COMPLETED**

NEW JOB <input checked="" type="checkbox"/> OR JOB CHANGE <input type="checkbox"/>	JOB NUMBER	CHANGE TYPE <input type="checkbox"/> FY <input type="checkbox"/> COST <input type="checkbox"/> SCOPE <input type="checkbox"/> MULTIPLE WORK DESCRIPTION <input type="checkbox"/> DELETE <input type="checkbox"/> MOVE TO ILLUSTRATIVE
FISCAL YEAR 2026	COUNTY CASS	TRANSIT AGENCY - LEGAL NAME CASS COUNTY TRANSPORTATION AUTHORITY
AGENCY ADDRESS 400 E STATE ST	CITY CASSOPOLIS	ZIP CODE 49031

**REMINDERS FOR RPA JOB PROGRAMMING**

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

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

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

1) STBG	\$		12,000
2) STATE CTF	\$		3,000
3) LOCAL FUNDING <i>(Part of 20% match)</i>	\$		
SUBTOTAL	\$		15,000
4) OTHER LOCAL FUNDING <i>(Not part of 20% match)</i>	\$		
<b>TOTAL JOB COST:</b>	<b>\$</b>		<b>15,000</b>

**JOB DESCRIPTION (REPORT)**  
Work Description pick list here

**DETAILED JOB DESCRIPTION**  
*(If multiple types of items are being purchased/replaced,  
select Multiple Work Descriptions from the drop-down box  
and specify the work descriptions with job description below.)*

DESKTOP COMPUTERS/COLOR LASER PRINTER

<b>OPT PROJECT MANAGER NAME</b> FRED FEATHERLY		
<b>SUBMITTED BY (Please print)</b> GERRY BUNDLE	<b>TITLE</b> EXECUTIVE DIRECTOR	<b>DATE</b> 10/04/2024
<b>SIGNATURE</b> 	<b>PHONE NUMBER</b> (269) 445-2455	

## RURAL TASK FORCE DATA SHEET TRANSIT JOB

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

**ALL ITEMS MUST BE COMPLETED**

NEW JOB <input checked="" type="checkbox"/> OR JOB CHANGE <input type="checkbox"/>	JOB NUMBER	CHANGE TYPE <input type="checkbox"/> FY <input type="checkbox"/> COST <input type="checkbox"/> SCOPE <input type="checkbox"/> MULTIPLE WORK DESCRIPTION <input type="checkbox"/> DELETE <input type="checkbox"/> MOVE TO ILLUSTRATIVE
FISCAL YEAR 2026	COUNTY CASS	TRANSIT AGENCY - LEGAL NAME CASS COUNTY TRANSPORTATION AUTHORITY
AGENCY ADDRESS 400 E STATE ST	CITY CASSOPOLIS	ZIP CODE 49031

**REMINDERS FOR RPA JOB PROGRAMMING**

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

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

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

1) STBG	\$		20,000
2) STATE CTF	\$		5,000
3) LOCAL FUNDING <i>(Part of 20% match)</i>	\$		
SUBTOTAL	\$		25,000
4) OTHER LOCAL FUNDING <i>(Not part of 20% match)</i>	\$		
<b>TOTAL JOB COST:</b>	<b>\$</b>		<b>25,000</b>

**JOB DESCRIPTION (REPORT)**

Work Description pick list here

**DETAILED JOB DESCRIPTION**

*(If multiple types of items are being purchased/replaced, select Multiple Work Descriptions from the drop-down box and specify the work descriptions with job description below.)*

REPLACE OFFICE FURNITURE

OPT PROJECT MANAGER NAME  
FRED FEATHERLY

SUBMITTED BY (Please print) GERRY BUNDLE	TITLE EXECUTIVE DIRECTOR	DATE 10/04/2024
SIGNATURE 	PHONE NUMBER (269) 445-2455	

## RURAL TASK FORCE DATA SHEET TRANSIT JOB

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

**ALL ITEMS MUST BE COMPLETED**

NEW JOB <input checked="" type="checkbox"/> OR JOB CHANGE <input type="checkbox"/>	JOB NUMBER	CHANGE TYPE <input type="checkbox"/> FY <input type="checkbox"/> COST <input type="checkbox"/> SCOPE <input type="checkbox"/> MULTIPLE WORK DESCRIPTION <input type="checkbox"/> DELETE <input type="checkbox"/> MOVE TO ILLUSTRATIVE
FISCAL YEAR 2026	COUNTY CASS	TRANSIT AGENCY - LEGAL NAME CASS COUNTY TRANSPORTATION AUTHORITY
AGENCY ADDRESS 400 E STATE ST		CITY CASSOPOLIS
		ZIP CODE 49031

