2016 Innovative Safety Program Application for (select only one)

Washington State Department of Transportation

☒ **High friction surface treatment(s)**
☐ **Intersection conflict warning system(s)**
☐ **Project(s) to increase traffic signal operations or visibility**
☐ **Compact roundabout(s)**

Project title: _____

Brief project description: Provide a summary of the project in a manner that could appear in the Statewide Transportation Improvement Program (STIP) for the project. Do not include quantities. Example: Improve traffic signal phasing and the visibility of traffic signal heads.

Project limits: Beginning project limit:_____ Ending project limit:_____

Jurisdiction name: **Contact person(s):** **Title:** **Phone:** **Email:** **Mailing address:**	**Name of metropolitan or regional planning organization:** **State legislative district #(s):** **Congressional district #(s):**

WSDOT Region assigned to the jurisdiction: See http://www.wsdot.wa.gov/LocalPrograms/regional.htm for more information.
☐ Northwest ☐ Olympic ☐ Southwest ☐ North Central ☐ South Central ☐ Eastern

Is this project being requested by an Indian tribe?
No ☐ Yes ☐

If you answered yes, please check below if this project is on any of the following roads:
☐ County road. County name:_____ ☐ City street. City name: _____
☐ Federal road. Name of federal agency that owns the road (example: Bureau of Indian Affairs): _____

Projects requested by an Indian tribe that involve work on one of the above types of roadways shall be coordinated through the agency that owns the roadway. Attach a letter or email that indicates concurrence with this application.

Is this project on a state route?
No ☐ Yes ☐ Route # _____ Milepost(s) ____

Projects on state routes shall be coordinated through the appropriate WSDOT regional office. Contact the Region Local Programs Engineer at http://www.wsdot.wa.gov/LocalPrograms/regional.htm to request concurrence. Attach a letter or email that indicates concurrence with this application.

Comments:

Background:
Is the project listed in an adopted plan?: Yes ☐ No ☐
Plan name(s):_____Date(s) adopted:_____

Describe the jurisdiction's progress toward meeting the following American's with Disabilities Act (ADA)/Section 504 of the Rehabilitation Act requirements for the public right-of-way. E.g. Not started, 25% complete, complete. See Local Agency Guidelines Manual Chapter 29 for details.

- ADA/Section 504 Coordinator
  _____
- Complaint/Grievance Procedures
  _____
- Self-evaluation for the public right-of-way
  _____
- Transition Plan or Compliance Planning Document (for the public right-of-way)
  _____
  - Accessible pedestrian signal and pushbutton policy if a Transition Plan or Compliance Planning Document has not been completed and the jurisdiction uses or gets requests for accessible pedestrian signals and pushbuttons._____

Need/purpose: Summarize why this project is needed.

Project detail: List where the improvement/countermeasure will be used. Include specific street and intersection names, including all known versions of the name (example: Pear St./Main St. & 4th Ave.). If the location is on a county road or is on land recently annexed from a county, include the county road number(s) and milepost(s) (example: Peninsula Rd./Road 70070 at MP 7.07). For projects on state routes, include the state route number(s) and milepost(s) (example: SR 700 MP 70.70). To identify state route mileposts, see http://www.wsdot.wa.gov/mapsdata/roadway/pdf/HwyLog2015Statewide.pdf or http://www.wsdot.wa.gov/mapsdata/tools/srweb.htm.
Also attach a vicinity map(s) that identifies the location of all improvements/countermeasures.

High fricture surface treatment locations (add more lines as necessary)	**Roadway, shoulder, and sidewalk configuration (example: two 11 foot lanes and two 3 foot shoulders)**	**Posted speed (mph)**	**Estimated average daily traffic (ADT) volume**	**Number of fatal/ serious injury collisions addressed**
1.				
2.				

Other details and comments:

Project schedule: Provide the estimated month and year for each milestone below. **The milestones must be determined assuming the project will be built by contract, not by the local jurisdiction or a partner jurisdiction's forces.**

Milestone	**Estimated date**
Project added to the local jurisdiction's Transportation Improvement Program (TIP)	Mo/Yr
Project added to the Regional TIP	Mo/Yr
Project added to the Statewide Transportation Improvement Program (STIP)	Mo/Yr
Project agreement signed	Mo/Yr
Begin PE (PE authorized by WSDOT/FHWA)	Mo/Yr
National Environmental Policy Act (NEPA) kickoff	Mo/Yr
Environmental documents approved	Mo/Yr
Right-of-way started	Mo/Yr
Right-of-way completed (certification)	Mo/Yr
Geometric/30% design complete	Mo/Yr
Geometric/60% design complete	Mo/Yr
End PE	Mo/Yr
Contract advertised	Mo/Yr
Contract awarded	Mo/Yr
Open to the public (operationally complete)	Mo/Yr
Construction complete	Mo/Yr

Comments:

Budget (project cost, match, and funding):

Phase	**Total cost**	**Amount funded from existing federal funding**	**Match (amount funded from other sources)**	**Required match percent (Match must be at least 10% of the total cost of the phase)[1,2]**	**Amount requested from the Innovative Safety Program**
Preliminary engineering					
Right-of-way					
Construction					
Total					

1. Project phases that start by August 31, 2017 will later be eligible for 100% funding (no local match required).
2. Federal funds cannot be used for the match.

Matching funds: Identify the specific source of matching funds used for this project:

Current project: If this is a current project, explain the status and why your jurisdiction is applying for additional funds. Also explain if the project scope, schedule, or budget has changed and if so, then how and why.

If the project has current federal funding identify the specific source of funding (Highway Safety Improvement Program, Surface Transportation Block Grant Program, etc.).

Federal aid project number (if assigned):

Other comments: