

# WisDOT 2011-2014 STP-Urban Program Application

## Project Description

Project Sponsor: **City of Onalaska**

Project Location:

Municipality: **City of Onalaska** County: **La Crosse**

On Route - Local Road or Street Name: **East Main Street**

At Route - Beginning Point: **USH 53**

Toward Route - Ending Point: **Esther Drive**

Offsets only required if the project does not begin or end at an intersection.

At Offset (+): **+100 l.f.** Toward Offset (+):

**NOTE: Refer to the following link for information on the On/At method of describing the location of a project:**

<http://www.dot.wisconsin.gov/localgov/docs/lrip-onatmanual.pdf>

**NOTE: Attach an 8 ½ x 11 map showing the project location. A WISLR map is REQUIRED (refer to the following link:**

<http://www.dot.wisconsin.gov/localgov/wislr/>).

Length of Project: **1,650 lineal feet**

Current Average Daily Traffic (ADT): **23,000 to 17,750 (2010)** Posted or Statutory Speed Limit: **25 mph**

Functional Classification (refer to instructions): **Collector**

**NOTE: Roadway must be functionally classified as a Collector or higher to be eligible for funding.**

Additional comments on Project Description section: **Roadway pavement section was not designed for current volumes.**

## Existing Facility

Number of Lanes: **4** Lane Width: **11** Cross Section:  Rural  Urban

Pavement Type: **Asphalt** If Combination, explain: Pavement Width: **44**

Pavement Rating: **4** Pavement Condition: **Alligator cracking and surface deterioration** Year Last  
Surfaced: **1988**

Shoulder Type: **Curb and Gutter** Shoulder Width: **none**

Existing Sidewalk?  Yes  No

Are sidewalks designated as part of a regional or local bicycle or pedestrian system?  Yes  No

Lighting: **System** Lighting Style: **Standard**

Existing Bicycle/Pedestrian Accommodations?  Yes  No

Are bicycle/pedestrian accommodations designated as part of a regional or local bicycle or pedestrian system?  
 Yes  No

Sub-Standard Alignment? Horizontal:  Yes  No

Vertical:  Yes  No

Any federal aid eligible structures within the existing facility?  Yes  No

Railroad: **None**

If a railroad crossing exists, have other federal funding sources been explored?  Yes  No

Known Safety Issues?  Yes  No If yes, consider applying for Highway Safety Improvement Program (HSIP) funds.

Additional comments on Existing Facility section:

### Project Justification

Explain why the project is needed including the scope and appropriate detail on the project's uniqueness and complexity. Include any 100% locally funded components of the project that are part of the overall project. (Refer to this section of the instructions for additional information.) **This project is reconstruction of an existing major collector that connects large medical facilities and shopping areas. This street is also a local connection between state trunk highways. Current street was not designed for large traffic volumes experienced. Local study performed in 2009 recommended a two way left turn lane installation on Western portion of the project limits. Existing sanitary sewer and water manholes would be adjusted at 100% local cost.**

### Proposed Improvement

**NOTE: Applicants should refer to the traffic data and design standards information in the instructions prior to completing this section of the application.**

Improvement Type: **Reconstruction** If Combination, explain: **Partial reconstruction, partial pavement replacement**

Overall Length: **1,650**

Rural Cross Section

Length:

Urban Cross Section

Length: **1,650**

Will the project add lanes?  Yes  No If yes, describe which part(s) of the project will receive additional lanes:

Grading:  Minimal  Moderate  Extensive

New Pavement Type: **Hot Mix Asphalt**

Width: **44-58'**

Length: **1,650'**

New Shoulder Type: **Concrete**

Width: **2'**

Length: **1,650'**

Sidewalk

Width:

Length:

Curb and Gutter Length: **700' (replacement of 1,650')**

ADA compliant curb ramps with detectable field warnings

Signals

Roundabout

**NOTE: Refer to FDM 11-25-003 for intersection control evaluation information**

<http://roadwaystandards.dot.wi.gov/standards/fdm/11-25-003.pdf>.

