

## Local Federal-aid Incentive Program: STP Urban 2015 Application

### Idaho Local Highway Jurisdictions

Submittal Deadline: January 12, 2015



#### Local Highway Technical Assistance Council

3330 Grace Street

Boise, Idaho 83703

208-344-0565/ 1-800-259-6841

Fax 208-344-0789

[www.lhtac.org](http://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. 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 allocation is divided using population data, between the five metropolitan planning organizations (MPOs), the one Traffic Management Area (TMA), and all other cities above 5,000 in population.

## 1.2 USE OF FUNDS:

Projects may include: rehabilitation of existing roadways, new construction of roadways (including curbs, gutters, sidewalks, and storm drain facilities), and overlay or [chip sealing](#) projects.

## 1.3 ELIGIBILITY

Surface Transportation Program (STP) Urban funds are allocated for projects in urban areas with populations of 5,000 or greater.

## 1.4 PROJECT CRITERIA

Functional classification of roadways must be determined at application time since the federal regulations allow 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 that 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 of 2" hot mix pavement;
- Must have at least 2' of shoulder on each side; (paved or unpaved)
- Existing pavement must not show more than 20% fatigue cracking;
- Road must be classified as a major collector or arterial route; and
- The work must be contracted out to a private contractor.

## 1.5 SELECTION PROCESS

Applications are mailed out and available online at [www.lhtac.org](http://www.lhtac.org) starting in October. Eligible projects are identified, prioritized, and requested by local jurisdictions. Applications are submitted to LHTAC through a formal project application process, due in January. Project applications are reviewed and ranked by LHTAC, in March a prioritized list of projects (based on available funding) is then included in the Urban Committee list of projects. They are then presented to the Idaho Transportation Board for inclusion in the draft Idaho Transportation Investment Program (ITIP) in June.

## 2. APPLICATION CHECKLIST

### 2.1 APPLICATION CHECKLIST AND INSTRUCTIONS

- ✓ 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 2015 Urban Application Cover Sheet](#)
- ✓ [Vicinity Map](#) (See Sample)
- ✓ [ITD 2435](#) Federal-aid Project Request
- ✓ [ITD 1150](#) Cost Summary Sheet
- ✓ [LHTAC Project Rating Criteria](#)
- ✓ Letters of Support
- ✓ The [Resolution](#), signed by the proper authority
- ✓ **Deadline Date:** Completed application must be received by LHTAC's office, located at 3330 Grace Street, Boise, ID 83703, **no later than 5:00 p.m. (MST) on Monday, January 12, 2015**. Include **12 copies** and **signed original**.

**Note:** All the above items must be included, or the application will be considered incomplete and rejected.

If you have any questions, feel free to contact LHTAC at 1-800-259-6841 or email [sellsworth@lhtac.org](mailto:sellsworth@lhtac.org).

### 3. APPLICATION

#### 3.1 LHTAC 2015 URBAN APPLICATION COVER 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 LHJ 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
- Rural major collector
- Minor collector

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

Route # \_\_\_\_\_, STC # (Surface Transportation Collector) \_\_\_\_\_,

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

**APPLICATION COVER SHEET MUST BE SUMMITTED WITH:**

- ✓ [Vicinity Map](#) (See Sample)
- ✓ [ITD 2435](#) Federal-aid Project Request
- ✓ [ITD 1150](#) Cost Summary Sheet
- ✓ [LHTAC Project Rating Criteria](#)
- ✓ Letters of Support
- ✓ [Resolution](#)

## ITD 2435 Local Federal-Aid Project Request

### Instructions

- Under Character of Proposed Work, mark appropriate boxes when work includes Bridge Approaches in addition to a Bridge.
- Attach a Vicinity Map showing the extent of the project limits.
- Attach an ITD 1150, Project Cost Summary Sheet.
- 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 Costs 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)					
<b>Character of Proposed Work (Mark Appropriate Items)</b>					
Excavation	Bicycle Facilities	Utilities	Sidewalk		
Drainage	Traffic Control	Landscaping	Seal Coat		
Base	Bridge(s)	Guardrail			
Bit. Surface	Curb & Gutter	Lighting			
<b>Estimated Costs (Attach ITD 1150, Project Cost Summary Sheet)</b>					
Preliminary Engineering (ITD 1150, Line 1)		\$			
Right-of-Way (ITD 1150, Line 2)		\$			
Construction (ITD 1150, Line 18)		\$			
Preliminary Engineering By:      Sponsor Forces      Consultant					
<b>Checklist (Provide Names, Locations, and Type of Facilities)</b>					
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: <input type="checkbox"/> None <input type="checkbox"/> Minor (1-3 Parcels) <input type="checkbox"/> Extensive (4 or More Parcels)					
Will any Person or Business be Displaced: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Possibly					

