

NATS STBG

2026-2029 Project Applications

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Niles-Buchanan-Cass Area Transportation Study
2026-2029 Transportation Improvement Program (TIP)
Federal Surface Transportation Block Grant Project Application

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

Applicant Information

Agency Name: _____

Contact Name: _____ Title: _____

Email Address: _____ Phone Number: _____

Engineer/Consultant: _____ Company: _____

Email Address: _____ Phone Number: _____

Project Description

Project Name/Road Name: _____

Project Limits (From/To): _____

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

City, Village, or Township: _____

Additional location description if needed

Major Work Type: _____ Preferred Year of Funding: _____

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

Describe any non-participating work if applicable

What is the need and purpose for this project (what issues are being addressed by the proposed work)

If you are submitting multiple applications, please rank your applications by priority.

Rank: ____ of ____

Proposed Budget

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

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

Non-Participating Cost Estimate: \$_____

Total Project Estimate with Non-Participating: \$_____

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

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

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

Estimated Project Schedule

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

System Preservation

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

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

Which MDOT guidelines will the project use:

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

What is the current state of drainage on the road:

Regional Significance

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

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

Safety

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

All Crashes

Total number of crashes: _____

Number of fatalities: _____

Number of Serious Injuries: _____

Pedestrian and Bicycle Crashes

Total number of crashes: _____

Number of fatalities: _____

Number of Serious Injuries: _____

List the safety countermeasures included in the project
Use the attached list of countermeasures and associated crash types

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

Complete Streets

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

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

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

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

Accessibility and Equity

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

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

Strategic Planning & Investment

The project crosses jurisdictional boundaries. Yes No

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

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

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

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

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

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

Risk Assessment

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

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

Does the project require utility relocation? Yes No Unknown

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

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

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

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

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

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

Existing and Proposed Roadway Design

	Existing			Proposed		
Number of lanes	Through Lanes: ____	Center Turn Lane (Y/N): ____	On Street Parking (Y/N): ____	Through Lanes: ____	Center Turn Lane (Y/N): ____	On Street Parking (Y/N): ____
Shoulder	<input type="checkbox"/> Paved <input checked="" type="checkbox"/> Unpaved		Width: ____ Ft.	<input type="checkbox"/> Paved <input type="checkbox"/> Unpaved		Width: ____ Ft.
Sidewalk/path	Placement		Width: ____ Ft.	Placement		Width: ____ Ft.
On road bicycle facilities	<input type="radio"/> Bike Lanes <input type="radio"/> Other (Specify) _____ <input type="radio"/> Sharrows			<input type="radio"/> Bike Lanes <input type="radio"/> Other (Specify) _____ <input type="radio"/> Sharrows		
	<input type="radio"/> Wide Shoulders		<input type="radio"/> None	<input type="radio"/> Wide Shoulders		<input type="radio"/> None
Utilities	<input type="checkbox"/> Utility Work is needed <input type="checkbox"/> Water/Sewer Work is needed			<input type="checkbox"/> Replacement of utilities <input type="checkbox"/> Relocation of utilities <input type="checkbox"/> Sewer and/or water line work		

Applicant Acknowledgements

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

Certification of Matching Funds

By signing below, the Project Sponsor assures that sufficient funds are available to pay any costs above the awarded federal fund amount and that completion of this project is not contingent upon additional grants (the sources of matching funds may be changed after STBG funding has been awarded, in accordance with all established TIP amendment guidelines).

Name: _____ Title: _____

Niles-Buchanan-Cass Area Transportation Study
2026-2029 Transportation Improvement Program (TIP)
Federal Surface Transportation Block Grant Project Application

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

Applicant Information

Agency Name: _____

Contact Name: _____ Title: _____

Email Address: _____ Phone Number: _____

Engineer/Consultant: _____ Company: _____

Email Address: _____ Phone Number: _____

Project Description

Project Name/Road Name: _____

Project Limits (From/To): _____

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

City, Village, or Township: _____

Additional location description if needed

Major Work Type: _____ Preferred Year of Funding: _____

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

Describe any non-participating work if applicable

What is the need and purpose for this project (what issues are being addressed by the proposed work)

If you are submitting multiple applications, please rank your applications by priority.

Rank: ____ of ____

Proposed Budget

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

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

Non-Participating Cost Estimate: \$_____

Total Project Estimate with Non-Participating: \$_____

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

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

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

Estimated Project Schedule

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

System Preservation

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

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

Which MDOT guidelines will the project use:

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

What is the current state of drainage on the road:

Regional Significance

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

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

Safety

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

All Crashes

Total number of crashes: _____

Number of fatalities: _____

Number of Serious Injuries: _____

Pedestrian and Bicycle Crashes

Total number of crashes: _____

Number of fatalities: _____

Number of Serious Injuries: _____

List the safety countermeasures included in the project
Use the attached list of countermeasures and associated crash types

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

Complete Streets

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

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

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

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

Accessibility and Equity

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

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

Strategic Planning & Investment

The project crosses jurisdictional boundaries. Yes No

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

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

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

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

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

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

Risk Assessment

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

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

Does the project require utility relocation? Yes No Unknown

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

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

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

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

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

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

Existing and Proposed Roadway Design

	Existing			Proposed		
Number of lanes	Through Lanes: ____	Center Turn Lane (Y/N): ____	On Street Parking (Y/N): ____	Through Lanes: ____	Center Turn Lane (Y/N): ____	On Street Parking (Y/N): ____
Shoulder	<input type="checkbox"/> Paved <input checked="" type="checkbox"/> Unpaved		Width: ____ Ft.	<input type="checkbox"/> Paved <input type="checkbox"/> Unpaved		Width: ____ Ft.
Sidewalk/path	Placement		Width: ____ Ft.	Placement		Width: ____ Ft.
On road bicycle facilities	<input type="radio"/> Bike Lanes <input type="radio"/> Other (Specify) _____ <input type="radio"/> Sharrows <input type="radio"/> Wide Shoulders <input type="radio"/> None			<input type="radio"/> Bike Lanes <input type="radio"/> Other (Specify) _____ <input type="radio"/> Sharrows <input type="radio"/> Wide Shoulders <input type="radio"/> None		
Utilities	<input type="checkbox"/> Utility Work is needed <input type="checkbox"/> Water/Sewer Work is needed			<input type="checkbox"/> Replacement of utilities <input type="checkbox"/> Relocation of utilities <input type="checkbox"/> Sewer and/or water line work		

Applicant Acknowledgements

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Name: _____ Title: _____

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Applicant Information

Agency Name: _____

Contact Name: _____ Title: _____

Email Address: _____ Phone Number: _____

Engineer/Consultant: _____ Company: _____

Email Address: _____ Phone Number: _____

Project Description

Project Name/Road Name: _____

Project Limits (From/To): _____

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

City, Village, or Township: _____

Additional location description if needed

Major Work Type: _____ Preferred Year of Funding: _____

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

Describe any non-participating work if applicable

What is the need and purpose for this project (what issues are being addressed by the proposed work)

If you are submitting multiple applications, please rank your applications by priority.

