

RESOLUTION NO. R-17-23

A RESOLUTION SEEKING TO APPROVE AN AGREEMENT BETWEEN THE CITY OF WOOD DALE AND THE ILLINOIS DEPARTMENT OF TRANSPORTATION FOR THE STP PROJECT ON THE NORTHWEST CORNER OF WOOD DALE ROAD AND IRVING PARK ROAD IN AN AMOUNT NOT TO EXCEED \$1,400,000.00

WHEREAS, the City of Wood Dale (hereinafter the "City") is a body politic and corporate, organized and existing pursuant to the Illinois Municipal Code, 65 ILCS 5/1-1-1 *et seq.*; and

WHEREAS, the City is authorized and empowered under the Illinois Municipal Code, and its Ordinances adopted pursuant thereto, to enter into agreements and to contract for goods and services; and

WHEREAS, the Mayor and the City Council of the City seek to ensure that the City is run effectively and efficiently; and

WHEREAS, the Mayor and the City Council of the City, seeks the Illinois Department of Transportation Wood Dale Road and Irving Park Road – Northwest Corner Project; and

WHEREAS, these services are necessary to maintain and promote an effective and efficient City Government; and

WHEREAS, the City requires that Illinois Department of Transportation executed the Agreement prior to submitting it to the City for its approval and notification; and

WHEREAS, the City has received an executed Agreement from Illinois Department of Transportation; and

WHEREAS, pursuant to the Act, the Mayor and the City Council of the City hereby seek to approve and ratify the Agreement with Illinois Department of

Transportation a copy of which is attached hereto and incorporated herein by reference as Exhibit "A".

NOW, THEREFORE, BE IT RESOLVED BY THE CITY OF WOOD DALE, DUPAGE COUNTY, AN ILLINOIS CORPORATION, as follows:

SECTION 1: The recitals set forth above are incorporated herein and made a part hereof.

SECTION 2: That Agreement with Illinois Department of Transportation, in substantially the same form as attached to this Resolution as Exhibit "A" and incorporated herein by reference, is approved and accepted by the City of Wood Dale.

SECTION 3: The Mayor is authorized to execute said Agreement on behalf of the City of Wood Dale, which signature shall be attested to by the City Clerk.

SECTION 4: The City Manager, staff and/or the City Attorney shall take the steps necessary to put the terms and conditions of the Agreement into effect.

SECTION 5: That all ordinances and resolutions, or parts thereof in conflict with the provisions of this Resolution are, to the extent of such conflict, hereby repealed.

SECTION 6: That this Resolution shall be in full force and effect from and after its adoption, approval and publication in pamphlet form as provided by law.

PASSED this 20th day of April, 2017

AYES: Aldermen Catalano, JARAB, Messina, Sorrentino, Susmarski, E. Wesley, and Woods

NAYS: None

ABSENT: Alderman Roy Wesley

APPROVED this 20th day of April, 2017

SIGNED: Annunziato Pulice
Annunziato Pulice, Mayor

ATTEST: Shirley J. Siebert
Shirley J. Siebert, City Clerk



Federally Funded: Yes Amendment/Supplement: # _____ for _____ FY _____ Cost Increase: \$ _____

Funding Type(s)			
Fund	Percent	Fund	Percent
Section Funds Member Initiative	100		

TIP ID Number: 08-15-0034 ITEP Number: _____ HPP Bill Number: _____ SRTS Number: _____

Project Location(s) & Bridge Information						
Key Route Designation	Functional Classification	Street Name	List termini west or north limit, followed by the east or south limit. Provide GIS Station in decimal miles www.gettingaroundillinois.com			
			from/at	Station 0.00	to	Station 0.00
9 1321	4-Minor Arterial	Irving Park Rd	Wood Dale Rd			
Facility Carried	Facility Crossed	Station 0.00	Existing Structure Number	Proposed Structure Number		

Type(s) of Work: Landscaping

Select the primary scope of work include secondary and other work types

County: Kane Lake Cook Regional Council
 DuPage McHenry Will Various Project Length: (miles) _____

Federal Congressional District(s): 23 Illinois Representative District(s): 46 GATU Registration #: _____

Local Agency: CITY OF WOOD DALE Local Agency TIN #: 36-6008457 DUNS #: 030896062 SAM Cage Code #: 5G7X0

MFT Section Number: 11-00048-01-LS Design Approval Date: Est. 3/17/17 Target Letting Date: June 2017

Estimate of Const. Cost: \$1,260,000.00 Construction Contract No.: _____

Non-Participating Cost: _____ Non-Participating Items: _____

Project Funding Table								
	State Job Number	Federal Project Number	Federal Fiscal Year	State Fiscal Year	Est. Total Cost	Federal Participation	Local Participation	State Participation*
<input type="checkbox"/>	P 91 - -							
<input type="checkbox"/>	D 91 - -							
<input type="checkbox"/>	R 91 - -							
<input checked="" type="checkbox"/>	C 91 -079-16	HD-4003(595)	2017	2017	\$1,260,000.00	\$490,000.00	\$770,000.00	
		Construction Engineering			\$140,000.00	\$0.00	\$140,000.00	
		Multi-Phase Agreement	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Type: <input type="checkbox"/> Bi-Phase <input type="checkbox"/> Tri-Phase				

