

Local Federal-aid Incentive Program: STP Urban 2016 Application

Idaho Local Highway Jurisdictions

Submittal Deadline: January 11, 2016, 4:30 MST



Local Highway Technical Assistance Council

3330 Grace Street

Boise, Idaho 83703

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www.lhtac.org



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1. APPLICATION INFORMATION

1.1 PROGRAM BACKGROUND

URBAN PROGRAM

Surface Transportation Program (STP) Urban funds are allocated for projects in urban areas with populations greater than 5,000 and less than 50,000 as determined by the US Census Bureau. Funds may be used for new construction, reconstruction or rehabilitation of roadways functionally classified by FHWA as urban collectors or arterials. The local match requirement is 7.34%.

The Federal Highway program dedicates funds to urban areas. The Traffic Management Area (TMA), northern Ada County, has dedicated funds since the population is over 200,000. The other urban fund allocation, for urban areas between 5,000 and 200,000, is divided using population data between the five metropolitan planning organizations (MPOs) and all other urban areas. These funds are balanced throughout the state by the Urban Balancing Committee which consist of the 5 MPO's and LHTAC representing the smaller urban areas between 5,000 and 50,000 in population.

The 17 smaller urban areas, between 5,000 and 50,000 populations, receive urban funds through LHTAC in a statewide competitive application process. These urban areas include 25 cities.

1.2 USE OF FUNDS

Projects may include: rehabilitation of existing roadways, new construction of roadways (including curbs, gutters, sidewalks, and storm drain facilities), overlays, or [chip sealing](#) projects. Transportation plans could be funded since urban areas are not eligible for other available funds.

1.3 ELIGIBILITY

Surface Transportation Program (STP) Urban funds are allocated for projects in urban areas with populations of 5,000 or greater. These funds are to be used on roads with a functional classification of arterial or collector. LHTAC will review urban funding balances and small urban areas that are eligible will be invited to apply when funding allows.

1.4 PROJECT CRITERIA

Functional classification of roadways must be determined at time of application since the federal regulations allow urban funding to be spent on arterials (SMA) and collectors (STC) with only a portion of the funds allowed on minor collectors. Each county has a functional classification map, approved by the Idaho Transportation Department (ITD). Please refer to this map to determine the roadway's classification. If you do not have the map or cannot locate it, please contact your ITD District Office for clarification or go to: <http://www.itd.idaho.gov/highways/gis/MapLibrary/> (This is not needed for a transportation plan application)

Chip sealing is eligible on existing pavements within Federal-aid projects. The pavement must be in reasonably good condition and meet the following criteria:

- Existing pavement must not be more than 12 years old;
- Existing pavement must be at least 24' wide and have a minimum depth of 2" hot mix pavement;
- Existing pavement must have at least 2' of shoulder on each side; (paved or unpaved)
- Existing pavement must not show more than 20% fatigue cracking;
- The existing road must be classified as a major collector or arterial route; and
- The work must be contracted out to a private contractor.

Regional multi-jurisdiction transportation planning is intended for the urban area and typically the surrounding areas of impact. An application for funds will receive a higher rating when entities are involved in the transportation planning process. Regional multi-jurisdiction transportation planning should look at the long term needs (20-year horizon) as well as, the short-term (5-year) needs. Membership could include Cities, Counties, Highway Districts, US Forest Service, Legislators, Bureau of Land Management, Native American Tribes, Department of Lands, etc. The ITD district transportation planners and LHTAC staff are available to facilitate the development of multi-jurisdictional transportation planning groups.

Knowledgeable and well-trained personnel are very important to you and LHTAC. The Application Rating Criteria awards points to jurisdictions that have staff who have graduated from the Road Scholar/Road Master Program sponsored by the LHTAC T2 or other recognized programs. T2 transcripts are available online with a user name and password. The LHTAC T2 Center can be reached at 1-800-259-6841/208-344-0565 or at www.lhtac.org.