Rank: ____ of ____

Proposed Budget

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

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

Non-Participating Cost Estimate: \$_____

Total Project Estimate with Non-Participating: \$_____

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

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

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

Estimated Project Schedule

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

System Preservation

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

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

Which MDOT guidelines will the project use:

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

What is the current state of drainage on the road:

Regional Significance

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

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

Safety

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

All Crashes

Total number of crashes: _____

Number of fatalities: _____

Number of Serious Injuries: _____

Pedestrian and Bicycle Crashes

Total number of crashes: _____

Number of fatalities: _____

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

Complete Streets

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

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

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

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

Accessibility and Equity

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

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

Strategic Planning & Investment

The project crosses jurisdictional boundaries. Yes No

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

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

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

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

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

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

Risk Assessment

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

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

Does the project require utility relocation? Yes No Unknown

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

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

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

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

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

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

Existing and Proposed Roadway Design

	Existing			Proposed		
Number of lanes	Through Lanes: ____	Center Turn Lane (Y/N): ____	On Street Parking (Y/N): ____	Through Lanes: ____	Center Turn Lane (Y/N): ____	On Street Parking (Y/N): ____
Shoulder	<input type="checkbox"/> Paved <input checked="" type="checkbox"/> Unpaved		Width: ____ Ft.	<input type="checkbox"/> Paved <input type="checkbox"/> Unpaved		Width: ____ Ft.
Sidewalk/path	Placement		Width: ____ Ft.	Placement		Width: ____ Ft.
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	<input type="radio"/> Wide Shoulders		<input type="radio"/> None	<input type="radio"/> Wide Shoulders		<input type="radio"/> None
Utilities	<input type="checkbox"/> Utility Work is needed <input type="checkbox"/> Water/Sewer Work is needed			<input type="checkbox"/> Replacement of utilities <input type="checkbox"/> Relocation of utilities <input type="checkbox"/> Sewer and/or water line work		

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Contact Name: _____ Title: _____

Email Address: _____ Phone Number: _____

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Project Description

Project Name/Road Name: _____

Project Limits (From/To): _____

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

City, Village, or Township: _____

Additional location description if needed

Major Work Type: _____ Preferred Year of Funding: _____

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

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	\$	%

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

Non-Participating Cost Estimate: \$_____

Total Project Estimate with Non-Participating: \$_____

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

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

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

Estimated Project Schedule

Activity	Date (Month/Year)
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		Yes <input type="checkbox"/> No <input type="checkbox"/>
		Yes <input type="checkbox"/> No <input type="checkbox"/>
		Yes <input type="checkbox"/> No <input type="checkbox"/>
		Yes <input type="checkbox"/> No <input type="checkbox"/>
		Yes <input type="checkbox"/> No <input type="checkbox"/>

Complete Streets

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	Existing			Proposed		
Number of lanes	Through Lanes: ____	Center Turn Lane (Y/N): ____	On Street Parking (Y/N): ____	Through Lanes: ____	Center Turn Lane (Y/N): ____	On Street Parking (Y/N): ____
Shoulder	<input type="checkbox"/> Paved <input checked="" type="checkbox"/> Unpaved		Width: ____ Ft.	<input type="checkbox"/> Paved <input type="checkbox"/> Unpaved		Width: ____ Ft.
Sidewalk/path	Placement		Width: ____ Ft.	Placement		Width: ____ Ft.
On road bicycle facilities	<input type="radio"/> Bike Lanes <input type="radio"/> Other (Specify) _____ <input type="radio"/> Sharrows <input type="radio"/> Wide Shoulders <input type="radio"/> None			<input type="radio"/> Bike Lanes <input type="radio"/> Other (Specify) _____ <input type="radio"/> Sharrows <input type="radio"/> Wide Shoulders <input type="radio"/> None		
Utilities	<input type="checkbox"/> Utility Work is needed <input type="checkbox"/> Water/Sewer Work is needed			<input type="checkbox"/> Replacement of utilities <input type="checkbox"/> Relocation of utilities <input type="checkbox"/> Sewer and/or water line work		

Applicant Acknowledgements

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

Certification of Matching Funds

By signing below, the Project Sponsor assures that sufficient funds are available to pay any costs above the awarded federal fund amount and that completion of this project is not contingent upon additional grants (the sources of matching funds may be changed after STBG funding has been awarded, in accordance with all established TIP amendment guidelines).

Name: _____ Title: _____

Niles-Buchanan-Cass Area Transportation Study
2026-2029 Transportation Improvement Program (TIP)
Federal Surface Transportation Block Grant Project Application

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

Applicant Information

Agency Name: _____

Contact Name: _____ Title: _____

Email Address: _____ Phone Number: _____

Engineer/Consultant: _____ Company: _____

Email Address: _____ Phone Number: _____

Project Description

Project Name/Road Name: _____

Project Limits (From/To): _____

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

City, Village, or Township: _____

Additional location description if needed

Major Work Type: _____ Preferred Year of Funding: _____

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

Describe any non-participating work if applicable

What is the need and purpose for this project (what issues are being addressed by the proposed work)

If you are submitting multiple applications, please rank your applications by priority. Rank: ____ of ____

Proposed Budget

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

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

Non-Participating Cost Estimate: \$_____

Total Project Estimate with Non-Participating: \$_____

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

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

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

Estimated Project Schedule

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

System Preservation

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

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

Which MDOT guidelines will the project use:

