

Greater Minnesota Application for Federal Funds

Due November 21, 2018

Contact Information:

Lead Agency _____ [ATP](#) _____
 Name _____ [County\(s\)](#) _____
 Email _____ [MPO](#) _____

Joint project (i.e. multiple agencies, MnDOT-Local agency, ...)

Project Name or Brief Description:

Project Location(s):

Estimated Outputs

_____ miles
 _____ intersections
 _____ curves

Roadway Jurisdiction(s)

- Trunk Highway
 County State Aid Highway (CSAH)
 County Road
 Municipal State Aid Highway (MSAH)
 City Street
 Other: _____

Site Selection:

- Project identified in safety plan
 Systemic or risk analysis performed
 Reactive project, benefit-cost ratio = _____

Describe any prioritization used in site selection:

Requested Funding:

Requested State Fiscal Year

- 2020
 2021
 2022
 2023
 No preference

Estimated Costs by Funding Source

Federal \$ _____
 State Aid \$ _____
 Local \$ _____
 Total \$ _____

Supporting Documents:

- | | |
|---|---|
| <input type="checkbox"/> Benefit-Cost Ratio Calculation | <input type="checkbox"/> Traffic Volume Data Sheet(s) |
| <input type="checkbox"/> Crash Data Sheet(s) | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Letter(s) of Support | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Project Map | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Project Summary | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Safety Plan Project Page(s) | <input type="checkbox"/> Other: _____ |