



DISCRETIONARY FUNDING REQUEST

SECTION 1: REQUESTOR INFORMATION

NAME	CONTACT PERSON	EMAIL ADDRESS	
MAILING ADDRESS		PHONE	FAX

SECTION 2: NATURE OF REQUEST

<u>Type of Request</u>	<u>Those Affected</u>
<i>(Mark all that apply. The total of all boxes selected must equal 100%.)</i>	
<input type="checkbox"/> Safety _____% <input type="checkbox"/> Economic Development _____% <input type="checkbox"/> Congestion _____% <input type="checkbox"/> Emergency _____% <input type="checkbox"/> Repairs _____% <input type="checkbox"/> Other _____%	Number of constituents _____ Number of local businesses _____

SECTION 3: JUSTIFICATION

Explain in detail the nature of the funding request, highlighting the impact this project will have on each type of request specified above (i.e., safety, repairs, etc.).

SECTION 4: DETAILS OF REQUEST

Pictures <input type="checkbox"/> Yes <input type="checkbox"/> No	District Evaluation <input type="checkbox"/> Yes <input type="checkbox"/> No	<u>Calculations:</u>
		Project estimate _____
		Less:
		Public Sector Contribution _____
		Private Sector Contribution _____
		Total Remaining Need/ Contribution Requested _____

For Department of Rural & Municipal Aid Use Only

Received by _____ Date _____

For Office of the Secretary's Use Only

Approved Not Approved

Received by _____ Date _____



DISCRETIONARY FUNDING REQUEST

Priority No. 1	ROAD NAME	ROAD NO.	LENGTH OF PROJECT (miles)	ESTIMATED COST
	LOCATION OF PROJECT (where project begins & ends)			
	Type of Request <input type="checkbox"/> Safety <input type="checkbox"/> Repairs <input type="checkbox"/> Emergency <input type="checkbox"/> Congestion <input type="checkbox"/> Economic Development <input type="checkbox"/> Other			
DATE OF LAST WORK COMPLETED ON ROAD _____				
Priority No. 2	ROAD NAME	ROAD NO.	LENGTH OF PROJECT (miles)	ESTIMATED COST
	LOCATION OF PROJECT (where project begins & ends)			
	Type of Request <input type="checkbox"/> Safety <input type="checkbox"/> Repairs <input type="checkbox"/> Emergency <input type="checkbox"/> Congestion <input type="checkbox"/> Economic Development <input type="checkbox"/> Other			
DATE OF LAST WORK COMPLETED ON ROAD _____				
Priority No. 3	ROAD NAME	ROAD NO.	LENGTH OF PROJECT (miles)	ESTIMATED COST
	LOCATION OF PROJECT (where project begins & ends)			
	Type of Request <input type="checkbox"/> Safety <input type="checkbox"/> Repairs <input type="checkbox"/> Emergency <input type="checkbox"/> Congestion <input type="checkbox"/> Economic Development <input type="checkbox"/> Other			
DATE OF LAST WORK COMPLETED ON ROAD _____				
Priority No. 4	ROAD NAME	ROAD NO.	LENGTH OF PROJECT (miles)	ESTIMATED COST
	LOCATION OF PROJECT (where project begins & ends)			
	Type of Request <input type="checkbox"/> Safety <input type="checkbox"/> Repairs <input type="checkbox"/> Emergency <input type="checkbox"/> Congestion <input type="checkbox"/> Economic Development <input type="checkbox"/> Other			
DATE OF LAST WORK COMPLETED ON ROAD _____				

(Attach additional pages if necessary.)