Contact / General Information

IDOT MFT Engineer: Marilyn Solomon Marilyn.Solomon@illinois.gov Planning Liaison: Mike Albin, (630) 571-0480

Bridge Project PM: _____ Bridge PM Email: _____

Program Administrator: _____ Administrator Email: _____

Local Agency Contact Name: Jeffrey Mermuys

Local Agency Email: jmermuys@wooddale.com Local Agency Phone: (630) 787-3713

Consultant Company Name: HR Green, Inc. IDOT Design Engineer: Jennifer Williams

Consultant Company TIN: 42-0927178 Consultant Contact: Ted Hamilton

Consultant Contact Email: thamilton@hrgreen.com Consultant Phone: 815-759-8321

Date Submitted: _____ Date Revised: 4/6/2017 Date Completed: 4/10/2017

Comments: FFY 08 Surface Transportation Priorities

Project Program Information Form Instructions

The Project Program Information Form has been created using text, check-box, and drop-down form fields allowing the use of the Tab key to move to areas intended for completion. To launch a Website directly from this page, press and hold the Ctrl Key and left click on the site.

PPI Format Rules:

- No punctuation
- Always abbreviate with Rd for Road, St for Street, Ave for Avenue, Ln for Lane, Dr for Drive
- Miles should be just Mi – don't spell it out
- Abbreviate direction designations as N, S, E, W, NW, NE, SW, SE, etc.
- Don't add "over" to the Over field for Creeks, Rivers and such
- Round to the tenths (i.e. "1.75 Miles NorthEast of Havana" should be "1.8 Mi NE of Havana")
- Only reference I (Interstate) US or ILL (i.e. US 24/ILL 94, I 29)
- Location descriptions should be entered in the directions of west to east and north to south (Stationing is normally in this direction)
- Road names such as 400 E should include the Rd also (400 E Rd)

1. When the form is opened, your cursor should appear in the first available field next to the category **Federally Funded Check Box**. Please indicate whether the project is funded, in whole or in part, with Federal Funds by selecting the appropriate box.
2. Once the appropriate check box has been selected, you may tab to the **Amendment/Supplement** category. Proceed to select the Amendment or Supplement Number to the existing Agreement. Once selected you may tab to the next available field and select the type of Agreement from the list of Drop-Down options, e.g., PE Ph 1, PE Ph 2, ROW, CON, CE or CON&CE. Tab to the next field and select the State Fiscal Year for the Amendment/Supplement. Tab to the next field and input the project cost increase.
3. Proceed to **Funding Type(s)**. Under this category, you will indicate the Fund(s) to be used as well as the allocated Percent(s) for each fund type. For further fund type information, please visit the following Website: <http://www.idot.illinois.gov/assets/uploads/files/doing-business/manuals-guides-&-handbooks/highways/local-roads-and-streets/local%20programming%20matrix.pdf> or contact your Planning Liaison visit the following Website for contact information <http://www.cmap.illinois.gov/mobility/strategic-investment/cmaq/project-contacts>.
4. When the Fund Type(s) have been completed and all Percent(s) allocated, Proceed to and enter the **TIP ID Number** The 8-digit Transportation Improvement Program (TIP) ID Number may be obtained by contacting your Planning Liaison. Be sure to also denote the **Illinois Transportation Enhancement Program (ITEP)/Safe Routes to School (SRTS) Number(s)** and/or the **High Priority Project (HPP) Earmark Bill Number** for those specific fund types.
5. Next, tab to the **Key Route Designation**. The code for Key Route Type & Key Route Number is found in GIS. The second field is a text field allowing you to enter the appropriate three (3) or four (4) digit number. Key route type 9, Key route number 2745.
6. Tab to **Functional Classification** and enter the Highway Performance Monitoring System (HPMS) Functional Classification Codes: Functional Classification may be obtained by visiting the following Website <http://www.gettingaroundillinois.com/default.htm>.

Choose the Map tab

Select the "Map Type" drop down and Select "Roadway Functional Classification"

1 = Interstate

4 = Minor Arterial

7 = Local Road or Street

2 = Other Freeways and Expressways

5 = Major Collector

3 = Other Principal Arterial

6 = Minor Collector

Tab to Street Name and enter the route name; tab to Limits and type the location from – to information. Tab to input project termini and enter from/at & to. Please note: The west or south limit is listed first, followed by the north or east limit. Please provide GIS Stationing in decimal miles. GIS Stationing may be obtained by visiting the following Website <http://www.gettingaroundillinois.com/default.htm>.

