



WisDOT 2024-2029 STP-Urban Program Application

NOTE: This application is required for each new potential 2024-2029 program cycle project. Please review the application instructions (see link below) to assist you in completing the application.

[STP-Urban Application Instructions](#)

Population Category:
50,000 to 200,000

Project Description

Project Sponsor: **County of La Crosse** Facility Owner: **Same as Sponsor**

Project Location:

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

On Route: **CTH B**

At Route (Start): **STGH 16** Offset: **0** (tenths of a mile)

Toward Route (End): **City Limits of La Crosse**

Is the project a planning, administration, or other non-infrastructure project? Yes No If yes, please select the type of project and provide a brief explanation: **SELECT**

NOTE: Attach an 8½ x 11 map showing the project location. A WISLR map is REQUIRED (refer to the following link)
<http://wisconsindot.gov/Pages/doing-bus/local-gov/wislr/default.aspx>

Length of Project: **15** (tenths of a mile)

Average Daily Traffic (ADT): **6600** ADT Year: **2017** Posted or Statutory Speed Limit(s): **35** (mph)

Functional Classification: **Collector**

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

Existing Facility

Number of Lanes: **2** Lane Width: **24** Cross Section: Rural Urban

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

Pavement Rating: **7** Pavement Condition: **fair** Year Last Improved: **2000**

Shoulder Type: **Asphalt** If Combination, explain: Shoulder Width: **4**

Existing Sidewalk? Yes, one side Yes, both sides No

Existing bicycle accommodations? Yes, on street Yes, off street No

If Yes to either of previous questions, are bicycle/pedestrian accommodations designated as part of a regional or local bicycle or pedestrian system?

Yes No

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

Any federal-aid-eligible structures within the existing facility? Yes No If yes, please indicate the structure ID # (s): **B-32-0155 (no work proposed)**

Does a railroad facility exist within 1000 feet of the project limits? Yes No If yes, specify: **SELECT**

Owner of Railroad facility

NOTE: If there are any pertinent railroad considerations, design funds may be included for Railroad Review Costs.

Known Safety Issues? Yes No If yes, specify: (consider applying for Highway Safety Improvement Program [HSIP] funds if applicable)

Is this project within a F4R site? Yes No If YES, a completed 23 CFR 667 Resiliency Scope Certification form and a copy off the completed evaluation must be submitted with this application.

NOTE: Refer to the following link, *Facilities Repeatedly Requiring Repair and Reconstruction (F4R)*

<https://wisconsin.gov/Pages/doing-bus/local-gov/astnce-pgms/highway/f4r.aspx>

Project Justification

Explain why the project is needed, including the scope and appropriate detail on the project's uniqueness and complexity. Describe specific deficiencies such as pavement cracking, edge raveling, surface deterioration, substandard geometrics, etc. Include and separately identify any 100% locally funded components of the project that are part of the overall improvement.

Project design is 100% locally funded. The pavement is in fair condition, there is block cracking, alligator cracking and rutting. The current asphalt surface is 23 years old in some needs replacement. The roadway is not sufficient for the truck traffic routinely utilizing the roadway, and for the adjacent elementary school traffic resulting in accelerated deterioration. The proposed project will replace existing pavement with asphalt.

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: **Pavement Replacement** If Combination, explain: Overall Length: **7920** (feet)

Rural Cross Section Length: (tenths of a mile)

Urban Cross Section Length: **15** (tenths of a mile)

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** If Combination, explain: Width: **48** Length: **7920**

New Shoulder Type: **SELECT** If Combination, explain: Width: Length:

Sidewalk One side or both: **one** Width: **6** Length: **7920**

Are bicycle/pedestrian accommodations required as part of a local or regional plan? Yes No If yes, specify:

Curb and Gutter Length: **7920**

Signals Location:

Roundabout Location:

NOTE: Refer to FDM 11-26 for modern roundabout information

<http://wisconsin.gov/rdwy/fdm/fd-11-26.pdf>.

- Railroad improvements
- Lighting: **SELECT** Lighting Style: **SELECT**
- Beam Guard
- Permanent and Temporary Pavement Marking
- Permanent and Temporary Signing
- Storm Sewer
- Structure Structure Type: **SELECT** Work Required: **SELECT**

Structure #(s):

Sizes and Descriptions:

Traffic Management During Construction: **Road Open with Staged Construction**

Do you anticipate submittal of an exception to standards request? Yes No

If yes, please describe:

Low-Risk Project Delivery Model

WisDOT, in collaboration with the Federal Highway Association and Wisconsin counties, is continuing the efforts to reduce cost by streamlining delivery and oversight processes on low complexity Local Projects through the development of the Low-Risk Project Delivery Model.