Lighting: **SELECT** Lighting Style: **SELECT**

Bicycle/Pedestrian Accommodations

Beam Guard

Permanent and Temporary Pavement Marking

Permanent and Temporary Signing

Storm Sewer:

Lateral Storm Sewer Lines

Estimated Total Length: **75'**

Estimated Diameter(s): **12"**

Trunk Storm Sewer Lines

Estimated Total Length:

Estimated Diameter(s):

Structure Structure Type: **SELECT**

Work Required: **SELECT**

Structure #'s:

Sizes and Descriptions:

Other Work:

Additional comments on Proposed Improvement section:

## Environmental/Cultural Issues

Agricultural	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	<input type="checkbox"/> Unknown	Comment:
Archeological sites	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	<input type="checkbox"/> Unknown	Comment:
Historical sites	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	<input type="checkbox"/> Unknown	Comment:
Lakes, waterways, floodplains	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	<input type="checkbox"/> Unknown	Comment:
Wetland	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	<input type="checkbox"/> Unknown	Comment:
Stormwater management	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	<input type="checkbox"/> Unknown	Comment:
Hazardous materials sites	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	<input type="checkbox"/> Unknown	Comment:
Hazardous materials on existing structure	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	<input type="checkbox"/> Unknown	Comment:
Upland habitat	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	<input type="checkbox"/> Unknown	Comment:
Endangered/threatened/migratory species	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	<input type="checkbox"/> Unknown	Comment:
Section 4(f)	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	<input type="checkbox"/> Unknown	Comment:
Section 6(f)	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	<input type="checkbox"/> Unknown	Comment:
Through/adjacent to tribal land	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	<input type="checkbox"/> Unknown	Comment:
Additional comments on Environmental/Cultural Issues section:				

## Miscellaneous Issues

Construction Restrictions (trout, migratory bird, local events): **None**

Local Force Account (LFA): Is LFA work expected to be requested on this project?  
 Yes  No If yes, explain the desired LFA portion of project.

**NOTE: LFA work must include labor, equipment, and materials. The purchase of materials only is not considered to be a legitimate project.**

Right-of-Way: **NOTE: It is recommended that local funds be used to acquire right-of-way.**  
 Check all that are applicable.  
 None  Less than ½ Acre  More than ½ Acre  
 Parklands  Large Parcels  Strips  Temporary Interests

Traffic During Construction: **Open/Staged Construction**

Ineligible Project Items: Describe any ineligible items that will be part of the overall project. **manhole adjustments**

Other Concept Notes: Provide any additional relevant project information that has not been covered in another section of the worksheet.

Additional comments on Miscellaneous Issues section:

## Project Priority, Scheduling, and Estimated Costs

Applicants should reference the following WisDOT Web page prior to completing this section of the application:  
<http://www.dot.wisconsin.gov/localgov/highways/tools.htm>

**NOTE: Requesting Design and Construction projects in the same fiscal year is not allowed.**

Design:  
**Project Priority: 2**

FY 2011    FY 2012    FY 2013    FY 2014

**Plan Development**  Local Staff  Consultant - Cost (15 - 20% of Construction Cost)      \$ 120,000

**State Review Cost** (see instructions)      \$ 40,000

**Total Design Cost** (Round to next \$1000)      **\$ 160,000**

**Construction:**

**Project Priority: 7**

FY 2011    FY 2012    FY 2013    FY 2014

**Roadway:**

Federal Participating Construction Cost (80% Federal/20% Local)      \$ 774,000

Non-Participating Construction Cost (100% Local)      \$ 10,000

Delivery Cost (see instructions)      \$ 115,000

**Structure(s) (if applicable):**

Federal Participating Construction Cost (80% Federal/20% Local)      \$ 0

Non-Participating Construction Cost (100% Local)      \$ 0

Delivery Cost (see instructions)      \$ 0

**Total Construction Cost** (Round to next \$1000)      **\$ 899,000**

**Real Estate:** (Recommend funding with local funds).

**Project Priority:**

FY 2011    FY 2012    FY 2013    FY 2014

**Total Real Estate Cost** (Round to next \$1000)      **\$ 0**

**Utility:** (Compensable utility costs must be \$50,000 minimum per utility. Recommend funding with local funds.)

**Project Priority:**

FY 2011    FY 2012    FY 2013    FY 2014

**Total Utility Cost** (Round to next \$1000)      **\$ 0**

**NOTE: WisDOT Utility Policy link:** <http://roadwaystandards.dot.wi.gov/standards/util/chapter17.pdf>

**Railroad:** (see instructions)      **\$ 0**

Additional comments on Project Priority, Scheduling, and Estimated Costs section:

**Contact Information and Signature**

Agency: **City of Onalaska**

Contact Person: **C. Jarrod Holter**

Head of Government or

designee.

Title: **City Engineer**

Address: **415 Main Street Onalaska, WI. 54650**

Telephone: **(608)781-9537**

Email: **jholter@cityofonalaska.com**

Only one project sponsor is allowed per project. As a representative of the project sponsor, the individual that signs below confirms that the information in this project application is accurate. A local official, not a consultant, must sign the application. I understand that completion of this application does not guarantee project approval for federal funding.