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

What is the current state of drainage on the road:

Regional Significance

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

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

Safety

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

All Crashes

Total number of crashes: _____

Number of fatalities: _____

Number of Serious Injuries: _____

Pedestrian and Bicycle Crashes

Total number of crashes: _____

Number of fatalities: _____

Number of Serious Injuries: _____

List the safety countermeasures included in the project
Use the attached list of countermeasures and associated crash types

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

Complete Streets

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

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

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

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

Accessibility and Equity

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

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

Strategic Planning & Investment

The project crosses jurisdictional boundaries. Yes No

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

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

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

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

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

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

Risk Assessment

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

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

Does the project require utility relocation? Yes No Unknown

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

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

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

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

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

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

Existing and Proposed Roadway Design

	Existing			Proposed		
Number of lanes	Through Lanes: ____	Center Turn Lane (Y/N): ____	On Street Parking (Y/N): ____	Through Lanes: ____	Center Turn Lane (Y/N): ____	On Street Parking (Y/N): ____
Shoulder	<input type="checkbox"/> Paved <input checked="" type="checkbox"/> Unpaved		Width: ____ Ft.	<input type="checkbox"/> Paved <input type="checkbox"/> Unpaved		Width: ____ Ft.
Sidewalk/path	Placement		Width: ____ Ft.	Placement		Width: ____ Ft.
On road bicycle facilities	<input type="radio"/> Bike Lanes <input type="radio"/> Other (Specify) _____ <input type="radio"/> Sharrows			<input type="radio"/> Bike Lanes <input type="radio"/> Other (Specify) _____ <input type="radio"/> Sharrows		
	<input type="radio"/> Wide Shoulders		<input type="radio"/> None	<input type="radio"/> Wide Shoulders		<input type="radio"/> None
Utilities	<input type="checkbox"/> Utility Work is needed <input type="checkbox"/> Water/Sewer Work is needed			<input type="checkbox"/> Replacement of utilities <input type="checkbox"/> Relocation of utilities <input type="checkbox"/> Sewer and/or water line work		

Applicant Acknowledgements

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Certification of Matching Funds

By signing below, the Project Sponsor assures that sufficient funds are available to pay any costs above the awarded federal fund amount and that completion of this project is not contingent upon additional grants (the sources of matching funds may be changed after STBG funding has been awarded, in accordance with all established TIP amendment guidelines).

Name: _____ Title: _____

Niles-Buchanan-Cass Area Transportation Study
2026-2029 Transportation Improvement Program (TIP)
Federal Surface Transportation Block Grant Project Application

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

Applicant Information

Agency Name: _____

Contact Name: _____ Title: _____

Email Address: _____ Phone Number: _____

Engineer/Consultant: _____ Company: _____

Email Address: _____ Phone Number: _____

Project Description

Project Name/Road Name: _____

Project Limits (From/To): _____

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

City, Village, or Township: _____

Additional location description if needed

Major Work Type: _____ Preferred Year of Funding: _____

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

Describe any non-participating work if applicable

What is the need and purpose for this project (what issues are being addressed by the proposed work)

If you are submitting multiple applications, please rank your applications by priority.

Rank: ____ of ____

Proposed Budget

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

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

Non-Participating Cost Estimate: \$_____

Total Project Estimate with Non-Participating: \$_____

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

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

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

Estimated Project Schedule

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

System Preservation

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

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

Which MDOT guidelines will the project use:

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

What is the current state of drainage on the road:

Regional Significance

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

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

Safety

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

All Crashes

Total number of crashes: _____

Number of fatalities: _____

Number of Serious Injuries: _____

Pedestrian and Bicycle Crashes

Total number of crashes: _____

Number of fatalities: _____

Number of Serious Injuries: _____

List the safety countermeasures included in the project
Use the attached list of countermeasures and associated crash types

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

Complete Streets

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

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

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

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

Accessibility and Equity

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

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

Strategic Planning & Investment

The project crosses jurisdictional boundaries. Yes No

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

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

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

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

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

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

Risk Assessment

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

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

Does the project require utility relocation? Yes No Unknown

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

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

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

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

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

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

Existing and Proposed Roadway Design

	Existing			Proposed		
Number of lanes	Through Lanes: ____	Center Turn Lane (Y/N): ____	On Street Parking (Y/N): ____	Through Lanes: ____	Center Turn Lane (Y/N): ____	On Street Parking (Y/N): ____
Shoulder	<input type="checkbox"/> Paved <input checked="" type="checkbox"/> Unpaved		Width: ____ Ft.	<input type="checkbox"/> Paved <input type="checkbox"/> Unpaved		Width: ____ Ft.
Sidewalk/path	Placement		Width: ____ Ft.	Placement		Width: ____ Ft.
On road bicycle facilities	<input type="radio"/> Bike Lanes <input type="radio"/> Other (Specify) _____ <input type="radio"/> Sharrows <input type="radio"/> Wide Shoulders <input type="radio"/> None			<input type="radio"/> Bike Lanes <input type="radio"/> Other (Specify) _____ <input type="radio"/> Sharrows <input type="radio"/> Wide Shoulders <input type="radio"/> None		
Utilities	<input type="checkbox"/> Utility Work is needed <input type="checkbox"/> Water/Sewer Work is needed			<input type="checkbox"/> Replacement of utilities <input type="checkbox"/> Relocation of utilities <input type="checkbox"/> Sewer and/or water line work		

Applicant Acknowledgements

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Certification of Matching Funds

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Name: _____ Title: _____

Niles-Buchanan-Cass Area Transportation Study
2026-2029 Transportation Improvement Program (TIP)
Federal Surface Transportation Block Grant Project Application

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

Applicant Information

Agency Name: _____

Contact Name: _____ Title: _____

Email Address: _____ Phone Number: _____

Engineer/Consultant: _____ Company: _____

Email Address: _____ Phone Number: _____

Project Description

Project Name/Road Name: _____

Project Limits (From/To): _____

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

City, Village, or Township: _____

Additional location description if needed

Major Work Type: _____ Preferred Year of Funding: _____

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

Describe any non-participating work if applicable

What is the need and purpose for this project (what issues are being addressed by the proposed work)

If you are submitting multiple applications, please rank your applications by priority.

