| **Local Roads & Streets Grant Application** | | |
| --- | --- | --- |
| Program Information | | |
|  | IDOT Grant Program | Local Highway Safety Improvement Program |
|  | Solicitation Cycle | Fiscal Year 2027 |
| Applicant Information | | |
|  | Lead Applicant Name (Local Public Agency) |  |
|  | Partners/Co-Applicants |  |
|  | Employer / Taxpayer Identification Number (EIN, TIN) for Lead Applicant |  |
|  | Organizational UEI Number (SAM.GOV) for Lead Applicant |  |
|  | Business Address for Lead Appliant | Street address:  City:  State:  County:  Zip + 4: |
| Applicant’s Name and Contact Information for Person to be involving this Application | | |
|  | First Name |  |
|  | Last Name |  |
|  | Suffix |  |
|  | Title |  |
|  | Organizational Affiliation |  |
|  | Telephone Number |  |
|  | Fax Number |  |
|  | Email address |  |
| Applicant’s Project | | |
|  | Description of Applicant’s Project |  |