



## PROJECT APPLICATION

### A. PROJECT SUMMARY

1. Project Name:

Only applications for systemic treatments may include more than one location. For systemic applications, **PLEASE ATTACH** a list that addresses items A.2-7 for all included locations in Excel format.

2. Street Name and Route Number (if applicable):

3. SRI (if applicable):

**PLEASE ATTACH: Straight Line Diagram (if applicable, not for systemic)**

4. Functional Classification:

5. Limits (include cross-streets and mileposts):

6. County or Counties:

7. Municipality(s):

8. If submitting more than one application, what is the sponsor's priority of this application?

Priority #  of  applications

## B. SPONSORING AGENCY

1. Project Sponsor (county or municipality):

2. Project Manager's Name and Title (Responsible Charge):

Responsible Charge MUST be a full-time employee of the project sponsor.

3. Agency and Agency Address:

4. Telephone Number:

5. Fax Number:

6. E-Mail Address:

7. Who is the roadway owner? (*check all that apply*)

Project sponsor

Different agency or agencies – Please specify below:

If the project sponsor is not the sole roadway owner, please provide written documentation of support for this application from the roadway owner(s).

8. Identify the jurisdiction(s) of the roadway (as well as sidewalks if applicable) within the project's limits. If jurisdiction changes (e.g., county to municipality) within the project's limits list each roadway section individually by milepost and cross streets, as well as the overall project limits.

9. Is the project sponsor eligible to apply for federal funding?

Yes       No

- a. If no, has the project sponsor begun their eligibility assessment?

Yes       No

### C. LOCATION SELECTION (STEP 1)

1. Does your project address a hot spot location for crashes or series of locations selected based on a systemic approach?

- Hot Spot (*proceed to C.2.*)                       Systemic (*skip to C.5.*)

2. Does the project location appear on one of SJTPO's Network Screening Lists of regional hot spot locations? ([www.sjtpo.org/HSIP.html](http://www.sjtpo.org/HSIP.html))

- Yes (*proceed to C.3.*)                       No (*skip to C.4.*)

3. Please identify on which list(s) your project location appears, then indicate your location's **SJTPO Rank** on that list. *Then skip to C.5.*

- |   |                                  |
|---|----------------------------------|
| <input type="checkbox"/> Pedestrian Spot              | SJTPO Rank: <input type="text"/> |
| <input type="checkbox"/> Pedestrian Corridor          | SJTPO Rank: <input type="text"/> |
| <input type="checkbox"/> Intersection                 | SJTPO Rank: <input type="text"/> |
| <input type="checkbox"/> High Risk Rural Roads (HRRR) | SJTPO Rank: <input type="text"/> |

Strong preference will be given to project locations ranked higher on one of the lists above bonus points awarded for projects with an SJTPO Ranking within the top 25 of each Network Screening List.

4. **For project locations not on one of the Network Screening lists above**, applicants must sufficiently demonstrate a significant (three-year) crash history. Applicants are strongly encouraged to request this crash history by contacting SJTPO staff as soon as possible. The crash history should be presented to SJTPO prior to beginning an application to allow time to determine if the location is eligible. This is not applicable for systemic applications.

5. **Project Schedule**

**PLEASE ATTACH: Project schedule (Including CED, Preliminary PS&E, Final PS&E)**

## D. PROBLEM IDENTIFICATION (STEP 2)

1. Has a Road Safety Audit (RSA) or Scan (RSS) been performed at this location?  
 Yes: ( RSA  RSS) (proceed to D.2.)  No (skip to D.3.)

2. Please indicate the month and year the RSA/RSS was performed:  /

3. **Demonstrated crash history**

**PLEASE ATTACH: a full three-year crash history of the location in Excel format, inclusion of crash diagram(s) is encouraged.**

**Applicants are strongly encouraged to request a crash history for your project location by contacting SJTPO staff as soon as possible.** Applicants are encouraged to make their request as soon as possible to allow more time to complete their application.

