**HIGHWAY SAFETY IMPROVEMENT PROGRAM (HSIP) PROJECT APPLICATION**

Wisconsin Department of Transportation

DT1501 7/2025

**GENERAL INSTRUCTIONS**

Please read all directions. ***Submit completed applications to the appropriate WisDOT Regional HSIP Coordinator.***

Additional information can be found on the WisDOT HSIP website: <https://wisconsindot.gov/Pages/doing-bus/local-gov/astnce-pgms/highway/hsip.aspx>

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| **All shaded areas will be completed by WisDOT staff.** |
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| **Box 1** Identify the project limits and/or those areas applicable to your project. For ‘Name of Road/Intersection,’ use **From-To** (South-North or West-East) format for a road segment such as “6th St.–9th St.” If the project is within the boundary of a Metropolitan Planning Organization (MPO), provide the name of the MPO. Indicate whether the project is located on a connecting highway or local roadway and if the location is urban or rural. Locations are considered urban if it is located within a federally designated urban area boundary which is defined by having a population of greater than or equal to 5,000. For state highway projects, indicate if the Safety Certification Process (<https://wisconsindot.gov/rdwy/fdm/fd-11-38.pdf#fd11-38>) was completed. |
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| **Box 2** If the project involves an improvement to a roadway segment, provide the requested information. |
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| **Box 3** If the project involves an improvement to an intersection, provide the requested information. |
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| **Box 4** Identify and describe existing safety hazards such as visibility restrictions, curves, hills, intersection problems, bike/pedestrian conflicts, narrow shoulders, rutting, etc. Incorporate relevant crash history and data-supported evidence. |
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| **Box 5** Provide a brief summary and list all proposed countermeasure(s) with the project. Examples include: 1. Converting from a Two-Way Stop-Controlled Intersection to a Roundabout2. Widening paved shoulders and installing shoulder rumble strips3. Installing flashing yellow arrow, signal head per lane, high visibility crosswalksAfter the summary, describe the proposed improvement in as much detail as possible. A detailed description explaining how the project will address the identified hazard(s) is essential for WisDOT review. Include any other important considerations that may be unique to the project or location. In addition, briefly discuss any alternatives considered and why these options are not the preferred alternative. If applicable, please list countermeasure(s) that have already been implemented at the location(s) and date(s) of installation. |
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| **Box 6** **Provide a summary of the estimated costs and anticipated schedule dates for ALL project elements associated with the project, regardless of whether HSIP funding is being requested.** This includes preliminary engineering/design engineering, construction, construction engineering, mobilization, contingencies, utilities, real estate, and all related oversight and delivery costs. Cost estimates should be provided in today’s dollars. For each project element (PE/Design, Real Estate, Construction, Other), indicate whether or not HSIP funding is being requested. |
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| **Box 7** Provide contact information for application sponsor’s primary contact person or agency. |
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| **Box 8** Application must be signed by an official able to commit funds and certify as to the answers provided in Box 8. Leave blank for STATE projects. |

