NATS STBG 2026-2029 Project Applications

Contents

Berrien CRD - Ontario Rd from Third St to County Line	2
Berrien CRD - Niles Buchanan Rd -City limits to US-31	7
Berrien CRD - E Main St from City limits to County line	12
Berrien CRD - Third St from Fulkerson St to Ontario Rd	17
Berrien CRD - Redbud Trl from Us-12 to City Limits	22
Cass CRC - Redfield from Countyline to Batchelor Rd	27
Cass CRC - Redfield St from Fir Rd to Kline Rd	32
Cass CRC - Redfield St from Kline Rd to Conrad Rd	37
Cass CRC - Redfield St from M 62 to Creek	42
Cass CRC - Ironwood Dr from Redfield St to Bell Rd	47
City of Niles - 17th St from Lake St to Eagle St	52
City of Niles - 17th St from Eagle St to Oak St	57
City of Niles - 17th St from E Main St to Oak St	62
City of Niles - Broadway St from N 5th St to S 10th St	67
City of Niles - Sycamore St from Front St to 5th St	72
City of Niles - Terminal Rd from Lake St to Progressive	77

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 replacement, guardrail, tree clearing, grading, culvert	part of this project e.g. drain cleaning, curb and gutter 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 is	ssues are being addressed by the proposed work)
If you are submitting multiple applications, please rar	nk your applications by priority. Rank: of

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

Are the other funding sources secured? Yes \square No \square If no, provide details on	when these funds will be secured
Non Participating Cost Estimator	ć
Non-Participating Cost Estimate:	ş
Total Project Estimate with Non-Participating:	\$
Are you willing to contribute additional local match above the minimum 18.15%	required: Yes \square No \square
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 (AADI	Γ) volume for the limits of this project?	Vehicles/day			
What is the National Functional Classification	(NFC) of the road:				
Safety					
	als from 2019-2023 (https://www.michigantra	fficerachfacts org/\			
·	-				
<u>All Crashes</u>	Pedestrian and Bicycle Cras	<u>hes</u>			
Total number of crashes:	Total number of crashes:				
Number of fatalities:	Number of fatalities:				
Number of Serious Injuries:	Number of Serious Injuries:				
List the safety countermeasures included in the Use the attached list of countermeasures and	ne project d associated crash types				
Counter Measure	Crash Type Addressed	Does this address a fatal or serious injury crash			
Improved pavement markings	Angle, Rear-End Crashes	Yes □ No ⊠			
		Yes □ No □			
		Yes □ No □			
		Yes □ No □			
		Yes □ No □			
		Yes □ No □			
		Yes □ No □			
Complete Streets					
Are there existing pedestrian and/or bicycle for	acilities within the limits of the project? If so, p	olease explain			
Describe any improvements to pedestrian and/or bicycle facilities included with the project					
Mollaborary forms and analysis and for himself facilities are consistent for the constitution of the const					
Will the new/improved pedestrian and/or bicycle facilities connect to existing pedestrian/bicycle facility $\gamma_{es} \square N_0 \square$ or one that is planned to be completed before 2029: Y/N					
Does your agency have a policy for maintaining non-materized transportation infrastructure such as					
Does your agency have a policy for maintaining non-motorized transportation infrastructure, such as Yes \(\subseteq \text{No } \subseteq \text{bike lanes and pedestrian pathways/sidewalks?} \)					

			5			
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/):						
Does this project remove a priority ADA barrier, as identified in an adopted ADA Transition Plan or similar plan?						
Strategic Planning & Investment						
The project crosses jurisdictional boundaries.			Yes □ No □			
The project will coordinate with other infrastructure projects (i.e. utility, water, sew	er, 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	t		Yes □ No □			
The city/village/Township has adopted an asset management policy			Yes □ No □			
The project supports goals or objectives from another planning document (ex. master plan or rec plan)						
If the project supports goals or objectives in another planning document please ide goals or objectives, and describe how this project will help achieve them	ntify the plan, spe	ecify th	e relevant			
Risk Assessment						
Does right of way need to be acquired?	Yes □	No □	Unknown \square			
Does the project intersect with a railroad crossing?	Yes □	No □	Unknown \square			
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 appl	icable			

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

	Existing			Proposed				
Number of	Through	Center Tui	rn	On Street Parking	Through	Center Tur	'n	On Street Parking
lanes	Lanes:	Lane (Y/N)):	(Y/N):	Lanes:	Lane (Y/N):		(Y/N):
Shoulder	□ Paved ⊠	Unpaved	Widtl	n: Ft.	☐ Paved ☐	Unpaved	Widtl	n: Ft.
Sidewalk/ path	Placement	Placement Width: Ft.		Placement		Width: Ft.		
On road	o Bike Lane	S	Other (Specify)		o Bike Lanes		o O t	ther (Specify)
bicycle	o Sharrows				o Sharrows			
facilities	○ Wide Shoulders ○ None		o Wide Sho	ulders	o No	one		
Utilities	☐ Utility Work is needed ☐ Water/Sewer Work is needed		☐ Replaceme ☐ Relocation ☐ Sewer and,	of utilities		k		

Applicant Acknowledgements

By signing below, the project sponsor ensures that they have read and understood the appropriate federal guidance and agree to follow all applicable federal regulations and requirements from the acceptance of federal funds, should this project receive an award. In addition, the project sponsor acknowledges the potential loss of federal funds if the project is not obligated within the programmed fiscal year or if Michigan Department of Transportation statewide obligation limitations have been met.

Certification of Matching Funds

Name:	Title:

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 is	ssues are being addressed by the proposed work)			
If you are submitting multiple applications, please ran	nk your applications by priority. Rank: of			

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

Are the other funding sources secured? Yes \square No \square If no, provide details on	when these funds will be secured
Non-Participating Cost Estimate:	\$
Total Project Estimate with Non-Participating:	\$
Are you willing to contribute additional local match above the minimum 18.15%	required: Yes 🗆 No 🗆
Are you willing to use an Advance Construct (AC):	Yes □ No □
If so, what is the maximum Amount:	\$
Estimated Project Schedule	
Activity	Date (Month/Year)
NEPA/SHPPO Submitted	
Right-of-Way Certification Submitted	
Grade Inspection (GI) Completed	
Full Biddable Package Submitted to MDOT	
Project Letting	
Construction Start	
Project Completion	
System Preservation	
What is the most recent PASER rating (https://www.mcgi.state.mi.us/tamcMap/	
Do the project limits begin or end at a road with a PASER of 7 or higher:	Yes □ 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 (AADI	r) volume for the limits of this project?	Vehicles/day			
What is the National Functional Classification	(NFC) of the road:				
Safety					
	als from 2019-2023 (https://www.michigantra	fficerachfacts org/\			
·	-				
<u>All Crashes</u>	Pedestrian and Bicycle Cras	<u>hes</u>			
Total number of crashes:	Total number of crashes:				
Number of fatalities:	Number of fatalities:				
Number of Serious Injuries:	Number of Serious Injuries:				
List the safety countermeasures included in the	ne project				
Use the attached list of countermeasures and	,, 	Does this address a fatal			
Counter Measure	Crash Type Addressed	or serious injury crash			
Improved pavement markings	Angle, Rear-End Crashes	Yes □ No ⊠			
		Yes □ No □			
		Yes □ No □			
		Yes □ No □			
		Yes □ No □			
		Yes □ No □			
		Yes □ No □			
Complete Streets					
Are there existing pedestrian and/or bicycle fa	acilities within the limits of the project? If so, $\mathfrak p$	olease explain			
Describe any improvements to pedestrian and/or bicycle facilities included with the project					
NAGILAN and Alicenter and Analysis and Analy					
Will the new/improved pedestrian and/or bicycle facilities connect to existing pedestrian/bicycle facility $\gamma_{es} \square N_0 \square$ or one that is planned to be completed before 2029: Y/N					
Does your agency have a policy for maintaining non-materized transportation infrastructure, such as					
Does your agency have a policy for maintaining non-motorized transportation infrastructure, such as Yes \(\subseteq \text{No } \subseteq \text{bike lanes and pedestrian pathways/sidewalks?} \)					

		10	
Accessibility and Equity			
Is the project located in a Disadvantaged Community (DAC), as identified by the Environmental Justice Screening Tool (https://screeningtool.geoplatform.go		Yes □ N	No □
Does this project remove a priority ADA barrier, as identified in an adopted ADA similar plan?	A Transition Plan or	Yes □ N	No □
Strategic Planning & Investment			
The project crosses jurisdictional boundaries.		Yes □ N	No 🗆
The project will coordinate with other infrastructure projects (i.e. utility, water,	sewer, etc.)	Yes □ N	No □
The Project is identified in a pavement asset management plan		Yes □ N	No □
There is an asset management plan covering utilities along the length of the pro-	oject	Yes □ N	No 🗆
The city/village/Township has adopted an asset management policy		Yes □ N	No 🗆
The project supports goals or objectives from another planning document (ex.	master plan or rec plan)	Yes □ N	No 🗆
If the project supports goals or objectives in another planning document please goals or objectives, and describe how this project will help achieve them	e identify the plan, specify t	:he relevar	nt
Risk Assessment			
Does right of way need to be acquired?	Yes □ No □	☐ Unknov	vn 🗆
Does the project intersect with a railroad crossing?	Yes 🗆 No 🗆	☐ Unknov	vn 🗆
Does the project require utility relocation?	Yes □ No □	☐ Unknov	vn 🗆
Are the project limits within a defined FEMA floodplain?	Yes □ No □] Unknov	vn 🗆
Will there be trees removed within the project limits?	Yes □ No □	☐ Unknov	vn 🗆

* 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**

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

Are there historic elements withing 100 feet of the proposed work*

Is the project within 100 feet of a cemetery?

Yes □ No □ Unknown □

Yes □ No □ Unknown □

	Existing					Prop	osed		
Number of	Through	Center Tu	rn	On Street Parking		Through	Center Turn		On Street Parking
lanes	Lanes:	Lane (Y/N)):	(Y/N):		Lanes:	Lane (Y/N): (Y/N):		(Y/N):
Shoulder	☐ Paved ☐ Unpaved		Width: Ft.		□ Paved □	Unpaved	Widt	h: Ft.	
Sidewalk/ path	Placement		Width: Ft.			Placement		Width: Ft.	
On road	o Bike Lane	e Lanes Other (Specify)			o Bike Lane	S	o O	ther (Specify)	
bicycle	o Sharrows				o Sharrows				
facilities	o Wide Shoulders o None			o Wide Sho	ulders	0 N	one		
Utilities	☐ Utility Work is needed ☐ Water/Sewer Work is needed			☐ Replaceme ☐ Relocation ☐ Sewer and,	of utilities		·k		

Applicant Acknowledgements

By signing below, the project sponsor ensures that they have read and understood the appropriate federal guidance and agree to follow all applicable federal regulations and requirements from the acceptance of federal funds, should this project receive an award. In addition, the project sponsor acknowledges the potential loss of federal funds if the project is not obligated within the programmed fiscal year or if Michigan Department of Transportation statewide obligation limitations have been met.