1.5 SELECTION PROCESS

Applications are mailed out to eligible urban areas and available online at www.lhtac.org starting in October. Local jurisdictions identify projects and request prioritization by their local transportation coalition group. Applications are submitted to LHTAC through a formal project application process due in January. Project applications are reviewed and ranked by LHTAC. A prioritized list of projects is presented to the LHTAC Council for approval in March. Once approved by LHTAC, the priority list is presented to the Urban Balancing Committee. The Urban Balancing Committee compiles a priority list of projects. They are then presented to the Idaho Transportation Board for inclusion in the draft Idaho Transportation Investment Program (ITIP) in June. The draft ITIP is open for public comment during the month of July. The Idaho Transportation Board approves the ITIP in the fall of the year, usually in September.

2. APPLICATION INSTRUCTIONS

2.1 APPLICATION CHECKLIST AND SUBMITTAL DEADLINE

- ☐ Is the roadway officially classified as a Collector or Arterial on the Urban Area Functional Classification Map*? SMA = Arterial STC = Collector

**Your project will not qualify for federal funds without being a Collector or Arterial.*

Have you included?

- ☐ [LHTAC 2016 Urban Application Detail Sheet](#) Answer all the questions and organize backup information in the same order as questions are asked so the package is easy to read and easy to score
- ☐ [ITD 2435](#) - Local Federal-aid Project Request
- ☐ [ITD 1150](#) - Project Cost Summary Sheet
- ☐ [2016 Urban Application](#) and supporting documents
- ☐ Include a **written statement** explaining the need for this project as part of your transportation network (**One page maximum**)
- ☐ [Vicinity Map for Urban Project Application](#) (See Sample)
- ☐ Letters of Support
- ☐ The [Resolution](#), signed by the proper authority (See Sample)
- ☐ Only one application can be submitted per jurisdiction annually
- ☐ Applications cannot be faxed or emailed
- ☐ No spiral bound (or similar) applications will be accepted. Please staple or binder clip applications

SUBMITTAL DEADLINE

- ☐ **Deadline Date:** Completed application must be received by LHTAC's office, located at 3330 Grace Street, Boise, ID 83703, **no later than 4:30 p.m. (MST) on Monday, January 11, 2016.** Include **12 copies** and the **signed original**.

Note: All the above items must be included, or the application will be considered incomplete and rejected. Please contact LHTAC at 1-800-259-6841/208-344-0565 or by email at sellsworth@lhtac.org if you have any questions.

2.2 LHATC URBAN APPLICATION DETAIL SHEET INSTRUCTIONS

1. The Project Title is the title which you, as a sponsor, give the project. It can be the name of a street or roadway, or it can be a commonly used name of the project location. The Federal Highway Administration also wants the STC or SMA number in the project title.
2. Typically, construction could begin as early as five years after an application is approved. The Entity's Priority is the priority set for this project in relation to other similar projects in your capital improvement program (CIP) as part of your regional transportation plan.
3. Enter the city or jurisdiction name and the contact person who we should call if we have questions regarding the project application.
4. Project Type: You should check the appropriate type of project. If it falls under "other", please list what type of project you believe it to be.
5. Requested Project Category: Please mark the appropriate category of project you are proposing.
6. Functional Classification of Roadway: It is important that the classification of this project be determined at the time of application, because the federal regulations allow for the funding to be spent on arterials (SMA) and collectors (STC) with only a portion of the funds being allowed on minor collectors. Each county has a functional classification map approved by ITD, and you should refer to that map for determining the roadway's classification. If you do not have the map or cannot locate it, please contact your ITD District Office for clarification of the proper functional classification, or go to: <http://www.itd.idaho.gov/planning/gis/MapLibrary/>
(Not needed for a Transportation Plan Application.)
7. Location of Project: Federal funds may only be used on a roadway that is classified as a collector or arterial. The functional class number should be used in this blank. The Project Termini should be the common ends of the project whether it is at the intersection of crossroads or, for instance a bridge, the common termini beginning and ending should be listed. Provide "logical" termini. If the milepost is determined it should be shown as well. And finally, the length of the project should be listed on the third line in miles. (Not needed for a Transportation Plan Application.)
8. Technical Information: The needed technical information is listed. The horizontal and vertical alignment changes should be substantial in order to be checked as "yes." If you are merely improving the drainage of a city street, then "no" would be the proper answer.
9. The pavement condition is important to compare with other projects submitted for consideration. Your jurisdiction should have a pavement management program and should support your determination for this project. The pavement age, to the best of your knowledge, should be shown. If it is old, with significant patching, just enter the oldest age known for the pavement in place.

