

**EXHIBIT 9-A APPLICATION FOR HIGHWAY SAFETY IMPROVEMENT PROGRAM (HSIP) FUNDS**

Applicants seeking Highway Safety Improvement Program (HSIP) funds must use this form. Failure to provide information that is required, or failure to prepare the application in accordance with general formatting instructions may result in your application being disqualified. See Exhibit 9-B “Application Form Instructions for HSIP Funds” for assistance in completing this form.

This entire Application Form must be submitted. Applicants should download the Application Form from the Division of Local Assistance HSIP web site at: [www.dot.ca.gov/hq/LocalPrograms/hsip.htm](http://www.dot.ca.gov/hq/LocalPrograms/hsip.htm).

Limit the application to eight (8) pages plus attachments. Do not provide brochures and samples of materials unless they are directly related to a response.

**Agency:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**Total number of applications being submitted by your agency:** \_\_\_\_\_

**Rank of this project (Note: Each project application must have a different rank):** \_\_\_\_\_

**Name of Contact Person:** \_\_\_\_\_

**Telephone:** \_\_\_\_\_

**E-mail:** \_\_\_\_\_

**Mailing Address:**

**Street:** \_\_\_\_\_ **City:** \_\_\_\_\_ **Zip:** \_\_\_\_\_

**County:** \_\_\_\_\_

**Caltrans District:** \_\_\_\_\_

**MPO:** \_\_\_\_\_

**Project Location:**

\_\_\_\_\_

**Description of Proposed Improvement(s):**

\_\_\_\_\_

**Does proposed improvement(s) include Intelligent Transportation System components as defined in Chapter 12.6, Intelligent Transportation Systems, of the LAPG?** \_\_\_\_\_ **YES** \_\_\_\_\_ **NO**

**Type of Improvement** (See Exhibit 9-B: Application Form Instructions for HSIP Funds):

\*(Item 1 to 20: Select from the first box; Item 21 to 34: Select from the second box. Select one only.)

\_\_\_\_\_

**Intersection or Road Section (Select one. If it is a road section, indicate section length.):**

Intersection

Road Section    Section Length (Miles): \_\_\_\_\_

**Speed Limit (mph):** \_\_\_\_\_

**Number of Lanes:** \_\_\_\_\_

**Functional Classification (select one):** \_\_\_\_\_

Visit <http://web1.dot.ca.gov/hq/hpms/Page1.php> to verify the functional classification.

**Average Daily Traffic (ADT) (Current, all directions) (required for Safety Index Project):** \_\_\_\_\_

**Traffic Collision Information (required for Safety Index Project):**

*\*If "1. Roadway Illumination (where no lighting exists)" is selected as Type of Improvement, enter only night-time collisions.*

Time Period	_____ to _____		
Collision Type	Fatal	Injury	Property Damage Only (PDO)
Number of Collisions ( <b>NOT</b> Number of Victims)	_____	_____	_____

**Project Cost Estimate**

Complete the following “Project Costs Estimate” section. Include only those costs that are being requested for this project. For the three (3) primary headings, identify the Federal Fiscal Year in which funds should be programmed.

**PROJECT COST ESTIMATE: (REQUIRED)**

	Federal Fiscal Year
<b>Preliminary Engineering</b>	_____
Environmental .....	\$ _____
PS&E .....	\$ _____
<b>Right of Way</b>	_____
Engineering .....	\$ _____
Acquisition .....	\$ _____
<b>Construction</b>	_____
Construction Engineering .....	\$ _____
Construction .....	\$ _____
<b>Subtotal</b> .....	<b>\$</b> _____
<b>Contingency</b> (10% of Subtotal; max) .....	\$ _____
<b>Total Project Cost</b> .....	<b>\$</b> _____
<b>Federal Funds Requested</b> .....	\$ _____

The following parts of this Application Form request specific project-related information. Sections 1 and 2 request the applicant to provide a detailed narrative description related to a specific topic. If pictures, maps, exhibits, data, diagrams, etc., are submitted in response to questions or statements in the application, they must be attached to the application.

**1. IDENTIFICATION AND DEMONSTRATION OF NEED**

This section requires the applicant to demonstrate the need for the project. Using the following questions and statements as a guide, provide a detailed narrative description of the problem.

Provide some background information about the problem. How was the problem identified? How long has the problem existed? Describe the primary cause(s) of the collisions that have occurred at the location. Given that other problems may exist within the applicant’s jurisdiction, explain why this problem was chosen for improvement. Use whatever collision data, traffic data, community surveys, reports, plans, and other environmental conditions that may apply. Describe the urgency of project and the agency’s commitment to deliver project regardless of HSIP funds.

If available, provide photographs to illustrate the problem or deficiency. Include these photographs as attachments.

\_\_\_\_\_

**2. POTENTIAL FOR PROPOSED IMPROVEMENT TO CORRECT OR IMPROVE THE PROBLEM**

This section requires the applicant to describe how the proposed solution will improve the safety of the public. The applicant must clearly demonstrate the connection between the problem and the proposed solution.

Describe how the proposed project corrects, or improves the traffic safety at or near the project site.

\_\_\_\_\_

Describe options, or alternatives that were considered.

\_\_\_\_\_

**3. IMPLEMENTATION SCHEDULE**

*Applicants must estimate dates for the following milestones:*

- Request Authorization to Proceed with Preliminary Engineering ..... \_\_\_\_\_
- Obtain Environmental Clearance (NEPA) ..... \_\_\_\_\_
- Request Authorization to Proceed with Right of Way (if applicable) ..... \_\_\_\_\_
- Obtain Right of Way Clearance ..... \_\_\_\_\_
- Request Authorization to Proceed with Construction ..... \_\_\_\_\_
- Complete Construction of Project ..... \_\_\_\_\_

**4. PROJECT SITE IS A LISTED LOCATION IN THE CURRENT CALIFORNIA FIVE PERCENT (5%) REPORT**

\_\_\_\_\_ Yes, \_\_\_\_\_ LOCATION IDENTIFICATION NUMBER  
(See Five Percent (5%) Report, Appendix B)

For web site access to the Five Percent (5%) Report, go to: <http://safety.fhwa.dot.gov/fivepercent/index.htm>  
or contact your District Local Assistance Engineer for assistance.

**5. APPLICATION SIGNATURES**

An agency official representing the applicant must sign the application. The undersigned affirms that the statements contained in the application package are true and complete to the best of the applicant's knowledge. The undersigned also affirms that the applicant's agency owns, operates and maintains the facility upon which the proposed improvements will be constructed. If portions of the improvements extend into areas where the applicant has no jurisdictional authority, a notation must be made that officials representing the affected local agencies support the project. In the notation, provide names and telephone numbers of whom to contact for corroboration. Only one agency official needs to sign the application. "Agency Official" means Director, Assistant Director, Executive Director, Assistant Executive Director, or their respective designated administrators, engineers, or planners.

Agency Official: \_\_\_\_\_ (Name)

\_\_\_\_\_  
Signature\_\_\_\_\_  
Date

Title: \_\_\_\_\_

Phone Number: \_\_\_\_\_

E-mail: \_\_\_\_\_ (*If available*)Notation: (*If applicable*)  
  
\_\_\_\_\_**Distribution:** Original and two copies – DLAE

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