More information on the low-risk delivery model can be found here: <https://wisconsindot.gov/Pages/doing-bus/local-gov/lpm/lowrisk-program.aspx>

Please indicate if you are interested in discussing if your project fits the low-risk delivery model requirements

Yes No

Environmental/Cultural Issues

Agriculture	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	<input type="checkbox"/> Not Investigated	Comments:
Archaeological sites	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	<input type="checkbox"/> Not Investigated	Comments:
Historical sites	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	<input type="checkbox"/> Not Investigated	Comments:
Lakes, waterways, floodplains	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	<input type="checkbox"/> Not Investigated	Comments:
Wetland	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	<input type="checkbox"/> Not Investigated	Comments:
Stormwater management	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	<input type="checkbox"/> Not Investigated	Comments:
Hazardous materials sites	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> Not Investigated	Comments:
Hazardous materials on existing structure	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	<input type="checkbox"/> Not Investigated	Comments:
Upland habitat	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	<input type="checkbox"/> Not Investigated	Comments:
Endangered/threatened/migratory species	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	<input type="checkbox"/> Not Investigated	Comments:
Section 4(f)	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	<input type="checkbox"/> Not Investigated	Comments:
Section 6(f)	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	<input type="checkbox"/> Not Investigated	Comments:
Through/adjacent to tribal land	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	<input type="checkbox"/> Not Investigated	Comments:

Miscellaneous Issues

Construction Schedule Restrictions (trout spawning activities, migratory bird, local events): Yes No

If yes, please explain.

Has there been any real estate acquired or transferred in anticipation of this project? Yes No

If yes, please explain.

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

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

curb ramps need to be evaluated and brought into compliance, may require real estate

CONFIDENTIAL INFORMATION

Cost Estimate, Project Priority, and Scheduling

Applicants should reference the following WisDOT web page prior to completing this section of the application:
<http://wisconsindot.gov/Pages/doing-bus/local-gov/astnce-pgms/highway/tools.aspx>

NOTE: Requesting design and construction projects in the same fiscal year is not allowed.

NOTE: All applications must include a sheet documenting the calculations performed to create the estimate(s).

Tied Projects? All requests for design must be tied to a construction project. Please indicate which projects will be tied (if applicable):

Construction:

Project Priority: 3

FY 2025 FY 2026 FY 2027 FY 2028 FY 2029

Total

Federal Share

Local Share

	Total	Federal Share	Local Share
Participating Roadway Cost	\$2,000,000	\$1,600,000	\$400,000
Participating Structure Cost	\$	\$	\$
Total Participating Cost	\$2,000,000	\$1,600,000	\$400,000
Non-Participating Roadway Cost (100% Local)	\$10,000	\$0	\$10,000
Non- Participating Structure Cost (100% Local)	\$	\$0	\$
Total Non-Participating Construction Cost	\$10,000	\$0	\$10,000
A. Subtotal Construction Costs	\$2,010,000	\$1,600,000	\$410,000
B. Construction Engineering Costs (Coordinate with WisDOT Region)	\$200,000	\$160,000	\$40,000
C. State Review for Construction (Provided by WisDOT Region)	\$20,400	\$16,320	\$4,080
Total Construction Cost Estimate with Construction Engineering and State Review (sum lines A, B and C)	\$2,230,400	\$1,776,320	\$454,080

NOTE: All estimates will be reviewed by WisDOT Region staff for consistency with current practices and approaches. WisDOT Region staff, in agreement with the local sponsor, may revise estimates in these categories due to the complexity of the project or other factors. WisDOT will notify the sponsor of any changes to estimates within the application and determine whether the sponsor wishes to continue with the application with the revised estimate.

Design:

100% Locally Funded (state review is required to be included as 100% locally funded) **OR**

80% Federally Funded (“design only” projects are not allowed)

Project Priority:

FY 2025 FY 2026 FY 2027 FY 2028 FY 2029

	<u>Total</u>	<u>Federal Share</u>	<u>Local Share</u>
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A. Design Plan Development	\$90,000	\$	\$90,000
B. State Review for Design (provided by WisDOT Region)	\$22,750	\$	\$22,750
Total Design Cost Estimate with State Review (sum lines A and B)	\$112,750	\$	\$112,750

NOTE: WisDOT Region staff, in agreement with local sponsor, may revise estimates in the Plan Development, State Review for Design, and State Review for Construction categories based on the complexity of the project or other factors.

NOTE: Costs for Railroad Review of plans will be added when there are pertinent railroad considerations.

Real Estate: (Recommend funding with local funds.)

Project Priority:

FY 2025 FY 2026 FY 2027 FY 2028 FY 2029

Total Real Estate Cost (Round to next \$1,000) \$

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

Project Priority:

FY 2025 FY 2026 FY 2027 FY 2028 FY 2029

Total Utility Cost (Round to next \$1,000) \$

NOTE: WisDOT Utility Policy link: <http://wisconsin.gov/rdwy/fdm/fd-18-01.pdf>

Other (Planning, Administration, or Other Non-infrastructure)

Please select the type of project: **SELECT**

Project Priority:

FY 2025 FY 2026 FY 2027 FY 2028 FY 2029

Total Other Cost (Round to next \$1,000) \$

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

Additional Confidential Information	
FOR WISDOT USE ONLY – enter the following information at application review	
WisDOT Region Reviewer:	Date:
WisDOT Region Comments on Application:	
FOR WISDOT USE ONLY – enter the following information after project approval	
Approved Federal Funding Amount:	Construction: \$
	Design: \$
	Real Estate: \$
	Utility: \$
	Other: \$
	TOTAL: \$