Certification of Matching Funds

Name:	Title:

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 preplacement, guardrail, tree clearing, grading, culvert	part of this project e.g. drain cleaning, curb and gutter 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 is	ssues are being addressed by the proposed work)
If you are submitting multiple applications, please ran	nk your applications by priority. Rank: of

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

Are the other funding sources secured? Yes \square No \square If no, provide details on	when these funds will be secured
Non-Participating Cost Estimate:	\$
Total Project Estimate with Non-Participating:	\$
Are you willing to contribute additional local match above the minimum 18.15%	required: Yes 🗆 No 🗆
Are you willing to use an Advance Construct (AC):	Yes □ No □
If so, what is the maximum Amount:	\$
Estimated Project Schedule	
Activity	Date (Month/Year)
NEPA/SHPPO Submitted	
Right-of-Way Certification Submitted	
Grade Inspection (GI) Completed	
Full Biddable Package Submitted to MDOT	
Project Letting	
Construction Start	
Project Completion	
System Preservation	
What is the most recent PASER rating (https://www.mcgi.state.mi.us/tamcMap	
Do the project limits begin or end at a road with a PASER of 7 or higher:	Yes □ 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		14
What is the average annual daily traffic (AAD)	T) valume for the limits of this project?	Vehicles/day
•		vericles/ day
What is the National Functional Classification	n (NFC) of the road:	
Safety		
	als from 2019-2023 (https://www.michigantraf	fficcrashfacts.org/)
All Crashes	Pedestrian and Bicycle Crash	<u>hes</u>
Total number of crashes:	Total number of crashes:	
Number of fatalities:	Number of fatalities:	
Number of Serious Injuries:	Number of Serious Injuries:	
List the safety countermeasures included in t	he project	
Use the attached list of countermeasures an	d associated crash types	In
Counter Measure	Crash Type Addressed	Does this address a fatal or serious injury crash
Improved pavement markings	Angle, Rear-End Crashes	Yes □ No ⊠
		Yes □ No □
Complete Streets		
complete streets		
Are there existing pedestrian and/or bicycle f	facilities within the limits of the project? If so, p	olease explain
Describe any improvements to pedestrian an	d/or bicycle facilities included with the project	
•	cycle facilities connect to existing pedestrian/bi	icycle facility Yes ☐ No ☐
or one that is planned to be completed befor	E 2029. 1/IN	
Does your agency have a policy for maintaini bike lanes and pedestrian pathways/sidewall	ng non-motorized transportation infrastructure ks?	e, such as Yes 🗆 No 🗆

			4-	
Accessibility and Equity			15	
Is the project located in a Disadvantaged Community (DAC), as identified by the Climate and Environmental Justice Screening Tool (https://screeningtool.geoplatform.gov/):			Yes 🗆	No 🗆
Does this project remove a priority ADA barrier, as identified in an adopted ADA Transition Plasimilar plan?	an or		Yes □	No □
Strategic Planning & Investment				
The project crosses jurisdictional boundaries.		,	Yes □	No □
The project will coordinate with other infrastructure projects (i.e. utility, water, sewer, etc.)		,	Yes □	No □
The Project is identified in a pavement asset management plan		,	Yes □	No □
There is an asset management plan covering utilities along the length of the project			Yes 🗆	No □
The city/village/Township has adopted an asset management policy			Yes 🗆	No □
The project supports goals or objectives from another planning document (ex. master plan or	rec pla	n)	Yes 🗆	No □
If the project supports goals or objectives in another planning document please identify the project or objectives, and describe how this project will help achieve them	olan, spe	cify the	e releva	ant
Risk Assessment				
Does right of way need to be acquired?	Yes □	No □	Unkno	wn 🗆
Does the project intersect with a railroad crossing?	Yes □	No □	Unkno	wn 🗆
Does the project require utility relocation?	Yes □	No □	Unkno	wn 🗆
Are the project limits within a defined FEMA floodplain?	Yes □	No □	Unkno	wn 🗆
Will there be trees removed within the project limits?	Yes □	No □	Unkno	wn 🗆
Is the project within 100 feet of a cemetery?	Yes □	No □	Unkno	wn 🗆

* 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

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

Are there historic elements withing 100 feet of the proposed work*

Yes □ No □ Unknown □

	Existing			Proposed				
Number of	Through	Center Tur	'n	On Street Parking	Through	Center Tur	n	On Street Parking
lanes	Lanes:	Lane (Y/N)):	(Y/N):	Lanes:	Lane (Y/N)	:	(Y/N):
Shoulder	□ Paved ⊠	Unpaved	Width	n: Ft.	□ Paved □	Unpaved	Width	n: Ft.
Sidewalk/ path	Placement		Width	n: Ft.	Placement		Width	n: Ft.
On road	o Bike Lane	O Bike Lanes Other (Specify)		o Bike Lane	S	o Ot	ther (Specify)	
bicycle	o Sharrows				o Sharrows			
facilities	o Wide Sho	ulders	o No	one	o Wide Sho	ulders	o No	one
	☐ Replacement of utilities							
Utilities Utility Work is needed				☐ Relocation of utilities				
	□ water/sew	eer/Sewer Work is needed			k			

Applicant Acknowledgements

By signing below, the project sponsor ensures that they have read and understood the appropriate federal guidance and agree to follow all applicable federal regulations and requirements from the acceptance of federal funds, should this project receive an award. In addition, the project sponsor acknowledges the potential loss of federal funds if the project is not obligated within the programmed fiscal year or if Michigan Department of Transportation statewide obligation limitations have been met.

Certification of Matching Funds

Name:	Title:
-------	--------

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 replacement, guardrail, tree clearing, grading, culvert	part of this project e.g. drain cleaning, curb and gutter 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 is	ssues are being addressed by the proposed work)
If you are submitting multiple applications, please rar	nk your applications by priority. Rank: of

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

Are the other funding sources secured? Yes \square No \square If no, provide details on	when these funds will be secured
Non-Participating Cost Estimate:	\$
Total Project Estimate with Non-Participating:	\$
Are you willing to contribute additional local match above the minimum 18.15%	required: Yes 🗆 No 🗆
Are you willing to use an Advance Construct (AC):	Yes □ No □
If so, what is the maximum Amount:	\$
Estimated Project Schedule	
Activity	Date (Month/Year)
NEPA/SHPPO Submitted	
Right-of-Way Certification Submitted	
Grade Inspection (GI) Completed	
Full Biddable Package Submitted to MDOT	
Project Letting	
Construction Start	
Project Completion	
System Preservation	
What is the most recent PASER rating (https://www.mcgi.state.mi.us/tamcMap/	
Do the project limits begin or end at a road with a PASER of 7 or higher:	Yes □ 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		19			
What is the average annual daily traffic (AADT) volume for the limits of this project? Vehicles/day					
What is the National Functional Classification	n (NFC) of the road:				
Safety					
For the questions below use the five-year tot	als from 2019-2023 (https://www.michigantra	fficcrashfacts.org/)			
<u>All Crashes</u>	Pedestrian and Bicycle Cras	<u>hes</u>			
Total number of crashes:	Total number of crashes:				
Number of fatalities:	Number of fatalities:				
Number of Serious Injuries:	Number of Serious Injuries:				
List the safety countermeasures included in t	he project				
Use the attached list of countermeasures an	d associated crash types				
Counter Measure	Crash Type Addressed	Does this address a fatal or serious injury crash			
Improved pavement markings	Angle, Rear-End Crashes	Yes □ No ⊠			
		Yes □ No □			
		Yes □ No □			
		Yes □ No □			
		Yes □ No □			
		Yes □ No □			
		Yes □ No □			
Complete Streets					
Are there existing pedestrian and/or bicycle	facilities within the limits of the project? If so, $\mathfrak p$	blease explain			
Describe any improvements to pedestrian ar	nd/or bicycle facilities included with the project				
Will the new/improved nedestrian and/or hi	cycle facilities connect to existing pedestrian/bi	icycle facility Voc No			
or one that is planned to be completed before		cycle facility Yes \(\text{No} \)			
Does your agency have a noticy for maintaini	ng non-motorized transportation infrastructure	e, such as Yes 🗌 No 🗌			
bike lanes and pedestrian pathways/sidewal	-	., sacii as — 165 — 110 —			

			20	
Accessibility and Equity				
Is the project located in a Disadvantaged Community (DAC), as identified by the Climate and Environmental Justice Screening Tool (https://screeningtool.geoplatform.gov/):			Yes □	No □
Does this project remove a priority ADA barrier, as identified in an adopted ADA Transition Plasimilar plan?	n or		Yes □	No 🗆
Strategic Planning & Investment				
The project crosses jurisdictional boundaries.		,	Yes □	No 🗆
The project will coordinate with other infrastructure projects (i.e. utility, water, sewer, etc.)		,	Yes □	No 🗆
The Project is identified in a pavement asset management plan		,	Yes □	No 🗆
There is an asset management plan covering utilities along the length of the project			Yes □	No 🗆
The city/village/Township has adopted an asset management policy			Yes □	No 🗆
The project supports goals or objectives from another planning document (ex. master plan or	rec plar	า)	Yes □	No 🗆
If the project supports goals or objectives in another planning document please identify the p goals or objectives, and describe how this project will help achieve them	lan, spe	cify the	e releva	int
Risk Assessment				
Does right of way need to be acquired?	Yes □	No □	Unkno	wn 🗆
Does the project intersect with a railroad crossing?	Yes □	No □	Unkno	wn 🗆
Does the project require utility relocation?	Yes □	No □	Unkno	wn 🗆
Are the project limits within a defined FEMA floodplain?	Yes □	No □	Unkno	wn 🗆
Will there be trees removed within the project limits?	Yes □	No □	Unkno	wn 🗆
Is the project within 100 feet of a cemetery?	Yes □	No □	Unkno	wn 🗆
Are there historic elements withing 100 feet of the proposed work*	Yes □	No □	Unkno	wn 🗆
Describe approximately how many individual mature trees or acres of trees will be ren	noved i	if appl	icable	
				l

^{*} 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					Prop	osed			
Number of	Through	Center Tui	'n	On Street Parking		Through	ugh Center Turn		On Street Parking	
lanes	Lanes:	Lane (Y/N)): (Y/N):			Lanes:	Lane (Y/N)	:	(Y/N):	
Shoulder	□ Paved ⊠	Unpaved Width: Ft.			☐ Paved ☐ Unpaved		Width: Ft.			
Sidewalk/ path	Placement		Widtl	n: Ft.		Placement		Widtl	/idth: Ft.	
On road	o Bike Lanes o Other (Specify)			o Bike Lane	S	o O t	ther (Specify)			
bicycle	o Sharrows				Sharrows					
facilities	o Wide Sho	ulders	o No	one		o Wide Sho	ulders	o No	one	
Utilities	☐ Utility Wor			d	☐ Replacement of utilities ☐ Relocation of utilities ☐ Sewer and/or water line work		k			

Applicant Acknowledgements

By signing below, the project sponsor ensures that they have read and understood the appropriate federal guidance and agree to follow all applicable federal regulations and requirements from the acceptance of federal funds, should this project receive an award. In addition, the project sponsor acknowledges the potential loss of federal funds if the project is not obligated within the programmed fiscal year or if Michigan Department of Transportation statewide obligation limitations have been met.