**REMINDERS FOR RPA JOB PROGRAMMING**

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

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

<b>SCOPE CODE (FILL OUT ONE FORM PER SCOPE CODE)</b> 1140 - Bus Support Equip / Facilities	<b>TRANSIT FLEX CATEGORY</b> <input type="checkbox"/> 5310 <input checked="" type="checkbox"/> 5311	<b>MDOT OBLIGATION</b> YES
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<b>JOB COST</b>  1) STBG \$ 56,000  2) STATE CTF \$ 14,000  3) LOCAL FUNDING \$ <i>(Part of 20% match)</i>  SUBTOTAL \$ 70,000  4) OTHER LOCAL FUNDING \$ <i>(Not part of 20% match)</i>  <b>TOTAL JOB COST: \$ 70,000</b>	<b>JOB DESCRIPTION (REPORT)</b> Work Description pick list here  <div style="text-align: center;"> <b>DETAILED JOB DESCRIPTION</b>  <i>(If multiple types of items are being purchased/replaced, select Multiple Work Descriptions from the drop-down box and specify the work descriptions with job description below.)</i> </div> SCHEDULING/DISPATCH SOFTWARE
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<b>OPT PROJECT MANAGER NAME</b> FRED FEATHERLY		
<b>SUBMITTED BY (Please print)</b> GERRY BUNDLE	<b>TITLE</b> EXECUTIVE DIRECTOR	<b>DATE</b> 10/04/2024
<b>SIGNATURE</b> 	<b>PHONE NUMBER</b> (269) 445-2455	

## RURAL TASK FORCE DATA SHEET TRANSIT JOB

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

**ALL ITEMS MUST BE COMPLETED**

NEW JOB <input checked="" type="checkbox"/> OR JOB CHANGE <input type="checkbox"/>	JOB NUMBER	CHANGE TYPE <input type="checkbox"/> FY <input type="checkbox"/> COST <input type="checkbox"/> SCOPE <input type="checkbox"/> MULTIPLE WORK DESCRIPTION <input type="checkbox"/> DELETE <input type="checkbox"/> MOVE TO ILLUSTRATIVE
FISCAL YEAR 2027	COUNTY CASS	TRANSIT AGENCY - LEGAL NAME CASS COUNTY TRANSPORTATION AUTHORITY
AGENCY ADDRESS 400 E STATE ST	CITY CASSOPOLIS	ZIP CODE 49031

**REMINDERS FOR RPA JOB PROGRAMMING**

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

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

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

1) STBG	\$	56,000	
2) STATE CTF	\$	14,000	
3) LOCAL FUNDING <i>(Part of 20% match)</i>	\$		
SUBTOTAL	\$	70,000	
4) OTHER LOCAL FUNDING <i>(Not part of 20% match)</i>	\$		
<b>TOTAL JOB COST:</b>	<b>\$</b>	<b>70,000</b>	

**JOB DESCRIPTION (REPORT)**

Work Description pick list here

**DETAILED JOB DESCRIPTION**

*(If multiple types of items are being purchased/replaced,  
select Multiple Work Descriptions from the drop-down box  
and specify the work descriptions with job description below.)*

REPLACE BUS CAMERAS

OPT PROJECT MANAGER NAME  
FRED FEATHERLY

SUBMITTED BY *(Please print)*  
GERRY BUNDLE

TITLE  
EXECUTIVE DIRECTOR

DATE  
10/04/2024

SIGNATURE



PHONE NUMBER  
(269) 445-2455

## RURAL TASK FORCE DATA SHEET TRANSIT JOB

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

**ALL ITEMS MUST BE COMPLETED**

NEW JOB <input checked="" type="checkbox"/> OR JOB CHANGE <input type="checkbox"/>	JOB NUMBER	CHANGE TYPE <input type="checkbox"/> FY <input type="checkbox"/> COST <input type="checkbox"/> SCOPE <input type="checkbox"/> MULTIPLE WORK DESCRIPTION <input type="checkbox"/> DELETE <input type="checkbox"/> MOVE TO ILLUSTRATIVE
FISCAL YEAR 2027	COUNTY CASS	TRANSIT AGENCY - LEGAL NAME CASS COUNTY TRANSPORTATION AUTHORITY
AGENCY ADDRESS 400 E STATE ST	CITY CASSOPOLIS	ZIP CODE 49031

