**Traffic Operational Improvement Project Application**

**Jackson MPO Surface Transportation Program**

The following information must be completed for all **Traffic Operational Improvement** proposed Jackson MPO STP projects. MPO staff will use the information contained in the project application to assign points to proposed projects based on the Project Submittal Guidelines. The establishment of project eligibility and each project score will then be used by the Intermodal Technical Committee and the Metropolitan Planning Policy Committee to program projects to be funded with Jackson MPO STP funds. A separate application must be submitted for each type of project. For example, do not combine traffic signal improvements for multiple streets in one project.

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| **Applicant Information** |
|  |  |
| 1. Project Sponsor
 | Click here to enter text. |
|  |  |
| 1. Sponsor Contact
 | Click here to enter text. |
|  |  |
| 1. Telephone
 | Click here to enter text. | 1. Email
 | Click here to enter text. |
|  |  |
| 1. Mailing Address
 | Click here to enter text. |
|  |  |
|  |  |
| 1. Additional Sponsors
 | Click here to enter text. |
|  |  |
| 1. Co-Sponsor Contact Name(s)
 | Click here to enter text. |
|  |  |
| **Project Description** |
|  |  |
| 1. Project Title
 | Click here to enter text. |
|  |  |
| 1. Project Type
 | Click here to enter text. |
|  |  |
| 1. County
 | Click here to enter text. | 1. Municipality
 | Click here to enter text. |
|  |  |
| 1. Small Municipality
 | Click here to enter text. |
|  |  |
| 1. *Small Municipality population according to the latest U.S. Census*
 | Click here to enter text. |
|  |  |

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| 1. Project Location
 | Click here to enter text. |
|  |  |
|  |  |
| 1. Functional Class
 | Click here to enter text. |
|  |  |
| 1. Detailed Project Description
 |  |
| Click here to enter text. |
|  |
| **Project Costs** |
|  |
| 1. Total Project Costs
 |
|  |  |  |
| Description | Federal Funds | Local Funds |
|  |  |  |
| Environmental | $Click here to enter text. |  | $Click here to enter text. |
|  |  |  |
| Design | $ Click here to enter text. |  | $ Click here to enter text. |
|  |  |  |
| Right-of-Way Acquisition | $Click here to enter text. |  | $Click here to enter text. |
|  |  |  |  |
| *Eligible for STP funding* |
|  |
| Construction | $Click here to enter text. |  | $Click here to enter text. |
|  |  |  |  |
| Construction Engineering | $Click here to enter text. |  | $Click here to enter text. |
|  |  |  |  |
|  |  |  |  |
| Other, please specify |  |  |  |
|  |  |  |  |
| Click here to enter text. |  | $Click here to enter text. |  | $Click here to enter text. |
|  |  |  |  |  |
| Click here to enter text. |  | $Click here to enter text. |  | $Click here to enter text. |
|  |  |  |  |  |
| Click here to enter text. |  | $Click here to enter text. |  | $Click here to enter text. |
|  |  |  |  |  |
| Click here to enter text. |  | $Click here to enter text. |  | $Click here to enter text. |
|  |  |  |  |  |
| Click here to enter text. |  | $Click here to enter text. |  | $Click here to enter text. |
|  |  |  |  |  |
| **TOTAL Estimated Cost** | Click here to enter text. |  | Click here to enter text. |
|  |  |  |  |

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| **STP Funds Requested** |
|  |  |  |
|  | Amount | %  |
|  |  |  |
| 1. Federal STP Funds Requested
 |  | $ Click here to enter text. |  | Click here to enter text. |
|  |  |  |
|   |  |  |
| 1. Local Match Provided
 |  | $ Click here to enter text. |  | Click here to enter text. |
|  |  |  |
|  |  |  |  |
| 1. TOTAL for STP Portion of Project
 | $Click here to enter text. |  | 100% |

|  |  |
| --- | --- |
| 1. Source of Local Match
 | Click here to enter text. |
|  |  |
| 1. Date Available
 | Click here to enter text. |

