**East Central Wisconsin Regional Planning Commission**

**Transportation Improvement Program (TIP)**

**Project Information**

**PROJECT LOCATION:**

Street or Project Name:

From: To:

# PROJECT PROGRAM YEAR:

**PROJECT CONCEPT (attach additional pages if necessary):**

What is proposed?

## Why is it needed?

## PROJECT LENGTH:

## IMPROVEMENT (check all that apply):

## \_\_\_\_ Mill and Resurface \_\_\_\_ Integrated Curb/Gutter

## \_\_\_\_ Reconstruct to Urban Section \_\_\_\_ Bus Travel Permitted

## \_\_\_\_ New Construction \_\_\_\_ New Bicycle/Pedestrian Facility

## \_\_\_\_ Storm Sewer \_\_\_\_ Transit/Rideshare Facility

## \_\_\_\_ Sidewalk Existing \_\_\_\_ Transit service expansion

## \_\_\_\_ Sidewalk to be Constructed \_\_\_\_ Other, specify

## PLAN CONSISTENCY:

## Please list all plans in which this project is recommended (incl: local comprehensive plans, arterial plans, TDP

## and other transit plans, bicycle and/or pedestrian plans, regional long range and its elements, etc.)

**CAPACITY EXPANSION or PRESERVATION PROJECT:**

Pre-construction pavement width (curb to curb): feet

Post-construction pavement width (curb to curb): feet

Pre-construction number of lanes

Post-construction number of lanes

# CONSTRUCTION OF BICYCLES and PEDESTRIANS

Have bicycles and peds been considered in project? \_\_\_\_\_ Yes, bicycles \_\_\_\_\_ Yes, peds \_\_\_\_\_Neither

Jurisdiction must describe bicycle and/or pedestrian accommodation included, or explain the exclusion of

such accommodation:

**CONSIDERATION OF TRANSIT**

Has transit been considered in project? \_\_\_\_\_ Yes \_\_\_\_\_ No

Jurisdiction must describe transit accommodation included, or explain the exclusion of such accommodation:

**\*\*\*\*\*\*\*\*\*\*\* MORE ON BACK \*\*\*\*\*\*\*\*\*\*\***

**ECWRPC, TIP Project Information**

**SAFETY**

Is there a known safety issue, crash history, etc?

**PRESERVATION OF EXISTING SYSTEM (answer those that apply):**

Existing Pavement Condition (1-10, PASER rating):

New Facility:

Is new facility reflected in local plan: No Yes, which plan?

Is new facility expected to relieve congestion on another facility?

No Yes, which facility?

Traffic Operations Improvements:

Is the project intended to eliminate or improve an existing safety hazard?

No Yes, describe?

Is the project intended to avoid or lessen a future safety hazard?

No Yes, describe?

Transit Improvements:

Does the project provide, or have a role in assisting transit or paratransit as a travel option?

No Yes, describe?

Bicycle and/or pedestrian improvements:

Is the facility reflected in a local or regional bicycle/pedestrian plan?

No Yes, name of plan:

Does the improvement provide a barrier crossing?

No Yes, distance to next crossing: mi.

Capacity Improvements:

Is the facility currently over capacity? No Yes, V/C ratio:

Is there a traffic count more recent than regular WisDOT count?

ADT, source:

Is the facility projected to be over capacity?

No Yes, project ADT: source:

Is the improvement to system performance? No Yes, explain

**FUNDING PROGRAM:**

STP-Urban HSIP National Highway System (NHS) Local

Other, specify

**ESTIMATED PROJECT COST:**

Design $

Storm Sewer (eligible position only) $

Construction $

Other costs, specify $

Total project cost $

Sponsoring jurisdiction’s local share $

STP Urban funds requested (max.80%) $

Name of sponsoring jurisdiction (STP only):

**IF PROJECT IS PROGRAMMED FOR 100% LOCAL FUNDING, DO YOU WISH IT TO BE PRIORITIZED FOR STP-URBAN FUNDING?** (Note: If a successfully funded project is canceled, funds can become available for other projects in ranked order.) No Yes

**OTHER PERTINENT INFORMATION:**