1. **APPLICANT INFORMATION**
2. Road Owner:

(If the proposed project includes a roadway corridor which crosses jurisdictional boundaries, please submit individual applications for each road owner and note that there is more than one entity coordinating on the project.)

1. Type of Applicant (If more than one, check all that apply.):

Parish Government [ ]  Municipal Government [ ]  Public University/School [ ]

1. Mailing Address:

City: State: Zip Code:

Parish:

1. Signatory Person: Title:

(must be someone who can enter into a legally binding contract for the road owner)

1. Responsible Charge Person: Title:

Email: Phone #:

1. Application Prepared by: Title:

Email: Phone #:

1. Other Contact Person: Title:

Email: Phone #:

1. Federal ID: DUNS #:
2. **ENGINEERING CONSULTANT INFORMATION**
3. DOTD is offering to provide and pay for all engineering services for design and plan preparation. DOTD will retain the Construction, Engineering and Inspection contracts.

The local entity has the option to provide engineering services at their expense. The entity must select (check) one of the following options:

[ ]  DOTD will be responsible for providing and funding design engineering services under the LRSP.

[ ]  The entity will be responsible to prepare the construction plans for this application. The plans may be prepared by engineering staff employed by the entity or by an engineering consultant where the entity is responsible for 100% of the costs associated with the engineering and preparation of plans that meet DOTD project standards.

2. If the entity has chosen to provide engineering services, please provide the consultant or department information below:

 Name of Company/Department:

 Address:

State: Zip: Contact Person:

Title: Phone Number:

Email: Fax Number:

1. **PROJECT BACKGROUND (BRIEF PROJECT INFORMATION)**
2. Name of Project (40 characters only including spaces): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
3. Roadway Name(s) (If different from project name):
4. Total Project Length: (miles or feet) and/or Number of Sites:
5. Parish or Municipality:
6. Do you have a Parish Transportation Plan?

YES or NO ­­­\_ \_\_\_

**IV. PURPOSE AND NEED**

1. The Local Technical Assistance Program’s (LTAP) network screening has been conducted and priority routes have been developed in each parish. When a project is identified through an LTAP Local Road Safety PROFILE then the Purpose and Need criteria has been satisfied.

Is the project route(s) identified in the Parish’s Local Road Safety PROFILE (available through LTAP/LRSP)? If yes, provide the roadway ranking number from the Profile and skip to Section V.

[ ]  YES Ranking # \_\_\_\_\_\_\_\_\_ or [ ]  NO

1. State the **Purpose** (Reason for proposing the project; Example: The purpose of this project is to reduce right angle crashes at the project intersection.)
2. State the **Need** (Describe the key problem being addressed and the cause of those problems; Example: This project is needed to improve roadway conditions and signage at curve locations identified as having a high Potential for Safety Improvement (PSI) as evidenced by the frequency of crashes at these locations in the state’s crash database.
3. **PROJECT DESCRIPTION**

Describe the project in the space below. **If the project has multiple routes or sites, copy and attach this sheet for each**. Attach Route Analysis Spreadsheet (available through LTAP/LRSP) based upon crash data or other data to support countermeasure selection for proposed project. Include photographs of the existing site and/or facility. Attach project location map(s); project boundaries and site plan. Submit entire application electronically as one “.pdf” file. Please note this application will be reproduced, so please provide maps in a "reproducible friendly" format on 8-1/2" X 11" paper. Additionally, please submit individual copies of files used for photographs in “.jpeg” format; for spreadsheets in excel format and GPS coordinates from the project location maps in excel format.

1. Describe all work necessary for the project.
2. Project alignment with the Louisiana Strategic Highway Safety Plan (SHSP) is required for project to be considered by the LRSP. Please indicate alignment by selecting the type of crashes that the project is intended to address. Please check all that apply:

 [ ]  Intersection [ ]  Road Departure [ ]  Non-Motorized Road Users (Pedestrian, Bicycle, etc.)

1. What is the type of land use adjacent to the project? (Residential, Commercial, Agricultural, School, Government, etc.) Please describe and attach map showing land use.
2. Are there any drainage issues or features associated with the project site location? If yes, please explain.

[ ]  YES [ ]  NO

1. Does all right-of-way necessary for the project fall within LPA’s (public) ownership? If yes, was right-of-way obtained using federal guidelines?

[ ]  YES [ ]  NO

1. Does any part of the project encroach on or cross railroad right-of-way?

[ ]  YES [ ]  NO

1. Please identify all endorsing agencies and attach letters of endorsement.

☐ Metropolitan Planning Organization ☐ Regional Planning Commission

☐ Regional Safety Coalitions ☐DOTD District

☐ Parish Government ☐ Municipal Government

☐ Other:

1. Include a brief description of the Maintenance and Operating Plan the LPA will use for this project after it is completed.
2. **PROJECT CONSTRUCTION CCOST**

 As completely and accurately as possible itemize all project elements and costs for which funding is being sought. All construction contracts will be advertised and bid by DOTD, take this into consideration when preparing project costs. List item, description, quantity, unit price, amount, etc. Include items for mobilization, temporary signs and barricades, irrigation systems for landscaping, and construction layout (if layout is applicable and to be performed by contractor). Be sure to have as complete and accurate a cost estimate as possible for all phases of the work. Identify ineligible items and funding sources. The project cost generated with spread sheet software may be attached.

|  |
| --- |
| Construction Costs |
| DOTD ITEM NUMBERS | DESCRIPTION | UNIT OF MEASURE | QUANTITY (A) | UNIT PRICE (B) | COST (A\*B) |
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| Subtotal |  |  |
|  |  |  |  |  |
|  Mobilization (5-10% of Amount Subtotal) | 1 |  |  |  |
|  Traffic Control (2-10% of Amount Subtotal) | 1 |  |  |  |
|  Construction Layout (0-5% of Amount Subtotal) | 1 |  |  |  |
|  Contingencies (0-10% of Amount Subtotal) | 1 |  |  |  |
| **CONSTRUCTION COSTS TOTAL** |  |  |
| Engineering Design and Construction Engineering Inspection Costs(20% of Construction Costs Total for projects > $100,000 and 40% for projects < $100,000) |  |  |
| Other Costs (to be determined during project scoping) |  |
|  Right-of-way | 1 |  |  |  |
|  Utility Relocation | 1 |  |  |  |
|  Miscellaneous | 1 |  |  |  |
| **OTHER COSTS TOTAL** |  |  |
| Total Costs |  |
|  **TOTAL PROJECT COSTS**  |  |  |
|  |  |  |

Large projects will require a Stage 0 during the project development process.

1. **CERTIFICATION**

The undersigned has legal authority to enter into contract to implement this project.

The undersigned certifies that all information provided is complete and accurate to their best knowledge.

The undersigned certifies that the Parish shall keep informed of and comply with all Federal, State and local laws, ordinances and regulations, and all orders and decrees of bodies or tribunals having any jurisdiction or authority which affect the maintenance and or operation of the completed accepted work.

The undersigned acknowledges that if the project is accepted, the funding and scope of work requested in this application SHALL NOT be changed from that originally requested without written approval.

Signature: Date:

Title: Phone Number:

Printed Name: