EXHIBIT 9-A

APPLICATION FORM FOR HIGHWAY SAFETY IMPROVEMENT PROGRAM (HSIP) FUNDS

Applicants seeking High Safety Improvement Program (HSIP) funds must use this form. Failure to provide information that is required or failure to prepare the application in accordance with general formatting instructions may result in your application being disqualified. See Exhibit 9-B "Application Form Instructions for HSIP Funds" for assistance in completing this form.

This entire Application Form must be submitted. Applicants should download the Application Form from the Division of Local Assistance HSIP website at: www.dot.ca.gov/hq/LocalPrograms/hsip.htm.

Limit the application to eight (8) pages plus attachments. Do not provide brochures and samples of materials unless they are directly related to a response.

Agency: Oakland

Date: February 19, 2008

Total number of application being submitted by your agency: \underline{x}

Rank of this project (Note: Each project application must have a different rank): x

Name of Contact Person: Ade Oluwasogo

Telephone: 510-238-6103

Email: aosogo@oaklandnet.com

Mailing Address:

Street: 250 Frank Ogawa Plaza, Suite 4344 City: Oakland Zip: 94612

County: Alameda
Caltrans District: 4

MPO: MTC

Project Location:

1)Westbound(WB) West Grand Avenue at Market Street

Description of Proposed Improvement(s):

<u>Install protected left-turn signal phasing</u>, as well as video and pedestrian detection at three intersections.

Does the proposed improvement(s) include Intelligent Transportation System components as defined in Chapter 12.6, Intelligent Transportation Systems, of the LAPG? YES NO
Type of Improvement:
*(Item 1 to 20: Select from the first box; Item 21 to 34: Select from the second box. Select one only.)
13. Upgrade Traffic Signals (inc. interconnection)
Intersection or Road Section (Select one. If it is a road section, indicate section length.): Intersection
Speed Limit (mph): xx on West Grand and xx on Market
Number of Lanes: West Grand(2 thru lanes/direction) and Market(2)
Functional Classification (select one): 16-Urban Minor Arterial
Visit http://web1.dot.ca.gov/hq/hpms/Page1.php to verify the functional classification.
Average Daily Traffic (ADT) (Current, all directions) (<u>required for Safety Index Project</u>): West Grand - 14,600 vpd and Market - 14,300 vpd

Traffic Collision Information (<u>required for Safety Index Project</u>):

*If "1. Roadway Illumination (where no lighting exists)" is selected as Type of Improvement, enter only night-time collisions.

Time Period	July 1, 2004 to June 30, 2007		
Collision Type	Fatal	Injury	Property Damage Only (PDO)
Number of Collisions (NOT Number of Victims)	<u>0</u>	<u>8</u>	<u>14</u>

Project Cost Estimate

Complete the following "Project Costs Estimate" section. Include only those costs that are being requested for this project. For the three (3) primary headings, identify the Federal Fiscal Year in which funds should be programmed.

PROJECT COST ESTIMATE: (REQUIRED)

		Federal Fiscal Year
Preliminary Engineering		2008/09
Environmental ·····	\$0.00	
PS&E	\$2,500.00	
Right of Way		
Engineering ·····	\$0.00	
Acquisition	\$0.00	
Construction		
Construction Engineering ·····	\$2,500.00	
Construction ·····	\$22,000.00	
Subtotal ·····	\$27,000.00	
Contingency (10% of Subtotal; max) ·····	\$2,700.00	
Total Project Cost·····	\$29,700.00	
Federal Funds Requested ·····	\$26,730.00	

The following parts of this Application Form request specific project-related information. Sections 1 and 2 request the applicant to provide a narration related to a specific topic. If pictures, maps, exhibits, data, diagrams, etc., are submitted in response to questions or statements in the application, they must be attached to the application.

1. <u>IDENTIFICATION AND DEMONSTRATION OF NEED</u>

This section requires the applicant to demonstrate the need for the project. Using the following questions and statements as a guide, provide a detailed narrative description of the problem.

