



Illinois Department of Transportation

2300 South Dirksen Parkway / Springfield, Illinois / 62764

April 4, 2017

CIRCULAR LETTER 2017-11

FY 2019 LOCAL HIGHWAY SAFETY IMPROVEMENT PROGRAM

COUNTY ENGINEERS / SUPERINTENDENTS OF HIGHWAYS
MUNICIPAL ENGINEERS / PUBLIC WORKS DIRECTORS / MAYORS
METROPOLITAN PLANNING ORGANIZATIONS – DIRECTORS
TOWNSHIP HIGHWAY COMMISSIONERS
CONSULTING ENGINEERS

The Department intends to add a FY 2019 local increment to the Highway Safety Improvement Program (HSIP) as we develop the FY2019-2024 proposed Multi-Year Highway Improvement Program. Applications for this funding program will be received through Friday, June 2, 2017. Announcement of the selected projects for funding will take place during the week of July 24, 2017.

The anticipated funding level is approximately \$35 million, which includes \$15 million for FY 2019 and \$20 million in unobligated funds from the previous project solicitation. The federal funding level per project is a maximum 90 percent of the total eligible improvement cost for the project with the local public agency responsible for the ten (10) percent matching funds and any non-participating items. All phases of a safety improvement project are eligible for this program, including preliminary engineering, design, construction and construction engineering. Local public agencies are expected to obligate these funds within two (2) years of the fiscal year for which they are announced.

HSIP funds may be used to address safety issues without completely reconstructing entire roadway segments or intersections to the latest policies and standards. Severe crashes associated with roadway departure, intersections, and pedestrians are a priority based on the Illinois Strategic Highway Safety Plan. Several resources have been developed to aid local agencies in identifying locations and areas of emphasis to address. These include county emphasis area tables, heat maps, data trees, and the Local 5% Most Severe Safety Needs List. Use of these resources is important and strong consideration will be given to projects that demonstrate a safety issue based on the use of these documents.

Strong consideration will also be given to specific safety strategies that offer significant benefit to the reduction of severe crashes. The key is to identify the issue(s) contributing to the severe crashes and how the safety strategy will address problems resulting in severe crashes. Please note if the roadway(s) you are improving is a rural major collector, rural minor collector, or rural local road, as these will potentially qualify as a High Risk Rural Road (HRRR). Please contact your applicable IDOT District Local Roads and Streets office for further assistance and to coordinate HSIP applications.

HSIP funds may also be used for system-wide, systematic type, safety improvements. These may include items such as guardrail improvements / upgrades, guardrail end treatment upgrades, signage, pavement markings, etc. The funding limitation on these systematic type improvements will be a maximum of \$1,000,000 of federal HSIP funds (plus the ten (10) percent local match) per local public agency per fiscal year.

The local HSIP application form is attached along with the benefit to cost ratio spreadsheet. Each candidate project must have a completed application form, benefit to cost ratio form, project location map, photographs of the project location, estimated project cost breakdown (including contingencies and non-participating items), estimated project timeline, and a project narrative describing the details of the project.

The application form should be completed with as much information as possible about the subject project. The crash detail table should be completely filled in with crash totals or zeros if no crash types were present. The estimated project cost should be the total cost for the completed project. If a lesser amount should be used to calculate the HSIP funding (due to contingencies and non-participating items), please indicate this reduced amount on the application form.

The project location map should include information on the map as to where any fatal or A-injury crashes occurred within the project limits during the crash evaluation period. Please include photographs of the project location, any deficiencies, and evidence of safety concerns. The estimated project cost breakdown should provide a project total along with a total for those items which are HSIP eligible. The estimated project timeline should include information on time requirements for Phase I engineering, Phase II design, a target letting date, and an estimated construction completion date.

The project narrative should be a brief one to two page summary of the project history, crash locations, and desired improvements. The project narrative should not include information on every aspect of every crash on the project, every aspect of the desired improvement, or letters of support from other entities concerned about the project.

