

# FY 17 Railroad Application

## Railroad Grade Crossing Fund

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

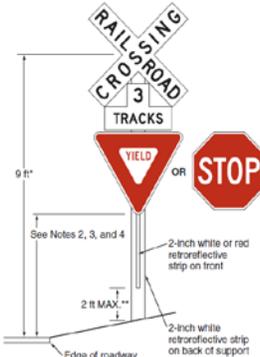
Mailing Address: \_\_\_\_\_

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

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

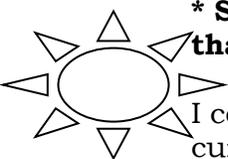
Email Address: \_\_\_\_\_

TOTAL GRANT REQUEST \$ \_\_\_\_\_

Project Type:		Number of Crossings per project:
LED Bulbs		
Crossbuck Assembly		
Sight Obstruction Removal*		
Crossing Surface		
Other Safety Improvement		

**PLEASE INCLUDE COPY OF VENDOR BID SHEETS WITH APPLICATION**

**\* Sight Obstruction projects must include photos of the crossing for each quadrant that will receive the work. Photos should be from center line of track.**



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

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