Choose the Map Tab Select the “Map Type” drop down and Select “Roadway Functional Classification” scroll to the bottom of the Roadway Functional Class Legend and check the box for “IDOT Key Route” from there locate the marked route on the map. Click on the section for the improvement a road detail box will appear with Stationing and Key Route information.

7. If this project includes a bridge structure, please provide the corresponding **Facility Carried & Crossing; Bridge Station; Existing and Proposed Bridge Structure Number(s)** in the area provided. Later in this form we will request that you provide the Bridge Program Manager and Bridge PM Email contact information responsible for the specified structure(s).
8. Tab to **Type(s) of Work** and select up to four types of work to be completed, e.g., Bridge Rehabilitation, Resurfacing, Traffic Lights, etc. Tab to **Project Length** and enter project length in miles.
9. Next to **County**, indicate the appropriate county for this project and Tab to the **Regional Council** select from the list of Drop-Down options tab to **Congressional District(s) & Representative District(s)** may be obtained by visiting the following Website http://www.ilhousedems.com/redistricting/?page_id=554
10. Tab to enter 6 digit **GATU Registration #**
11. Tab to **Local Agency** and indicate the lead agency for this project. Next Tab to **Local Agency TIN #** and indicate the TIN # for the lead agency, Tab to enter **DUNS #**, Tab to enter **SAM Cage Code #**
12. Proceed to and enter the **MFT Section Number**, which may be obtained by contacting your IDOT MFT Engineer. Tab to **Construction Contract No.** assigned in Phase II after final Plans, Specification & Estimated is submitted, updated form should be processed when Contract Number is assigned.
13. Proceed to **Estimate of Construction Cost** and enter only the estimated cost for construction in this field. Tab to **Design Approval Date when available**. Tab to **Target Letting Date** and enter a date from the Letting Schedule. Note that Design Approval Date is needed prior to submission of the construction agreement. Also if the project is scheduled for a local agency letting please denote Local Let and the estimated month and year for the letting.
14. Proceed to **Non-Participating Cost** and enter the non-participating costs. Tab to **Non- Participating Items** and enter the non-participating items.
15. Under **Project Funding Table**, select the appropriate check box next to the phase where Federal or State Funds will be utilized. Please be sure to include the estimated cost for all phases of the project along with the anticipated Federal, State and other participation. **State Fiscal Year** is July 1 – June 30. **Federal Fiscal Year** is October 1 – September 30.
16. Please note that **State Job Numbers & Federal Project Numbers** are assigned by the District. Select the check box next to the letter P; for the Design Phase, you would select D; for Right-of- Way / Land Acquisition, you would select R; and for the Construction Phase, you would select C. **State Job Numbers** are required for all projects; **Federal Project Numbers** are only required for those projects utilizing Federal Funds. For example, if Federal or State Funds will be utilized for the Preliminary Engineering Phase (Study), Please utilize any State Job and/or Federal Project Numbers that have been previously assigned.
17. Proceed with selecting **Multi-Phase Agreement**. Once selected you may tab to the next available field and select the type of Agreement either **Bi-Phase** to indicate combining Phase I & II Engineering or **Tri-Phase** to indicate combining Phase I & II Engineering and Construction. Projects requesting consideration for **Multi-Phase Agreement** will require eligible project type approval by the fund administrator and IDOT.
18. Proceed with entering the contact information for the **MFT Engineer** (select from the list of Drop-Down options), **Planning Liaison** (select from the list of Drop-Down options), **Bridge Program Manager, Program Administrator, Local Agency, Consultant Company and Consultant Company TIN #**.

19. The **Comments** field is to be used for additional information, such as to denote project funding details, project information and/or changes. For example, if there is multiple Federal or State Funding Sources the distribution should be listed, and specifically, in which phases the funds will be utilized.

Note that the form should remain locked until completed so that the text, check-box, and drop-down form fields are used as intended. However, should it be necessary to include information other than what is available you may unlock the form and proceed accordingly. In addition, should the need arise to adjust any information for the project an updated **Project Program Information Form** should be submitted and a **Revised Date** included.

We encourage electronic submission of the **Project Program Information Form**, although we will continue to accept hardcopies. An electronic copy of the form should be submitted to the following email address:
DOT.D1.BLRS@illinois.gov.

The Project Program Information (PPI) Form must be reviewed by and submitted to IDOT by the appropriate Planning Liaison for all federally funded projects (including: STATE, STP/STU, CMAQ (STA), ITEP (STE), Bridge (BRP), HPP/Demo, ARRA, ARRA Enhancement {ARE or EnRA} and SR2S) except for Township Bridge, STR and Railroad Safety programs) who will copy the sponsor upon submittal to IDOT. Visit the following Website for contact information <http://www.cmap.illinois.gov/mobility/strategic-investment/cmaq/project-contacts>. Sponsors must submit the PPI Form directly to IDOT for Bridge, Township Bridge, STR and Railroad Safety Programs.