Rank: ____ of ____

Proposed Budget

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

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

Non-Participating Cost Estimate: \$_____

Total Project Estimate with Non-Participating: \$_____

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

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

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

Estimated Project Schedule

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

System Preservation

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

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

Which MDOT guidelines will the project use:

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

What is the current state of drainage on the road:

Regional Significance

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

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

Safety

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

All Crashes

Total number of crashes: _____

Number of fatalities: _____

Number of Serious Injuries: _____

Pedestrian and Bicycle Crashes

Total number of crashes: _____

Number of fatalities: _____

Number of Serious Injuries: _____

List the safety countermeasures included in the project
Use the attached list of countermeasures and associated crash types

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

Complete Streets

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

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

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

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

Accessibility and Equity

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

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

Strategic Planning & Investment

The project crosses jurisdictional boundaries. Yes No

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

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

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

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

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

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

Risk Assessment

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

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

Does the project require utility relocation? Yes No Unknown

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

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

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

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

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

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

Existing and Proposed Roadway Design

	Existing			Proposed		
Number of lanes	Through Lanes: ____	Center Turn Lane (Y/N): ____	On Street Parking (Y/N): ____	Through Lanes: ____	Center Turn Lane (Y/N): ____	On Street Parking (Y/N): ____
Shoulder	<input type="checkbox"/> Paved <input checked="" type="checkbox"/> Unpaved		Width: ____ Ft.	<input type="checkbox"/> Paved <input type="checkbox"/> Unpaved		Width: ____ Ft.
Sidewalk/path	Placement		Width: ____ Ft.	Placement		Width: ____ Ft.
On road bicycle facilities	<input type="radio"/> Bike Lanes <input type="radio"/> Other (Specify) _____ <input type="radio"/> Sharrows <input type="radio"/> Wide Shoulders <input type="radio"/> None			<input type="radio"/> Bike Lanes <input type="radio"/> Other (Specify) _____ <input type="radio"/> Sharrows <input type="radio"/> Wide Shoulders <input type="radio"/> None		
Utilities	<input type="checkbox"/> Utility Work is needed <input type="checkbox"/> Water/Sewer Work is needed			<input type="checkbox"/> Replacement of utilities <input type="checkbox"/> Relocation of utilities <input type="checkbox"/> Sewer and/or water line work		

Applicant Acknowledgements

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Certification of Matching Funds

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Name: _____ Title: _____

Niles-Buchanan-Cass Area Transportation Study
2026-2029 Transportation Improvement Program (TIP)
Federal Surface Transportation Block Grant Project Application

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Applicant Information

Agency Name: _____

Contact Name: _____ Title: _____

Email Address: _____ Phone Number: _____

Engineer/Consultant: _____ Company: _____

Email Address: _____ Phone Number: _____

Project Description

Project Name/Road Name: _____

Project Limits (From/To): _____

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

City, Village, or Township: _____

Additional location description if needed

Major Work Type: _____ Preferred Year of Funding: _____

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

Describe any non-participating work if applicable

What is the need and purpose for this project (what issues are being addressed by the proposed work)

If you are submitting multiple applications, please rank your applications by priority.

Rank: ____ of ____

Proposed Budget

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

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

Non-Participating Cost Estimate: \$_____

Total Project Estimate with Non-Participating: \$_____

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

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

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

Estimated Project Schedule

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

System Preservation

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

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

Which MDOT guidelines will the project use:

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

What is the current state of drainage on the road:

Regional Significance

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

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

Safety

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

All Crashes

Total number of crashes: _____

Number of fatalities: _____

Number of Serious Injuries: _____

Pedestrian and Bicycle Crashes

Total number of crashes: _____

Number of fatalities: _____

Number of Serious Injuries: _____

List the safety countermeasures included in the project
Use the attached list of countermeasures and associated crash types

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

Complete Streets

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

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

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

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

Accessibility and Equity

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

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

Strategic Planning & Investment

The project crosses jurisdictional boundaries. Yes No

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

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

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

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

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

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

Risk Assessment

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

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

Does the project require utility relocation? Yes No Unknown

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

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

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

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

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

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

Existing and Proposed Roadway Design

	Existing			Proposed		
Number of lanes	Through Lanes: ____	Center Turn Lane (Y/N): ____	On Street Parking (Y/N): ____	Through Lanes: ____	Center Turn Lane (Y/N): ____	On Street Parking (Y/N): ____
Shoulder	<input type="checkbox"/> Paved <input checked="" type="checkbox"/> Unpaved		Width: ____ Ft.	<input type="checkbox"/> Paved <input type="checkbox"/> Unpaved		Width: ____ Ft.
Sidewalk/path	Placement		Width: ____ Ft.	Placement		Width: ____ Ft.
On road bicycle facilities	<input type="radio"/> Bike Lanes <input type="radio"/> Other (Specify) _____ <input type="radio"/> Sharrows			<input type="radio"/> Bike Lanes <input type="radio"/> Other (Specify) _____ <input type="radio"/> Sharrows		
	<input type="radio"/> Wide Shoulders		<input type="radio"/> None	<input type="radio"/> Wide Shoulders		<input type="radio"/> None
Utilities	<input type="checkbox"/> Utility Work is needed <input type="checkbox"/> Water/Sewer Work is needed			<input type="checkbox"/> Replacement of utilities <input type="checkbox"/> Relocation of utilities <input type="checkbox"/> Sewer and/or water line work		

Applicant Acknowledgements

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

Certification of Matching Funds

By signing below, the Project Sponsor assures that sufficient funds are available to pay any costs above the awarded federal fund amount and that completion of this project is not contingent upon additional grants (the sources of matching funds may be changed after STBG funding has been awarded, in accordance with all established TIP amendment guidelines).

Name: _____ Title: _____

Niles-Buchanan-Cass Area Transportation Study
2026-2029 Transportation Improvement Program (TIP)
Federal Surface Transportation Block Grant Project Application

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

Applicant Information

Agency Name: _____

Contact Name: _____ Title: _____

Email Address: _____ Phone Number: _____

Engineer/Consultant: _____ Company: _____

Email Address: _____ Phone Number: _____

Project Description

Project Name/Road Name: _____

Project Limits (From/To): _____

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

City, Village, or Township: _____

Additional location description if needed

Major Work Type: _____ Preferred Year of Funding: _____

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

Describe any non-participating work if applicable

What is the need and purpose for this project (what issues are being addressed by the proposed work)

If you are submitting multiple applications, please rank your applications by priority.

