

SAFE ROUTES TO SCHOOL (SRTS) PROGRAM APPLICATION

North Dakota Department of Transportation, Local Government
SFN 58504 (02-2007)

You may use additional sheets to further describe your project.

Project Name
Project Location

Project Contact Information

Project Contact			
Project Contact Name	Email Address	Telephone Number	
Address		State	Zip Code

Project Sponsor Information

Project Sponsor			
Project Sponsor Name	Email Address	Telephone Number	
Address		State	Zip Code

Funding Information

	Project Amount Requested
	Total Project Cost/Source(s)
	Project Cost Estimate (attach detailed copy)

Project Description

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School(s) Involved or Affected

School Name	Grade Level	Total K-8 Students	K-8 Students Live Within 2 miles	Estimated K-8 Students Bike or Walk	Estimated Non Student Bike or Walk to Benefit

Who will own this property when project is completed?
Maintenance of this project will be provided by:
Right of Way for this project will be provided by:

Environmental Impacts (beneficial/adverse)

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Support (Attach documentation from all those affirming this support)

Names of Governmental Agencies
Names of Groups/Organizations
Names of Individuals

_____ Signature of Contact Person

_____ Date

_____ Signature of Project Sponsor

_____ Date

_____ Signature of MPO Official

_____ Date