**REMINDERS FOR RPA JOB PROGRAMMING**

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

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

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

1) STBG	\$	40,000
2) STATE CTF	\$	10,000
3) LOCAL FUNDING <i>(Part of 20% match)</i>	\$	_____
SUBTOTAL	\$	50,000
4) OTHER LOCAL FUNDING <i>(Not part of 20% match)</i>	\$	_____
<b>TOTAL JOB COST:</b>	<b>\$</b>	<b>50,000</b>

JOB DESCRIPTION (REPORT)  
Work Description pick list here

**DETAILED JOB DESCRIPTION**  
*(If multiple types of items are being purchased/replaced,  
select Multiple Work Descriptions from the drop-down box  
and specify the work descriptions with job description below.)*

REPLACE GARAGE HOIST IN SHOP

OPT PROJECT MANAGER NAME FRED FEATHERLY		
SUBMITTED BY (Please print) GERRY BUNDLE	TITLE EXECUTIVE DIRECTOR	DATE 10/04/2024
SIGNATURE 	PHONE NUMBER (269) 445-2455	



## RURAL TASK FORCE DATA SHEET TRANSIT JOB

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

**ALL ITEMS MUST BE COMPLETED**

NEW JOB <input checked="" type="checkbox"/> OR JOB CHANGE <input type="checkbox"/>	JOB NUMBER	CHANGE TYPE <input type="checkbox"/> FY <input type="checkbox"/> COST <input type="checkbox"/> SCOPE <input type="checkbox"/> MULTIPLE WORK DESCRIPTION <input type="checkbox"/> DELETE <input type="checkbox"/> MOVE TO ILLUSTRATIVE
FISCAL YEAR 2028	COUNTY CASS	TRANSIT AGENCY - LEGAL NAME CASS COUNTY TRANSPORTATION AUTHORITY
AGENCY ADDRESS 400 E STATE ST	CITY CASSOPOLIS	ZIP CODE 49031

**REMINDERS FOR RPA JOB PROGRAMMING**

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

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

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

1) STBG	\$		6,400
2) STATE CTF	\$		1,600
3) LOCAL FUNDING <i>(Part of 20% match)</i>	\$		
SUBTOTAL	\$		8,000
4) OTHER LOCAL FUNDING <i>(Not part of 20% match)</i>	\$		
<b>TOTAL JOB COST:</b>	<b>\$</b>		<b>8,000</b>

<b>JOB DESCRIPTION (REPORT)</b> Work Description pick list here
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**DETAILED JOB DESCRIPTION**  
*(If multiple types of items are being purchased/replaced,  
select Multiple Work Descriptions from the drop-down box  
and specify the work descriptions with job description below.)*

PAINT BUILDING EXTERIOR

<b>OPT PROJECT MANAGER NAME</b> FRED FEATHERLY		
<b>SUBMITTED BY (Please print)</b> GERRY BUNDLE	<b>TITLE</b> EXECUTIVE DIRECTOR	<b>DATE</b> 10/04/2024
<b>SIGNATURE</b> 	<b>PHONE NUMBER</b> (269) 445-2455	

## RURAL TASK FORCE DATA SHEET TRANSIT JOB

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

**ALL ITEMS MUST BE COMPLETED**

NEW JOB <input checked="" type="checkbox"/> OR JOB CHANGE <input type="checkbox"/>	JOB NUMBER	CHANGE TYPE <input type="checkbox"/> FY <input type="checkbox"/> COST <input type="checkbox"/> SCOPE <input type="checkbox"/> MULTIPLE WORK DESCRIPTION <input type="checkbox"/> DELETE <input type="checkbox"/> MOVE TO ILLUSTRATIVE
FISCAL YEAR 2028	COUNTY CASS	TRANSIT AGENCY - LEGAL NAME CASS COUNTY TRANSPORTATION AUTHORITY
AGENCY ADDRESS 400 E STATE ST	CITY CASSOPOLIS	ZIP CODE 49031

**REMINDERS FOR RPA JOB PROGRAMMING**

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

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

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

1) STBG	\$		4,800
2) STATE CTF	\$		1,200
3) LOCAL FUNDING <i>(Part of 20% match)</i>	\$		
SUBTOTAL	\$		6,000
4) OTHER LOCAL FUNDING <i>(Not part of 20% match)</i>	\$		
<b>TOTAL JOB COST:</b>	<b>\$</b>		<b>6,000</b>

**JOB DESCRIPTION (REPORT)**  
Work Description pick list here

**DETAILED JOB DESCRIPTION**  
*(If multiple types of items are being purchased/replaced, select Multiple Work Descriptions from the drop-down box and specify the work descriptions with job description below.)*