Certification of Matching Funds

Name:	Title:
Name:	11tic

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 preplacement, guardrail, tree clearing, grading, culvert	part of this project e.g. drain cleaning, curb and gutter 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 is	ssues are being addressed by the proposed work)
If you are submitting multiple applications, please ran	nk your applications by priority. Rank: of

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

Are the other funding sources secured? Yes \square No \square If no, provide details on	when these funds will be secured
Non-Participating Cost Estimate:	\$
Total Project Estimate with Non-Participating:	\$
Are you willing to contribute additional local match above the minimum 18.15%	required: Yes 🗆 No 🗆
Are you willing to use an Advance Construct (AC):	Yes □ No □
If so, what is the maximum Amount:	\$
Estimated Project Schedule	
Activity	Date (Month/Year)
NEPA/SHPPO Submitted	
Right-of-Way Certification Submitted	
Grade Inspection (GI) Completed	
Full Biddable Package Submitted to MDOT	
Project Letting	
Construction Start	
Project Completion	
System Preservation	
What is the most recent PASER rating (https://www.mcgi.state.mi.us/tamcMap/	
Do the project limits begin or end at a road with a PASER of 7 or higher:	Yes □ 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:	

		2 4
Regional Significance		
What is the average annual daily traffic (AA	DT) volume for the limits of this project?	Vehicles/day
What is the National Functional Classification	on (NFC) of the road:	
	(,	
Safety		
For the questions below use the five-year to	otals from 2019-2023 (https://www.michigantra	fficcrashfacts.org/)
All Crashes	Pedestrian and Bicycle Cras	<u>hes</u>
Total number of crashes:	Total number of crashes:	
Number of fatalities:	Number of fatalities:	
Number of Serious Injuries:	Number of Serious Injuries:	
List the safety countermeasures included in	the project	
Use the attached list of countermeasures a	nd associated crash types	1
Counter Measure	Crash Type Addressed	Does this address a fatal or serious injury crash
Improved pavement markings	Angle, Rear-End Crashes	Yes □ No ⊠
		Yes □ No □
Complete Streets		
Are there existing pedestrian and/or bicycle	e facilities within the limits of the project? If so, p	olease explain
Describe any improvements to pedestrian a	and/or bicycle facilities included with the project	
Will the new/improved nedestrian and/or h	picycle facilities connect to existing pedestrian/bi	icycle facility yes \(\sigma_{\text{No.}} \(\sigma_{\text{No.}} \sigma_{\text{No.}} \(\sigma_{\text{No.}} \sigma_{\text{No.}} \(\sigma_{\text{No.}} \sigma_{\text{No.}} \sigma_{\text{No.}} \(\sigma_{\text{No.}} \sigma_{\text{No.}} \sigma_{\text{No.}} \(\sigma_{\text{No.}} \sigma_{\text{No.}} \sigma_{\text{No.}} \sigma_{\text{No.}} \sigma_{\text{No.}} \(\sigma_{\text{No.}} \sigm
or one that is planned to be completed before		icycle facility Yes \(\text{No} \)
Does your agency have a noticy for maintain	ning non-motorized transportation infrastructure	e, such as Yes 🗌 No 🗌
bike lanes and pedestrian pathways/sidewa	•	., sacii as — 1€5 □ 1NO □

_	_
')	L
_	:

			25	
Accessibility and Equity				
Is the project located in a Disadvantaged Community (DAC), as identified by the Climate and Environmental Justice Screening Tool (https://screeningtool.geoplatform.gov/):			Yes □	No □
Does this project remove a priority ADA barrier, as identified in an adopted ADA Transition Plasimilar plan?	n or		Yes □	No 🗆
Strategic Planning & Investment				
The project crosses jurisdictional boundaries.		,	Yes □	No 🗆
The project will coordinate with other infrastructure projects (i.e. utility, water, sewer, etc.)		,	Yes □	No 🗆
The Project is identified in a pavement asset management plan		,	Yes □	No 🗆
There is an asset management plan covering utilities along the length of the project			Yes □	No 🗆
The city/village/Township has adopted an asset management policy			Yes □	No 🗆
The project supports goals or objectives from another planning document (ex. master plan or	rec plar	n)	Yes □	No 🗆
If the project supports goals or objectives in another planning document please identify the p goals or objectives, and describe how this project will help achieve them	lan, spe	cify the	e releva	int
Risk Assessment				
Does right of way need to be acquired?	Yes □	No □	Unkno	wn 🗆
Does the project intersect with a railroad crossing?	Yes □	No □	Unkno	wn 🗆
Does the project require utility relocation?	Yes □	No □	Unkno	wn 🗆
Are the project limits within a defined FEMA floodplain?	Yes □	No □	Unkno	wn 🗆
Will there be trees removed within the project limits?	Yes □	No □	Unkno	wn 🗆
Is the project within 100 feet of a cemetery?	Yes □	No □	Unkno	wn 🗆
Are there historic elements withing 100 feet of the proposed work*	Yes □	No □	Unkno	wn 🗆
Describe approximately how many individual mature trees or acres of trees will be rer	noved i	if appli	icable	

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

	Existing				Proposed				
Number of	Through	Center Tur	'n	On Street Parking	Through	Center Tur	n	On Street Parking	
lanes	Lanes:	Lane (Y/N)	:	(Y/N):	Lanes:	Lane (Y/N)	:	(Y/N):	
Shoulder	□ Paved ⊠	Unpaved	Width	n: Ft.	□ Paved □	Unpaved	Widtl	n: Ft.	
Sidewalk/ path	Placement		Width	n: Ft.	Placement		Widtl	n: Ft.	
On road	o Bike Lane	S	o Ot	ther (Specify)	o Bike Lane	S	o Ot	ther (Specify)	
bicycle	o Sharrows				o Sharrows				
facilities	o Wide Sho	ulders	o No	one	o Wide Sho	ulders	o No	one	
					☐ Replacement of utilities				
Utilities	,	☐ Utility Work is needed				☐ Relocation of utilities			
	☐ Water/Sew	er work is	needeo		☐ Sewer and,	or water lir	ne wor	k	

Applicant Acknowledgements

By signing below, the project sponsor ensures that they have read and understood the appropriate federal guidance and agree to follow all applicable federal regulations and requirements from the acceptance of federal funds, should this project receive an award. In addition, the project sponsor acknowledges the potential loss of federal funds if the project is not obligated within the programmed fiscal year or if Michigan Department of Transportation statewide obligation limitations have been met.

Certification of Matching Funds

Name:	Title:
-------	--------

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 preplacement, guardrail, tree clearing, grading, culvert	part of this project e.g. drain cleaning, curb and gutter 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 is	ssues are being addressed by the proposed work)
If you are submitting multiple applications, please ran	nk your applications by priority. Rank: of

	Amou	nt Percent of Total
Total Participating Construction Estimate	\$	100 %
STBG Requested	\$	%
Local Match	\$	%
	\$	%
	\$	%

Are the other funding sources secured? Yes \square No \square If no, provide details on	when these funds will be secured
Non Participating Cost Estimator	ć
Non-Participating Cost Estimate:	ş
Total Project Estimate with Non-Participating:	\$
Are you willing to contribute additional local match above the minimum 18.15%	required: Yes \square No \square
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:	

		23					
Regional Significance							
What is the average annual daily traffic (AA	DT) volume for the limits of this project?	Vehicles/day					
What is the National Functional Classification (NFC) of the road:							
Safety							
For the questions below use the five-year to	otals from 2019-2023 (https://www.michigantra	fficcrashfacts.org/)					
All Crashes	Pedestrian and Bicycle Cras	<u>hes</u>					
Total number of crashes:	Total number of crashes:						
Number of fatalities:	Number of fatalities:						
Number of Serious Injuries:	Number of Serious Injuries:						
List the safety countermeasures included in	the project						
Use the attached list of countermeasures of	and associated crash types	1					
Counter Measure	Crash Type Addressed	Does this address a fatal or serious injury crash					
Improved pavement markings	Angle, Rear-End Crashes	Yes □ No ⊠					
		Yes □ No □					
		Yes □ No □					
		Yes □ No □					
		Yes □ No □					
		Yes □ No □					
		Yes □ No □					
Complete Streets							
Are there existing pedestrian and/or bicycle	e facilities within the limits of the project? If so, p	olease explain					
Describe any improvements to pedestrian a	and/or bicycle facilities included with the project	:					
Will the new/improved nedestrian and/or h	nicycle facilities connect to existing nedestrian/hi	icycle facility Vac Na					
Will the new/improved pedestrian and/or bicycle facilities connect to existing pedestrian/bicycle facility $\gamma_{es} \square N_0 \square$ or one that is planned to be completed before 2029: Y/N							
Does your agency have a policy for maintain	ning non-motorized transportation infractructure	a such as Vac 🗆 Na 🗀					
Does your agency have a policy for maintaining non-motorized transportation infrastructure, such as Yes \(\subseteq \text{No } \subseteq \text{bike lanes and pedestrian pathways/sidewalks?} \)							

