

LOUISIANA LOCAL ROAD SAFETY PROGRAM

Local Road Safety Improvement Projects

Louisiana Local Road Safety
Program Project Application
2016

Louisiana Department of Transportation and Development
2016 APPLICATION FOR FEDERAL PROGRAMS

- Program: Transportation Alternatives Program (TAP)
 Local Road Safety Program (LRSP)
 Safe Routes to School (SRTS)

The following is general information to be completed for all programs:

SPONSOR INFORMATION

Official Entity Name: _____

Type of Sponsor:

- Public University/School Federal Agency Local Government
 State Government Non-profit (SRTS) Partnership (if more than 1 explain)
 Other: _____

Mailing Address: _____

City: _____ State: _____ Zip (9 digits): _____

Signatory Person: _____ Title: _____

Responsible Charge Person: _____ Title: _____

Email: _____ Phone #: _____

Other Contact Person: _____ Title: _____

Email: _____ Phone #: _____

Fax #: _____ Federal ID: _____

DUNS #: _____ Vendor #: _____

To verify your vendor number or to register for a vendor number, please visit the following website:
<http://wwwprd1.doa.louisiana.gov/OSP/LaPAC/Vendor/VndPubMain.cfm?tab=2>

CONSULTANT INFORMATION

If entity is pay for 100% of the engineering/design consultant and has selected their engineer, please provide consultant information. Please note that companies that are on DOTD's disqualified or disbarred list cannot be used on Federal Aid projects. The lists may be found by going to www.dotd.louisiana.gov. Go to "Doing Business with DOTD"/"Consultant Contract Services"/"Solicitation Information"

Name of Company: _____

Address: _____

State: _____ Zip: _____ Contact Person: _____

Title: _____ Phone Number: _____

Email: _____ Fax Number: _____

PROJECT BACKGROUND (BRIEF PROJECT INFORMATION)

Name of Project (40 characters only including spaces): _____

Roadway or Facility Name (If different from project name): _____

Total Project Length with
Beginning & Ending Points (if applicable): _____

GPS Coordinates: _____

Project Location (Attach Map) Parish(es): _____

State House District No.: _____ State Senate District No.: _____

PURPOSE AND NEED

State the **Purpose** (Reason for proposing the project; Example: The purpose of this project is to reduce the delay and improve operation of the intersection.)

State the **Need** (Describe the key problem being addressed and the cause of those problems; Example: The need of this project is to improve congestion, emissions and operations.)

PROJECT SCOPE AND DETAILED PROJECT DESCRIPTION

Describe all work necessary for the project. If the project is to be phased, first give overall description of entire project with cost, then detail items for which funding is sought. Description should reflect only activities checked under project category and limited to the space provided. Identify funding for ineligible items. (Example: TAP does not pay for more than 50% of a subsurface system.)

MAPS, PLANS & PHOTOGRAPHS

Attach project location map(s); project boundary map and site plan (if available). Include photographs of the existing site and/or facility if applicable. Please note this application will be reproduced, so please provide maps in a "reproducible friendly" format (on 8-1/2" X 11" paper. Comments on the projects should be outlined in the space provided.

PROJECT BENEFITS

Please indicate in the space provided how the project benefits the state and/or community. Please describe how this project supports or is integrated into a state or local transportation related plan(s). If project benefits safety of pedestrians, bicyclists, and/or motorist, please include information on applicable crash data and/or fatality information/records. If project provides access to schools, please show location of school to the project on the location map. Though attachments of the community plan may be included as supporting information, project benefits must be described below.

PROJECT SCHEDULE

Explain how you plan to implement your project (include anticipated start date, design date, implementation timeframe, completion date and any anticipated "hold-ups"). Attach Schedule Planner Worksheet and compute both the shortest and maximum amount of time the project may take.

PROJECT COST

Itemize ALL project elements and costs for which funding is being sought only. All construction contracts will be advertised and bid by DOTD, take this into consideration when preparing project costs. List item, description, quantity, unit price, amount, etc. Include items for mobilization, temporary signs and barricades, irrigation systems for landscaping, and construction layout (if layout is applicable and to be performed by contractor). Be sure to have as complete and accurate a cost estimate as possible for all phases of the work and consider inflationary costs due to time in the program.