Key Program Requirements Confirmation

Please confirm your understanding of the following project conditions by **typing your name, title and initials** in the boxes at the bottom of this page. **A Head of Government/Designee with fiscal authority for the project sponsor, not a consultant, must initial below AND sign the next page of this application.**

- a. All Federal Funding will be limited at the estimate amount unless an increase is approved by WisDOT. Additional costs incurred over the limit will be 100% the responsibility of the project sponsor.
- b. A federally funded design project must be tied to a construction project. Stand alone design projects are no longer eligible for funding (this does not apply to MPO area projects).
- c. Only new projects may apply, existing projects are ineligible for additional funds through the new cycle process. Existing projects requiring additional funds are encouraged to use the existing Project Change and Cost Increase processes.
- d. Federally-funded projects must be designed in accordance with all applicable federal design standards (even if the design for a federally-funded project was 100% locally funded).
- e. The sponsor must provide matching dollar funding of at least 20% of project costs.
- f. The sponsor must not incur costs for any phase of the project until that phase has been authorized for federal charges and the WisDOT Region has notified the sponsor that it can begin incurring costs. Otherwise, the sponsor risks incurring costs that will not be eligible for federal funding.
- g. As the work progresses, the state will bill the project sponsor for work completed which is not chargeable to federal funds. Upon completion of the project, a final audit will be made to determine the final division of costs. If reviews or

audits show any of the work to be ineligible for federal funding, the project sponsor will be responsible for any withdrawn costs associated with the ineligible work.

- h. The project sponsor will pay to the state all costs incurred by the state in connection with the improvement that exceed federal financing commitments or are ineligible for federal financing. In order to guarantee the project sponsor's foregoing agreements to pay the state, the project sponsor, through its duly authorized officers or officials, agrees and authorizes the state to set off and withhold the required reimbursement amount as determined by the state from any moneys otherwise due and payable by the state to the municipality.
- i. If the project sponsor should withdraw the project, it will reimburse the state for any costs incurred by the state on behalf of the project.
- j. For 100% locally funded design projects, costs for design plan development and state review for design are 100% the responsibility of the local project sponsor. Project sponsors may not seek federal funding for only state review for design projects.
- k. The sponsor agrees to state delivery and oversight costs by WisDOT staff and their agents. These costs include review of design and construction documents for compliance with federal and state requirements, appropriate design standards, and other related review. These costs will vary with the size and complexity of the project. The sponsor agrees to add these costs to the project under the same 80% federal and 20% local match requirements.
- l. Transportation construction projects using federal funds except sidewalks, are likely general improvements that primarily benefit the public at large and for which special assessments cannot be levied under s. 66.0703, Wis. Stats. Municipalities desiring to obtain the required local project funding through special assessments levied against particular parcels should seek advice of legal counsel. See Hildebrand v. Menasha, 2011 WI App 83.

I confirm that I have read and understand project conditions (a) through (l) listed above:

Name: Joe Langeberg Title: Highway Commissioner

Accepted (please type your initials here): JL

Contact Information and Signatures

Application prepared by a consultant? Yes No If yes, consultant information and signature required below.

Consultant Company Name: _____ Company Location (City, State): _____

Consultant Signature (electronic only): _____

Date: _____

NOTE: It is **not permissible** for a consultant to fill out applications gratis (or for a small fee) for a municipality and then be selected to do the design work on a project **unless** the municipality either:

- a. uses a one-step QBS process with the scope of work to include the grant application and the design services, if authorized; or
- b. uses a two-step QBS process with the scope of work for the first selection for the preparation of the grant application(s) and the second selection for the actual design(s).

In both cases, all costs incurred prior to WisDOT project authorization are the responsibility of the municipality.

See FDM 8-5-3 for additional information: <http://wisconsindot.gov/rdwy/fdm/fd-08-05.pdf>

Sponsor Agency: La Crosse County	
Contact Person: Joe Langeberg	(Note: must be Head of Government or Designee)
Title: Highway Commissioner	
Address: 301 Carlson Rd, West Salem, WI 54669	
Telephone: 608-786-3813	
Email: jlangeberg@lacrossecounty.org	
<p>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.</p>	
Head of Government/Designee Signature (<u>electronic only</u>): <i>JL</i>	Date: 10-10-23
Local Unit of Government Agency (when owner differs from sponsor):	
Owner Signature (when owner differs from sponsor) (<u>electronic only</u>):	Date:

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

FOR WISDOT USE ONLY – enter the following information at application review	
NOTE: Please add any WisDOT application comments in the comments section on the Confidential page A-6.	
Subprogram:	Project Improvement Type:
Region Reviewer’s Name:	
Reviewer’s Title:	
Date Received:	
WisDOT Region Reviewers Signature:	Date:
FOR WISDOT USE ONLY – enter the following information after project approval	
Project ID(s):	