	\sim	
٠,	<i>1</i> 1	
	.,	

			00	
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 □ N	o 🗆
Does this project remove a priority ADA barrier, as identified in an adopted ADA Transition Plasimilar plan?	an or		Yes □ N	o 🗆
Strategic Planning & Investment				
The project crosses jurisdictional boundaries.		,	Yes □ N	o 🗆
The project will coordinate with other infrastructure projects (i.e. utility, water, sewer, etc.)		,	Yes □ N	o 🗆
The Project is identified in a pavement asset management plan		,	Yes □ N	o 🗆
There is an asset management plan covering utilities along the length of the project			Yes □ N	o 🗆
The city/village/Township has adopted an asset management policy			Yes □ N	o 🗆
The project supports goals or objectives from another planning document (ex. master plan or	rec plan)		Yes □ N	o 🗆
If the project supports goals or objectives in another planning document please identify the project or objectives, and describe how this project will help achieve them	olan, speci	fy the	e relevan	t
Risk Assessment				
Does right of way need to be acquired?	Yes □ N	o 🗆	Unknow	n 🗆
Does the project intersect with a railroad crossing?	Yes □ N	o 🗆	Unknow	n 🗆
Does the project require utility relocation?	Yes □ N	o 🗆	Unknow	n 🗆
Are the project limits within a defined FEMA floodplain?	Yes □ N	o 🗆	Unknow	n 🗆
Will there be trees removed within the project limits?	Yes □ N	o 🗆	Unknow	n 🗆
Is the project within 100 feet of a cemetery?	Yes □ N	o 🗆	Unknow	n 🗆
Are there historic elements withing 100 feet of the proposed work*	Yes □ N	o 🗆	Unknow	n 🗆
Describe approximately how many individual mature trees or acres of trees will be re-	moved if	appl	icable	

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

	Existing				Proposed				
Number of	Through	Center Tui	'n	On Street Parking		Through	Center Tur	n On Street Parking	
lanes	Lanes:	Lane (Y/N)	:	(Y/N):		Lanes:	Lane (Y/N)	:	(Y/N):
Shoulder	□ Paved ⊠	Unpaved	Widtl	n: Ft.		□ Paved □	Unpaved	Widtl	n: Ft.
Sidewalk/ path	Placement		Widtl	n: Ft.		Placement		Widtl	າ: Ft.
On road	o Bike Lanes		o Other (Specify)			o Bike Lane	S	o Ot	ther (Specify)
bicycle	o Sharrows					o Sharrows			
facilities	o Wide Sho	ulders	o No	one		o Wide Sho	ulders	o No	one
					☐ Replacement of utilities				
Utilities	☐ Utility Wor			.1		☐ Relocation of utilities			
	☐ Water/Sew	er work is	neeae	a		☐ Sewer and,	or water lir	line work	

Applicant Acknowledgements

By signing below, the project sponsor ensures that they have read and understood the appropriate federal guidance and agree to follow all applicable federal regulations and requirements from the acceptance of federal funds, should this project receive an award. In addition, the project sponsor acknowledges the potential loss of federal funds if the project is not obligated within the programmed fiscal year or if Michigan Department of Transportation statewide obligation limitations have been met.

Certification of Matching Funds

Name:	Title:

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 preplacement, guardrail, tree clearing, grading, culvert	part of this project e.g. drain cleaning, curb and gutter 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 is	ssues are being addressed by the proposed work)
If you are submitting multiple applications, please ran	nk your applications by priority. Rank: of

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

Are the other funding sources secured? Yes \square No \square If no, provide details on	when these funds will be secured
Non-Participating Cost Estimate:	\$
Total Project Estimate with Non-Participating:	\$
Are you willing to contribute additional local match above the minimum 18.15%	required: Yes \square No \square
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:	

		J 4				
Regional Significance						
What is the average annual daily traffic (AAD	Γ) volume for the limits of this project?	Vehicles/day				
What is the National Functional Classification	n (NFC) of the road:					
Safety						
For the questions below use the five-year tot	als from 2019-2023 (https://www.michigantra	fficcrashfacts.org/)				
All Crashes	Pedestrian and Bicycle Crashes					
Total number of crashes:	Total number of crashes:					
Number of fatalities:	Number of fatalities:					
Number of Serious Injuries:	Number of Serious Injuries:					
List the safety countermeasures included in t	he project					
Use the attached list of countermeasures and	d associated crash types	1				
Counter Measure	Crash Type Addressed	Does this address a fatal or serious injury crash				
Improved pavement markings	Angle, Rear-End Crashes	Yes □ No ⊠				
		Yes □ No □				
		Yes □ No □				
		Yes □ No □				
		Yes No				
		Yes No No				
		Yes □ No □				
Complete Streets						
Are there existing pedestrian and/or bicycle f	acilities within the limits of the project? If so, p	olease explain				
peacetrial analysis biologic	dometes the time time in the project. It so, p	stease explain				
Describe any improvements to pedestrian an	d/or bicycle facilities included with the project	:				
Will the new/improved pedestrian and/or bicycle facilities connect to existing pedestrian/bicycle facility γ_{es} \square γ_{os} \square						
or one that is planned to be completed before 2029: Y/N						
Does your agency have a policy for maintaining non-motorized transportation infrastructure, such as Yes No bike lanes and pedestrian pathways/sidewalks?						

			33			
Accessibility and Equity						
Is the project located in a Disadvantaged Community (DAC), as identified by the Climate and Environmental Justice Screening Tool (https://screeningtool.geoplatform.gov/):			Yes □	No □		
Does this project remove a priority ADA barrier, as identified in an adopted ADA Transition Plan or similar plan?						
Strategic Planning & Investment						
The project crosses jurisdictional boundaries.		,	Yes □	No 🗆		
The project will coordinate with other infrastructure projects (i.e. utility, water, sewer, etc.)		,	Yes □	No 🗆		
The Project is identified in a pavement asset management plan						
There is an asset management plan covering utilities along the length of the project			Yes □	No 🗆		
The city/village/Township has adopted an asset management policy						
The project supports goals or objectives from another planning document (ex. master plan or rec plan)						
If the project supports goals or objectives in another planning document please identify the p goals or objectives, and describe how this project will help achieve them	lan, spe	cify the	e releva	int		
Risk Assessment						
Does right of way need to be acquired?	Yes □	No □	Unkno	wn 🗆		
Does the project intersect with a railroad crossing?	Yes □	No □	Unkno	wn 🗆		
Does the project require utility relocation?	Yes □	No □	Unkno	wn 🗆		
Are the project limits within a defined FEMA floodplain?	Yes □	No □	Unkno	wn 🗆		
Will there be trees removed within the project limits?	Yes □	No □	Unkno	wn 🗆		
Is the project within 100 feet of a cemetery?	Yes □	No □	Unkno	wn 🗆		
Are there historic elements withing 100 feet of the proposed work* Yes \square No \square						
Describe approximately how many individual mature trees or acres of trees will be rer	noved i	if appli	icable			

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

	Existing				Proposed			
Number of	Through	Center Tui	'n	On Street Parking	Through	Center Tur	n On Street Parkir	
lanes	Lanes:	Lane (Y/N)):	(Y/N):	Lanes:	Lane (Y/N)	:	(Y/N):
Shoulder	□ Paved ⊠	Unpaved	Widtl	n: Ft.	□ Paved □	Unpaved	Widtl	n: Ft.
Sidewalk/ path	Placement		Width: Ft.		Placement		Width: Ft.	
On road	o Bike Lane	S	Other (Specify)		o Bike Lanes		Other (Specify)	
bicycle	o Sharrows				Sharrows			
facilities	o Wide Sho	ulders	o No	one	o Wide Sho	ulders	o No	one
Utilities	☐ Utility Wor			d	☐ Replaceme ☐ Relocation ☐ Sewer and,	of utilities		k

Applicant Acknowledgements

By signing below, the project sponsor ensures that they have read and understood the appropriate federal guidance and agree to follow all applicable federal regulations and requirements from the acceptance of federal funds, should this project receive an award. In addition, the project sponsor acknowledges the potential loss of federal funds if the project is not obligated within the programmed fiscal year or if Michigan Department of Transportation statewide obligation limitations have been met.

Certification of Matching Funds

Name:	Title:
-------	--------

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 replacement, guardrail, tree clearing, grading, culvert	part of this project e.g. drain cleaning, curb and gutter 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 is	ssues are being addressed by the proposed work)
If you are submitting multiple applications, please rar	nk your applications by priority. Rank: of

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

Are the other funding sources secured? Yes \square No \square If no, provide details on	when these funds will be secured
Non-Participating Cost Estimate:	\$
Total Project Estimate with Non-Participating:	\$
Are you willing to contribute additional local match above the minimum 18.15%	required: Yes 🗆 No 🗆
Are you willing to use an Advance Construct (AC):	Yes □ No □
If so, what is the maximum Amount:	\$
Estimated Project Schedule	
Activity	Date (Month/Year)
NEPA/SHPPO Submitted	
Right-of-Way Certification Submitted	
Grade Inspection (GI) Completed	
Full Biddable Package Submitted to MDOT	
Project Letting	
Construction Start	
Project Completion	
System Preservation	
What is the most recent PASER rating (https://www.mcgi.state.mi.us/tamcMap/	
Do the project limits begin or end at a road with a PASER of 7 or higher:	Yes □ 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:	

		39
Regional Significance		
What is the average annual daily traff	ic (AADT) volume for the limits of this project?	Vehicles/day
What is the National Functional Class	ification (NFC) of the road:	
	. ,	
Safety		
For the questions below use the five-	year totals from 2019-2023 (https://www.michigantra	fficcrashfacts.org/)
All Crashes	Pedestrian and Bicycle Cras	<u>hes</u>
Total number of crashes:	Total number of crashes:	
Number of fatalities:	Number of fatalities:	
Number of Serious Injuries:	Number of Serious Injuries:	
List the safety countermeasures include	ded in the project	
Use the attached list of countermeas	ures and associated crash types	T
Counter Measure	Crash Type Addressed	Does this address a fatal or serious injury crash
Improved pavement markings	Angle, Rear-End Crashes	Yes □ No ⊠
		Yes □ No □
Complete Streets		
Are there existing pedestrian and/or b	oicycle facilities within the limits of the project? If so, p	olease explain
Describe any improvements to pedes	trian and/or bicycle facilities included with the project	:
Will the new/improved pedestrian an or one that is planned to be complete	d/or bicycle facilities connect to existing pedestrian/bi	icycle facility Yes □ No □
·		
Does your agency have a policy for mabike lanes and pedestrian pathways/s	aintaining non-motorized transportation infrastructure sidewalks?	e, such as Yes 🗌 No 🗌

	40				
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 □ N	lo □			
Does this project remove a priority ADA barrier, as identified in an adopted ADA Transition Plan or similar plan?	Yes □ N	lo □			
Strategic Planning & Investment					
The project crosses jurisdictional boundaries.	Yes □ N	lo 🗆			
The project will coordinate with other infrastructure projects (i.e. utility, water, sewer, etc.)	Yes □ N	lo 🗆			
The Project is identified in a pavement asset management plan	Yes □ N	lo 🗆			
There is an asset management plan covering utilities along the length of the project	Yes □ N	lo 🗆			
The city/village/Township has adopted an asset management policy					
The project supports goals or objectives from another planning document (ex. master plan or rec plan)					
If the project supports goals or objectives in another planning document please identify the plan, specify t goals or objectives, and describe how this project will help achieve them	he relevan	t			
Risk Assessment					
Does right of way need to be acquired? Yes \square No \square] Unknow	/n □			
Does the project intersect with a railroad crossing? Yes \square No \square] Unknow	/n 🗆			
Does the project require utility relocation? Yes □ No □] Unknow	/n □			
Are the project limits within a defined FEMA floodplain? Yes \square No \square] Unknow	/n □			
Will there be trees removed within the project limits? Yes \Box No \Box	Unknow	/n □			

* 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**

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

Are there historic elements withing 100 feet of the proposed work*

Is the project within 100 feet of a cemetery?