10. The traffic and crash information should be shown for the present and projected information requested. AADT is the Average Annual Daily Traffic for the year in which you are making this request, and you should project it for 20 years. If you need help in this regard, please contact your Idaho Transportation Department, District Office or LHTAC. The DHV or the Design Hour Volume should be shown, and if known, the Level of Service (LOS) for the roadway. Finally, the percentage of trucks, both present and projected should be shown. The final item in this segment asks for the crash information over a three (3) year period. This should be included for the entire length of the project. Crash information can be found on the LHTAC website under Safety Program. If you need assistance, please call LHTAC.
11. If the project identified includes a bridge, defined as 20' or longer, the following information requested should be shown:
 - A. The name of the crossing should be the common name used.
 - B. The existing bridge number is found on the bridge inspection form that you are supplied by the Idaho Transportation Department on an annual or biannual basis. Remember that a "bridge" for this particular program must have a span of greater than 20 feet.
 - C. The sufficiency rating is also shown on the bridge inspection form supplied by the Idaho Transportation Department.

(If this is a project only intended to improve a bridge, there is a separate application for Bridge Rehabilitation and Replacement)
12. This section requests information as it relates to other projects in the area; particularly if yours is tying in with another state project or another Local Highway Jurisdiction. Mark the appropriate square. If you know the name of the other project and the year it is to be constructed, providing this important information is necessary and helpful.

3. APPLICATION

3.1 LHTAC 2016 URBAN APPLICATION DETAIL SHEET:

1. Project Title: _____
2. Requested Construction Year: _____ Entity's Priority: _____ of _____
3. Local Highway Jurisdiction (name and address): _____
-

*Contact name: _____

Phone: _____

Email: _____

*Please list the person from your Local Highway Jurisdiction we should call if we have any questions on this project application.

4. Project Type: (Check all that apply)

- ☐ Roadway reconstruction or rehabilitation
- ☐ Safety improvements
- ☐ Bridge - span over 20'
- ☐ Railroad crossing
- ☐ Planning
- ☐ Other

5. Category

- ☐ New construction - Paving, Bridge, Railroad Crossing
- ☐ Upgrade existing facility (add lanes, add shoulders, improve geometric factors)
- ☐ Pavement surface improvements (overlay, seal coat*)
- ☐ Transportation Planning

*NOTE: Chip seals are eligible — see the instruction for restrictions under [1.4 Project Criteria](#)

6. Functional Classification of Roadway/Highway:

- ☐ Urban arterial
☐ Urban collector
☐ Urban major collector
☐ Minor collector

7. Location of Project (Also attach a [Vicinity Map](#))

Route # _____, STA or STC # _____,

Street Name: _____

Project Termini:

Beginning/Ending Mileposts: _____

Project Length: _____

8. TECHNICAL INFORMATION:

Horizontal alignment changes anticipated? ☐ Yes ☐ No ☐ Unknown

Vertical alignment changes anticipated? ☐ Yes ☐ No ☐ Unknown

9. Existing Pavement Condition Information: (visual inspection)

- ☐ rutting ☐ potholes ☐ drop-offs ☐ broken edges
☐ poor striping ☐ cracking ☐ shoving ☐ other

Pavement age? _____

10. Traffic and Crash Information:

Most Recent Year:	Projected (20 Years)
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AADT:	AADT:
DHV:	DHV:
LOS:	LOS:
% TK:	% TK:

Total number of crashes (property damage/injuries/fatalities) over most recent 3 year period:

of Crashes: ____/____/____

Years: ____/____/____

11. Bridge Information: *(Complete if a bridge is included in the project.)*

A. Name of crossing, i.e., over what roadway or waterway does the structure cross?

B. Existing bridge #: _____

C. Sufficiency rating: _____

12. Does this project have a possible relationship to other projects? _____ No ____Yes (Describe Below)

Phased: ☐ Yes (If yes, indicate the name and year/s of the related) Project: _____ Year: _____

☐ No

3.2 ITD 2435 Local Federal-Aid Project Request

Instructions

1. Under Character of Proposed Work, mark appropriate boxes when work includes Bridge Approaches in addition to a Bridge.
2. Attach a Vicinity Map showing the extent of the project limits.
3. Attach an ITD 1150, Project Cost Summary Sheet.
4. Signature of an appropriate local official is the only kind recognized.

