



DISCRETIONARY FUNDING REQUEST

SECTION 1: REQUESTOR INFORMATION

NAME		CONTACT PERSON	
MAILING ADDRESS		PHONE	FAX
EMAIL ADDRESS		DATE SUBMITTED	

SECTION 2: NATURE OF REQUEST

Type of Request <i>(Mark all that apply.)</i>			Those Affected	
<input type="checkbox"/> Resurfacing	<input type="checkbox"/> Economic Development	<input type="checkbox"/> Emergency	Number of constituents	_____
<input type="checkbox"/> Patching	<input type="checkbox"/> Hazardous Conditions	<input type="checkbox"/> Other: _____	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	Calculations:
		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"/> Resurfacing <input type="checkbox"/> Economic Development <input type="checkbox"/> Emergency <input type="checkbox"/> Patching <input type="checkbox"/> Hazardous Conditions <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"/> Resurfacing <input type="checkbox"/> Economic Development <input type="checkbox"/> Emergency <input type="checkbox"/> Patching <input type="checkbox"/> Hazardous Conditions <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"/> Resurfacing <input type="checkbox"/> Economic Development <input type="checkbox"/> Emergency <input type="checkbox"/> Patching <input type="checkbox"/> Hazardous Conditions <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"/> Resurfacing <input type="checkbox"/> Economic Development <input type="checkbox"/> Emergency <input type="checkbox"/> Patching <input type="checkbox"/> Hazardous Conditions <input type="checkbox"/> Other			
DATE OF LAST WORK COMPLETED ON ROAD _____				

(Attach additional pages if necessary.)