Yes □ No □ Unknown □

Yes □ No □ Unknown □

	Existing				Proposed				
Number of	Through	Center Tui	'n	On Street Parking		Through	Center Tur	'n	On Street Parking
lanes	Lanes:	Lane (Y/N)):	(Y/N):		Lanes:	Lane (Y/N)	:	(Y/N):
Shoulder	□ Paved ⊠	□ Paved ⊠ Unpaved Width: Ft.		☐ Paved ☐ Unpaved		Width: Ft.			
Sidewalk/ path	Placement	Placement Width: Ft.			Placement		Width: Ft.		
On road	○ Bike Lanes ○ Other (Specify)			o Bike Lane	S	o O t	ther (Specify)		
bicycle	o Sharrows			Sharrows					
facilities	o Wide Shoulders o None			o Wide Sho	ulders	o No	one		
Utilities	☐ Utility Work is needed ☐ Water/Sewer Work is needed				☐ Replaceme ☐ Relocation ☐ Sewer and,	of utilities		k	

Applicant Acknowledgements

By signing below, the project sponsor ensures that they have read and understood the appropriate federal guidance and agree to follow all applicable federal regulations and requirements from the acceptance of federal funds, should this project receive an award. In addition, the project sponsor acknowledges the potential loss of federal funds if the project is not obligated within the programmed fiscal year or if Michigan Department of Transportation statewide obligation limitations have been met.

Certification of Matching Funds

Name:	Title:

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 replacement, guardrail, tree clearing, grading, culvert	part of this project e.g. drain cleaning, curb and gutter 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 is	ssues are being addressed by the proposed work)
If you are submitting multiple applications, please rar	nk your applications by priority. Rank: of

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

Are the other funding sources secured? Yes \square No \square If no, provide details on	when these funds will be secured
Non-Participating Cost Estimate:	\$
Total Project Estimate with Non-Participating:	\$
Are you willing to contribute additional local match above the minimum 18.15%	required: Yes 🗆 No 🗆
Are you willing to use an Advance Construct (AC):	Yes □ No □
If so, what is the maximum Amount:	\$
Estimated Project Schedule	
Activity	Date (Month/Year)
NEPA/SHPPO Submitted	
Right-of-Way Certification Submitted	
Grade Inspection (GI) Completed	
Full Biddable Package Submitted to MDOT	
Project Letting	
Construction Start	
Project Completion	
System Preservation	
What is the most recent PASER rating (https://www.mcgi.state.mi.us/tamcMap/	
Do the project limits begin or end at a road with a PASER of 7 or higher:	Yes □ 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:	

		44
Regional Significance		
What is the average annual daily traffic	c (AADT) volume for the limits of this project?	Vehicles/day
What is the National Functional Classif	fication (NFC) of the road:	
Safety		
For the questions below use the five-y	ear totals from 2019-2023 (https://www.michigantra	fficcrashfacts.org/)
All Crashes	Pedestrian and Bicycle Cras	<u>hes</u>
Total number of crashes:	Total number of crashes:	
Number of fatalities:	_ Number of fatalities:	
Number of Serious Injuries:	_ Number of Serious Injuries:	
List the safety countermeasures includ	led in the project	
Use the attached list of countermeasu	ures and associated crash types	T
Counter Measure	Crash Type Addressed	Does this address a fatal or serious injury crash
Improved pavement markings	Angle, Rear-End Crashes	Yes □ No ⊠
		Yes □ No □
Complete Streets		
Complete Streets		
Are there existing pedestrian and/or b	icycle facilities within the limits of the project? If so, p	olease explain
Describe any improvements to pedest	rian and/or bicycle facilities included with the project	•
- costine any improvements to peacest		
Will the new/improved pedestrian and or one that is planned to be completed	d/or bicycle facilities connect to existing pedestrian/b	icycle facility Yes □ No □
or one that is plainled to be completed	3 DC1016 2025. 1/19	
Does your agency have a policy for ma bike lanes and pedestrian pathways/si	intaining non-motorized transportation infrastructure idewalks?	e, such as Yes □ No □

		45	
Accessibility and Equity			
Is the project located in a Disadvantaged Community (DAC), as identified by the Climate and Environmental Justice Screening Tool (https://screeningtool.geoplatform.gov/):		Yes 🗆	No □
Does this project remove a priority ADA barrier, as identified in an adopted ADA Transition Plasimilar plan?	an or	Yes □	No □
Strategic Planning & Investment			
The project crosses jurisdictional boundaries.	,	Yes □	No □
The project will coordinate with other infrastructure projects (i.e. utility, water, sewer, etc.)	,	Yes □	No 🗆
The Project is identified in a pavement asset management plan	,	Yes □	No 🗆
There is an asset management plan covering utilities along the length of the project		Yes 🗆	No □
The city/village/Township has adopted an asset management policy		Yes □	No □
The project supports goals or objectives from another planning document (ex. master plan or	rec plan)	Yes 🗆	No 🗆
If the project supports goals or objectives in another planning document please identify the pgoals or objectives, and describe how this project will help achieve them	olan, specify the	e releva	nt
Risk Assessment			
Does right of way need to be acquired?	Yes \square No \square	Unkno	wn 🗆
Does the project intersect with a railroad crossing?	Yes \square No \square	Unkno	wn 🗆
Does the project require utility relocation?	Yes □ No □	Unkno	wn 🗆
Are the project limits within a defined FEMA floodplain?	Yes \square No \square	Unkno	wn 🗆
Will there be trees removed within the project limits?	Yes □ No □	Unkno	wn 🗆

* 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**

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

Are there historic elements withing 100 feet of the proposed work*

Is the project within 100 feet of a cemetery?

Yes □ No □ Unknown □

Yes □ No □ Unknown □

	Existing			Proposed					
Number of	Through	Center Tui	rn On Street Parking		Through	Center Tur		n On Street Parking	
lanes	Lanes:	Lane (Y/N)):	(Y/N):	Lanes: Lane (Y/N)		:	(Y/N):	
Shoulder	□ Paved ⊠	Unpaved Width: Ft.		☐ Paved ☐ Unpaved		Width: Ft.			
Sidewalk/ path	Placement	ment Width: Ft.		Placement		Width: Ft.			
On road	○ Bike Lanes ○ Other (Specify)		o Bike Lane	S	o O t	ther (Specify)			
bicycle	o Sharrows		Sharrows						
facilities	Wide Shoulders		o Wide Sho	ulders	o No	one			
Utilities	☐ Utility Work is needed ☐ Water/Sewer Work is needed		☐ Replaceme ☐ Relocation ☐ Sewer and,	of utilities		k			

Applicant Acknowledgements

By signing below, the project sponsor ensures that they have read and understood the appropriate federal guidance and agree to follow all applicable federal regulations and requirements from the acceptance of federal funds, should this project receive an award. In addition, the project sponsor acknowledges the potential loss of federal funds if the project is not obligated within the programmed fiscal year or if Michigan Department of Transportation statewide obligation limitations have been met.

Certification of Matching Funds

Name:	Title:
-------	--------

Applicant Information	
Agency Name:	
Contact Name:	Title:
Email Address:	Phone Number:
Engineer/Consultant:	Company:
Email Address:	Phone Number:
Project Description	
Project Name/Road Name:	
Project Limits (From/To):	
Project Length (to the nearest hundredth of a mile): miles	
City, Village, or Township:	
Additional location description if needed	
Major Work Type:	Preferred Year of Funding:
Detailed Work Description (Include all work items as part of this replacement, guardrail, tree clearing, grading, culvert replacement	•
Describe any non-participating work if applicable	
What is the need and purpose for this project (what issues are be	eing addressed by the proposed work)
If you are submitting multiple applications, please rank your appl	lications by priority. Rank: of

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

Are the other funding sources secured? Yes \square No \square If no, provide details on	when these funds will be secured
Non-Participating Cost Estimate:	\$
Total Project Estimate with Non-Participating:	\$
Are you willing to contribute additional local match above the minimum 18.15%	required: Yes 🗆 No 🗆
Are you willing to use an Advance Construct (AC):	Yes □ No □
If so, what is the maximum Amount:	\$
Estimated Project Schedule	
Activity	Date (Month/Year)
NEPA/SHPPO Submitted	
Right-of-Way Certification Submitted	
Grade Inspection (GI) Completed	
Full Biddable Package Submitted to MDOT	
Project Letting	
Construction Start	
Project Completion	
System Preservation	
What is the most recent PASER rating (https://www.mcgi.state.mi.us/tamcMap/	
Do the project limits begin or end at a road with a PASER of 7 or higher:	Yes □ 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:	

		49			
Regional Significance					
What is the average annual daily tra	affic (AADT) volume for the limits of this project?	Vehicles/day			
What is the National Functional Cla	ssification (NFC) of the road:				
	.,				
Safety					
For the questions below use the five	e-year totals from 2019-2023 (https://www.michigantra	fficcrashfacts.org/)			
All Crashes	Pedestrian and Bicycle Cras	<u>hes</u>			
Total number of crashes:	Total number of crashes:				
Number of fatalities:	Number of fatalities:				
Number of Serious Injuries:	Number of Serious Injuries:				
List the safety countermeasures inc	luded in the project				
Use the attached list of countermed	asures and associated crash types	T			
Counter Measure	Crash Type Addressed	Does this address a fatal or serious injury crash			
Improved pavement markings	Angle, Rear-End Crashes	Yes □ No ⊠			
		Yes □ No □			
		Yes □ No □			
		Yes □ No □			
		Yes □ No □			
		Yes No			
		Yes □ No □			
Complete Streets					
	u historia facilitis contabio ab a listita afab a unais et 2 f	alaana assalais			
Are there existing pedestrian and/o	r bicycle facilities within the limits of the project? If so, p	olease explain			
Describe any improvements to pedestrian and/or bicycle facilities included with the project					
Will the new/improved nedestrian	and/or bicycle facilities connect to existing pedestrian/b	icycle facility Yes □ No □			
or one that is planned to be comple		162 - NO -			
Does your agency have a policy for	maintaining non-motorized transportation infrastructure	e, such as Yes 🗌 No 🗌			
Does your agency have a policy for maintaining non-motorized transportation infrastructure, such as Yes \(\subseteq \text{No} \subseteq \text{bike lanes and pedestrian pathways/sidewalks?} \)					