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| **Required Supporting Materials (RSM):** Completed applications require the following (to be submitted to appropriate Region Office in digital or paper form – Region Office will transmit final digital copy to Central Office):**A.** All applications must include:RSM 1A. General sketch of project proposal: *An adequate sketch is the minimum requirement. Preliminary plan layout sheets or study reports should be provided if available.* *Basic example attached.*RSM 2A. Collision diagram: *Must use most current consecutive 5 years of crash data available. Crash records available from the WisTransPortal Project website (*[*http://transportal.cee.wisc.edu/services/crash-data*](http://transportal.cee.wisc.edu/services/crash-data)*). Agencies can request crash data or WisTransPortal account access through this website. Basic diagram example attached. Not required for projects resulting from statewide crash analyses or for corridor shoulder widening projects.*RSM 3A. Crash Reports (DT4000): *Submit most current consecutive 5 years of crash data available and appropriate crash analysis. Reports should be sent to Region offices. Reports available from the WisTransPortal Project website (*[*http://transportal.cee.wisc.edu/services/crash-data)*](http://transportal.cee.wisc.edu/services/crash-data/)*. Agencies can request crash reports or WisTransPortal account access through this website. Regions should not submit crash reports to Central Office.*RSM 4A. Crash Listing: Submit list of the most current consecutive 5 years of crash data available.RSM 5A. Site photos of existing conditions. If current conditions are reflected, Google Street View images are acceptable.RSM 6A. Itemized cost estimate: *Provide with as much detail as possible. For projects on the State Trunk Network (including connecting highways), an itemized cost estimate is needed to determine if signalization and/or intelligent transportation systems components are incidental to the project. See example attached.*RSM 7A. PEF worksheet and results: *Completed by Regional Safety Engineer. Project applications resulting from a statewide systemic safety analysis do not require a PEF.***B.** If your project is proposing a change in intersection traffic control or a complete intersection reconstruction, your application must also include:RSM 1B. Warrant documentation: *Required for proposals to install new traffic* signals. See MUTCD, Part IV, Section C (<http://mutcd.fhwa.dot.gov/pdfs/2009r1r2/part4.pdf>*) for additional information. Contact Regional Safety Engineer for example worksheets.*RSM 2B. Completed Traffic Control Signal Approval Request (Form DT1199): *Required for proposals to install new traffic signals on the State Trunk Highway Network, including connecting highways and ramp terminals. Contact Regional Safety Engineer for Form DT1199.*RSM3B. Operational analysis: *Per FDM-11-25-3 (*[*https://wisconsindot.gov/rdwy/fdm/fd-11-25.pdf#fd11-25-3*](https://wisconsindot.gov/rdwy/fdm/fd-11-25.pdf#fd11-25-3)*), required for proposals to change the overall intersection traffic control. A capacity analysis should be performed for existing traffic control with forecasted traffic volumes for the design year. At a minimum, perform a capacity analysis for existing traffic control with the most recent traffic volumes for the peak hours. The capacity analysis should be performed using the 2010 Highway Capacity Manual Methodology (e.g., HCS, Synchro). However, if the information necessary for a detailed capacity analysis is not available use any means necessary to demonstrate existing and future capacity concerns, if any. For example, a field survey with pictures during peak hours to demonstrate existing capacity concerns may be sufficient. Contact the Regional Safety Engineer to discuss alternate options to meet the operational analysis requirement. For State-sponsored projects only.*RSM 4B. Intersection Control Evaluation (ICE): *As outlined in FDM 11-25-3 (*[*https://wisconsindot.gov/rdwy/fdm/fd-11-25.pdf#fd11-25-3*](https://wisconsindot.gov/rdwy/fdm/fd-11-25.pdf#fd11-25-3)*), the ICE process describes the need for a change in the existing intersection and provides a preliminary review of alternatives. All HSIP projects involving a change in intersection traffic control or a complete intersection reconstruction on the State Trunk Network, including connecting highways, must include, as an attachment, a Phase I: Scoping ICE that has been reviewed by Central Office Bureau of Traffic Operations. While not a requirement for local projects, it is recommended these projects still follow the ICE process. Contact the Regional Safety Engineer for additional information. For State-sponsored projects only.***Optional Support Materials (OSM)****C.** If applicable, each application may also include:OSM 1C. Local Support/Commitment: *A list of local support received and/or letters of commitment can be used to augment application materials.* |
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| **OTHER IMPORTANT NOTES AND CONSIDERATIONS:*** Applications that do not include applicable Required Support Materials will not be accepted.
* This is *NOT* a federal-aid grant program. Project sponsors are responsible for 10% of total project costs, up to the approved project cost. Any costs incurred in excess of the approved project cost will be the responsibility of the project sponsor.
* Local lets are not permitted. All let projects must be let through the state letting process regardless of project sponsor or project location.
* Federal law restricts federal-aid projects from using publicly owned land of a park, recreation area, or wildlife refuge.
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| Design ID      | Tied Project IDs      |
| Related IDs(CONST)       (R/W)       |

 **1. PROJECT LOCATION**

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| --- | --- |
| Name of Road/Intersection      | Highway Number      |
| County      | City of      | Village of      | Town of      |
| Native Nation      | Name of the Metropolitan Planning Organization (MPO) the project is represented by      |
| Did the project complete the Safety Certification Process (state highways only)? [ ]  Yes [ ]  No |
| Is the project located on a connecting highway? [ ]  Yes [ ]  No |
| Is the project located on a local roadway? [ ]  Yes [ ]  No |
| Does this project require Railroad Coordination (is the project within 1000’ of an at-grade crossing)? [ ]  Yes [ ]  No |
| What area type is the project? [ ]  Urban [ ]  Rural |

 **2.** **SEGMENT INFORMATION**

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| Current Annual Average Daily Traffic      | Project Length (miles)      |

 **3.** **INTERSECTION INFORMATION**

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| Existing Traffic Control[ ]  Yield Control [ ]  One-Way Stop-Control [ ]  Two-Way Stop-Control [ ]  All-Way Stop-Control [ ]  Traffic Signal [ ]  Roundabout [ ]  Other (List):       | Entering Vehicle Volume      | Pedestrian/Bicycle Volume (if available)      |

