Michigan Department Of Transportation 1627 (05/16)

LOCAL AGENCY PROGRAMS SAFETY PROJECT SUBMITTAL FORM

FUNDING TEMPLATE:		FISCAL YEAR:	
LOCAL AGENCY		LOCAL AGENCY CONTACT	
PHONE NO.	FAX NO.	EMAIL ADDRESS	
ALTERNATIVE CONTACT		PHONE NO.	FAX NO.
EMAIL ADDRESS		HOUSE DISTRICT	SENATE DISTRICT
PROPOSED PROJECT LOCATION	N, LIMITS AND PROJECT DESCRIPTI	ON	
PROPOSED COST	TIME OF RETURN (YEARS)	IMPROVEMENT CATEGORY (CHECK ALL CATEGORIES THAT APPLY) Local Road Safety Plan Emphasis Area	
BENEFIT TO COST RATIO	TOWNSHIP/CITY	Intersection Improvements	
PLEASE LIST THE CRASH REDUCTION FACTORS USED:		Roadway and Structure Improvements Roadside Improvements	
DOES A PROJECT IMPACT A SCHOOL OR OTHER SENSITIVE ORGANIZATION? PLEASE DESCRIBE:		Pedestrian and Bicycle Improvements Systemic (Explanation of how improvement will improve safety and reduce crashes is required below.) Other	
			equired below.)
ROADWAY DATA			
ROADWAY DATA PRIMARY ROUTE NAME		Other	
		OtherCROSS ROAD DATA (If an in	
PRIMARY ROUTE NAME	*NO. OF CRASHES	CROSS ROAD DATA (If an in ROUTE NAME	
PRIMARY ROUTE NAME	*NO. OF CRASHES *NO. OF "A" TYPE CRASHES	Other CROSS ROAD DATA (If an in ROUTE NAME ADT	tersection improvement)
PRIMARY ROUTE NAME ADT PERCENT COMMERCIAL		Other CROSS ROAD DATA (If an in ROUTE NAME ADT PERCENT COMMERCIAL	*NO. OF CRASHES
PRIMARY ROUTE NAME ADT PERCENT COMMERCIAL * NO. OF FATAL CRASHES *PERIOD OF CRASH DATA	*NO. OF "A" TYPE CRASHES	Other CROSS ROAD DATA (If an in ROUTE NAME ADT PERCENT COMMERCIAL *NO. OF FATAL CRASHES *PERIOD OF CRASH DATA	*NO. OF CRASHES *NO. OF "A" TYPE CRASHES FUNCTIONAL CLASSIFICATION
PRIMARY ROUTE NAME ADT PERCENT COMMERCIAL * NO. OF FATAL CRASHES *PERIOD OF CRASH DATA *Please attach Crash Summary and	*NO. OF "A" TYPE CRASHES FUNCTIONAL CLASSIFICATION	Other CROSS ROAD DATA (If an in ROUTE NAME ADT PERCENT COMMERCIAL *NO. OF FATAL CRASHES *PERIOD OF CRASH DATA the most recent 5 years of available	*NO. OF CRASHES *NO. OF "A" TYPE CRASHES FUNCTIONAL CLASSIFICATION data.
PRIMARY ROUTE NAME ADT PERCENT COMMERCIAL * NO. OF FATAL CRASHES *PERIOD OF CRASH DATA *Please attach Crash Summary and EXPLANATION OF HOW THE PRO HAS YOUR LOCAL AGENCY REC YEARS?	*NO. OF "A" TYPE CRASHES FUNCTIONAL CLASSIFICATION DUD-10's to your project submittal with DPOSED IMPROVEMENT WILL IMPR	OtherCROSS ROAD DATA (If an in ROUTE NAME ADT ADT PERCENT COMMERCIAL *NO. OF FATAL CRASHES *PERIOD OF CRASH DATA The most recent 5 years of available OVE SAFETY AND REDUCE CRASHOVE SAFETY SAF	*NO. OF CRASHES *NO. OF "A" TYPE CRASHES FUNCTIONAL CLASSIFICATION data. HES
PRIMARY ROUTE NAME ADT PERCENT COMMERCIAL * NO. OF FATAL CRASHES *PERIOD OF CRASH DATA *Please attach Crash Summary and EXPLANATION OF HOW THE PRO	*NO. OF "A" TYPE CRASHES FUNCTIONAL CLASSIFICATION d UD-10's to your project submittal with DPOSED IMPROVEMENT WILL IMPR	OtherCROSS ROAD DATA (If an in ROUTE NAME ADT ADT PERCENT COMMERCIAL *NO. OF FATAL CRASHES *PERIOD OF CRASH DATA The most recent 5 years of available OVE SAFETY AND REDUCE CRASHOVE SAFETY SAF	*NO. OF CRASHES *NO. OF "A" TYPE CRASHES FUNCTIONAL CLASSIFICATION data. HES
PRIMARY ROUTE NAME ADT PERCENT COMMERCIAL * NO. OF FATAL CRASHES *PERIOD OF CRASH DATA *Please attach Crash Summary and EXPLANATION OF HOW THE PRO HAS YOUR LOCAL AGENCY REC YEARS? YES IF YES, HAVE ALL PROJECTS BE	*NO. OF "A" TYPE CRASHES FUNCTIONAL CLASSIFICATION d UD-10's to your project submittal with DPOSED IMPROVEMENT WILL IMPR EIVED APPROVAL OF A SAFETY PRO NO SAFETY PRO EN COMPLETED?	OtherCROSS ROAD DATA (If an in ROUTE NAME ADT ADT PERCENT COMMERCIAL *NO. OF FATAL CRASHES *PERIOD OF CRASH DATA The most recent 5 years of available OVE SAFETY AND REDUCE CRASHOVE SAFETY SAF	*NO. OF CRASHES *NO. OF "A" TYPE CRASHES FUNCTIONAL CLASSIFICATION data. HES