

## 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, LIMITS AND PROJECT DESCRIPTION

|  |                        |  |
|--|------------------------|--|
| PROPOSED COST  | TIME OF RETURN (YEARS) | IMPROVEMENT CATEGORY (CHECK ALL CATEGORIES THAT APPLY)<br><input type="checkbox"/> Local Road Safety Plan Emphasis Area<br><input type="checkbox"/> Intersection Improvements<br><input type="checkbox"/> Roadway and Structure Improvements<br><input type="checkbox"/> Roadside Improvements<br><input type="checkbox"/> Pedestrian and Bicycle Improvements<br><input type="checkbox"/> Systemic (Explanation of how improvement will improve safety and reduce crashes is required below.)<br><input type="checkbox"/> Other _____ |
| BENEFIT TO COST RATIO  | TOWNSHIP/CITY          |  |
| PLEASE LIST THE CRASH REDUCTION FACTORS USED:                                    |                        |  |
| DOES A PROJECT IMPACT A SCHOOL OR OTHER SENSITIVE ORGANIZATION? PLEASE DESCRIBE: |                        |  |
|  |                        |  |

**ROADWAY DATA**

**CROSS ROAD DATA (If an intersection improvement)**

|                        |                           |                       |                           |
|------------------------|---------------------------|-----------------------|---------------------------|
| PRIMARY ROUTE NAME     |                           | ROUTE NAME            |                           |
| ADT                    |                           | ADT                   |                           |
| PERCENT COMMERCIAL     | *NO. OF CRASHES           | PERCENT COMMERCIAL    | *NO. OF CRASHES           |
| * NO. OF FATAL CRASHES | *NO. OF "A" TYPE CRASHES  | *NO. OF FATAL CRASHES | *NO. OF "A" TYPE CRASHES  |
| *PERIOD OF CRASH DATA  | FUNCTIONAL CLASSIFICATION | *PERIOD OF CRASH DATA | FUNCTIONAL CLASSIFICATION |

\*Please attach Crash Summary and UD-10's to your project submittal with the most recent 5 years of available data.

EXPLANATION OF HOW THE PROPOSED IMPROVEMENT WILL IMPROVE SAFETY AND REDUCE CRASHES

HAS YOUR LOCAL AGENCY RECEIVED APPROVAL OF A SAFETY PROJECT OR HRRR PROJECT THROUGH MDOT'S LAP UNIT IN THE PAST 5 YEARS?

YES       NO       SAFETY PROJECT       HRRR PROJECT

IF YES, HAVE ALL PROJECTS BEEN COMPLETED?

YES       NO

IF NO, PLEASE EXPLAIN WHY

OTHER PROJECT CONSIDERATIONS