

## Traffic Safety Improvement Program Application Instructions

(Revised March 2009)

### General Instructions

The TRAFFIC SAFETY IMPROVEMENT PROGRAM (TSIP) operates under the rules of the Iowa Administrative Code 761—Ch. 164. A copy of the rules is attached to these instructions. TSIP allocates Traffic Safety Funds (TSF) in three categories: Site-specific, Traffic Control Devices, and Research/Studies/Public Information. Eligible and ineligible uses are defined in the Iowa Administrative Code. Only city and county governments and the Iowa Department of Transportation (Iowa DOT) may apply for Traffic Safety Funds. Joint applications submitted by two or more agencies must specify a lead agency and list all participating jurisdictions.

Applications must be received in the Office of Traffic & Safety by **June 15**. Notification of final approval will be given by mid-December. If approved, funds will be available for use on July 1.

Completed applications may be submitted on paper (one original and 3 copies) to:  
Office of Traffic and Safety  
Iowa DOT  
800 Lincoln Way  
Ames, Iowa, 50010

**OR** via **electronic files** (xls, doc, or pdf) to  
Gary.Huston@dot.iowa.gov.

General questions regarding the program should be directed to the District Engineer of the appropriate District Office. Technical questions relating to accident reduction factors, project life, clear zone requirements, etc. should be directed to the Office of Traffic and Safety at 515-239-1077, or Gary.Huston@dot.iowa.gov.

## SITE SPECIFIC Applications Requirements

Each of the following documents shall be included with a Site Specific application. In the upper right-hand corner of each page, include the letter (shown below) which the document supports. Paper submittals require one original plus 3 copies of each section (except as noted). Electronic submittals are acceptable and should be combined into a single file (doc or pdf). The B/C analysis is preferred in xls format.

- A. APPLICATION CERTIFICATION(S) or RESOLUTION(S) approved by the applying local government(s) (must be dated within the past 12 months). The application should be endorsed by the local government submitting the application and include assurance that any funded improvements will be adequately maintained. A scanned copy is acceptable if included as part of an electronic submittal.
- B. NARRATIVE describing existing conditions, the proposed concept, and safety justification. Include speed limits, clear zone and Manual on Uniform Traffic Control Devices (MUTCD) requirements. The intent is to identify the problem, its relationship to the collision experience, and how the proposal will improve safety.
- C. ITEMIZED BREAKDOWN OF ALL COSTS including a breakdown of anticipated funding source for each part of the project.
- D. TIME SCHEDULE including **completion date**, for the proposed project and any other adjacent or related projects.
- E. MAP identifying the location of the project.
- F. COLOR PICTURES of the project site. (1 set)
- G. PLAN VIEW of the existing conditions and proposed project with existing ROW and proposed ROW requirements shown as well as the existing access and proposed access.
- H. AERIAL PHOTOGRAPH of the site (if available). (1 copy)
- I. COPIES OF THE ACTUAL INVESTIGATING OFFICER'S REPORT OF MOTOR VEHICLE ACCIDENT filed by local law enforcement (not SAVER or CMAT summaries). **Officer Reports not required for property-damage-only crashes.**
  - 1) 3 most recent years (or more) for locations averaging 10 or more crashes per year.
  - 2) 5 most recent years (or more) for locations averaging less than 10 crashes per year.
(1 copy of each report)
- J. Recent TRAFFIC VOLUMES AND/OR TURNING MOVEMENT count diagrams showing the day, month, and year when counts were taken. Intersection counts should be provided in the smallest time increments available (down to 15-minute intervals). Assistance is available from the local DOT District.
- K. If signals are proposed, include information on TRAFFIC SIGNAL LAYOUT, TYPE, PROPOSED PHASING, AND DETECTOR LOCATIONS. If there is an existing traffic signal, include signal layout, phasing, timing and detector locations, if available.
- L. BENEFIT/COST ratio worksheet. Include documentation of assumptions and calculations. Note: Historically, funded applications have had B/C ratios of 1.5 : 1, or more.

## TRAFFIC CONTROL DEVICE Application Requirements

The following documents shall be included with a Traffic Control Device (TCD) application. In the upper right-hand corner of each document, write the letter (shown below) which the document supports. Paper submittals require one original plus 3 copies of each section (except as noted). Electronic submittals are acceptable and should be combined into a single file (doc or pdf) for each application.

