

**Iowa Northland Regional Transportation Authority
Surface Transportation Block Grant (STBG)
Project Submittal Form**

GENERAL INFORMATION

Sponsor Agency:	
Contact Person:	
Address:	
Phone:	
Email:	

PROJECT INFORMATION

Facility Name:	
Federal Functional Classification:	
Termini or Location Description:	
Type of Work:	
Length in Miles:	
DOT Project Number (if applicable):	
TPMS Number (if applicable):	

PROGRAMMING INFORMATION

Requested Program Year (Federal FY):	
Total Project Cost:	
STBG Requested (Maximum 80% of Project Cost):	
Other Federal or State Funding (Type and Amount):	
Farm to Market Funding:	
Other Local Funding:	

PROJECT JUSTIFICATION

Provide justification for the project based on system classification, traffic volumes, reduction of system deficiencies, safety, and projects serving multi-jurisdictional traffic. If the project is not a highway or bridge project, please describe the project, what the funding will be utilized for, and the need for the project. Also, please discuss any public input that has occurred relating to the candidate project. (Use as much space as necessary.)

Submitted By:	Date:
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