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| **Project Schedule** |
|  |  |  |
| 1. Milestone Dates
 |  |  |
|  |  |  |
| *Completion of Preliminary Design* |  | Click here to enter text. |
|  |  |  |
| *Completion of Environmental Clearances* |  | Click here to enter text. |
|  |  |  |
| *Completion of Final Design* |  | Click here to enter text. |
|  |  |  |
| *Initiation of Right-of-Way Plan Review*  |  | Click here to enter text. |
|  |  |  |
| *Completion of Right-of-Way Plan Review*  |  | Click here to enter text. |
|  |  |  |
| *Initiation of Utilities Relocation* |  | Click here to enter text. |
|  |  |  |
| *Completion of Utilities Relocation* |  | Click here to enter text. |
|  |  |  |
| *Completion of Plans, Specifications and Estimates and/or Authorization for Advertisement* |  | Click here to enter text. |
|  |  |  |
| *Anticipated Construction Advertisement Date or Purchase Date* |  | Click here to enter text. |

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| **Traffic Signal Warrants** |
|  |  |  |  |  |
| 1. Traffic Signal Warrants
 |  |  |  |  |
|  |  |  |  |  |
| Click here to enter text. |
|  |  |  |  |  |

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| **Project Readiness** |
|  |  |  |  |
| 1. **Project Design**
 |  |  |  |
|  |  |  |  | *Yes or No* |
|  |  |  |  |  |
|  | 25 a. Has preliminary design work been created for the proposed project?  | Click here to enter text. |
|  |  |  |  |  |
|  | 25 b. *If Yes*, please provide a brief description of the work performed to-date. |
|  |  |  |  |  |
|  | Click here to enter text. |
|  |  |  |  |  |
| 1. **Environmental**
 |  |  |  |
|  |  |  | *Yes or No* |
|  |  |  |  |
|  | 26 a. Does the proposed project meet a categorical exclusion? | Click here to enter text. |
|  |  |  |  |
|  | 26 b. *If No*, has the environmental process begun? | Click here to enter text. |
|  |  |  |
|  | 26 c. *If the environmental process has started*, please provide a brief explanation of the steps completed to-date. |  |
|  |  |  |
|  | Click here to enter text. |
|  |  |  |
|  |  | *Yes or No* |
|  |  |  |
|  | 26d. Has the project received Federal approval for environmental? | Click here to enter text. |
|  |  |  |
| 1. **Right-of-Way Acquisition**
 |  |  | *Yes or No* |
|  |  |  |  |  |
|  | 27 a. Does the proposed project require right-of-way acquisition? | Click here to enter text. |
|  |  |  |
|  | 27 b. *If Yes*, has right-of-way acquisition begun? | Click here to enter text. |
|  |  |  |
|  | 27 c. What percentage of right-of-way acquisition has been completed? | Click here to enter text. |
|  |  |  |
|  | 27 d. *If right-of-way acquisition has been started*, please provide a brief explanation of the steps completed to date and whether or not it has been approved by MDOT. |  |
|  | Click here to enter text. |
|  |  |  |  |
| 1. **Utility Relocation**
 |  |  | *Yes or No* |
|  |  |  |  |
|  | 28 a. Does the proposed project require utility relocation? | Click here to enter text. |
|  |  |  |  |
|  | 28 b. *If Yes*, has utility relocation begun? | Click here to enter text. |
|  |  |  |
|  | 28 c. What percentage of utility relocation has been completed? | Click here to enter text. |
|  |  |  |
|  | 28 d. *If utility relocation has begun*, please provide a brief  explanation of the steps completed to date and whether or not It has been approved by MDOT. |  |
|  |  |  |  |
|  | Click here to enter text. |

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| 1. Describe any potential delays that have been identified that would interfere with the schedule for this project or the readiness of the project to proceed to construction.
 |
|  | Click here to enter text. |