Provide some background information about the problem. How was the problem identified? How long has the problem existed? Describe the primary cause(s) of the collisions that have occurred at the location. Given that other problems may exist within the applicant's jurisdiction, explain why this problem was chosen for improvement. Use whatever collision data, traffic data, community surveys, reports, plans, and other environmental conditions that may apply. Describe the urgency of project and the agency's commitment to deliver project regardless of HSIP funds.

If available, provide photographs to illustrate the problem or deficiency. Include these photographs as attachments.

The City annually evaluates which intersections have the highest frequency of collisions. During this process in 2007, WB West Grand at Market was identified to have five collisions that may be correctable by left-turn phasing during a 12-month period (4/03-3/04).

2. POTENTIAL FOR PROPOSED IMPROVEMENT TO CORRECT OR IMPROVE THE PROBLEM

This section requires the applicant to describe how the proposed solution will improve the safety of the public. The applicant must clearly demonstrate the connection between the problem and the proposed solution.

Describe how the proposed project corrects, or improves the traffic safety at or near the project site.

In general, protected left-turn phasing assigns right-of-way to a specific left turn movement while opposing vehicle and pedestrian movements are stopped. At MacArthur-Fruitvale, twice pedestrians were hit by westbound vehicles turning left to go southbound. At this intersection, as well as the other two, video and pedestrian detection (with countdown heads) will be added to improve traffic operations and safety. With detection, signals are more likely to be timed properly to allow drivers, pedestrians and bicyclists to safely and legally cross an intersection within one signal cycle.

Describe options or alternatives that were considered.

"Split-phasing" was considered at West Grand and Market. However, split phasing is not recommended due to its inefficiencies (especially with fixed time signal control) which will increase delay and worsen the level-of-service. Inefficient signal operations may actually result in more red light violations and thus possibly more collisions.

 \boxtimes NO

3. IMPLEMENTATION SCHEDULE

	Applicants must estimate dates for the following milestones:	
	Request Authorization to Proceed with Preliminary Engineering	June 1, 2008
	Obtain Environmental Clearance (NEPA)	
	Request Authorization to Proceed with Right of Way (if applicable)	
	Obtain Right of Way Clearance	
	Request Authorization to Proceed with Construction	September 1, 2008
	Complete Construction of Project	December 31, 2008
4.	PROJECT SITE IS A LISTED LOCATION IN THE CURRENT CALIFORNIA FIVE	VE PERCENT (5%) REPORT
	YES Location Identification Number (See Five Percent (5%) Report, Appendix B)	

For website access to the Five Percent (5%) Report, go to:

http://safety.fhwa.dot.gov/fivepercent/index.htm, or contact District Local Assistance Engineer for assistance.

5. <u>APPLICATION SIGNATURES</u>

Distribution: Original & two copies – DLAE

Agency Official: Ade Oluwasogo (Name)

An agency official representing the applicant must sign the application. The undersigned affirms that the statements contained in the application package are true and complete to the best of the applicant's knowledge. The undersigned also affirms that the applicant's agency owns, operates and maintains the facility upon which the proposed improvements will be constructed. If portions of the improvements extend into areas where the applicant has no jurisdictional authority, a notation must be made that officials representing the affected local agencies support the project. In the notation, provide names and telephone numbers of whom to contact for corroboration. Only one agency official needs to sign the application. "Agency Official" means Director, Assistant Director, Executive Director, Assistant Executive Director, or their respective designated administrators, engineers, or planners.

Signature	Date
Title: Supervising Transportation Engineer	
Mailing Address:	
Street: 250 Frank Ogawa Plaza, Suite 4344 City: O	akland Zip: 94612
Phone Number: <u>510-238-6103</u>	
E-mail: aosogo@oaklandnet.com(If available)	
Notation: (If applicable)	