

**FY17 Local Public Agency Application**  
 Railroad Grade Crossing Fund

Applicant Name \_\_\_\_\_

Mailing Address \_\_\_\_\_

Contact Name, Title \_\_\_\_\_

Phone Number \_\_\_\_\_ Fax Number \_\_\_\_\_

Email Address \_\_\_\_\_

Federal ID Number \_\_\_\_\_

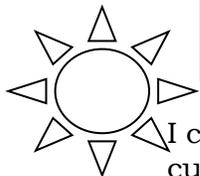
Second Contact Name, Title \_\_\_\_\_

Second Contact Email Address \_\_\_\_\_

Grant request amount: \$ \_\_\_\_\_

**Vendor bid sheet(s)/price list must be included with the application**

Project Type:	Example		Number of Crossings per project.
Signage	Yield, Advance Warning, Stop ahead		
Pavement Markings including stop bars	(Paint, Thermoplastic or Epoxy)		
Illumination	(Street light at rail-highway intersection)		
Median Barrier at gated crossing			
Other Safety Improvement description:			



I certify the application is and the project will be completed in compliance with the current Indiana MUTCD

\_\_\_\_\_  
 (signature and date)

