

FY15 Local Public Agency Application
 Railroad Grade Crossing Fund

Applicant Name _____

Mailing Address _____

Contact Name, Title _____

Phone Number _____ Fax Number _____

Email Address _____




Federal ID Number _____

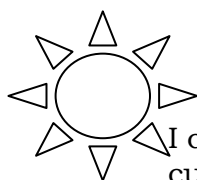
Second Contact Name, Title _____

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)