4. Please indicate the predominant crash type(s) at this project location:

5. **Alignment with New Jersey's 2015 Strategic Highway Safety Plan (SHSP)**

In order for a project to be eligible to receive Highway Safety Improvement Program (HSIP) funds, your objective(s) in performing this project must align with one or more of the SHSP emphasis areas, below. **Applicants are strongly encouraged to address at least one First Priority emphasis area.**

First Priority:

- |   |  |
|---|--|
| <input type="checkbox"/> Lane Departure             | <input type="checkbox"/> Drowsy and Distracted Driving           |
| <input type="checkbox"/> Intersections              | <input type="checkbox"/> Aggressive Driving (Including Speeding) |
| <input type="checkbox"/> Pedestrians and Bicyclists | <input type="checkbox"/> Mature Drivers (Over the age of 64)     |

Second Priority:

- |   |   |
|---|---|
| <input type="checkbox"/> Impaired Driving           | <input type="checkbox"/> Teen Drivers (Under the Age of 21) |
| <input type="checkbox"/> Unbelted Vehicle Occupants | <input type="checkbox"/> Motorcyclists                      |

Third Priority:

- |   |   |
|---|---|
| <input type="checkbox"/> Heavy Vehicles     | <input type="checkbox"/> Train-Vehicle Collisions |
| <input type="checkbox"/> Unlicensed Drivers | <input type="checkbox"/> Improved Data Analysis   |
| <input type="checkbox"/> Work Zones         | <input type="checkbox"/> Driver Safety Awareness  |

## E. COUNTERMEASURE SELECTION (STEP 3)

### 1. Consideration of FHWA Proven Safety Countermeasures:

Below are FHWA Office of Safety's proven countermeasures to address intersection, pedestrian, and run-off road crashes. Please answer for each countermeasure that appears under the crash type(s) you are addressing in this project application (per Section B).

#### a. Intersection Crashes

Please check if these countermeasures were included in this proposed project.

- Inclusion of Roundabout  
If not, was it considered?  Yes  No (if not, explain in E.1.d. below)
- Corridor Access Management Improvements  
If not, was it considered?  Yes  No (if not, explain in E.1.d. below)
- Installation of Traffic Signal Back-Plates with Retro-Reflective Borders  
If not, was it considered?  Yes  No (if not, explain in E.1.d. below)
- "Road Diet" Roadway Configuration  
If not, was it considered?  Yes  No (if not, explain in E.1.d. below)

#### b. Pedestrian Crashes

Please check if these countermeasures were included in this proposed project.

- "Road Diet" Roadway Configuration  
If not, was it considered?  Yes  No (if not, explain in E.1.d. below)
- Medians and Pedestrian Crossing Islands in Urban and Suburban Areas  
If not, was it considered?  Yes  No (if not, explain in E.1.d. below)
- Pedestrian Hybrid Beacon  
If not, was it considered?  Yes  No (if not, explain in E.1.d. below)

#### c. Run-Off Road Crashes

Please check if these countermeasures were included in this proposed project.

- Longitudinal Rumble Strips and Stripes on Two-Lane Roads  
If not, was it considered?  Yes  No (if not, explain in E.1.d. below)
- Safety Edge<sub>SM</sub>  
If not, was it considered?  Yes  No (if not, explain in E.1.d. below)
- Enhanced Delineation and Friction for Horizontal Curves  
If not, was it considered?  Yes  No (if not, explain in E.1.d. below)

- d. If any of the FHWA Proven Safety Countermeasures were not considered, please explain why.

2. Provide a brief explanation of the existing conditions and safety issue(s) at the specific location(s). It may be useful to **ATTACH** an aerial or diagram(s) to illustrate these conditions.

3. Please provide a description of the proposed safety improvement project. Be specific in terms of highlighting major safety countermeasures. Identify for each countermeasure if they were recommendations of an RSA.

## F. BENEFIT-COST ANALYSIS (STEP 4)

Projects must quantify the safety benefit measured against the cost of the project. To this end, all projects must include information that SJTPO will utilize to perform a Highway Safety Manual (HSM) analysis. This analysis will be utilized to determine if the safety benefits exceed the total cost of the entire project.

### PLEASE ATTACH: Completed Appendix A Spreadsheet of HSM Data Inputs

1. Has design been conducted for the proposed project?  
 Yes (*proceed to F.2.*)                       No (*skip to F.3.*)
  
2. Has the design of the proposed improvements been certified and approved by the local engineer?  
 Yes (*skip to F.4.*)                       No (*proceed to F.2.a.*)
  
- a. If design plans for the proposed improvement have not been certified, please identify the date by when you expect these design plans to be finalized and approved,  /  then skip to F.4.

