HIGHWAY - RAIL GRADE CROSSING SAFETY PROJECT APPLICATION
CROSSING SAFETY

Print

North Dakota Department of Transportation, Planning & Programming Division
SFN 59141 (07-2009)

Blocks with asterisk are required to be filled out for application processing.

1. APPLICANT INFORMATION

a) Political Subdivision* ☐ City ☐ County ☐ Township		a) Name of Political Subdivision*	
b) Mailing Address*	c) City*	d) State **ND**	e) Zip Code*
f) Physical Address*	g) City*	h) State **ND**	i) Zip Code*
j) Point of Contact Name (Last, First)*		k) Point of Contact Title*	
l) Telephone Number*	m) Cell Phone Number	n) Fax Number	o) Email Address

2. PROGRAM INFORMATION & REQUIREMENTS

a) Applicant must submit to North Dakota Department of Transportation (NDDOT) a copy of the certified cost estimate provided by the operating railroad prior to submitting their application.

b) Applicant must certify availability of funds to cover local match and any amount above the grant limits on the project. Applicant must also submit a copy of the governing body's meeting minutes that authorizes funding for the project.

c) No construction may begin until a contract agreement has been established with NDDOT.

d) Applications will be prioritized, processed, and awarded based on the crossing's respective score from Federal Railroad Administration's Accident Prediction System.

3. PROJECT INFORMATION

a) Project Type*

- ☐ Install/Upgrade Active Warning Device
- ☐ Resurface Crossing
- ☐ Grade Separation

b) Applicant must provide an overview map of the project location as an attachment to the application.

c) Applicant must complete funding statement below (**Applicant is responsible for appropriating sufficient funds to cover these costs)

Crossing Location (DOT#, Street/Highway #):

1. Is crossing on the State Highway System? If Yes, provide Highway #*:	☐ Yes ☐ No
2. Estimate Cost*:	$
3. Match Funds:	$
4. Remaining Installation Costs:	$
5. Total Cost to the Applicant**:	$

4. DISCLAIMER AND SIGNATURE

I certify on behalf of the* _____ of: _____ that all above statements are true and that the aforementioned City agrees to and is in compliance with all NDDOT grant funding requirements.

SIGNATURE	Date

NDDOT Point of Contact:
Jim Styron
Planning & Programming Division- Rail Section
Phone: (701)328-4409
Fax: (701)328-1404

Mail Completed Application To:
North Dakota Department of Transportation
Planning & Programming Division
Attn: Rail Section
608 East Boulevard Avenue
Bismarck, ND 58505-0700

Checklist

- ☐ Completed Highway – Rail Grade Crossing Safety Project Application (Crossing Safety).
- ☐ Official Cost Estimate from the respective operating railroad company.
- ☐ Copy of the governing body's meeting minutes authorizing funding for the project.
- ☐ Overview map of the project location.