- A. APPLICATION CERTIFICATION(S) or RESOLUTION(S) approved by the applying local government(s) (must be dated within the past 12 months). The application should be endorsed by the local government submitting the application and include assurance that any funded improvements will be adequately maintained. A scanned copy is acceptable if included as part of an electronic submittal. (1 copy)
- B. NARRATIVE describing existing conditions, the proposed concept, and safety justification. Include speed limits, clear zone and Manual on Uniform Traffic Control Devices (MUTCD) requirements. The intent is to identify the problem, its relationship to the collision experience, and how the proposal will improve safety.
- C. ITEMIZED BREAKDOWN OF COST including a list of the sources and amounts of supplementary funds.
- D. TIME SCHEDULE for the proposed project with a **completion date**.
- E. MAP identifying the location of the project.
- F. COLOR PICTURES of the project site. (1 set)
- G. PLAN VIEW of the existing conditions and proposed project with existing ROW and proposed ROW requirements shown as well as the existing access.
- H. Recent TRAFFIC VOLUMES AND/OR TURNING MOVEMENT count diagrams showing the day, month, and year when counts were taken. Intersection counts should be provided in the smallest time increments available (down to 15-minute intervals). Assistance is available from the local DOT District.
- I. If signals are proposed, include information on TRAFFIC SIGNAL LAYOUT, TYPE, PROPOSED PHASING, AND DETECTOR LOCATIONS. If there is an existing traffic signal, include signal layout, phasing, timing and detector locations, if available.
- J. B/C worksheet is acceptable but **not required** for consideration in the Traffic Control Devices category.

## **TRAFFIC SAFETY RESEARCH, STUDIES OR INFORMATION INITIATIVE Application Requirements**

The following documents shall be included with a Traffic Safety Research, Study or Information Initiative request. In the upper right-hand corner of each document or separate paragraph in the narrative, write the letter (shown below) which the document/paragraph supports. Electronic submittals are preferred (doc or pdf). Paper submittals do not require multiple copies.

Please check that the following are included with the completed request form:

- A. APPLICATION CERTIFICATION(S) or RESOLUTION(S) approved by the applying local government(s) (must be dated within the past 12 months).
- B. NARRATIVE outlining the proposed concept and the goals or expected results. Include statewide applicability, and provide adequate transportation safety justification.
- C. ESTIMATED COST including a list of the sources and amounts of supplementary funds (itemized if possible).
- D. A TIME SCHEDULE for the proposed project with a **completion date**.

## Application for TRAFFIC SAFETY FUNDS

### GENERAL INFORMATION

Location / Title of Project \_\_\_\_\_

Applicant \_\_\_\_\_

Contact Person \_\_\_\_\_ Title \_\_\_\_\_

Complete Mailing Address \_\_\_\_\_

Phone \_\_\_\_\_ E-Mail \_\_\_\_\_  
(Area Code)

**If more than one highway authority is involved in this project, please indicate and fill in the information below (use additional sheets if necessary).**

Co-Applicant(s) \_\_\_\_\_

Contact Person \_\_\_\_\_ Title \_\_\_\_\_

Complete Mailing Address \_\_\_\_\_

Phone \_\_\_\_\_ E-Mail \_\_\_\_\_  
(Area Code)

### PLEASE COMPLETE THE FOLLOWING PROJECT INFORMATION:

#### Application Type

Site Specific   
Traffic Control Device   
Safety Study 

#### Funding Amount

Total Project Cost \$ \_\_\_\_\_

**Safety Funds Requested** \$ \_\_\_\_\_

## APPLICATION CERTIFICATION FOR LOCAL GOVERNMENT

To the best of my knowledge and belief, all information included in this application is true and accurate, including the commitment of all physical and financial resources. This application has been duly authorized by the participating local government(s). I understand the attached resolution(s) binds the participating local government(s) to assume responsibility if any additional funds are committed, and to ensure maintenance of any new or improved city streets or secondary roads.

I understand that, although this information is sufficient to secure a commitment of funds, a firm contract between the applicant and the Department of Transportation is required prior to the authorization of funds.

Representing the \_\_\_\_\_

Signed: \_\_\_\_\_  
Signature Date Signed

\_\_\_\_\_  
Typed Name

Attest: \_\_\_\_\_  
Signature Date Signed

\_\_\_\_\_  
Typed Name