***SMCOG Transportation Needs Reporting Form***

THIS FORM IS AVAILABLE ONLINE AS AN ELECTRONIC SURVEY AT [WWW.SMCOG.ORG](http://WWW.SMCOG.ORG)

The purpose of the needs survey is to collect information to be used in the regional transportation needs prioritization process with the SMCOG Transportation Advisory Committee (TAC). This is part of the MoDOT statewide planning framework which helps identify projects to be included in the Statewide Transportation Improvement Program (STIP).

Instructions: Please complete by hand or electronically by double-clicking the appropriate boxes to ‘check’ your selections. Type in the spaces provided or attach additional pages. Please return via email to [AishwaryaShrestha@MissouriState.edu](mailto:AishwaryaShrestha@MissouriState.edu) or fax to 417-836-4146, or mail to   
  
SMCOG

Attn: Aishwarya Shrestha  
110 Park Central Square  
Springfield, MO 65806

1. In what County is the need located (Check all that apply)?

Barry  Dade  Greene  Polk  Taney

Christian  Dallas  Lawrence  Stone  Webster

2. In what City (if applicable) is the need located? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

3. Please indicate the system level and mode of this need (Check all that apply):

Interstate  State Route  Intersection  Aviation

US Highway  Bridge  Sidewalk/Walking Trail  Rail  
 Local/County Road  Low Water Crossing  Bike Lane/Path  Transit

4. Please describe the location of the need. Include crossroads and/or landmarks if possible. (Attach a map if needed)

5. Please indicate the type of need (select all that apply):

Safety  Maintenance/Taking Care of the System

Congestion/Traffic Management  ADA/Accessibility Compliance  Economic Development

Freight  Bike/Pedestrian  Other (please explain)

6. Please describe the need itself, including relevant data such as traffic counts, crash data, # of fatalities, its regional significance, photographs, etc. (if known). (Include attachment if needed)

7. Has the level of this need been identified as *High*, *Medium*, or *Low* for your county or community?

High  Medium  Low  Not Ranked

8. Please tell us more about yourself.

County government representative  Business representative

City government representative  Resident/Citizen

Other

9. Do you have an estimated cost for a solution to this identified need? If so, what is the estimate?

10. Is your community, county, or another entity willing to participate in the costs? If so, how much?

11. Have preliminary engineering plans or designs been developed for this need? (You may be asked to provide a copy of the plans to better present your need to the TAC)

12. Please provide your contact information in case we need more information about your transportation need. Include *at least* your full name and email address.

**THANK YOU for providing us with your transportation needs. For assistance in completing this survey or for other related questions please contact Aishwarya Shrestha at AishwaryaShrestha@MissouriState.edu or contact our office at (417) 836-6901 fax: (417) 836-4146. Visit** [**https://www.smcog.org/programs-transportation**](https://www.smcog.org/programs-transportation) **for more information and a blank copy of this survey.**