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In addition, under the Grant Accountability and Transparency Act (GATA), each candidate project must also complete the Uniform Application for State Grant Assistance and a Programmatic Risk Assessment Questionnaire, which are also attached.

The [HSIP website](#) contains additional information on the IDOT HSIP Policy and analysis tools which may be used to guide the applicant through the application process.

In summary, each candidate application submittal should contain the following information:

1. BSPE HS1 – Application form
2. Benefit to Cost Ratio form
3. Project location map
4. Project photographs
5. Estimated project cost breakdown
6. Project timeline
7. Project narrative
8. Uniform Application for State Grant Assistance
9. Programmatic Risk Assessment Questionnaire

Completed applications should be sent electronically to the appropriate District Local Roads and Streets Engineer by June 2, 2017. Questions concerning the Local HSIP may be directed to Mr. Thomas Winkelman, Local Program Development Engineer, by telephone at (217) 782-0675 or by email at Tom.Winkelman@illinois.gov.

Sincerely,



Maureen E. Kastl, P.E.
Engineer of Local Roads and Streets

TW/

Attachments

cc: Alan Ho, FHWA
Priscilla Tobias, Director, Office of Program Development
Paul Lorton, Bureau of Safety Programs and Engineering
Joel Moore, Illinois Association of County Engineers
Joe Schatteman, Illinois Municipal League
Bryan Smith, Township Officials of Illinois
Charlie Montgomery, Township Highway Commissioners of Illinois



FY

ID:	Contract:	Award Date:	Completion Date:
District:	County:	City:	
Key route:	Marked route:		
Road Name:	Intersecting Roadway:		<input type="checkbox"/>
Length: <input type="checkbox"/> N/A		Mile station:	to

Location Description:

<input type="checkbox"/> Rural	<input type="checkbox"/> Urban	Lanes:
AADT(Segment):		Total Entering AADT (Intersection):
Friction Test Results:		Lighting Present: <input type="checkbox"/> Y <input type="checkbox"/> N
CHSP Emphasis Area(s):		<input type="checkbox"/> District Documentation <input type="checkbox"/> Systematic Improvements <input type="checkbox"/> N/A
Peer Group:		<input type="checkbox"/> N/A
Other:		

Crashes Details												
Year	Total Crashes	Fatal Crashes	Fatalities	A-Injury Crashes	A-Injuries	B-Injury Crashes	B-Injuries	C-Injury Crashes	C-Injuries	PDO	Wet-Weather Crashes	Darkness (Not lighted) Crashes
Total												

Location Description:

Problem Description:

Previous Safety Improvements:

Collision Diagram: Y N Images: Y N

Predominant Crash Types:

Proposed Improvement(s):

Estimated Project Cost (\$000's): \$ Benefit-Cost Ratio:

Local Projects:

Annual Fatal Crash Rate (Fatal Crashes/100 Miles): Annual A-Injury Crash Rate (A-Injury Crashes/100 Miles):

Local Roads Rural Functional Class:

Approved: Central HSIP Approval Date:

Signed: Funding: HSIP HRRR RAIL

State Safety Engineer

Comment:

Distribution: OPP District BSPE LRS BDE

Uniform Application for State Grant Assistance

Agency Completed Section

1.	Type of Submission	<input type="checkbox"/> Pre-application <input checked="" type="checkbox"/> Application <input type="checkbox"/> Changed / Corrected Application
2.	Type of Application	<input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation (i.e. multiple year grant) <input type="checkbox"/> Revision (modification to initial application)
3.	Date / Time Received by State	Completed by State Agency upon Receipt of Application
4.	Name of the Awarding State Agency	Illinois Department of Transportation
5.	Catalog of State Financial Assistance (CSFA) Number	494-00-1004
6.	CSFA Title	Local Highway Safety Improvement Program
Catalog of Federal Domestic Assistance (CFDA) <input type="checkbox"/> Not applicable (No federal funding)		
7.	CFDA Number	20.205
8.	CFDA Title	Highway Planning and Construction
9.	CFDA Number	
10.	CFDA Title	
Funding Opportunity Information		
11.	Funding Opportunity Number	19-1004-01
12.	Funding Opportunity Title	Local Highway Safety Improvement Program
Competition Identification <input checked="" type="checkbox"/> Not Applicable		
13.	Competition Identification Number	
14.	Competition Identification Title	

