



## HIGHWAY SAFETY IMPROVEMENT PROGRAM (HSIP) APPLICATION COVER

\*This form only consolidates key funding approval information. The applicant must attach all required supporting

documentation including location map, crash data, evidence of high crash location, description of proposed safety improvement, benefit cost calculations, and cost estimate breakdown. \$ Date **HSIP Funds Requested** Agency \$ **Project Location / Title Total Project Cost CONTACT PERSON INFORMATION Contact Person** Title **Phone Number Address Email** City **ZIP Code** State SAFETY ANALYSIS **Benefit Cost Ratio Fatalities and Serious Injuries Reduced Total Crashes Reduced** \$ to **Project Safety Benefits Crash History Dates** Annual Average Daily Traffic (AADT) Nebraska Strategic Highway Safety Plan Critical Emphasis Areas (CEAs) Reducing Roadway/Lane Departure Crashes Reducing Intersection Crashes Reducing Non-Motorist Crashes