INTERIOR DIGITAL SIGNAGE FOR BUSES

<b>OPT PROJECT MANAGER NAME</b> FRED FEATHERLY		
<b>SUBMITTED BY (Please print)</b> GERRY BUNDLE	<b>TITLE</b> EXECUTIVE DIRECTOR	<b>DATE</b> 10/04/2024
<b>SIGNATURE</b> 	<b>PHONE NUMBER</b> (269) 445-2455	

## RURAL TASK FORCE DATA SHEET TRANSIT JOB

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

**ALL ITEMS MUST BE COMPLETED**

NEW JOB <input checked="" type="checkbox"/> OR JOB CHANGE <input type="checkbox"/>	JOB NUMBER	CHANGE TYPE <input type="checkbox"/> FY <input type="checkbox"/> COST <input type="checkbox"/> SCOPE <input type="checkbox"/> MULTIPLE WORK DESCRIPTION <input type="checkbox"/> DELETE <input type="checkbox"/> MOVE TO ILLUSTRATIVE
FISCAL YEAR 2028	COUNTY CASS	TRANSIT AGENCY - LEGAL NAME CASS COUNTY TRANSPORTATION AUTHORITY
AGENCY ADDRESS 400 E STATE ST	CITY CASSOPOLIS	ZIP CODE 49031

**REMINDERS FOR RPA JOB PROGRAMMING**

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

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

SCOPE CODE (FILL OUT ONE FORM PER SCOPE CODE) 1140 - Bus Support Equip / Facilities	TRANSIT FLEX CATEGORY <input type="checkbox"/> 5310 <input checked="" type="checkbox"/> 5311	MDOT OBLIGATION YES
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<b>JOB COST</b>	<b>JOB DESCRIPTION (REPORT)</b> Work Description pick list here
1) STBG                      \$                      12,000	<div style="text-align: center;"> <b>DETAILED JOB DESCRIPTION</b>  <i>(If multiple types of items are being purchased/replaced, select Multiple Work Descriptions from the drop-down box and specify the work descriptions with job description below.)</i> </div> PROCURE HAND TOOLS FOR SHOP
2) STATE CTF                \$                      3,000	
3) LOCAL FUNDING         \$ _____ <i>(Part of 20% match)</i>	
SUBTOTAL    \$                      15,000	
4) OTHER LOCAL FUNDING \$ _____ <i>(Not part of 20% match)</i>	
<b>TOTAL JOB COST:         \$                      15,000</b>	

OPT PROJECT MANAGER NAME FRED FEATHERLY		
SUBMITTED BY (Please print) GERRY BUNDLE	TITLE EXECUTIVE DIRECTOR	DATE 10/04/2024
SIGNATURE 	PHONE NUMBER (269) 445-2455	

## RURAL TASK FORCE DATA SHEET TRANSIT JOB

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

### ALL ITEMS MUST BE COMPLETED

NEW JOB <input checked="" type="checkbox"/> OR JOB CHANGE <input type="checkbox"/>	JOB NUMBER	CHANGE TYPE <input type="checkbox"/> FY <input type="checkbox"/> COST <input type="checkbox"/> SCOPE <input type="checkbox"/> MULTIPLE WORK DESCRIPTION <input type="checkbox"/> DELETE <input type="checkbox"/> MOVE TO ILLUSTRATIVE	
FISCAL YEAR 2028	COUNTY CASS	TRANSIT AGENCY - LEGAL NAME CASS COUNTY TRANSPORTATION AUTHORITY	
AGENCY ADDRESS 400 E STATE ST		CITY CASSOPOLIS	ZIP CODE 49031

### REMINDERS FOR RPA JOB PROGRAMMING

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

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

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

1) STBG	\$	4,000
2) STATE CTF	\$	1,000
3) LOCAL FUNDING (Part of 20% match)	\$	
SUBTOTAL	\$	5,000
4) OTHER LOCAL FUNDING (Not part of 20% match)	\$	
<b>TOTAL JOB COST:</b>	<b>\$</b>	<b>5,000</b>

### JOB DESCRIPTION (REPORT)

Work Description pick list here

### DETAILED JOB DESCRIPTION

(If multiple types of items are being purchased/replaced,  
select Multiple Work Descriptions from the drop-down box  
and specify the work descriptions with job description below.)

REPLACE WINDOWS IN SHOP

OPT PROJECT MANAGER NAME  
FRED FEATHERLY

SUBMITTED BY (Please print)  
GERRY BUNDLE

TITLE  
EXECUTIVE DIRECTOR

DATE  
10/04/2024

SIGNATURE

PHONE NUMBER  
(269) 445-2455