HIGHWAY - RAIL GRADE CROSSING SAFETY PROJECT APPLICATION
RAILROAD QUIET ZONE

Print

North Dakota Department of Transportation, Planning & Programming Division
SFN 59142 (06-2009)

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

1. APPLICANT INFORMATION

a) Name of City*			
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 provide North Dakota Department of Transportation (NDDOT) with a copy of the Notice of Intent and Final Quiet Zone Assessment as filed with the diagnostic team/review committee and approved by the city. These documents must comply with Federal Railroad Administration (FRA) Guidelines (Title 49 CFR Subpart C 222.43)

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

c) Applicant may not submit an application until after the Notice of Intent comments or comment period is complete. (Per Title 49 CFR Subpart C 222.39 the public authority must submit a Notice of Intent for comment to the diagnostic team/ review committee. The committee is provided 60 days for comment on the Notice of Intent. The comment period is complete if all committee members have commented, waived comment, or the 60 day window has expired.)

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

e) Applications will be processed and awarded in the order of which they are received.

3. PROJECT INFORMATION

a) Applicant must provide an overview map of the Quiet Zone and the specific crossing locations as an attachment to the application if not already included in the Notice of Intent.

b) Total # of Crossings in the Quiet Zone*:

c) Total Estimated Cost of the Quiet Zone*:$

d) Applicant must complete funding statement (below) for crossings requiring grant funding (**Applicant is responsible for appropriating sufficient funds to cover these costs)

I. Crossing Location (DOT#, Street/Highway #)*:

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

II. Crossing Location (DOT#, Street/Highway #)*:

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

3. PROJECT INFORMATION contiued

III. Crossing Location (DOT#, Street/Highway #)*:

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

IV. Crossing Location (DOT#, Street/Highway #)*:

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

V. Crossing Location (DOT#, Street/Highway #)*:

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

VI. Crossing Location (DOT#, Street/Highway #)*:

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

VII. Crossing Location (DOT#, Street/Highway #)*:

1. Is crossing on the State Highway System? ☐ Yes ☐ No If Yes, provide Highway #*:	
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 City 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 (Quiet Zone).
- ☐ Completed Notice of Intent.
- ☐ Final Quiet Zone Assessment.
- ☐ Copy of the governing body's meeting minutes that authorizes funding for the project.
- ☐ Overview map of the Quiet Zone and the specific crossing locations.