

FY 16 Railroad Application

Railroad Grade Crossing Fund

Applicant Name: _____

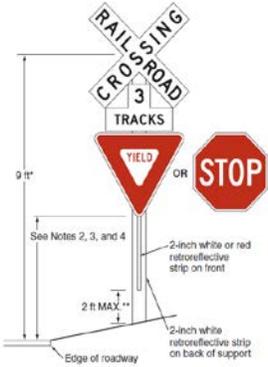
Mailing Address: _____

Contact Name, Title: _____

Phone Number: _____ Fax Number: _____

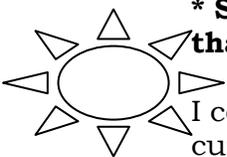
Email Address: _____

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)

