**CDOT Safety Improvement Programs Application**

(submit applications to [*david.swenka@state.co.us*](file:///%5C%5Cpublic%5Ctrafss%5CTrafss%5CHSIP%5CFedHaz%202017%20and%20Beyond%5Cdavid.swenka%40state.co.us))

**Requesting Agency:** CDOT Choose an item.

**Safety Funding Requested:** HSIP and FSM

**Submitted By:**

**Title:**

**Email:**

**Phone:**

**Date:**

(All fields required unless otherwise noted)

1. **Location** (Road Number, Street, Milepost, etc.):

1. **Documented crash history** (most recent available three to five years of crash data):

1. **Traffic volume counts** (All directions/approaches, if available):

1. **Description/Illustration of existing safety concern** (Photos Recommended):

1. **Description/Illustration of proposed improvement and the extent to which it addresses the crash problem:**

1. **CDOT Project #** (subaccount, if available):

1. **Amount of funding requested for proposed safety improvement:**

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\*Benefit/Cost evaluation will be based off this amount

1. **Total estimated proposed safety improvement cost** (if different from Question 7)

(Preliminary Cost Estimate Tabulation Recommended):

For information only

1. **Planned construction advertise date:**

1. **Planned construction completion date:**

1. **Estimated Cost Schedule**

|  |  |  |
| --- | --- | --- |
| Fiscal Year | Amount | Project Phase (Design, Construction, etc.) |
| FY       |       |       |
| FY       |       |       |
| FY       |       |       |
| FY       |       |       |

Additional comments or notes regarding project or funding: