

St. Clair County Transportation Study  
 Transportation Improvement Program  
 \*NEW\* Project Application

Jurisdiction	FFY
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Contact Name	Phone Number
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Project Name	Length
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Project Limits
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Project Category
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Primary Work Type	Phase
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National Functional Classification
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Project Description
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Local Planning and Economic Development	
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Crashes per MVMT/MEV	Project fix Safety Issue (Y/N)
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Advance Construct (Y/N)	AC Year	ACC Year
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Air Quality Exempt (Y/N)	Traffic Count	PASER Rating
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Obligation Quarter (1 <sup>st</sup> , 2 <sup>nd</sup> , 3 <sup>rd</sup> , or 4 <sup>th</sup> )
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Let Date	Completion Date
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**Federal Funding/Source(s)**

Federal Cost (\$1000's)	Federal Cost (\$1000's)
Federal Fund Source	Federal Fund Source

**State Funding/Source(s)**

State Cost (\$1000's)	State Cost (\$1000's)
State Fund Source	State Fund Source

**Local Funding/Source(s)**

Local Cost (\$1000's)	Local Cost (\$1000's)
Local Fund Source	Local Fund Source

<b>Total Project Cost (\$1000's)</b>
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*Do Not Write Below This Line*

**SCCOTS Technical Subcommittee Activity**

Date

Action

**SCCOTS Advisory Committee Activity**

Date

Action

**SCCOTS Policy Committee Activity**

Date

Action