Applicant Completed Section

Applicant Information

15.	Legal Name	Name used for DUNS registration and grantee pre-qualification
16.	Common Name (DBA)	
17.	Employer / Taxpayer Identification Number (EIN, TIN)	
18.	Organizational DUNS number	
19.	SAM Cage Code	
20.	Business Address	Street address: City: State: County: Zip + 4:

Applicant's Organizational Unit

21.	Department Name	
22.	Division Name	

Applicant's Name and Contact Information for Person to be Contacted for *Program* Matters involving this Application

23.	First Name	
24.	Last Name	
25.	Suffix	
26.	Title	
27.	Organizational Affiliation	
28.	Telephone Number	
29.	Fax Number	
30.	Email address	

Applicant's Name and Contact Information for Person to be Contacted for *Business/Administrative Office* Matters involving this Application

31.	First Name	
32.	Last Name	
33.	Suffix	
34.	Title	
35.	Organizational Affiliation	
36.	Telephone Number	
37.	Fax Number	
38.	Email address	

Areas Affected		
39.	Areas Affected by the Project (cities, counties, state-wide)	Add Attachments (e.g., maps)
40.	Legislative and Congressional Districts of Applicant	
41.	Legislative and Congressional Districts of Program / Project	Attach an additional list, if needed
Applicant's Project		
42.	Description Title of Applicant's Project	Text only for the title of the applicant's project.
43.	Proposed Project Term	Start Date: End Date:
44.	Estimated Funding (include all that apply)	<input type="checkbox"/> Amount Requested from the State: <input type="checkbox"/> Applicant Contribution (e.g., in kind, matching): <input type="checkbox"/> Local Contribution: <input type="checkbox"/> Other Source of Contribution: <input type="checkbox"/> Program Income: <div style="text-align: right;">Total Amount</div>
<p>Applicant Certification:</p> <p>By signing this application, I certify (1) to the statements contained in the list of certifications* and (2) that the statements herein are true, complete and accurate to the best of my knowledge. I also provide the required assurances* and agree to comply with any resulting terms if I accept an award. I am aware that any false, fictitious, or fraudulent statements or claims may subject me to criminal, civil or administrative penalties. (U.S. Code, Title 18, Section 1001)</p> <p>(*) The list of certification and assurances, or an internet site where you may obtain this list is contained in the Notice of Funding Opportunity. If a NOFO was not required for the award, the state agency will specify required assurances and certifications as an addendum to the application.</p> <p style="text-align: center;"><input type="checkbox"/> I agree</p>		
Authorized Representative		
45.	First Name	
46.	Last Name	
47.	Suffix	
48.	Title	
49.	Telephone Number	
50.	Fax Number	
51.	Email Address	
52.	Signature of Authorized Representative	
53.	Date Signed	

Programmatic Risk Assessment Questionnaire

The purpose of this assessment is to evaluate the programmatic risk of the applicant. Limited program experience, protocols and internal control governing program delivery will increase an applicant's degree of risk but will not preclude the applicant from becoming a grantee. The applicant's degree of risk may require additional conditions to be incorporated into the grant award pursuant to 2 CFR 200.207.

Patterns or trends in programmatic risk will influence GATA training as well as the agency's monitoring plan. Appropriate support must be provided by GATU and the agency to build grantee capacity.

Process:

- A. The questionnaire (including the agency and/or grant-specific questions) is distributed to the applicant by the agency prior to an awarding decision.
- B. The applicant returns the completed questionnaire to the agency. The agency scores the questionnaire based on the responses provided by the applicant.
- C. The calculated responses equate to a risk profile for each of the 4 risk categories.
- D. The agency aligns the risk profile to the applicable specific condition(s) for medium and high risk applicants in each of the 4 risk categories.
- E. The agency communicates the applicable specific condition(s) within the Notice of State Award.

