| **Local Roads & Streets Grant Application** |
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| Program Information |
| 1.
 | IDOT Grant Program  | Illinois Truck Access Route Program (TARP) |
|  | Solicitation Cycle | Fiscal Year 2025 |
| 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 contact about this Application |
|  | First Name |       |
|  | Last Name |       |
|  | Suffix |       |
|  | Title |       |
|  | Organizational Affiliation |       |
|  | Telephone Number |       |
|  | Fax Number |       |
|  | Email address |       |
| Applicant’s Project |
|  | Description of Applicant’s Project |       |