Accessibility and Equity		50	
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 Pla similar plan?	n or	Yes □	No □
Strategic Planning & Investment			
The project crosses jurisdictional boundaries.		Yes □	No □
The project will coordinate with other infrastructure projects (i.e. utility, water, sewer, etc.)		Yes □	No 🗆
The Project is identified in a pavement asset management plan		Yes □	No 🗆
There is an asset management plan covering utilities along the length of the project		Yes 🗆	No 🗆
The city/village/Township has adopted an asset management policy		Yes 🗆	No 🗆
The project supports goals or objectives from another planning document (ex. master plan or	rec plan)	Yes 🗆	No 🗆
If the project supports goals or objectives in another planning document please identify the p goals or objectives, and describe how this project will help achieve them	lan, specify the	e releva	nt
Risk Assessment			
Does right of way need to be acquired?	Yes □ No □	Unkno	wn 🗆
Does the project intersect with a railroad crossing?	Yes □ No □	Unkno	wn 🗆
Does the project require utility relocation?	Yes □ No □	Unkno	wn 🗆
Are the project limits within a defined FEMA floodplain?	Yes □ No □	Unkno	wn 🗆
Will there be trees removed within the project limits?	Yes □ No □	Unkno	wn 🗆
Is the project within 100 feet of a cemetery?	Yes □ No □	Unkno	wn 🗆

* 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

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

Are there historic elements withing 100 feet of the proposed work*

Yes □ No □ Unknown □

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

Applicant Acknowledgements

By signing below, the project sponsor ensures that they have read and understood the appropriate federal guidance and agree to follow all applicable federal regulations and requirements from the acceptance of federal funds, should this project receive an award. In addition, the project sponsor acknowledges the potential loss of federal funds if the project is not obligated within the programmed fiscal year or if Michigan Department of Transportation statewide obligation limitations have been met.

Certification of Matching Funds

Name:	Title:

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 preplacement, guardrail, tree clearing, grading, culvert	part of this project e.g. drain cleaning, curb and gutter 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 is	ssues are being addressed by the proposed work)
If you are submitting multiple applications, please ran	nk your applications by priority. Rank: of

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

Are the other funding sources secured? Yes \square No \square If no, provide details on when these funds will be secured				
Non-Participating Cost Estimate:	\$			
Total Project Estimate with Non-Participating:	\$			
Are you willing to contribute additional local match above the minimum 18.15%	required: Yes 🗆 No 🗆			
Are you willing to use an Advance Construct (AC):	Yes □ No □			
If so, what is the maximum Amount:	\$			
Estimated Project Schedule				
Activity	Date (Month/Year)			
NEPA/SHPPO Submitted				
Right-of-Way Certification Submitted				
Grade Inspection (GI) Completed				
Full Biddable Package Submitted to MDOT				
Project Letting				
Construction Start				
Project Completion				
System Preservation				
What is the most recent PASER rating (https://www.mcgi.state.mi.us/tamcMap				
Do the project limits begin or end at a road with a PASER of 7 or higher:	Yes □ 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		Ŭ,					
What is the average annual daily traffic (AADT) volume for the limits of this project? Vehicles/day							
What is the National Functional Classification	n (NFC) of the road:						
Safety							
For the questions below use the five-year totals from 2019-2023 (https://www.michigantrafficcrashfacts.org/)							
All Crashes	Pedestrian and Bicycle Cras	<u>hes</u>					
Total number of crashes:	Total number of crashes:						
Number of fatalities:	Number of fatalities:						
Number of Serious Injuries:	Number of Serious Injuries:						
List the safety countermeasures included in t	he project						
Use the attached list of countermeasures an	d associated crash types	Is					
Counter Measure	Crash Type Addressed	Does this address a fatal or serious injury crash					
Improved pavement markings	Angle, Rear-End Crashes	Yes □ No ⊠					
		Yes □ No □					
		Yes □ No □					
		Yes □ No □					
		Yes □ No □					
		Yes □ No □					
		Yes □ No □					
Complete Streets							
Are there existing pedestrian and/or bicycle f	acilities within the limits of the project? If so, p	please explain					
Describe any improvements to pedestrian and/or bicycle facilities included with the project							
Will the new/improved pedestrian and/or his	cycle facilities connect to existing pedestrian/hi	icycle facility Vac Na					
Will the new/improved pedestrian and/or bicycle facilities connect to existing pedestrian/bicycle facility $\gamma_{es} \square N_0 \square$ or one that is planned to be completed before 2029: Y/N							
Does your agency have a policy for maintaining non-motorized transportation infrastructure, such as Yes No bike lanes and pedestrian pathways/sidewalks?							

	55
Accessibility and Equity	
s 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 goals or objectives, and describe how this project will help achieve them	the relevant

Risk Assessment Does right of way need to be acquired? Yes □ No □ Unknown □ Does the project intersect with a railroad crossing? Yes □ No □ Unknown □ Yes □ No □ Unknown □ Does the project require utility relocation? Are the project limits within a defined FEMA floodplain? Yes □ No □ Unknown □ Will there be trees removed within the project limits? Yes □ No □ Unknown □ Yes □ No □ Unknown □ Is the project within 100 feet of a cemetery? 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					Proposed			
Number of	Through	Center Tui	'n	On Street Parking		Through	Center Tur	n On Street Parking	
lanes	Lanes:	Lane (Y/N)	:	(Y/N):		Lanes:	Lane (Y/N)	:	(Y/N):
Shoulder	□ Paved □	Unpaved	Widtl	n: Ft.		☐ Paved ☐	Unpaved	Widtl	n: Ft.
Sidewalk/ path	Placement		Width: Ft.			Placement		Width: Ft.	
On road	o Bike Lane	S	o O f	ther (Specify)		o Bike Lane	S	o Ot	ther (Specify)
bicycle	o Sharrows					o Sharrows			
facilities	o Wide Sho	ulders	o No	one		o Wide Sho	ulders	o No	one
			ı			☐ Replaceme	nt of utilitie	es	
Utilities	•	Utility Work is needed				☐ Relocation of utilities			
	☐ Water/Sewer Work is needed			☐ Sewer and/or water line work					

Applicant Acknowledgements

By signing below, the project sponsor ensures that they have read and understood the appropriate federal guidance and agree to follow all applicable federal regulations and requirements from the acceptance of federal funds, should this project receive an award. In addition, the project sponsor acknowledges the potential loss of federal funds if the project is not obligated within the programmed fiscal year or if Michigan Department of Transportation statewide obligation limitations have been met.

Certification of Matching Funds

Name:	Title:
Name:	11tic

Applicant Information	
Agency Name:	
Contact Name:	Title:
Email Address:	Phone Number:
Engineer/Consultant:	Company:
Email Address:	Phone Number:
Project Description	
Project Name/Road Name:	
Project Limits (From/To):	
Project Length (to the nearest hundredth of a mile): miles	
City, Village, or Township:	
Additional location description if needed	
Major Work Type:	Preferred Year of Funding:
Detailed Work Description (Include all work items as part of this replacement, guardrail, tree clearing, grading, culvert replacement	•
Describe any non-participating work if applicable	
What is the need and purpose for this project (what issues are be	eing addressed by the proposed work)
If you are submitting multiple applications, please rank your appl	lications by priority. Rank: of

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

Are the other funding sources secured? Yes \square No \square If no, provide details on	when these funds will be secured
Non-Participating Cost Estimate:	\$
Total Project Estimate with Non-Participating:	\$
Are you willing to contribute additional local match above the minimum 18.15%	required: Yes 🗆 No 🗆
Are you willing to use an Advance Construct (AC):	Yes □ No □
If so, what is the maximum Amount:	\$
Estimated Project Schedule	
Activity	Date (Month/Year)
NEPA/SHPPO Submitted	
Right-of-Way Certification Submitted	
Grade Inspection (GI) Completed	
Full Biddable Package Submitted to MDOT	
Project Letting	
Construction Start	
Project Completion	
System Preservation	
What is the most recent PASER rating (https://www.mcgi.state.mi.us/tamcMap/	
Do the project limits begin or end at a road with a PASER of 7 or higher:	Yes □ 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:	

		39				
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	on (NFC) of the road:					
Safety						
For the questions below use the five-year to	tals from 2019-2023 (https://www.michigantra	fficcrashfacts.org/)				
All Crashes	Pedestrian and Bicycle Cras	<u>hes</u>				
Total number of crashes:	Total number of crashes:					
Number of fatalities:	Number of fatalities:					
Number of Serious Injuries:	Number of Serious Injuries:					
List the safety countermeasures included in	the project					
Use the attached list of countermeasures ar	nd associated crash types	T=				
Counter Measure	Crash Type Addressed	Does this address a fatal or serious injury crash				
Improved pavement markings	Angle, Rear-End Crashes	Yes □ No ⊠				
		Yes □ No □				
		Yes □ No □				
		Yes □ No □				
		Yes □ No □				
		Yes □ No □				
		Yes □ No □				
Complete Streets						
Are there existing pedestrian and/or bicycle	facilities within the limits of the project? If so, p	olease explain				
Describe any improvements to pedestrian and/or bicycle facilities included with the project						
NACH III.						
Will the new/improved pedestrian and/or bicycle facilities connect to existing pedestrian/bicycle facility $\gamma_{es} \square N_0 \square$ or one that is planned to be completed before 2029: Y/N						
Does your agency have a policy for maintaining non-motorized transportation infrastructure, such as \square Yes \square No \square bike lanes and pedestrian pathways/sidewalks?						