Rank: ____ of ____

Proposed Budget

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

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

Non-Participating Cost Estimate: \$_____

Total Project Estimate with Non-Participating: \$_____

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

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

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

Estimated Project Schedule

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

System Preservation

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

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

Which MDOT guidelines will the project use:

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

What is the current state of drainage on the road:

Regional Significance

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

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

Safety

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

All Crashes

Total number of crashes: _____

Number of fatalities: _____

Number of Serious Injuries: _____

Pedestrian and Bicycle Crashes

Total number of crashes: _____

Number of fatalities: _____

Number of Serious Injuries: _____

List the safety countermeasures included in the project
Use the attached list of countermeasures and associated crash types

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

Complete Streets

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

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

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

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

Accessibility and Equity

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

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

Strategic Planning & Investment

The project crosses jurisdictional boundaries. Yes No

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

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

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

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

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

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

Risk Assessment

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

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

Does the project require utility relocation? Yes No Unknown

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

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

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

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

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

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

Existing and Proposed Roadway Design

	Existing			Proposed		
Number of lanes	Through Lanes: ____	Center Turn Lane (Y/N): ____	On Street Parking (Y/N): ____	Through Lanes: ____	Center Turn Lane (Y/N): ____	On Street Parking (Y/N): ____
Shoulder	<input type="checkbox"/> Paved <input checked="" type="checkbox"/> Unpaved		Width: ____ Ft.	<input type="checkbox"/> Paved <input type="checkbox"/> Unpaved		Width: ____ Ft.
Sidewalk/path	Placement		Width: ____ Ft.	Placement		Width: ____ Ft.
On road bicycle facilities	<input type="radio"/> Bike Lanes <input type="radio"/> Other (Specify) _____ <input type="radio"/> Sharrows <input type="radio"/> Wide Shoulders <input type="radio"/> None			<input type="radio"/> Bike Lanes <input type="radio"/> Other (Specify) _____ <input type="radio"/> Sharrows <input type="radio"/> Wide Shoulders <input type="radio"/> None		
Utilities	<input type="checkbox"/> Utility Work is needed <input type="checkbox"/> Water/Sewer Work is needed			<input type="checkbox"/> Replacement of utilities <input type="checkbox"/> Relocation of utilities <input type="checkbox"/> Sewer and/or water line work		

Applicant Acknowledgements

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Certification of Matching Funds

By signing below, the Project Sponsor assures that sufficient funds are available to pay any costs above the awarded federal fund amount and that completion of this project is not contingent upon additional grants (the sources of matching funds may be changed after STBG funding has been awarded, in accordance with all established TIP amendment guidelines).

Name: _____ Title: _____

Niles-Buchanan-Cass Area Transportation Study
2026-2029 Transportation Improvement Program (TIP)
Federal Surface Transportation Block Grant Project Application

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

Applicant Information

Agency Name: _____
Contact Name: _____ Title: _____
Email Address: _____ Phone Number: _____
Engineer/Consultant: _____ Company: _____
Email Address: _____ Phone Number: _____

Project Description

Project Name/Road Name: _____
Project Limits (From/To): _____
Project Length (to the nearest hundredth of a mile): ____ miles
City, Village, or Township: _____

Additional location description if needed

Major Work Type: _____ Preferred Year of Funding: _____

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

Describe any non-participating work if applicable

What is the need and purpose for this project (what issues are being addressed by the proposed work)

If you are submitting multiple applications, please rank your applications by priority. Rank: ____ of ____

Proposed Budget

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

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

Non-Participating Cost Estimate: \$_____

Total Project Estimate with Non-Participating: \$_____

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

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

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

Estimated Project Schedule

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

System Preservation

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

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

Which MDOT guidelines will the project use:

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

What is the current state of drainage on the road:

Regional Significance

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

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

Safety

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

All Crashes

Total number of crashes: _____

Number of fatalities: _____

Number of Serious Injuries: _____

Pedestrian and Bicycle Crashes

Total number of crashes: _____

Number of fatalities: _____

Number of Serious Injuries: _____

List the safety countermeasures included in the project
Use the attached list of countermeasures and associated crash types

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

Complete Streets

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

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

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

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

Accessibility and Equity

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

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

Strategic Planning & Investment

The project crosses jurisdictional boundaries. Yes No

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

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

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

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

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

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

Risk Assessment

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

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

Does the project require utility relocation? Yes No Unknown

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

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

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

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

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

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

Existing and Proposed Roadway Design

	Existing			Proposed		
Number of lanes	Through Lanes: ____	Center Turn Lane (Y/N): ____	On Street Parking (Y/N): ____	Through Lanes: ____	Center Turn Lane (Y/N): ____	On Street Parking (Y/N): ____
Shoulder	<input type="checkbox"/> Paved <input checked="" type="checkbox"/> Unpaved		Width: ____ Ft.	<input type="checkbox"/> Paved <input type="checkbox"/> Unpaved		Width: ____ Ft.
Sidewalk/path	Placement		Width: ____ Ft.	Placement		Width: ____ Ft.
On road bicycle facilities	<input type="radio"/> Bike Lanes <input type="radio"/> Other (Specify) _____ <input type="radio"/> Sharrows			<input type="radio"/> Bike Lanes <input type="radio"/> Other (Specify) _____ <input type="radio"/> Sharrows		
	<input type="radio"/> Wide Shoulders		<input type="radio"/> None	<input type="radio"/> Wide Shoulders		<input type="radio"/> None
Utilities	<input type="checkbox"/> Utility Work is needed <input type="checkbox"/> Water/Sewer Work is needed			<input type="checkbox"/> Replacement of utilities <input type="checkbox"/> Relocation of utilities <input type="checkbox"/> Sewer and/or water line work		

Applicant Acknowledgements

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Certification of Matching Funds

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Name: _____ Title: _____

Niles-Buchanan-Cass Area Transportation Study
2026-2029 Transportation Improvement Program (TIP)
Federal Surface Transportation Block Grant Project Application

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

Applicant Information

Agency Name: _____

Contact Name: _____ Title: _____

Email Address: _____ Phone Number: _____

Engineer/Consultant: _____ Company: _____

Email Address: _____ Phone Number: _____

Project Description

Project Name/Road Name: _____

Project Limits (From/To): _____

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

City, Village, or Township: _____

Additional location description if needed

Major Work Type: _____ Preferred Year of Funding: _____

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

Describe any non-participating work if applicable

What is the need and purpose for this project (what issues are being addressed by the proposed work)

If you are submitting multiple applications, please rank your applications by priority.