Note: In Applying for a Federal-Aid Project, you are agreeing to follow all of the Federal Requirements which can add substantial time and cost to the development of the Project.

Sponsor (City, County, Highway District, State/Federal Agency)				Date	
Project Title (Name of Street or Road)		F.A. Route Number		Project Length	
				Bridge Length	
Project Limits (Local Landmarks at Each End of the Project)					
Character of Proposed Work (Mark Appropriate Items)					
Excavation		Bicycle Facilities		Utilities	
Drainage		Traffic Control		Landscaping	
Base		Bridge(s)		Guardrail	
Bit. Surface		Curb & Gutter		Lighting	
				Sidewalk	
				Seal Coat	
Estimated Costs (Attach ITD 1150, Project Cost Summary Sheet)					
Preliminary Engineering (ITD 1150, Line 1) \$					
Right-of-Way (ITD 1150, Line 2) \$					
Construction (ITD 1150, Line 18) \$					
Preliminary Engineering By: Sponsor Forces Consultant					
Checklist (Provide Names, Locations, and Type of Facilities)					
Railroad Crossing					
Within 2 miles of an Airport					
Parks (City, County, State or Federal)					
Environmentally Sensitive Areas					
Federal Lands (Indian, BLM, etc.)					
Historical Sites					
Schools					
Other					
Additional Right-of-Way Required: ☐ None ☐ Minor (1-3 Parcels) ☐ Extensive (4 or More Parcels)					
Will any Person or Business be Displaced: ☐ Yes ☐ No ☐ Possibly					
Standards		Existing		Proposed	
Number of Lanes				Roadway Width (Shoulder to Shoulder) ft.	
Pavement Type				Right-of-Way Width ft.	
				ft.	
				ft.	
Sponsor's Signature				Title	
Additional Information to be Furnished by the District					
Functional Classification		Terrain Type		20 ADT/DHV	

3.3 ITD 1150 (Rev. 3-08) Project Cost Summary Sheet

Round Estimate to Nearest \$1,000

Key Number	Project Number			Date
Location				District
Segment Code	Begin Mile Post	End Mile Post	Length in Miles	

	Previous ITD 1150	Initial or Revise To
1. Preliminary Engineering		
2. Right-of-Way: Number of Parcels Number of Relocations		
3. Utility Adjustments: Work Materials By State By Others		
4. Earthwork		
5. Drainage and Minor Structures		
6. Pavement and Base		
7. Railroad Crossing: Grade/Separation Structure At-Grade Signals Yes No		
8. Bridges/Grade Separation Structures:		
New Structure		
Location Length/Width		
Repair/Widening/Rehabilitation		
Location Length/Width		
9. Traffic Items (Delineators, Signing, Channelization, Lighting, and Signals)		
10. Construction Traffic Control (Sign, Pavement Markings, Flagging, and Traffic Separation)		
11. Detours		
12. Landscaping		
13. Mitigation Measures		
14. Other Items (Roadside Development, Guardrail, Fencing, Sidewalks, Curb and Gutter, C.S.S. Items)		
15. Cost of Constructions (Items 3 through 14)		
16. Mobilization % of Item 15		
17. Construction Engineer and Contingencies % of Items 15 and 16		
18. Total Construction Cost (15 + 16 + 17)		
19. Total Project Cost (1 + 2 + 18)		
20. Project Cost Per Mile	N/A	N/A
Prepared By:		