In response to the requirements of 2 CFR 200.205, the awarding agency is required to review the programmatic risk posed by applicants. Five risk categories are assessed through this questionnaire:

- 1. Quality of management systems and ability to meet the management standards**
- 2. History of performance**
- 3. Reports and findings from audits performed under Subpart F—Audit Requirements of this part or the reports and findings of any other available audit**
- 4. The applicant's ability to effectively implement statutory, regulatory, or other requirements imposed on awardees.**

1. Quality of management systems and ability to meet the management standards

1.1. Do you have written policies and procedures that guide program delivery on the topics of:

- | | |
|--|---|
| a. Quality assurance | <input type="checkbox"/> YES/ <input type="checkbox"/> NO |
| b. Outcome tracking and reporting mechanisms | <input type="checkbox"/> YES/ <input type="checkbox"/> NO |
| c. Relevant documentation of services/goods delivered | <input type="checkbox"/> YES/ <input type="checkbox"/> NO |
| d. Staff performance management policies and procedures | <input type="checkbox"/> YES/ <input type="checkbox"/> NO |
| Personnel policies and procedures that include conflict of interest statements | <input type="checkbox"/> YES/ <input type="checkbox"/> NO |
| e. Complaint/grievance resolution policies and procedures | <input type="checkbox"/> YES/ <input type="checkbox"/> NO |

- f. Governing body policies and procedures that include conflict of interest statements YES/ NO
- g. Safeguarding funds, property and other assets against loss from unauthorized use or disposition YES/ NO
- h. Management of grant term extensions, where applicable YES/ NO

1.2. Do you have internal controls that govern program delivery on the topics of:

- a. Quality assurance reporting YES/ NO
- b. Appropriate (to industry) supervision of staff YES/ NO
- c. Unit costs analysis and management YES/ NO
- d. Accreditation/licensing compliance program YES/ NO / NOT APPLICABLE

1.3. Does the organization have written standards of conduct covering real or perceived conflict of interest related to actions of employees engaged in the selection, award or administration of contracts supported by grant awards? YES/ NO

1.4. How many years of experience does the project leader have managing the scope of services required under this program?

- More than five years (low risk)
- One to five years (medium risk)
- Less than one year (high risk)

1.5. Does the organization have a time and effort system that:

- a. Records all time worked, including time not charged to awards? YES / NO
- b. Is signed-off by the employee and a supervisor? YES/ NO
- c. Includes an approved methodology? YES/ NO/ NOT APPLICABLE

Question is not applicable because grants are based on a set rate or a per unit of service. Go to question 1.6.

1.6. Does the organization have controls for invoicing grants paid based on a rate or unit of service?

YES/ NO

1.7. Does the organization apply the same standard for match requirements as it does for expenses?

YES/ NO/ NOT APPLICABLE - WE'VE NOT BEEN SUBJECT TO MATCH REQUIREMENTS

1.8. To what extent are you able to produce periodic grant status reports to inform stakeholders about program outcomes?

- Reports are an established part of grant management procedures (low risk)
- We're developing reports as part of grant management procedures (medium risk)
- We do not currently have established reports as part of grant management (high risk)

2. **History of performance** (The applicant's record in managing grant awards, if it is a prior recipient of awards, including timeliness of compliance with applicable reporting requirements, conformance to the terms and conditions of previous awards, and if applicable, the extent to which any previously awarded amounts will be expended prior to future awards)

2.1. How many years of experience does your organization have with grants of comparable scope and/or capacity?

- More than five years (low risk)
- One to five years (medium risk)
- Less than one year (high risk)
- No experience (high risk) GO TO QUESTION 3.3

2.2. If your organization has experience with grants of comparable scope and/or capacity, provide a brief description of similar project goals and outcomes; specify the applicable year: (Text response)

2.3. During your last two fiscal years, how frequently has your organization submitted project performance reports on time?

