Michigan Department of Transportation 5005 (03/11)

## TRANSPORTATION PROJECT INFORMATION CATEGORY F: ECONOMIC DEVELOPMENT ROAD PROJECTS ATTACHMENT 2

This information required by Public Acts 231 of 1987 as amended.

1. TRANSPORTATION PROJECT IDE	NTIFICATION. Jurisdiction Respo	nsible fo	r This Road:			FOR OFFICE
County Road	Authority		City or Village Street Agency			USE ONLY
2. ROUTE NO./STREET NAME						APPLICATION I.D. NO.
FROM:		TO:				DATE RECEIVED
3. LOCATION OF THE TRANSPO	RTATION PROJECT					
COUNTY		CITY/V	ILLAGE/TOWNSHIP			
APPLICANT'S PROJECT NO. (if Applicable)		BEGINNING MILE POINT		ENDING MILE POINT		
4. TYPE(S) OF WORK NEW	CONSTRUCTION R	ECONST	RUCTION	RESURFA	ACING	
WIDE	NING RA	AILROAD	AD CROSSING OTHER			
5. DESCRIBE THE TRANSPORTATION GRANT PROPOSAL, PLEASE IDENT				ESTED. IF THIS	S PROJECT IS ASSC	CIATED WITH ANOTHER
6. DESCRIBE HOW THIS PROJECT W	/ILL ADDRESS THE TRANSPOR	TATION	NEED.			
	10T1011 000T0 F0D T1110 DD0					15011
7. LIST THE ANTICIPATED CONSTRU	CTION COSTS FOR THIS PROJ	JEC1. (O	nly construction costs are el	igible for Catego	ory F Grants - PE, CE	and ROW are not eligible.)
CATEGORY F FUNDS REQUESTED	AMOUNT			SOURCE	OF MATCH	
	\$					
MATCH AMOUNT(S)						
List Each Source Separately						
TOTAL CONSTRUCTION COST	\$		BEGINNING DATE		ENDING DATE	

8. INDICATE THE EXISTING CONDITION AND PROPOSED CHANGE FOR THE FOLLOWING:								
	EXISTING CONDITION	PROPOS	PROPOSED CHANGE					
SEGMENT LENGTH (Hundredths of Mile)								
NUMBER OF TRAFFIC LANES (Total)								
SURFACE WIDTH (Feet)								
SURFACE TYPE (See Item 9)								
SURFACE CONDITION (See Item 10) use PMS surface rating								
BASE CONDITION (See Item 10)								
9. SURFACI	E TYPE CODES	10. CONDI	TION CODES					
	ncrete 5 - Comp y, Designed Bituminous 6 - Other		PMS Surface Rating (1-10) (e.g., 1 = "Failed," 10 = "Excellent")					
_11. COMPLETE THE FOLLOWING:	EXISTING	AT COMPLETION	DESIGN YEAR TRAFFIC					
AVERAGE DAILY TRAFFIC								
30th HIGH HOUR (DHV)								
PERCENT COMMERCIAL VEHICLES *								
LEVEL OF SERVICE (A-F)								
PERCENT OF TRAFFIC USING THE PROJECT BY DIRECTION:								
NORTH								
SOUTH								
EAST								
WEST								
12. FOR PROJECTS WITH SAFETY CONS	IDERATIONS, SUMMARIZE THE ACCID	ENT HISTORY (2-5 YEARS) AT THIS LOCA	TION					
CERTIFICATION  ALL SIGNATURES MUST BE SIGNED IN INK								
To the best of my knowledge, all information included in this application is accurate, including the commitment of all physical and financial resources. This application has been duly authorized by the participating applicant(s). I understand that this certification binds the participating governmental entity(ies) to commit matching funds, and to maintain any new or improved roads or streets.								
I also understand that this project mu	ust be constructed to all-season de	esign standards and be a public road	open to year-round truck traffic.					
I certify that, if Category F funding is approved, the agency will carry through with the transportation project. Further, I understand that the entire project may not be funded.								
I also certify that this agency is an equal opportunity employer in accordance with Act No. 453, P.A. of 1976, and Act No. 220, P.A. of 1976 as amended by Act No. 478, P.A. of 1980.								
SIGNATURE			DATE (Signed)					
NAME & TITLE (Typed)		E-MAIL	DATE (Typed)					
AGENCY REPRESENTED			1					

<sup>\*</sup> Commercial is defined here as all vehicle classifications except motorcycles, car and pickup trucks.