3.4 2016 URBAN APPLICATION

For LHTAC Use

Sponsor: _____

Project Name: _____

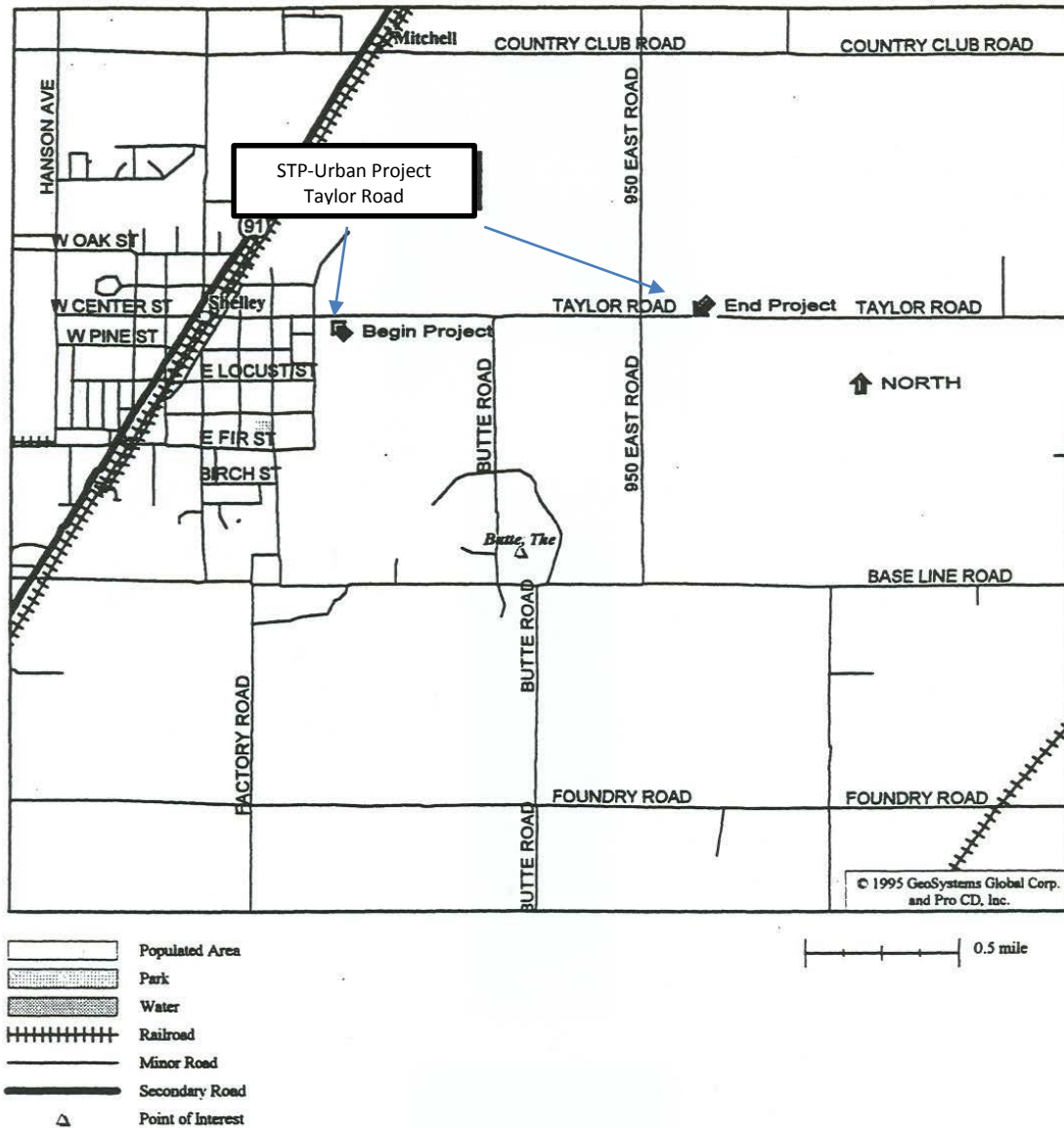
Total Project Cost: _____

Preferred Year of Construction: _____

	Y	N	Pts Available	LHTAC use only
1. Please provide a description of the proposed project. Include the importance and need of the project, the regional benefit, the economic benefit, and the overall impact to the system. (One page maximum)			0-15	
2. Is your project supported by your Transportation Plan? ____ (Date of completion) Did you cooperate with other jurisdictions? Which ones? _____ Please attach letters of support.			0-10	
3. Are you involved with an active multi-jurisdictional transportation group? (include first page of minutes or attendance for the last year of meetings) Was your project rated one of the top projects for your group?			0-10	
4. Do you have a pavement management program? Have the programs been updated in the past 3 years? If yes, attach cover page (dated) and no more than 2 pages of each report.			0-10	
5. List examples of cooperation with other public/private agencies which improve efficiency in maintaining your roads. (List - 1 page max)			0-5	
6. Is this project shown on your 5 year Capital Improvement Plan? If yes, attach cover page (dated) and only pages related to this project.			0-10	
7. What year did your jurisdiction last receive funding through LHTAC? Years_____			0-3	
8. What is the Average Daily Traffic volume on the roadway? (list AADT and date taken) _____ (App #10) ADT Date			0-5	
9. How many employees* participate in the LHTAC T2 Road Scholar/Master program or other training programs? _____ Number of full time road maintenance employees ____ (provide list of all road employees) # completed Road Scholar ____ # completed Road Master ____ # enrolled (Must have comp at least 2 courses) *if you are a city and a neighboring agency maintains your roads and will be completing your work, please report their numbers			0-5	