- Always (low risk)
- Reported late up to three times (medium risk)
- Reported late four or more times (high risk)
- Not applicable – not a requirement of awards previously received

2.4. Have there been any significant changes in your organization in the last fiscal year related to:

- a. Leadership change(s) YES/ NO
- b. Significant program / grant initiative(s) YES/ NO
- c. Structural changes YES/ NO
- d. Fiscal changes YES/ NO
- e. Statutory or regulatory requirements YES/ NO
- f. Other YES/ NO

2.5. Provide a brief explanation for all "YES" responses to question 2.4. (Text response)

2.6. Does the organization utilize a sub-grantee/sub-recipient / sub-award to manage, administer or complete a project? YES/ NO If NO, go to question 2.10.

2.7. What responsibilities does the sub-grantee/sub-recipient/sub-award perform?

- a. Participant eligibility determination YES/ NO
- b. Performance reporting YES/ NO
- c. Program delivery functions YES/ NO
- d. Financial reporting YES/ NO
- e. Other YES/ NO

2.8. What percentage of grant funds does the organization pass on to sub-grantees/sub-recipients/sub-awards?

- Less than 10% (low risk)
- 10-20% (medium risk)
- More than 20% (high risk)

2.9. Does your organization have an implemented policy for sub-grantee monitoring? YES/ NO

If NO, go to 2.10. If YES, does it include:

- on-site review (low risk)
- review of prior monitoring (low risk)
- desk / quantitative review (medium risk)

2.10 Do you obtain prior written approval from the funding agency when:

- a. The scope or objective of the program changes YES/ NO
 - b. Key personnel specified in the application change YES/ NO
 - c. The approved project director disengages for more than 3 months or reduces 25% of time devoted to the project YES/ NO
- Question is not applicable because organization has not been subject to these requirements

2.11 Does your organization have performance measurements that tie to financial data?

- YES/ NO

3. Reports and findings from audits performed under Subpart F—Audit Requirements of this part or the reports and findings of any other available audit

3.1. During the last two fiscal years, has your organization been out of compliance with *programmatic* terms and conditions of awards?

- Organization has not been audited; Go to Question 3.6
- No occurrences of non-compliance; Go to Question 3.6 (low risk)
- One to three occurrences of non-compliance (medium risk)
- Four or more occurrences of non-compliance (high risk)

3.2. If your organization had at least one occurrence of non-compliance with programmatic terms and conditions, summarize each occurrence. (Text response)

3.3. Have corrective actions been implemented within the specified timeframe? YES/ NO

3.4. Provide explanation for any corrective actions that were not implemented within the timeframe specified and for any corrective actions that remain open. (Text response)

3.5. Have there been conflict of interest-related findings within the last two fiscal years? YES/ NO

- a. If NO, go to question 3.6. (low risk)
- b. If YES, specify the conflict of interest-related finding and your response to the finding.

(Text response)

3.6. Has your organization been subject to conditional approvals due to program issues? YES/ NO

- a. If NO, to go question 4.1.
- b. If YES, specify the terms of the special condition and whether or not the special condition is still applicable. (Text response)

4. The applicant's ability to effectively implement statutory, regulatory, or other requirements imposed on awardees.

4.1. To what extent does your organization have policies to ensure programmatic expenses are reasonable, necessary and prudent (allowable)?

- Policies are implemented and followed (low risk)
- Policies are not fully implemented (high risk)
- The organization does not currently have these types of policies (high risk)

4.2. To what extent does your organization have policies to ensure programmatic activities are allowable?

- Policies are implemented and followed (low risk)
- Policies are not fully implemented (high risk)
- The organization does not currently have these types of policies (high risk)

4.3. To what extent is your organization able to comply with all statutory requirements of this program?

- Fully able to comply with all statutory requirements (low risk)
- With the following exception(s), the organization is able to comply: Text response of exception(s) (medium to high risk depending on the exceptions)

4.4. Has the organization been out of compliance with any statutory, regulatory or other requirements of grant funding within the last two fiscal years? YES/ NO

If YES, provide explanation. (Text response)

Certification Section - Add wording to validate that the responses provided are true and accurate and that all occurrence of non-compliance with programmatic requirements has been disclosed.

Authorized Signature

Date