

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 THE CATEGORY THAT APPLIES) <input type="checkbox"/> Intersection Improvements <input type="checkbox"/> Roadway and Structure Improvements <input type="checkbox"/> Roadside Improvements <input type="checkbox"/> Pedestrian and Bicycle Improvements <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