

**Applicant Information**

Application Number: 2014004  
 Section: 01  
 Applicant Agency: City/Village  
 Grant Applicant: Enter Grant Applicant Here

**Project Description**

Project Name: Enter Project Name Here  
 Type of Work: Enter Type of Work Here  
 Length (miles): 0.0

**Project Location**

County: Genesee  
 Region: Bay  
 City/Village or Township: Flint  
 Zip Code: 48504  
 Route/Street Name/Facility Name: Enter Street Name Here  
 Project Limits (use nearest cross streets): Enter Nearest Crossroads Here  
 Physical Reference: 634515  
 MPO (Metropolitan Planning Organization): Genesee County Metropolitan Planning Commission  
 TMA (Transportation Management Area): Not in TMA area

**Legislative Information**

State Senator: 1st District  
 State Representative: 1st District  
 U.S. Representative: 1st District

**Project Category**

Facilities for pedestrians and bicyclists, including traffic calming and other safety improvements

**Contacts**

Prefix Contact Type	Name Title	Phone Organization	Cell	Email
Other Contact Person	Contact Person	(555) 555-5555		email@address.com
Other Chief Elected Official	Contact Person	(555) 555-5111		contact@person.com
Other Chief Administrative Official	Contact Person	(555) 511-1111		contact@email.com

**Narrative**

1. In a brief narrative, describe the proposed work and how the project will benefit the affected community(ies):

Enter text here.

**2. Describe how this project is competitive for funding:**

Review the competitiveness details document located at [www.michigan.gov/tap](http://www.michigan.gov/tap), by clicking on "Project Competitiveness Details".

Describe in this space how this project meets the TAP competitiveness criteria.

**Documents**

Document	Document Type	Description	User	Date
1	Map	Add document here	mitchellm13	10/08/2013
2	Site Plan	Site Plan	mitchellm13	10/08/2013
3	Completion Photograph	Photos	mitchellm13	10/08/2013
4	Cross Section	Cross Section	mitchellm13	10/08/2013

**Budget**

**Participating Items of Work:**

Item of Work	Quantity	Unit	Unit Cost	Item Cost
Add items here	10.00	10	\$1.00	\$10.00
<b>Total:</b>				<b>\$10.00</b>

**Non-Participating Items of Work:**

Item of Work	Quantity	Unit	Unit Cost	Item Cost
Add items here	10.00	10	\$10.00	\$100.00
<b>Total:</b>				<b>\$100.00</b>

**Participating Match Details:**

Source	Type	Amount	Match Percentage
<b>Total:</b>			

**Source of Non-Participating Funds:**

**Project Summary**

Participating Items:	\$10.00
Non-Participating Items:	\$100.00
<b>Project Total:</b>	<b>\$110.00</b>

**Request Summary**

Grant Funds:	\$10.00	100.00%
Match:	\$0.00	0.00%
<b>Participating Costs:</b>	<b>\$10.00</b>	<b>100.00%</b>

**Schedule**

**Project Type:** Construction

**1. Milestones**

**Date**

Plans and Estimate Complete:	12/15/2013
Grade Inspection Package submitted to MDOT:	10/25/2013
Right of Way Cetified:	12/01/2013
Matching Funds Certified:	12/01/2013

Project Listed on Approved TIP/STIP: 10/01/2013  
 Advertisement Start Date: 01/30/2014  
 Construction Letting Date: 03/07/2014  
 Construction Start Date: 06/01/2014  
 Construction End Date: 08/30/2014

**2. Will this project be paired with any future construction projects?** No

**3. Additional comments about the project schedule:**

If yes, please explain.

**Environment/Community**

**1. Check all that apply:**

- |  |  |  |
|--|--|--|
| <input checked="" type="checkbox"/> ROW/Construction Access Permit | <input checked="" type="checkbox"/> Recreational Lands | <input checked="" type="checkbox"/> State Historic Preservation Office Clearance |
| <input checked="" type="checkbox"/> Inland Lakes or Streams Permit | <input checked="" type="checkbox"/> Tree Removal       | <input checked="" type="checkbox"/> Contaminated Sites                           |
| <input checked="" type="checkbox"/> Wetlands Permit                | <input checked="" type="checkbox"/> Endangered Species | <input type="checkbox"/> Other   |
| <input checked="" type="checkbox"/> Floodplains Permit             | <input checked="" type="checkbox"/> Coastal Zone       | <input type="checkbox"/> Other   |

**Please describe:**

Add text here if needed.

**2a. Describe the anticipated impact of the project on adjacent property owners, your efforts to inform them of the project, and responses to these efforts:**

Add text here

**2b. Is property acquisition necessary?** No

**(Select all that apply and describe below.)**

- |  |   |  |
|--|---|--|
| <input type="checkbox"/> Donation        | <input type="checkbox"/> Willing Seller     | <input type="checkbox"/> Appraisal Completed |
| <input type="checkbox"/> Purchase Option | <input type="checkbox"/> Purchase Agreement |  |

**Please describe:**

**3a. How did you facilitate stakeholder engagement in the development of this project concept and what stakeholders were involved?**

Add text here.

**3b. Describe the stakeholder input you received. How did this input help shape this project concept?**

Add text here.

**4. If this project is identified in an adopted community, county, and/or region-wide plan, please describe (such as master plan, comprehensive plan, trail plan, downtown development plan, etc.):**

Add text here.

**5. Has your community adopted a Complete Streets policy?**

No

**a. What type of document is your policy? (Select all that apply.)**

- |                                     |                                      |  |
|-------------------------------------|--------------------------------------|--|
| <input type="checkbox"/> Policy     | <input type="checkbox"/> Ordinance   | <input type="checkbox"/> Capital Improvement Program |
| <input type="checkbox"/> Resolution | <input type="checkbox"/> Master Plan | <input type="checkbox"/> Other                       |

**b. How does this project support this policy?**

**c. Describe what investment your community has made and/or activities you conducted to support your complete Streets policy.**

**Maintenance**

**1. What agency is responsible for operation and maintenance of the completed project and what source of funds will be used?**

Add text here.

**2. Describe anticipated maintenance needs by task. (Indicate frequency of maintenance and estimated annual cost.)**

Add text here.