Standards	Existing	Proposed	Standards	Existing	Proposed
Number of Lanes			Roadway Width (Shoulder to Shoulder)	ft	ft
Pavement Type			Right-of-Way Width	ft	ft

Sponsor's Signature	Title
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### Additional Information to be Furnished by the District

Functional Classification	Terrain Type	20	ADT/DHV
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## 2015 PROJECT RATING CRITERIA (CONSTRUCTION PROJECT)

For LHTAC Use

Sponsor: \_\_\_\_\_  
 Project Name: \_\_\_\_\_  
 Total Project Cost: \_\_\_\_\_  
 Preferred Year of Construction: \_\_\_\_\_



		YES	NO	Points Available
1.	Have you completed a comprehensive plan with a transportation element included in it, or if you are a Highway District, did you participate with the County in the transportation planning process? _____ (Date of Completion) (Attach a copy of the transportation element) List year of last update _____			0-10
2.	As the sponsoring entity, are you part of a multi-jurisdictional transportation planning group? (Include supportable documentation, i.e. meeting minutes, agreements, project priority). List which entities attend. (Example: transit provider, ITD, other LHJ, school district, etc.) _____ _____ _____			0-10
3.	Do you have a pavement management program? Do you have a sign management program? Have the programs been updated in the past 3 years? <input type="checkbox"/> If yes, attach cover page (dated) and <b>no more than 2 pages</b> of each report.	_____ _____ _____	_____ _____ _____	0-10
4.	List examples of cooperation with other agencies, public or private, which improve your efficiency in maintaining your roads. (Attach 1 page, maximum)			0-5
5.	Is this project shown on your 5 year Capital Improvement Plan? If yes, attach cover page (dated) and <b>only</b> pages related to this project.			0-10
6.	Have you included a realistic schedule for the Plan or a schedule for the design and construction of the project? (Include copy of schedule.)			0-5
7.	Has your Local Highway Jurisdiction received Federal-aid Highway funds for a construction project within the last five years? _____ (list last year of funding)			0-3
8.	Is the Average Daily Traffic volume on the roadway over 400 vehicles per day? (list ADT and date taken) _____ ADT Date			0-5
9.	Have any of your employees* participated in the LHTAC T2 Road Scholar/Master program or other training programs? (Include transcripts) Number of full time road maintenance employees _____ # completed either program _____ # enrolled but not completed _____ (Must have comp at least 2 courses) *if you are a city and a neighboring agency will be completing your work, please report their numbers			0-5
10.	Please provide a 1 page description of the project explaining importance and need. Note safety measures or need.			0-15

If your agency has jurisdiction over pedestrian facilities in the public Right-of-Way, have you conducted a self-evaluation to determine the extent of corrections needed? \_\_\_\_ Yes \_\_\_\_ No

If your agency employs 50 or more persons, have you taken the additional step to develop a formal transition plan that complies with 28 CFR 35.105? \_\_\_\_ Yes \_\_\_\_ No