			60					
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/):								
Does this project remove a priority ADA barrier, as identified in an adopted ADA Transition Plan or similar plan?								
Strategic Planning & Investment								
The project crosses jurisdictional boundaries.		,	Yes □ No □					
The project will coordinate with other infrastructure projects (i.e. utility, water, sewer, et	:c.)	,	Yes □ No □					
The Project is identified in a pavement asset management plan		,	Yes □ No □					
There is an asset management plan covering utilities along the length of the project			Yes □ No □					
The city/village/Township has adopted an asset management policy								
The project supports goals or objectives from another planning document (ex. master plan or rec plan)								
If the project supports goals or objectives in another planning document please identify goals or objectives, and describe how this project will help achieve them	the plan, speci	ify the	e relevant					
Risk Assessment								
Does right of way need to be acquired?	Yes □ N	lo 🗆	Unknown □					
Does the project intersect with a railroad crossing?	Yes □ N	lo □	Unknown □					
Does the project require utility relocation?	Yes □ N	lo 🗆	Unknown □					
Are the project limits within a defined FEMA floodplain?	Yes □ N	lo 🗆	Unknown □					
Will there be trees removed within the project limits?	Yes □ N	lo 🗆	Unknown □					
Is the project within 100 feet of a cemetery?	Yes □ N	lo 🗆	Unknown □					
Are there historic elements withing 100 feet of the proposed work*	Yes □ N	lo 🗆	Unknown □					
Describe approximately how many individual mature trees or acres of trees will h	ne removed if	annl ⁱ	icable					

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

	Existing					Proposed			
Number of	Through	Center Tui	'n	On Street Parking	TI	hrough	Center Tur	n On Street Parking	
lanes	Lanes:	Lane (Y/N)):	(Y/N):	La	anes:	Lane (Y/N)	:	(Y/N):
Shoulder	☑ Paved Ui	npaved	Widtl	n: Ft.	ĺΣ	X Paved □	Unpaved	Widtl	n: Ft.
Sidewalk/ path	Placement		Width: Ft.		Pl	Placement		Width: Ft.	
On road	o Bike Lane	S	Other (Specify)		0	Bike Lane	S	o Ot	ther (Specify)
bicycle	o Sharrows				0	Sharrows			
facilities	o Wide Sho	ulders	o No	one	0	Wide Sho	ulders	o No	one
Utilities	☐ Utility Wor			d		Replaceme Relocation Sewer and	of utilities		k

Applicant Acknowledgements

By signing below, the project sponsor ensures that they have read and understood the appropriate federal guidance and agree to follow all applicable federal regulations and requirements from the acceptance of federal funds, should this project receive an award. In addition, the project sponsor acknowledges the potential loss of federal funds if the project is not obligated within the programmed fiscal year or if Michigan Department of Transportation statewide obligation limitations have been met.

Certification of Matching Funds

Name:	Title:
-------	--------

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 be	eing addressed by the proposed work)				
If you are submitting multiple applications, please rank your appl	lications by priority. Rank: of				

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

Are the other funding sources secured? Yes \square No \square If no, provide details on	when these funds will be secured
Non Participating Cost Estimator	ć
Non-Participating Cost Estimate:	ş
Total Project Estimate with Non-Participating:	\$
Are you willing to contribute additional local match above the minimum 18.15%	required: Yes \square No \square
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:	

		04			
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	ation (NFC) of the road:				
	, ,,				
Safety					
For the questions below use the five-yea	r totals from 2019-2023 (https://www.michigantra	fficcrashfacts.org/)			
All Crashes	Pedestrian and Bicycle Cras	<u>hes</u>			
Total number of crashes:	Total number of crashes:				
Number of fatalities:	Number of fatalities:				
Number of Serious Injuries:	Number of Serious Injuries:				
List the safety countermeasures included	l in the project				
Use the attached list of countermeasure	s and associated crash types	T			
Counter Measure	Crash Type Addressed	Does this address a fatal or serious injury crash			
Improved pavement markings	Angle, Rear-End Crashes	Yes □ No ⊠			
		Yes □ No □			
		Yes □ No □			
		Yes □ No □			
		Yes No			
		Yes No No			
		Yes □ No □			
Complete Streets					
	using facilities within the limits of the project? If so	nlagga ayrılain			
Are there existing pedestrian and/or bicy	rcle facilities within the limits of the project? If so, p	olease explain			
Describe any improvements to pedestria	n and/or bicycle facilities included with the project	;			
Will the new/improved pedestrian and/o	or bicycle facilities connect to existing pedestrian/b	icycle facility Yes □ No □			
or one that is planned to be completed before 2029: Y/N					
Does your agency have a policy for maintaining non-motorized transportation infrastructure, such as Yes No					
bike lanes and pedestrian pathways/side	•	c, cas as ics = ino =			

Accessibility and Equity		65	
Is the project located in a Disadvantaged Community (DAC), as identified by the Climate and Environmental Justice Screening Tool (https://screeningtool.geoplatform.gov/):		Yes 🗆	No □
Does this project remove a priority ADA barrier, as identified in an adopted ADA Transition Plasimilar plan?	an or	Yes □	No 🗆
Strategic Planning & Investment			
The project crosses jurisdictional boundaries.		Yes □	No □
The project will coordinate with other infrastructure projects (i.e. utility, water, sewer, etc.)		Yes □	No □
The Project is identified in a pavement asset management plan		Yes □	No □
There is an asset management plan covering utilities along the length of the project		Yes □	No □
The city/village/Township has adopted an asset management policy		Yes □	No □
The project supports goals or objectives from another planning document (ex. master plan or	rec plan)	Yes □	No □
If the project supports goals or objectives in another planning document please identify the pgoals or objectives, and describe how this project will help achieve them	olan, specify th	e releva	int
Risk Assessment			
Does right of way need to be acquired?	Yes □ No □	Unkno	wn 🗆
Does the project intersect with a railroad crossing?	Yes □ No □	Unkno	wn 🗆
Does the project require utility relocation?	Yes □ No □	Unkno	wn 🗆
Are the project limits within a defined FEMA floodplain?	Yes □ No □	Unkno	wn 🗆
Will there be trees removed within the project limits?	Yes □ No □	Unkno	own 🗆
Is the project within 100 feet of a cemetery?	Yes □ No □	Unkno	wn 🗆

* 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

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

Are there historic elements withing 100 feet of the proposed work*

Yes □ No □ Unknown □

	Existing				Proposed				
Number of	Through	Center Tui	'n	On Street Parking		Through Center T		'n	On Street Parking
lanes	Lanes:	Lane (Y/N)):	(Y/N):		Lanes:	Lane (Y/N)	I): (Y/N):	
Shoulder	☑ Paved □	Unpaved	Widtl	n: Ft.		☑ Paved □	Unpaved	Widt	h: Ft.
Sidewalk/ path	Placement Width: Ft.		Placement		Width: Ft.				
On road	○ Bike Lanes ○ Other (Specify)			o Bike Lane	S	o 0	ther (Specify)		
bicycle	o Sharrows			o Sharrows					
facilities	o Wide Shoulders o None			o Wide Sho	ulders	o N	one		
Utilities	☐ Utility Work is needed ☐ Water/Sewer Work is needed				☐ Replaceme ☐ Relocation ☐ Sewer and,	of utilities		k	

Applicant Acknowledgements

By signing below, the project sponsor ensures that they have read and understood the appropriate federal guidance and agree to follow all applicable federal regulations and requirements from the acceptance of federal funds, should this project receive an award. In addition, the project sponsor acknowledges the potential loss of federal funds if the project is not obligated within the programmed fiscal year or if Michigan Department of Transportation statewide obligation limitations have been met.

Certification of Matching Funds

Name:	Title:
-------	--------

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 replacement, guardrail, tree clearing, grading, culvert	part of this project e.g. drain cleaning, curb and gutter 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 is	ssues are being addressed by the proposed work)
If you are submitting multiple applications, please rar	nk your applications by priority. Rank: of

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

Are the other funding sources secured? Yes \square No \square If no, provide details on	when these funds will be secured
Non-Participating Cost Estimate:	\$
Total Project Estimate with Non-Participating:	\$
Are you willing to contribute additional local match above the minimum 18.15%	required: Yes 🗆 No 🗆
Are you willing to use an Advance Construct (AC):	Yes □ No □
If so, what is the maximum Amount:	\$
Estimated Project Schedule	
Activity	Date (Month/Year)
NEPA/SHPPO Submitted	
Right-of-Way Certification Submitted	
Grade Inspection (GI) Completed	
Full Biddable Package Submitted to MDOT	
Project Letting	
Construction Start	
Project Completion	
System Preservation	
What is the most recent PASER rating (https://www.mcgi.state.mi.us/tamcMap/	
Do the project limits begin or end at a road with a PASER of 7 or higher:	Yes □ 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		09			
What is the average annual daily traffic (AAD	T) volume for the limits of this project?	Vehicles/day			
· · · · · · · · · · · · · · · · · · ·					
What is the National Functional Classification	i (NFC) of the road:				
Safety					
For the questions below use the five-year tot	als from 2019-2023 (https://www.michigantra	fficcrashfacts.org/)			
All Crashes	Pedestrian and Bicycle Cras	<u>hes</u>			
Total number of crashes:	Total number of crashes:				
Number of fatalities:	Number of fatalities:				
Number of Serious Injuries:	Number of Serious Injuries:				
List the safety countermeasures included in t	he project				
Use the attached list of countermeasures an	d associated crash types	B			
Counter Measure	Crash Type Addressed	Does this address a fatal or serious injury crash			
Improved pavement markings	Angle, Rear-End Crashes	Yes □ No ⊠			
		Yes □ No □			
		Yes □ No □			
		Yes □ No □			
		Yes □ No □			
		Yes □ No □			
		Yes □ No □			
Complete Streets					
	to the control of the least of the control of the c	de constato			
Are there existing pedestrian and/or bicycle f	acilities within the limits of the project? If so, p	dlease explain			
Describe any improvements to pedestrian an	d/or bicycle facilities included with the project				
Will the new/improved pedestrian and/or bicycle facilities connect to existing pedestrian/bicycle facility Yes □ No □					
or one that is planned to be completed before 2029: Y/N					
Does your agency have a policy for maintaining non-motorized transportation infrastructure, such as Yes □ No □					
bike lanes and pedestrian pathways/sidewall	ks?				

Accessibility and Equity		70	
Accessionity 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 Pla similar plan?	n or	Yes □	No 🗆
Strategic Planning & Investment			
The project crosses jurisdictional boundaries.	,	Yes □	No 🗆
The project will coordinate with other infrastructure projects (i.e. utility, water, sewer, etc.)	,	Yes □	No 🗆
The Project is identified in a pavement asset management plan	,	Yes □	No 🗆
There is an asset management plan covering utilities along the length of the project		Yes □	No 🗆
The city/village/Township has adopted an asset management policy		Yes 🗆	No 🗆
The project supports goals or objectives from another planning document (ex. master plan or	rec plan)	Yes 🗆	No 🗆
If the project supports goals or objectives in another planning document please identify the p goals or objectives, and describe how this project will help achieve them	lan, specify the	e releva	int
Risk Assessment			
Does right of way need to be acquired?	Yes □ No □	Unkno	wn 🗆
Does the project intersect with a railroad crossing?	Yes □ No □	Unkno	wn 🗆
Does the project require utility relocation?	Yes □ No □	Unkno	wn 🗆
Are the project limits within a defined FEMA floodplain?	Yes □ No □	Unkno	wn 🗆
Will there be trees removed within the project limits?	Yes □ No □	Unkno	wn 🗆
Is the project within 100 feet of a cemetery?	Yes □ No □	Unkno	wn 🗆

* 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

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

Are there historic elements withing 100 feet of the proposed work*

Yes □ No □ Unknown □

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

Applicant Acknowledgements

By signing below, the project sponsor ensures that they have read and understood the appropriate federal guidance and agree to follow all applicable federal regulations and requirements from the acceptance of federal funds, should this project receive an award. In addition, the project sponsor acknowledges the potential loss of federal funds if the project is not obligated within the programmed fiscal year or if Michigan Department of Transportation statewide obligation limitations have been met.

