

NORTHEASTERN MINNESOTA FEDERAL PROJECT

PROJECT NOMINATION FORM

FISCAL YEAR 2030



The project nomination form below allows the user to move around to the various data entry points by using the **Tab Key**. Copy the file on to your PC and enter the information requested in the shaded areas and check boxes. When the form for an individual project is complete, do a **Save As** and save the form with a different name than the blank (ex. **Save As** 01-001-01, the State Project No.). This will allow you to use the blank form for multiple projects. Please note this solicitation is for fiscal year 2030 projects only and the deadline for submittal is 1/9/26.

When your jurisdiction's submittal is complete, email the completed project nomination forms to Bryan Anderson at bryan.anderson@state.mn.us.



NORTHEASTERN MINNESOTA FEDERAL PROJECT PROJECT NOMINATION FORM

****APPLICATION DEADLINE: JANUARY 9, 2026****



Rdwy Name and / or No.	
State Project Number	
Bridge Number	
Proposer of Project	
Time Frame	Fiscal Year 2030
Advance Construction	Yes/No: If yes, which fiscal year?
Rdwy Name and / or No.	Indicate the project / roadway name and its number (if applicable) Example: First Street, MSAS 129
State Project Number	Indicate your jurisdictions number if a number has been assigned.
Bridge Number	Indicate bridge number (old and new, if assigned)
Proposer of Project	List all proposers. Indicate lead agency.
Time Frame	Fiscal Year 2030
Project Ready Date	Anticipated Letting (Month/Year)

LOCATION			
Section, Twp, Rng		RDC Region	
City Name		Mn/DOT District	
County		Legislative District	
MPO		Congressional District	
<u>Instructions:</u> Fill in all information.			

CONTACT PERSON	
Name	
Title	
Address	
Phone	

PROJECT DESCRIPTION			
Nature of Project (<u>Briefly Describe</u>):			
Describe how this project will meet the performance expectations of your agency:			
Location			Beg. Ref. Pt.
Project Length:	Miles:	End Ref. Pt.:	
Roadway Type: (Select)	Interstate <input type="checkbox"/> C.S.A.H. <input type="checkbox"/> Trunk Highway <input type="checkbox"/>	Local Street <input type="checkbox"/> M.S.A.S. <input type="checkbox"/> County Road <input type="checkbox"/>	Township Road <input type="checkbox"/>
Functional Class: (Select)	Principal Arterial <input type="checkbox"/> Urban Collector <input type="checkbox"/>	Rural Minor Collector <input type="checkbox"/> Rural Major Collector <input type="checkbox"/>	Minor Arterial <input type="checkbox"/> Local <input type="checkbox"/>
Interregional Corridor?		Yes <input type="checkbox"/>	No <input type="checkbox"/>
Existing or Planned Bikeway?		Yes <input type="checkbox"/>	No <input type="checkbox"/>
Transit Route?		Yes <input type="checkbox"/>	No <input type="checkbox"/>
Cooperative Venture?		Yes <input type="checkbox"/>	No <input type="checkbox"/>
Right-of-Way Needed?		Yes <input type="checkbox"/>	No <input type="checkbox"/>
Other Federal Grants Applies For? If yes, what Federal Program?		Yes <input type="checkbox"/>	No <input type="checkbox"/>
If in current STIP, what year?			

Instructions
<p>Nature of Project: <u>Briefly</u> describe the project being proposed and what it intends to accomplish.</p> <p>Performance expectations: Describe how this project will improve or meet the performance expectations of your agency. (Ex. the PQI of the current facility is 1.8 and that is below the standards of the local entity).</p> <p>Location Service Area: What is the project's termini or location? (Ex. 2.1 Mi. W. of nearest incorporated city, major road crossing, etc.).</p> <p>Questions: Answer all questions that are applicable to project. Cooperative venture is circled "YES" if more than one government unit is proposing the project.</p>

PROJECT COSTS					
FEDERAL	HIGH PRIORITY	OTHER SPECIAL FEDERAL	STATE	LOCAL	TOTAL

Category of Work:

(Select One)

Safety

Non-Roadway

Preservation

Enhancements

Bridge Replacement

Transit

Major Investment

Type of Work:

Grading

Guard Rail

Surfacing

Traffic Signals

Resurfacing

Signing

Widen Shoulders

Lighting

Bridge Replacement

Landscaping

New Bridge

Rest Area

Bridge Rehabilitation

Waysides

Culvert Replacement

Bikeway Improvement

Turn Lanes

Rail Improvement

Conc. Pymnt. Rehab.

Transit Capital Improvement

Pedestrian Trail

Historic Preservation

Instructions: Fill in the blank for Category of Work with one of the seven possible categories. Indicate the work type or types that best describe the project.

Does your jurisdiction or agency have an American With Disabilities Act (ADA) Transition Plan in place as required by Title II of ADA, 28 CFR. Part 35 Sec. 35.105?

YES

☐

NO

☐

INTENT OF PROJECT**(Select)****Reconstruction / New Const.****Add Bikeway****Preservation****Improve Air Quality****Roadway Strengthening (10 Ton)****Intermodal Improvement****Safety Improvement****Economic Development****Capacity Improvement****Environmental Enhancement****PROJECT JUSTIFICATION****Supporting Data**

	Existing	Proposed		Existing	Proposed
AADT :			Surf. Type :		
HCADT :			Spring Load :		
Lane Width :			PQI :		
Shldr. Width :			Rdwy. Suff. Rating :		
Shldr. Type :			Bridge Suff. Rating :		

Instructions: Briefly describe why this project is justified. Include major deficiencies to be corrected. Indicate age, mileage, and estimated service life of transit vehicles being replaced.