10. Does your jurisdiction have a transition plan that complies with 28 CFR 35.105 regarding Americans with Disabilities Act and complying with 23 CFR 200, Civil Rights Title VI Program? How many employees does your jurisdiction maintain? _____			0-1	
TOTAL SCORE	74 TOTAL POINTS			

3.5 SAMPLE VICINITY MAP FOR URBAN PROJECT APPLICATION

Sample Map for STP Project Application



3.6 SAMPLE RESOLUTION

CITY RESOLUTION

EXTRACT FROM THE MINUTES OF A REGULAR OR SPECIAL
MEETING OF THE (COUNCIL) OF THE
(CITY) OF (LOCATION), IDAHO
HELD ON (MONTH DATE, YEAR)

THE FOLLOWING RESOLUTION WAS INTRODUCED BY (COUNCILPERSON OR COMMISSIONER), READ IN FULL,
CONSIDERED AND ADOPTED:

RESOLUTION NO. ____ OF THE (CITY), IDAHO, SUPPORTING THE PROJECT IDENTIFICATION SUBMITTAL FOR THE
CONSTRUCTION OF (PROJECT NAME)

TO THE LOCAL HIGHWAY TECHNICAL ASSISTANCE COUNCIL (LHTAC). TOTAL PROJECT COST ESTIMATE IS
(\$____), WHICH WILL REQUIRE (\$____) OF MATCHING FUNDS AVAILABLE FROM (CITY, COUNTY, OR HIGHWAY
DISTRICT).

BE IT RESOLVED THAT THE (MAYOR OR CHAIRMAN OF THE COMMISSION) IS HERBY AUTHORIZED AND
DIRECTED TO SIGN THE PROJECT APPLICATION PACKET AND SUBMIT TO LHTAC FOR PRIORITIZATION.

PASSED BY THE (COUNCIL OR COMMISSION) AND APPROVED BY THE (COUNCIL OR COMMISSION)
THIS (DATE) DAY OF (MONTH, YEAR).

(MAYOR OR CHAIRMAN OF THE COMMISSION)

ATTEST:

_____, CLERK

CERTIFICATE

I, (NAME), (CITY, COUNTY, OR HIGHWAY DISTRICT), DO HEREBY CERTIFY THAT THE FOREGOING IS A FULL,
TRUE AND CORRECT COPY OF THE RESOLUTION NO. ____ ADOPTED AT A REGULAR OR SPECIAL MEETING OF
THE _____ HELD ON (DATE) DAY OF (MONTH, YEAR), AND THAT THE SAME IMPRESSED THE OFFICIAL SEAL OF
THE (CITY, COUNTY, OR HIGHWAY DISTRICT), THIS (DATE) DAY OF (MONTH, YEAR).

SIGNATURE

_____, CLERK

NAME