Rank: ____ of ____

Proposed Budget

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

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

Non-Participating Cost Estimate: \$_____

Total Project Estimate with Non-Participating: \$_____

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

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

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

Estimated Project Schedule

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

System Preservation

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

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

Which MDOT guidelines will the project use:

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

What is the current state of drainage on the road:

Regional Significance

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

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

Safety

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

All Crashes

Total number of crashes: _____

Number of fatalities: _____

Number of Serious Injuries: _____

Pedestrian and Bicycle Crashes

Total number of crashes: _____

Number of fatalities: _____

Number of Serious Injuries: _____

List the safety countermeasures included in the project
Use the attached list of countermeasures and associated crash types

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

Complete Streets

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

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

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

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

Accessibility and Equity

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

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

Strategic Planning & Investment

The project crosses jurisdictional boundaries. Yes No

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

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

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

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

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

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

Risk Assessment

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

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

Does the project require utility relocation? Yes No Unknown

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

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

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

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

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

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

Existing and Proposed Roadway Design

	Existing			Proposed		
Number of lanes	Through Lanes: ____	Center Turn Lane (Y/N): ____	On Street Parking (Y/N): ____	Through Lanes: ____	Center Turn Lane (Y/N): ____	On Street Parking (Y/N): ____
Shoulder	<input type="checkbox"/> Paved <input type="checkbox"/> Unpaved		Width: ____ Ft.	<input type="checkbox"/> Paved <input type="checkbox"/> Unpaved		Width: ____ Ft.
Sidewalk/path	Placement		Width: ____ Ft.	Placement		Width: ____ Ft.
On road bicycle facilities	<input type="radio"/> Bike Lanes <input type="radio"/> Other (Specify) _____ <input type="radio"/> Sharrows			<input type="radio"/> Bike Lanes <input type="radio"/> Other (Specify) _____ <input type="radio"/> Sharrows		
	<input type="radio"/> Wide Shoulders		<input type="radio"/> None	<input type="radio"/> Wide Shoulders		<input type="radio"/> None
Utilities	<input type="checkbox"/> Utility Work is needed <input type="checkbox"/> Water/Sewer Work is needed			<input type="checkbox"/> Replacement of utilities <input type="checkbox"/> Relocation of utilities <input type="checkbox"/> Sewer and/or water line work		

Applicant Acknowledgements

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

Certification of Matching Funds

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Name: _____ Title: _____

Niles-Buchanan-Cass Area Transportation Study
2026-2029 Transportation Improvement Program (TIP)
Federal Surface Transportation Block Grant Project Application

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Email kovnatb@swmpc.org or call (269) 925-1137 x 1524

Applicant Information

Agency Name: _____

Contact Name: _____ Title: _____

Email Address: _____ Phone Number: _____

Engineer/Consultant: _____ Company: _____

Email Address: _____ Phone Number: _____

Project Description

Project Name/Road Name: _____

Project Limits (From/To): _____

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

City, Village, or Township: _____

Additional location description if needed

Major Work Type: _____ Preferred Year of Funding: _____

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

Describe any non-participating work if applicable

What is the need and purpose for this project (what issues are being addressed by the proposed work)

If you are submitting multiple applications, please rank your applications by priority.

Rank: ____ of ____

Proposed Budget

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

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

Non-Participating Cost Estimate: \$_____

Total Project Estimate with Non-Participating: \$_____

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

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

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

Estimated Project Schedule

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

System Preservation

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

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

Which MDOT guidelines will the project use:

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

What is the current state of drainage on the road:

Regional Significance

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

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

Safety

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

All Crashes

Total number of crashes: _____

Number of fatalities: _____

Number of Serious Injuries: _____

Pedestrian and Bicycle Crashes

Total number of crashes: _____

Number of fatalities: _____

Number of Serious Injuries: _____

List the safety countermeasures included in the project
Use the attached list of countermeasures and associated crash types

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

Complete Streets

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

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

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

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

Accessibility and Equity

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

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

Strategic Planning & Investment

The project crosses jurisdictional boundaries. Yes No

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

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

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

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

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

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

Risk Assessment

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

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

Does the project require utility relocation? Yes No Unknown

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

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

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

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

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

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

Existing and Proposed Roadway Design

Table with 2 main columns: Existing and Proposed. Rows include: Number of lanes, Shoulder, Sidewalk/path, On road bicycle facilities, and Utilities. Each row contains checkboxes and text input fields for various roadway features.

Applicant Acknowledgements

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

Certification of Matching Funds

By signing below, the Project Sponsor assures that sufficient funds are available to pay any costs above the awarded federal fund amount and that completion of this project is not contingent upon additional grants (the sources of matching funds may be changed after STBG funding has been awarded, in accordance with all established TIP amendment guidelines).

Name: _____ Title: _____

Niles-Buchanan-Cass Area Transportation Study
2026-2029 Transportation Improvement Program (TIP)
Federal Surface Transportation Block Grant Project Application

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

Applicant Information

Agency Name: _____

Contact Name: _____ Title: _____

Email Address: _____ Phone Number: _____

Engineer/Consultant: _____ Company: _____

Email Address: _____ Phone Number: _____

Project Description

Project Name/Road Name: _____

Project Limits (From/To): _____

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

City, Village, or Township: _____

Additional location description if needed

Major Work Type: _____ Preferred Year of Funding: _____

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

Describe any non-participating work if applicable

What is the need and purpose for this project (what issues are being addressed by the proposed work)

If you are submitting multiple applications, please rank your applications by priority.