Construction Costs				
DOTD ITEM NUMBERS	UNIT OF MEASURE	QUANTITY (A)	UNIT PRICE (B)	COST (A*B)
Subtotal				
Mobilization (5-10% of Amount Subtotal)		1		
Traffic Control (2-10% of Amount Subtotal)		1		
Construction Layout (0-5% of Amount Subtotal)		1		
Contingencies (0-10% of Amount Subtotal)		1		
CONSTRUCTION COSTS TOTAL				

Engineering Costs		
Engineering Design and CEI	For estimating purposes, use minimum 20% of Construction Costs for Projects > \$100,000; use minimum 40% for Projects < \$100,000	
ENGINEERING COSTS TOTAL		

Other Costs			
Right-of-way	1		
Utility Relocation	1		
Miscellaneous	1		
OTHER COSTS TOTAL			

Total Costs	
Total Project Costs (Construction + Engineering + Other)	
Total Project Costs Eligible for Disbursement	
Federal Participation / Local Match (show as %, ex. 90/10)	
Total Requested Federal Funds	
Local Match	

COST ESTIMATE FOR PURCHASE ONLY PROJECTS

This sheet is for purchase only projects. Purchase only projects through LRSP are eligible for 100% funding. No local match is required. Specify the make and model number of any item that needs to be purchased in the table below.

ITEM DESCRIPTION (MAKE, MODEL)	QUANTITY	AMOUNT EA.	TOTAL
Line 1 – TOTAL			

Disregard local match for LRSP

SOURCES OF MATCH	MATCH %	TOTAL
A.		
B.		
C.		
D.		
E.		
Line 2 – TOTAL		

Line 3 – **FUNDS REQUESTED BY APPLICANT**

(Subtract Line 2 from Line 1, Round to nearest \$100)

\$ _____

FY2011 Changes

** Please note that the Local Road Safety Program requires the Sponsor to send a representative to participate in their local Safe Community regular meetings if applying for Portable Changeable Message signs.*

OPERATION AND MAINTENANCE COSTS

Briefly describe the Maintenance and Operating Plan for this project. Include an estimate of the annual cost of maintenance and operation including the source of those funds.

Program Specific Information

GENERAL INFORMATION

What is the type of land use adjacent to the project? (Residential, Commercial, Agricultural, School, Government, etc.) (Please describe or attach map showing land use):

Are there any drainage issues or features associated with the project site location? Please explain.

Priority (Relative to other applications submitted by Project Sponsor this cycle): _____

	YES	NO
Does this project require professional design services?	<input type="checkbox"/>	<input type="checkbox"/>
Is the Sponsor providing funding for the required match?	<input type="checkbox"/>	<input type="checkbox"/>
Will additional funding be provided over the required match? If yes, how much?	<input type="checkbox"/>	<input type="checkbox"/>
Is this project a continuation of a phase project? Which phase of Series?: State Project No./Names of other phases:	<input type="checkbox"/>	<input type="checkbox"/>
For Metropolitan Areas over 50,000 population, has the Metropolitan Planning Organization (MPO) endorsed the project? If yes, provide letter of MPO endorsement	<input type="checkbox"/>	<input type="checkbox"/>
For areas under 50,000, is the project endorsed by the local government?	<input type="checkbox"/>	<input type="checkbox"/>
Does all right-of-way necessary for the project fall within public ownership or lease? If yes, was right-of-way obtained using federal guidelines? If no, can the applicant/sponsor obtain the property (or 25 year lease within 1 year of acceptance into the program – program specific) in accordance with the Federal Uniform Act?	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Will all of the project be constructed within State-Maintained right-of-way? (Not applicable for LRSP)	<input type="checkbox"/>	<input type="checkbox"/>

Does any part of the project encroach on or cross railroad right-of-way?
If yes, attach a document from the affected railroad stating they are aware of the project.

Is the sponsor aware that the project must conform to applicable requirements of the Americans with Disabilities Act or any other state or federal laws concerning accessibility?

SUPPORTING DOCUMENTATION

Local Road Safety Program Applications

Data Analysis: In order for the committee to properly evaluate the application, include one or more of the following:

- Analysis of historical (1-3 years) crash reports – contact your local law enforcement agency or LTAP at 225-767-9117 for assistance in obtaining and analyzing data
- Results of a Road Safety Audit (RSA)
- Traffic Study
- Other documentation or data

Roadway use:

What is the amount of traffic that typically uses the facility each day (ADT)? How did you determine the traffic volume?

What type of traffic uses the roadway? (Cars, trucks, farm or construction equipment, pedestrians, cyclists, etc.)

What is the best time of day to observe or experience the safety problem? _____

Is there any special event in the vicinity of your projects that generates unusually high traffic volumes?

Road Information:

How many lanes are on the road or proposed site? _____

How wide are these lanes? _____

What is the current posted speed limit for the road or proposed site? _____

Safety Justification:

How will you demonstrate that this project reduces historical or potential crashes? This could include the following:

- Monitor crashes at location for future analysis
- Implement crash data collection and management system for geographical area
- Conduct traffic engineering study after improvements
- Conduct RSA after improvements

CERTIFICATION

The undersigned has legal authority to enter into contract to implement this project. The undersigned certifies that all information provided is complete and accurate to their best knowledge. The undersigned acknowledges that if the project is accepted, the funding and scope of work requested in this application SHALL NOT be changed from that originally requested without written approval.

Signature: _____ Date: _____

Title: _____ Phone Number: _____

Printed Name: _____