 **4.** **IDENTIFICATION OF HAZARDS**

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| Describe existing hazards such as: visibility restrictions, curves, hills, intersection problems, bike/pedestrian conflicts, narrow shoulders, rutting, etc.Describe any relevant crash history resulting from existing hazards or deficiencies.      |

 **5. PROPOSED IMPROVEMENT**

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| 5a. Provide a brief list/summary of the proposed countermeasure(s) that will address the identified hazards.      |
| 5b. Describe the proposed project and how the countermeasure(s) address the identified hazards. In addition, briefly discuss any alternatives considered and why these options are not the preferred alternative. If applicable, please list countermeasure(s) that have already been implemented at the location(s) and date(s) of installation.      |
| **6. TOTAL PROJECT COSTS** - *Provide ALL project costs in today's dollars for all project elements, regardless of whether HSIP funding will be used* |
|  | **Prelim. Engineering/ Design** (*include state review*) | **Real Estate** | **Major Construction Items** *(include Const. Engineering, Mobilization, and Contingencies)* | **Other Costs** | **TOTAL** |
| **SFY2026** |       |       |       |       |       |
| **SFY2027** |       |       |       |       |       |
| **SFY2028** |       |       |       |       |       |
| **SFY2029** |       |       |       |       |       |
| **SFY2030** |       |       |       |       |       |
| **SFY2031** |       |       |       |       |       |
| **TOTAL** |       |       |       |       |       |
| **HSIP Funding Requested?** **(Yes/No) \*** | Yes or No | Yes or No | Yes or No | Yes or No | Yes or No |

\* Generally, 90% of the requested safety funding is covered with federal HSIP funds and the remaining 10% is covered by state and/or local funds. The project sponsor is responsible for any project costs exceeding the approved HSIP funding amount.

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| Is this project advanceable? [ ]  Yes [ ]  No; If yes, what SFY is the project advanceable to       |

 **7.** **CONTACT INFORMATION**

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| Primary Contact Person and Agency Name      | Title      |
| Address      | (Area Code) Telephone Number      |
| City, State, ZIP Code      | Municipality      |

 **8.** **SIGNATURE OF LOCAL APPROVING AUTHORITY**

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| **X**       |       |
|  (Signature of Local Approving Authority) | (Date – mm/dd/yyyy) |

 **WisDOT INFORMATION** *(shaded areas to be completed by WisDOT Regional Staff Only)*

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| A. Environmental Documentation Type[ ]  Environmental Impact Statement [ ]  Categorical Exclusion [ ]  Environmental Assessment [ ]  Planning Studies [ ]  Other:       | B. HSIP Work Type      |
| C. Functional Class      | D. PEF      |
| E. Is this project location identified in one of the Statewide Safety Initiatives (If yes, select all that apply)? [ ]  Yes [ ]  No[ ]  Cross Median Crashes (CMC) [ ]  High Risk Rural Roads (HRRR) [ ]  INSS-Rural [ ]  INSS-Urban [ ]  Location of Interest Report (LOIR) [ ]  Horizontal Curve Initiative [ ]  Other (List):       |
| F. Which Strategic Highway Safety Plan (SHSP) goal(s) are addressed by this request (Select all that apply)? [ ]  Improve Safety Culture, Safety Data, Safety Technology [ ]  Reduce Driver Distraction/Improve Driver Alertness [ ] Reduce Alcohol & Drug-Impaired Driving [ ]  Reduce the Incidence and Severity of Motorcycle Crashes [ ]  Improve Non-Motorist Safety [ ]  Increase Occupant Protection [ ]  Improve Safety of Intersections [ ]  Reduce Lane Departure Crashes [ ]  Improve Work Zone Safety [ ]  Curb Aggressive Driving/Reduce Speed-Related Crashes [ ]  Improve Driver Performance (Teens, Older, and Competent)  |
| Region Approval – Project Supervisor      | Date – mm/dd/yyyy      |
| Region Approval – Planning Supervisor      | Date – mm/dd/yyyy      |
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| C.O. Decision[ ]  Approved [ ]  Disapproved |
| Approving Authority      | Date – mm/dd/yyyy      |

**Example Required Supporting Materials:** General Sketch of Project Proposal (RSM1A)

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**Example Required Supporting Materials:** Collision Diagram (RSM2A)



**Example Required Supporting Materials:** Itemized Cost Estimate (RSM5A)

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