Rank: ____ of ____

Proposed Budget

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

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

Non-Participating Cost Estimate: \$_____

Total Project Estimate with Non-Participating: \$_____

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

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

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

Estimated Project Schedule

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

System Preservation

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

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

Which MDOT guidelines will the project use:

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

What is the current state of drainage on the road:

Regional Significance

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

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

Safety

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

All Crashes

Total number of crashes: _____

Number of fatalities: _____

Number of Serious Injuries: _____

Pedestrian and Bicycle Crashes

Total number of crashes: _____

Number of fatalities: _____

Number of Serious Injuries: _____

List the safety countermeasures included in the project
Use the attached list of countermeasures and associated crash types

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

Complete Streets

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

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

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

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

Accessibility and Equity

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

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

Strategic Planning & Investment

The project crosses jurisdictional boundaries. Yes No

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

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

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

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

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

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

Risk Assessment

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

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

Does the project require utility relocation? Yes No Unknown

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

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

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

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

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

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

Existing and Proposed Roadway Design

	Existing			Proposed		
Number of lanes	Through Lanes: ____	Center Turn Lane (Y/N): ____	On Street Parking (Y/N): ____	Through Lanes: ____	Center Turn Lane (Y/N): ____	On Street Parking (Y/N): ____
Shoulder	<input checked="" type="checkbox"/> Paved <input type="checkbox"/> Unpaved		Width: ____ Ft.	<input checked="" type="checkbox"/> Paved <input type="checkbox"/> Unpaved		Width: ____ Ft.
Sidewalk/path	Placement		Width: ____ Ft.	Placement		Width: ____ Ft.
On road bicycle facilities	<input type="radio"/> Bike Lanes <input type="radio"/> Other (Specify) _____ <input type="radio"/> Sharrows			<input type="radio"/> Bike Lanes <input type="radio"/> Other (Specify) _____ <input type="radio"/> Sharrows		
	<input type="radio"/> Wide Shoulders		<input type="radio"/> None	<input type="radio"/> Wide Shoulders		<input type="radio"/> None
Utilities	<input type="checkbox"/> Utility Work is needed <input type="checkbox"/> Water/Sewer Work is needed			<input type="checkbox"/> Replacement of utilities <input type="checkbox"/> Relocation of utilities <input type="checkbox"/> Sewer and/or water line work		

Applicant Acknowledgements

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

Certification of Matching Funds

By signing below, the Project Sponsor assures that sufficient funds are available to pay any costs above the awarded federal fund amount and that completion of this project is not contingent upon additional grants (the sources of matching funds may be changed after STBG funding has been awarded, in accordance with all established TIP amendment guidelines).

Name: _____ Title: _____

Niles-Buchanan-Cass Area Transportation Study
2026-2029 Transportation Improvement Program (TIP)
Federal Surface Transportation Block Grant Project Application

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

Applicant Information

Agency Name: _____

Contact Name: _____ Title: _____

Email Address: _____ Phone Number: _____

Engineer/Consultant: _____ Company: _____

Email Address: _____ Phone Number: _____

Project Description

Project Name/Road Name: _____

Project Limits (From/To): _____

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

City, Village, or Township: _____

Additional location description if needed

Major Work Type: _____ Preferred Year of Funding: _____

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

Describe any non-participating work if applicable

What is the need and purpose for this project (what issues are being addressed by the proposed work)

If you are submitting multiple applications, please rank your applications by priority.

Rank: ____ of ____

Proposed Budget

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

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

Non-Participating Cost Estimate: \$_____

Total Project Estimate with Non-Participating: \$_____

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

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

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

Estimated Project Schedule

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

System Preservation

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

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

Which MDOT guidelines will the project use:

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

What is the current state of drainage on the road:

Regional Significance

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

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

Safety

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

All Crashes

Total number of crashes: _____

Number of fatalities: _____

Number of Serious Injuries: _____

Pedestrian and Bicycle Crashes

Total number of crashes: _____

Number of fatalities: _____

Number of Serious Injuries: _____

List the safety countermeasures included in the project
Use the attached list of countermeasures and associated crash types

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

Complete Streets

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

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

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

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

Accessibility and Equity

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

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

Strategic Planning & Investment

The project crosses jurisdictional boundaries. Yes No

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

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

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

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

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

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

Risk Assessment

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

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

Does the project require utility relocation? Yes No Unknown

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

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

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

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

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

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

Existing and Proposed Roadway Design

	Existing			Proposed		
Number of lanes	Through Lanes: ____	Center Turn Lane (Y/N): ____	On Street Parking (Y/N): ____	Through Lanes: ____	Center Turn Lane (Y/N): ____	On Street Parking (Y/N): ____
Shoulder	<input type="checkbox"/> Paved <input type="checkbox"/> Unpaved		Width: ____ Ft.	<input type="checkbox"/> Paved <input type="checkbox"/> Unpaved		Width: ____ Ft.
Sidewalk/path	Placement		Width: ____ Ft.	Placement		Width: ____ Ft.
On road bicycle facilities	<input type="radio"/> Bike Lanes <input type="radio"/> Other (Specify) _____ <input type="radio"/> Sharrows			<input type="radio"/> Bike Lanes <input type="radio"/> Other (Specify) _____ <input type="radio"/> Sharrows		
	<input type="radio"/> Wide Shoulders		<input type="radio"/> None	<input type="radio"/> Wide Shoulders		<input type="radio"/> None
Utilities	<input type="checkbox"/> Utility Work is needed <input type="checkbox"/> Water/Sewer Work is needed			<input type="checkbox"/> Replacement of utilities <input type="checkbox"/> Relocation of utilities <input type="checkbox"/> Sewer and/or water line work		

Applicant Acknowledgements

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

Certification of Matching Funds

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Name: _____ Title: _____

Niles-Buchanan-Cass Area Transportation Study
2026-2029 Transportation Improvement Program (TIP)
Federal Surface Transportation Block Grant Project Application

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

Applicant Information

Agency Name: _____
Contact Name: _____ Title: _____
Email Address: _____ Phone Number: _____
Engineer/Consultant: _____ Company: _____
Email Address: _____ Phone Number: _____