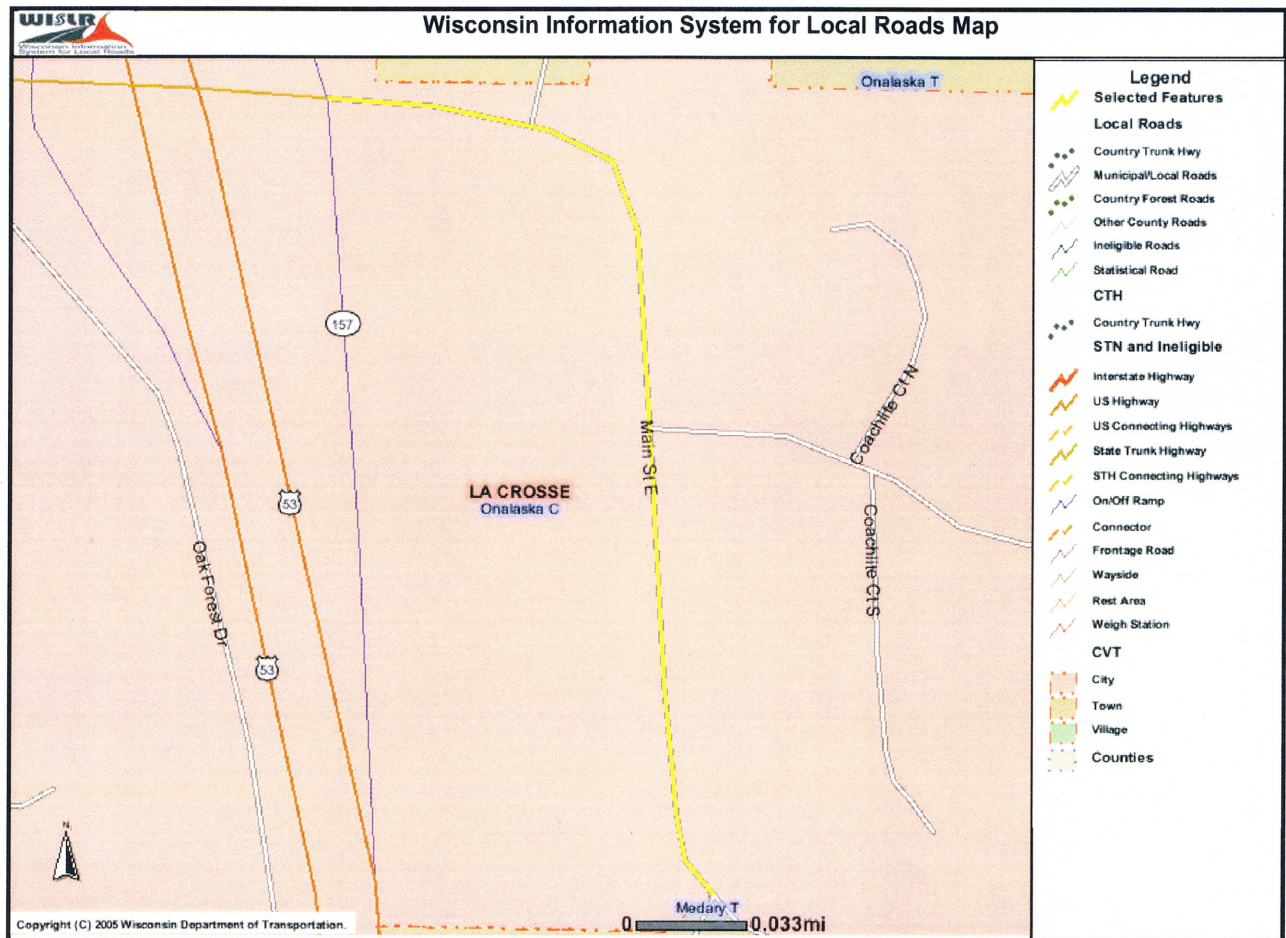
**Applicant Signature:**

**Date:**

**REMINDER: Attach an 8 ½ x 11 map showing the project location. A WISLR map is REQUIRED (refer to the following link: <http://www.dot.wisconsin.gov/localgov/wislr/>).**

**WisDOT Information** – Shaded area to be completed by WisDOT staff only.

FOR WISDOT USE ONLY
Region Reviewer's Name:
Reviewer's Title:
Date Received:
Date Reviewed:
Comments:
Reviewer's Signature:



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