### PLEASE ATTACH: Reduced size preliminary or final plans (as appropriate)

3. Do you need final design assistance for this project?  
 Yes                       No
  
4. **Cost Estimate:**  
For what phases are you requesting funds? (indicate dollar amount, fiscal year for each)

<input type="checkbox"/> Right of Way:	\$	<input type="text"/>	FY:	<input type="text"/>
<input type="checkbox"/> Construction:	\$	<input type="text"/>	FY:	<input type="text"/>
<input type="checkbox"/> Construction Inspection:	\$	<input type="text"/>	FY:	<input type="text"/>
<b>Total Requested:</b>	\$	<input type="text"/>		

### PLEASE ATTACH: Line item cost estimate

5. Please describe how these funds will be used. (Please indicate if funds will be used to support in-house work or to hire an outside consultant.)

6. Will the funds requested cover all project costs?  
 Yes (*skip to F.7.*)                       No (*proceed to F.6.a.*)

a. If not, please list additional funding sources.

7. Please list below all permits and approvals required for this project. For each permit and approval, please identify whether it has been received or not. For those permits and approvals not received, please identify the date when it is expected be received.

<b><i>For SJTPO Use Only</i></b>		
<i>Total Project Cost</i>	\$	<input style="width: 100%;" type="text"/>
<i>Total Crash Benefit</i>	\$	<input style="width: 100%;" type="text"/>
<i>Benefit / Cost Ratio</i>		<input style="width: 100%;" type="text"/>

## G. TECHNICAL REVIEW COMMITTEE (STEP 5)

The following information will assist the Technical Review Committee to ensure that there are no barriers to implementation. No field-testing or sampling of any kind is needed in order to answer the following questions.

<b>1. Additional Project Information:</b>	<b><u>Yes</u></b>	<b><u>No</u></b>	
a. Is this project one of the activities that qualifies for a Programmatic Categorical Exclusion in the NEPA process?	<input type="checkbox"/>	<input type="checkbox"/>	
If Yes, Project Type: <input style="width: 480px; height: 20px;" type="text"/>			
b. Will right-of-way be acquired?	<input type="checkbox"/>	<input type="checkbox"/>	
Acquisition:	<input type="checkbox"/>	<input type="checkbox"/>	
Easement:	<input type="checkbox"/>	<input type="checkbox"/>	
c. Will the project result in residential or business displacement?	<input type="checkbox"/>	<input type="checkbox"/>	
If yes, approximately how many?			
Residential: <input style="width: 60px; height: 20px;" type="text"/>			
Business: <input style="width: 60px; height: 20px;" type="text"/>			
d. Will public facilities, schools, churches, emergency services, be affected by the project? <i>(If yes, list in G.5.)</i>	<input type="checkbox"/>	<input type="checkbox"/>	
e. Will new drainage facilities be installed / extended?	<input type="checkbox"/>	<input type="checkbox"/>	
f. Will retention/detention basins be constructed?	<input type="checkbox"/>	<input type="checkbox"/>	
g. Have any environmental studies (Cultural Resource, Hazardous Waste, Air, Noise, Soil borings studies etc.) been undertaken previously within or adjacent to the project area? <i>(If yes, list in G.5.)</i>	<input type="checkbox"/>	<input type="checkbox"/>	
h. Is there any potential impact for federal and state rare, threatened, or endangered species or their habitat within the project study area? <i>(If yes, list in G.5.)</i>	<input type="checkbox"/>	<input type="checkbox"/>	
i. Describe the land use/ecology of the project site			
<input type="checkbox"/> Urban	<input type="checkbox"/> Residential	<input type="checkbox"/> School	<input type="checkbox"/> Rural
<input type="checkbox"/> Agricultural	<input type="checkbox"/> Forested	<input type="checkbox"/> Grassland/Field	<input type="checkbox"/> Coastal
<input type="checkbox"/> Open Waters (lake, stream, or river)			
j. Are any of the following conditions present at the project site?			
<input type="checkbox"/> Wetlands	<input type="checkbox"/> Floodplains	<input type="checkbox"/> Sole source Aquifers	
<input type="checkbox"/> Vernal Pools	<input type="checkbox"/> Wildlife Habitat	<input type="checkbox"/> Stream crossings	

<b>2. Cultural Resources:</b>	<b><u>Yes</u></b>	<b><u>No</u></b>	<b><u>TBD</u></b>
<i>(If yes or TBD, provide list or explanation in G.5.)</i>			
a. Are there known buildings or structures listed on, or eligible for listing on, the NJ and/or National Registers of Historic Places in the project study area?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Are any properties included in a local county/ municipal listing of historic properties?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Is the project located in a known or potential Historic District(s)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Are there any 50+ year old buildings in the project area?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Will the project impact a 50+ year old bridge or culvert?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Will the project impact a 50+ year old railroad line?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

<b>3. Section 4(f) Properties:</b>	<b><u>Yes</u></b>	<b><u>No</u></b>
<i>(If yes, list in G.5.)</i>		
a. Will there be any use of land from the following:		
Historic Sites:	<input type="checkbox"/>	<input type="checkbox"/>
Publicly owned Parkland:	<input type="checkbox"/>	<input type="checkbox"/>
Publicly owned recreation areas:	<input type="checkbox"/>	<input type="checkbox"/>
Publicly owned wildlife or waterfowl refuges:	<input type="checkbox"/>	<input type="checkbox"/>
Federal Lands:	<input type="checkbox"/>	<input type="checkbox"/>

<b>4. Hazardous Waste:</b>	<b><u>Yes</u></b>	<b><u>No</u></b>	<b><u>TBD</u></b>
<i>(If yes or TBD, provide list or explanation in G.5.)</i>			
a. Are there any known or suspected hazardous waste sites (underground storage tank (UST), landfills, known NJDEP Case, Environment Cleanup Responsibility Act (ECRA Case) within the project study area?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Are there active or abandoned industries, service stations, or repair shops within the project study area?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Is there evidence of potential contamination (monitoring wells, stained soils, etc.)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Are railroads or rail yards located in the project study area?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**PLEASE ATTACH: USGS MAP showing the project location, limits, and all environmental parameters (e.g., wetlands, historic properties) relevant to your project, based on the checklist above. Please also include route/street names and mileposts.**

**5. Additional Comments:**

Include lists or explanations for selections of yes or TBD as required in G.1-4, above.

## H. ATTACHMENTS

Please identify attachments that are included with your application:

1.  List *for systemic applications* that addresses items A.2-7 for all included locations in Excel format;
2.  Straight Line Diagram, *if applicable*;
3.  Project schedule, including CED, Preliminary PS&E, Final PS&E;
4.  Full three-year crash history of the location in Excel format, inclusion of crash diagram(s) is encouraged;
5.  An aerial or diagram(s) to illustrate existing conditions and safety issues at location, *if applicable*;
6.  Completed Appendix A Spreadsheet of HSM Data Inputs;
7.  Reduced size preliminary or final plans, as appropriate;
8.  Line item cost estimate; and
9.  USGS MAP showing the project location, limits, and all environmental parameters (e.g., wetlands, historic properties) relevant to your project. Please also include route/street names and mileposts.

## I. APPLICATION SUBMISSION

**All applications must be submitted digitally.** To avoid issues with submitting large files, please email [jmarandino@sjtpo.org](mailto:jmarandino@sjtpo.org) to gain access to SJTPO's FTP site. Alternatively, digital applications may be submitted by CD or DVD to the address below. Each application requires multiple attachment files. For applicants submitting more than one application, each application with ALL of its required attachments should be contained in its own separate folder, named for that project application. **Applications are due by March 9, 2016 for consideration in the FY 2016-2017 Local Safety Program.** This application is only valid through that date.

South Jersey Transportation Planning Organization  
782 South Brewster Road, Unit B6  
Vineland, NJ 08361  
Attn: Jennifer Marandino

Questions or comments may be directed to Jennifer Marandino at (856) 794-1941 or via email at [jmarandino@sjtpo.org](mailto:jmarandino@sjtpo.org).

This application, program guidelines, and all SJTPO Network Screening lists are available on our website at [www.sjtpo.org/HSIP.html](http://www.sjtpo.org/HSIP.html).