Certification of Matching Funds

Name:	Title:

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 replacement, guardrail, tree clearing, grading, culvert	part of this project e.g. drain cleaning, curb and gutter 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 is	ssues are being addressed by the proposed work)
If you are submitting multiple applications, please rar	nk your applications by priority. Rank: of

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

Are the other funding sources secured? Yes \square No \square If no, provide details on	when these funds will be secured
Non-Participating Cost Estimate:	\$
Total Project Estimate with Non-Participating:	\$
Are you willing to contribute additional local match above the minimum 18.15%	required: Yes 🗆 No 🗆
Are you willing to use an Advance Construct (AC):	Yes □ No □
If so, what is the maximum Amount:	\$
Estimated Project Schedule	
Activity	Date (Month/Year)
NEPA/SHPPO Submitted	
Right-of-Way Certification Submitted	
Grade Inspection (GI) Completed	
Full Biddable Package Submitted to MDOT	
Project Letting	
Construction Start	
Project Completion	
System Preservation	
What is the most recent PASER rating (https://www.mcgi.state.mi.us/tamcMap/	
Do the project limits begin or end at a road with a PASER of 7 or higher:	Yes □ 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		74				
What is the average annual daily traffic (AAD	Γ) volume for the limits of this project?	Vehicles/day				
What is the National Functional Classification	n (NFC) of the road:					
Safety						
For the questions below use the five-year tot	als from 2019-2023 (https://www.michigantra	fficcrashfacts.org/)				
All Crashes	Pedestrian and Bicycle Crasi	<u>hes</u>				
Total number of crashes:	Total number of crashes:					
Number of fatalities:	Number of fatalities:					
Number of Serious Injuries:	Number of Serious Injuries:					
List the safety countermeasures included in t	he project					
Use the attached list of countermeasures an	d associated crash types	Dana this address a fatal				
Counter Measure	Crash Type Addressed	Does this address a fatal or serious injury crash				
Improved pavement markings	Angle, Rear-End Crashes	Yes □ No ⊠				
		Yes □ No □				
		Yes □ No □				
		Yes □ No □				
		Yes □ No □				
		Yes □ No □				
		Yes □ No □				
Complete Streets						
Are there existing pedestrian and/or bicycle f	acilities within the limits of the project? If so, p	olease explain				
Describe any improvements to pedestrian and/or bicycle facilities included with the project						
NA/III the area of income and a state area and few his	unala fasiliti as assumant ta suistima madastuism/la					
Will the new/improved pedestrian and/or bicycle facilities connect to existing pedestrian/bicycle facility $Y_{es} \square N_0 \square$ or one that is planned to be completed before 2029: Y/N						
·						
Does your agency have a policy for maintaining non-motorized transportation infrastructure, such as Yes \square No \square bike lanes and pedestrian pathways/sidewalks?						

		75
Accessibility and Equity		
Is the project located in a Disadvantaged Community (DAC), as identified by the Climate ar Environmental Justice Screening Tool (https://screeningtool.geoplatform.gov/):	nd	Yes □ No □
Does this project remove a priority ADA barrier, as identified in an adopted ADA Transition similar plan?	Plan or	Yes □ No □
Strategic Planning & Investment		
The project crosses jurisdictional boundaries.		Yes □ No □
The project will coordinate with other infrastructure projects (i.e. utility, water, sewer, etc.)	Yes □ No □
The Project is identified in a pavement asset management plan		Yes □ No □
There is an asset management plan covering utilities along the length of the project		Yes □ No □
The city/village/Township has adopted an asset management policy		Yes □ No □
The project supports goals or objectives from another planning document (ex. master plan	or rec plan)	Yes □ No □
If the project supports goals or objectives in another planning document please identify the goals or objectives, and describe how this project will help achieve them	ne plan, specify th	ne relevant
Risk Assessment		
Does right of way need to be acquired?	Yes □ No □	Unknown \square
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 \square
Is the project within 100 feet of a cemetery?	Yes □ No □	Unknown \square
Are there historic elements withing 100 feet of the proposed work*	Yes □ No □	Unknown \square

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			Proposed				
Number of	Through	Center Tu	rn	On Street Parking	Through	Center Tur	'n	On Street Parking
lanes	Lanes:	Lane (Y/N)):	(Y/N):	Lanes:	Lane (Y/N)	:	(Y/N):
Shoulder	□ Paved □	Unpaved	Widtl	n: Ft.	□ Paved □	Unpaved	Widtl	n: Ft.
Sidewalk/ path	Placement Width: Ft.		Placement		Width: Ft.			
On road	o Bike Lanes o Other (Spe		ther (Specify)	o Bike Lane	S	o O t	ther (Specify)	
bicycle	o Sharrows		Sharrows					
facilities	o Wide Shoulders o None		o Wide Sho	ulders	o No	one		
Utilities	☐ Utility Work is needed ☐ Water/Sewer Work is needed		☐ Replaceme ☐ Relocation ☐ Sewer and,	of utilities		k		

Applicant Acknowledgements

By signing below, the project sponsor ensures that they have read and understood the appropriate federal guidance and agree to follow all applicable federal regulations and requirements from the acceptance of federal funds, should this project receive an award. In addition, the project sponsor acknowledges the potential loss of federal funds if the project is not obligated within the programmed fiscal year or if Michigan Department of Transportation statewide obligation limitations have been met.

Certification of Matching Funds

Name:	Title:

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 preplacement, guardrail, tree clearing, grading, culvert	part of this project e.g. drain cleaning, curb and gutter 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 is	ssues are being addressed by the proposed work)
If you are submitting multiple applications, please ran	nk your applications by priority. Rank: of

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

Are the other funding sources secured? Yes \square No \square If no, provide details on	when these funds will be secured
Non Participating Cost Estimator	ć
Non-Participating Cost Estimate:	ş
Total Project Estimate with Non-Participating:	\$
Are you willing to contribute additional local match above the minimum 18.15%	required: Yes \square No \square
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		79			
What is the average annual daily traffic (AAD	T) volume for the limits of this project?	Vehicles/day			
What is the National Functional Classification	n (NFC) of the road:				
Safety					
For the questions below use the five-year tot	als from 2019-2023 (https://www.michigantra	ficcrashfacts.org/)			
All Crashes	Pedestrian and Bicycle Crasi	<u>hes</u>			
Total number of crashes:	Total number of crashes:				
Number of fatalities:	Number of fatalities:				
Number of Serious Injuries:	Number of Serious Injuries:				
List the safety countermeasures included in t	he project				
Use the attached list of countermeasures an	d associated crash types	Dana this address a fatal			
Counter Measure	Crash Type Addressed	Does this address a fatal or serious injury crash			
Improved pavement markings	Angle, Rear-End Crashes	Yes □ No ⊠			
		Yes □ No □			
		Yes □ No □			
		Yes □ No □			
		Yes □ No □			
		Yes □ No □			
		Yes □ No □			
Complete Streets					
Are there existing pedestrian and/or bicycle f	facilities within the limits of the project? If so, p	olease explain			
Describe any improvements to pedestrian an	d/or bicycle facilities included with the project				
Will the new/improved pedestrian and/or big	cyclo facilities connect to existing nedectrian/hi	cyclo facility			
Will the new/improved pedestrian and/or bicycle facilities connect to existing pedestrian/bicycle facility $\gamma_{es} \square N_0 \square$ or one that is planned to be completed before 2029: Y/N					
Door your agangy have a policy for maintain:	ng non-motorized transportation infrastructure	o cuch ac			
Does your agency have a policy for maintaining non-motorized transportation infrastructure, such as \square bike lanes and pedestrian pathways/sidewalks?					

		80			
Accessibility and Equity		00			
Is the project located in a Disadvantaged Community (DAC), as identified by the Climate and Environmental Justice Screening Tool (https://screeningtool.geoplatform.gov/):					
Does this project remove a priority ADA barrier, as identified in an adopted ADA Transition Pla similar plan?	ın or	Yes □ N	lo □		
Strategic Planning & Investment					
The project crosses jurisdictional boundaries.		Yes □ N	1o 🗆		
The project will coordinate with other infrastructure projects (i.e. utility, water, sewer, etc.)		Yes □ N	1o 🗆		
The Project is identified in a pavement asset management plan					
There is an asset management plan covering utilities along the length of the project		Yes □ N	1o 🗆		
The city/village/Township has adopted an asset management policy		Yes □ N	1o 🗆		
The project supports goals or objectives from another planning document (ex. master plan or rec plan)					
If the project supports goals or objectives in another planning document please identify the p goals or objectives, and describe how this project will help achieve them	lan, specify the	e relevan	it		
Risk Assessment					
Does right of way need to be acquired?	Yes □ No □	Unknow	/n 🗆		
Does the project intersect with a railroad crossing?	Yes □ No □	Unknow	⁄n □		
Does the project require utility relocation?	Yes □ No □	Unknow	⁄n □		
Are the project limits within a defined FEMA floodplain?	Yes □ No □	Unknow	∕n □		
Will there be trees removed within the project limits?	Yes □ No □	Unknow	⁄n □		
Is the project within 100 feet of a cemetery?	Yes □ No □	Unknow	⁄n □		

* 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

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

Are there historic elements withing 100 feet of the proposed work*

Yes □ No □ Unknown □

	Existing					Proposed			
Number of	Through	Center Tui	'n	On Street Parking		Through	Center Tur	'n	On Street Parking
lanes	Lanes:	Lanes: Lane (Y/N)): (Y/N):		Lanes:	Lane (Y/N)		(Y/N):
Shoulder	☐ Paved ☑ Unpaved		Width: Ft.			☐ Paved ☐ Unpaved		Width: Ft.	
Sidewalk/ path	Placement		Width: Ft.			Placement		Width: Ft.	
On road	o Bike Lanes		Other (Specify)			o Bike Lanes		Other (Specify)	
bicycle	o Sharrows					o Sharrows			
facilities	o Wide Sho	ulders	o No	one		o Wide Sho	ulders	o N	one
Utilities	☐ Utility Work is needed ☐ Water/Sewer Work is needed					□ Replacement of utilities□ Relocation of utilities□ Sewer and/or water line work			

Applicant Acknowledgements

By signing below, the project sponsor ensures that they have read and understood the appropriate federal guidance and agree to follow all applicable federal regulations and requirements from the acceptance of federal funds, should this project receive an award. In addition, the project sponsor acknowledges the potential loss of federal funds if the project is not obligated within the programmed fiscal year or if Michigan Department of Transportation statewide obligation limitations have been met.

Certification of Matching Funds

Name:	Title:	