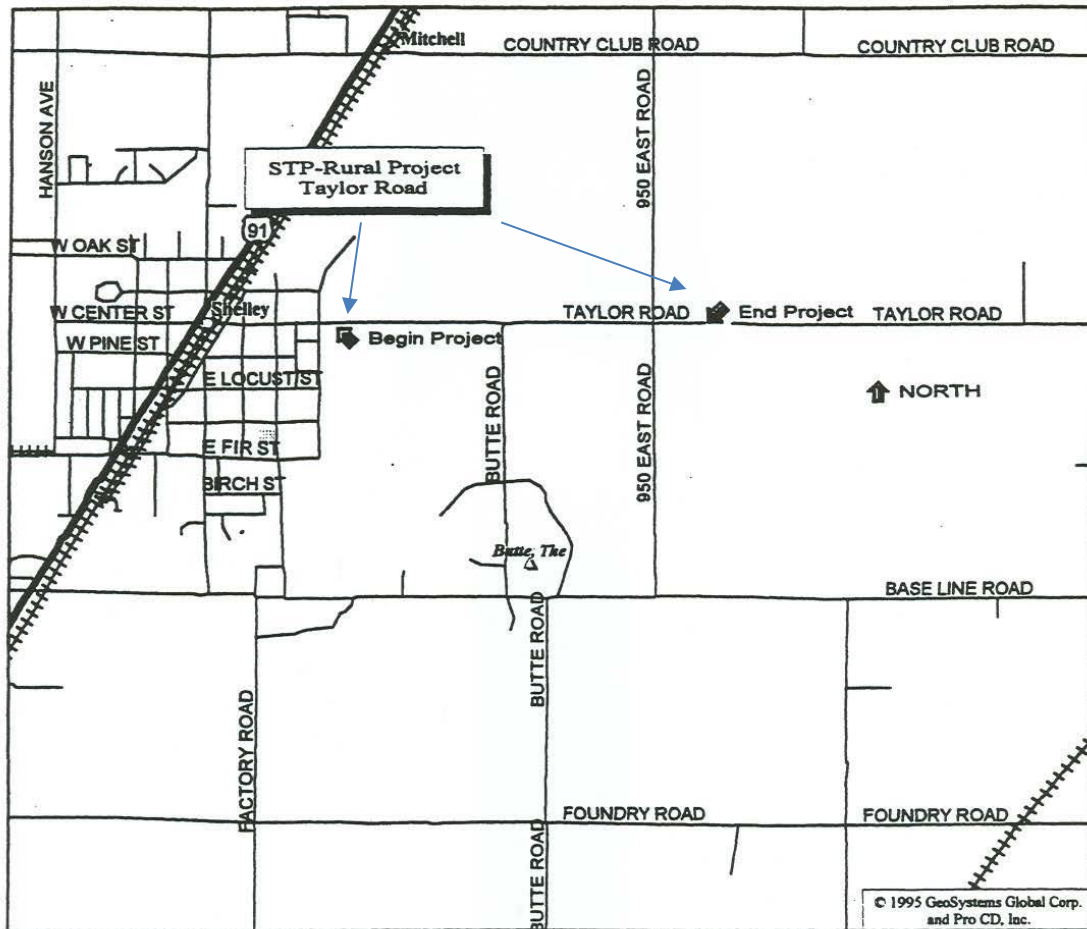
## LHTAC FY15 FEDERAL-AID CONSTRUCTION PROJECT APPLICATION SCORE SHEET








		PTS	SUGGESTED SCORING
1.	Have you completed a comprehensive plan with a transportation element included in it, or if you are a Highway District, did you participate with the County in the transportation planning process?	8-10 4-7 0-3	Supported by plan and updated w/i 5 years Supported by plan & older than 5 years Not supported by plan or no plan
2.	As the sponsoring entity, are you part of a multi-jurisdictional transportation planning group? List which entities attend.	6-10 1-5 0	Heavily Involved with multi-group Involved with multi-group Not involved with multi-group
3.	Do you have a pavement management program? Do you have a sign management program? Have the programs been updated in the past 3 years? <input type="checkbox"/> If yes, attach cover page (dated) and <b>no more than 2 pages of each report.</b>	9-10 7-8 5-6 4-3 0-2	Pavement & sign mgmt updated w/i 3 years Pavement or sign management updated w/i 3 years Pavement & sign updated over 3 years ago Pavement or sign management updated over 3 yrs Any pavement or sign rating information or system
4.	List examples of cooperation with other agencies, public or private, which improve your efficiency in maintaining your roads.	4-5 1-3 0	Heavily Involved with multi-group, ranked, share resources Involved with multi-group, share resources Involved with multi-group
5.	Is this project shown on your 5 year Capital Improvement Plan?	8-10 4-7 1-3 0	Supported by plan and current Supported by plan and updated w/i 5 years Supported by plan and older than 5 years Not supported by plan or no plan
6.	Have you included a realistic schedule for the Plan or a schedule for the design and construction of the project? <i>(Include copy of schedule.)</i>	4-5 1-3 0	Realistic including ITIP Included and somewhat realistic not included
7.	Has your Local Highway Jurisdiction received Federal-aid Highway funds for a construction project within the last five years?	3 0	No Yes
8.	Is the Average Daily Traffic volume on the roadway over 400 vehicles per day?	5 4 3 2 1	1000+ 500-999 200-499 100-199 <100
9.	Have any of your employees* participated in the LHTAC T2 Road Scholar/Master program or other training programs?  *Add points together for trained + enrolled	3 2 1 0 2 1 0	≥ 40% trained 15-39% trained 1-14% trained 0% trained ≥ 40% enrolled 15-39% enrolled 0-14% enrolled
10.	Please provide a 1 page description of the project explaining importance and need. Note safety measures or need.	15 10-14 5-9 0-4	Excellent desc. including agency & financial benefit + Safety Excellent desc. including agency and financial benefit Adequate description of need/benefit Poor description of need/benefit

Total Possible 78

## 3.4 SAMPLE MAP FOR STP PROJECT APPLICATION

### Sample Map for STP Project Application



-  Populated Area
-  Park
-  Water
-  Railroad
-  Minor Road
-  Secondary Road
-  Point of Interest

0.5 mile

3.5 SAMPLE RESOLUTION

CITY, COUNTY OR HIGHWAY DISTRICT  
RESOLUTION

EXTRACT FROM THE MINUTES OF A REGULAR OR SPECIAL  
MEETING OF THE (COUNCIL OR COMMISSION) OF THE  
(CITY, COUNTY, OR HIGHWAY DISTRICT) 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, COUNTY, OR HIGHWAY DISTRICT), 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