Project Description

Project Name/Road Name: _____
Project Limits (From/To): _____
Project Length (to the nearest hundredth of a mile): ____ miles
City, Village, or Township: _____

Additional location description if needed

Major Work Type: _____ Preferred Year of Funding: _____

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

Describe any non-participating work if applicable

What is the need and purpose for this project (what issues are being addressed by the proposed work)

If you are submitting multiple applications, please rank your applications by priority. Rank: ____ of ____

Proposed Budget

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

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

Non-Participating Cost Estimate: \$_____

Total Project Estimate with Non-Participating: \$_____

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

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

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

Estimated Project Schedule

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

System Preservation

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

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

Which MDOT guidelines will the project use:

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

What is the current state of drainage on the road:

Regional Significance

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

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

Safety

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

All Crashes

Total number of crashes: _____

Number of fatalities: _____

Number of Serious Injuries: _____

Pedestrian and Bicycle Crashes

Total number of crashes: _____

Number of fatalities: _____

Number of Serious Injuries: _____

List the safety countermeasures included in the project
Use the attached list of countermeasures and associated crash types

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

Complete Streets

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

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

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

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

Accessibility and Equity

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

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

Strategic Planning & Investment

The project crosses jurisdictional boundaries. Yes No

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

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

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

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

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

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

Risk Assessment

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

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

Does the project require utility relocation? Yes No Unknown

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

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

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

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

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

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

Existing and Proposed Roadway Design

	Existing			Proposed		
Number of lanes	Through Lanes: ____	Center Turn Lane (Y/N): ____	On Street Parking (Y/N): ____	Through Lanes: ____	Center Turn Lane (Y/N): ____	On Street Parking (Y/N): ____
Shoulder	<input type="checkbox"/> Paved <input type="checkbox"/> Unpaved		Width: ____ Ft.	<input type="checkbox"/> Paved <input type="checkbox"/> Unpaved		Width: ____ Ft.
Sidewalk/path	Placement		Width: ____ Ft.	Placement		Width: ____ Ft.
On road bicycle facilities	<input type="radio"/> Bike Lanes <input type="radio"/> Other (Specify) _____ <input type="radio"/> Sharrows			<input type="radio"/> Bike Lanes <input type="radio"/> Other (Specify) _____ <input type="radio"/> Sharrows		
	<input type="radio"/> Wide Shoulders		<input type="radio"/> None	<input type="radio"/> Wide Shoulders		<input type="radio"/> None
Utilities	<input type="checkbox"/> Utility Work is needed <input type="checkbox"/> Water/Sewer Work is needed			<input type="checkbox"/> Replacement of utilities <input type="checkbox"/> Relocation of utilities <input type="checkbox"/> Sewer and/or water line work		

Applicant Acknowledgements

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

Certification of Matching Funds

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Name: _____ Title: _____

Niles-Buchanan-Cass Area Transportation Study
2026-2029 Transportation Improvement Program (TIP)
Federal Surface Transportation Block Grant Project Application

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Email kovnatb@swmpc.org or call (269) 925-1137 x 1524

Applicant Information

Agency Name: _____

Contact Name: _____ Title: _____

Email Address: _____ Phone Number: _____

Engineer/Consultant: _____ Company: _____

Email Address: _____ Phone Number: _____

Project Description

Project Name/Road Name: _____

Project Limits (From/To): _____

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

City, Village, or Township: _____

Additional location description if needed

Major Work Type: _____ Preferred Year of Funding: _____

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

Describe any non-participating work if applicable

What is the need and purpose for this project (what issues are being addressed by the proposed work)

If you are submitting multiple applications, please rank your applications by priority.

Rank: ____ of ____

Proposed Budget

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

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

Non-Participating Cost Estimate: \$_____

Total Project Estimate with Non-Participating: \$_____

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

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

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

Estimated Project Schedule

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

System Preservation

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

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

Which MDOT guidelines will the project use:

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

What is the current state of drainage on the road:

Regional Significance

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

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

Safety

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

All Crashes

Total number of crashes: _____

Number of fatalities: _____

Number of Serious Injuries: _____

Pedestrian and Bicycle Crashes

Total number of crashes: _____

Number of fatalities: _____

Number of Serious Injuries: _____

List the safety countermeasures included in the project
Use the attached list of countermeasures and associated crash types

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

Complete Streets

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

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

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

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

Accessibility and Equity

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

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

Strategic Planning & Investment

The project crosses jurisdictional boundaries. Yes No

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

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

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

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

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

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

Risk Assessment

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

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

Does the project require utility relocation? Yes No Unknown

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

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

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

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

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

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

Existing and Proposed Roadway Design

	Existing			Proposed		
Number of lanes	Through Lanes: ____	Center Turn Lane (Y/N): ____	On Street Parking (Y/N): ____	Through Lanes: ____	Center Turn Lane (Y/N): ____	On Street Parking (Y/N): ____
Shoulder	<input type="checkbox"/> Paved <input checked="" type="checkbox"/> Unpaved		Width: ____ Ft.	<input type="checkbox"/> Paved <input checked="" type="checkbox"/> Unpaved		Width: ____ Ft.
Sidewalk/path	Placement		Width: ____ Ft.	Placement		Width: ____ Ft.
On road bicycle facilities	<input type="radio"/> Bike Lanes <input type="radio"/> Other (Specify) _____ <input type="radio"/> Sharrows <input type="radio"/> Wide Shoulders <input type="radio"/> None			<input type="radio"/> Bike Lanes <input type="radio"/> Other (Specify) _____ <input type="radio"/> Sharrows <input type="radio"/> Wide Shoulders <input type="radio"/> None		
Utilities	<input type="checkbox"/> Utility Work is needed <input type="checkbox"/> Water/Sewer Work is needed			<input type="checkbox"/> Replacement of utilities <input type="checkbox"/> Relocation of utilities <input type="checkbox"/> Sewer and/or water line work		

Applicant Acknowledgements

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

Certification of Matching Funds

By signing below, the Project Sponsor assures that sufficient funds are available to pay any costs above the awarded federal fund amount and that completion of this project is not contingent upon additional grants (the sources of matching funds may be changed after STBG funding has been awarded, in accordance with all established TIP amendment guidelines).

Name: _____ Title: _____