

## STATE INFRASTRUCTURE BANK INITIAL PROJECT APPLICATION

*Information required by Michigan Department of Transportation, by authority of the National Highway System Designation Act of 1995, to apply for funding.*

### APPLICANT INFORMATION

1. APPLICANT AGENCY

- |   |   |   |
|---|---|---|
| <input type="checkbox"/> MDOT   | <input type="checkbox"/> Economic Development Corp. | <input type="checkbox"/> Airport/Port Authority |
| <input type="checkbox"/> State or Regional Government                       | <input type="checkbox"/> County Road Commission     | <input type="checkbox"/> Transit Agency         |
| <input checked="" type="checkbox"/> Other (Specify): <u>City Government</u> |   |   |

2. APPLICANT NAME

City of Gladstone

DATE SUBMITTED

3. PROJECT NAME

Gladstone CWSRF Sewer Improvements

PROJECT ZIP CODE

49837

4. APPLICANT MAILING ADDRESS

1100 Delta Avenue

CITY

Gladstone

STATE

MI

ZIP CODE

49837

5. CONTACT PERSON

Rob Spreitzer

TITLE

City Manager

PHONE NUMBER

(906) 428-2311

CONTACT PERSON'S ADDRESS

1100 Delta Avenue

CITY

Gladstone

STATE

MI

ZIP CODE

49837

E-MAIL ADDRESS

rspreitzer@gladstonemi.gov

### PROJECT DESCRIPTION

6. ROUTE NAME/FACILITY

Various Streets in the City of Gladstone

LOCATION

MDOT REGION

Superior

COUNTY

Delta

CITY/VILLAGE/TOWNSHIP

Gladstone

7. TYPE OF PROJECT

- HIGHWAY     TRANSIT     OTHER (Specify): Sewer rehab with street reconstruction

8. IS THIS PROJECT ELIGIBLE FOR FEDERAL AID?

- Yes     No

9. PROJECT DESCRIPTION (Provide brief description here and more detail in [Attachment A.](#))

Project consists of Road reconstruction work in conjunction with the sanitary sewer reconstruction work bid through EGLE CWSRF funding. Project would allow the City of Gladstone to construct full width replacement of streets within the EGLE CWSRF Project limits. Sib Loan would apply to Non-Participating road reconstruction efforts that are not eligible costs through the SRF Program.

10. PROJECT BENEFITS (Provide brief description here and more detail in [Attachment B.](#) i.e., Importance of project to community, how it promotes economic development.)

Project Benefits include full replacement of streets (curb line to curb line) rather than partial width construction for installation of sanitary sewer. increasing the useful life of the streets rather than partial width construction.

RISK ASSESSMENT (If agency does not receive loan, it may not (what?))

If loan is not granted, the City would be limited to reconstruct the streets that only are affected by the sanitary sewer work. Partial width construction would be implemented and the structural integrity of the road will be compromised.

11. DOES THE PROJECT HAVE THE SUPPORT OF THE LOCAL GOVERNMENT UNIT(S) THAT ARE IMPACTED BY THE PROJECT?

- Yes     No

12. DOES THE PROJECT HAVE THE SUPPORT OF THE TRANSPORTATION AGENCY (e.g. County Road Commission, City Street Administration, Local Transit Agency, etc.) WITH JURISDICTION OVER THE FACILITY?

- Yes     No

13. IS THE PROJECT WITHIN A METROPOLITAN PLANNING ORGANIZATION (MPO) BOUNDARY?

- Yes     No

If yes, is the Project on an approved MPO Transportation Improvement Plan (TIP)?

- Yes     No

If no, is the Project on an approved State Transportation Improvement Plan (STIP)?

- Yes     No

14. IS THE PROJECT ON A STATE HIGHWAY TRUNKLINE?

- Yes     No

If yes, is it on the STIP?

- Yes     No

**PROJECT FINANCING**

15. PROJECT STATUS (Please explain current status of the project, e.g. planning, design, project start and completion dates.)

Bidding has been completed with construction start date planned for Spring 2026

ESTIMATE PROJECT CONSTRUCTION TIMELINE Spring 2026 to Fall of 2027	START DATE 01/14/2026	END DATE 09/15/2027
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16. TOTAL PROJECT COST	SIB LOAN AMOUNT REQUESTED
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17. PROPOSED PROJECT FINANCING SOURCES (Do not include SIB Repayment Source)

STATE INFRASTRUCTURE BANK	\$	<u>550,000.00</u>
FEDERAL AID	\$	_____
ACT 51 FUNDS	\$	_____
ASSESSMENTS	\$	_____
USER PAYMENTS/FEES	\$	_____
LOCAL FUNDS	\$	_____
OTHER (Specify): <u>EGL E CWSRF Loan</u>	\$	<u>4,970,510.00</u>

18. TYPE OF FINANCING ASSISTANCE REQUESTED <input checked="" type="checkbox"/> LOAN <input type="checkbox"/> CREDIT ENHANCEMENT	19. REPAYMENT TERMS REQUESTED 10 years
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20. REPAYMENT SOURCE FOR SIB LOAN

City Act 51 Funds	\$	<u>550,000.00</u>
_____	\$	_____
_____	\$	_____
<b>TOTAL \$</b>		<b><u>550,000.00</u></b>

21. PROPOSED SECURITY/COLLATERAL

City Act 51 funds are received on a yearly basis. Repayment of SIB loan would come from the ACT 51 and General funds received by the City.

22. ARE YOU AN ACT 51 AGENCY?     Yes     No    If yes, what is your annual Act 51 allocation? \$965,907.00

**CHECKLIST**

23. CHECK ALL OF THE FOLLOWING ITEMS THAT ARE ATTACHED

- ATTACHMENT A - Description of Proposed Project       ATTACHMENT B - Benefits of Proposed Project

**CERTIFICATION**

24. SIGNATURE	TITLE City Manager	DATE 01/26/2026
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Completed Initial Project Application and all applicable attachments may be submitted for initiation of the SIB review process to:

State Infrastructure Bank  
Michigan Department of Transportation  
Office of Economic Development  
Van Wagoner Building  
425 W. Ottawa Street  
P.O. Box 30050  
Lansing, Michigan 48909

SIB Coordinator  
Jessica Pierce  
Phone Number: (517) 241-0185  
Email Address: [PierceJ3@Michigan.gov](mailto:PierceJ3@Michigan.gov)