



APPLICATION FOR BRIDGE FUNDS

State of Minnesota - Department of Transportation
State Aid for Local Transportation

Identification	Project Number _____	Old Bridge Number _____	
	New Bridge No. _____	Over _____	
	County of _____	Road or Street No. _____	
	Township of _____	Road or Street Name _____	
	Municipality of _____	Proposed Const Year _____	
	Does the municipality have a population of 5,000 or less? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Eligibility	Bridge Sufficiency Rating _____		Is this bridge hydraulically deficient? <input type="checkbox"/> Yes <input type="checkbox"/> No
	Adequacy Status from Structure Inventory <input type="checkbox"/> Structurally Deficient <input type="checkbox"/> Functionally Obsolete <input type="checkbox"/> Adequate		
	Date of Council/Board action prioritizing this bridge _____		
	Is this a road-in-lieu of bridge project? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Prioritization	How many people are affected by this deficiency? _____		What is the ADT on this bridge? _____
	Describe the economic importance of replacing this bridge.		
	Is the road designated or planned to be designated as a Minimum Maintenance road? _____		<input type="checkbox"/> Yes <input type="checkbox"/> No
	(Attach additional sheets for explanation if necessary)		
	Is the township net tax capacity less than \$300,000? _____		<input type="checkbox"/> Yes <input type="checkbox"/> No
Is the bridge listed on the National Register of Historic Places or been determined to be eligible? _____		<input type="checkbox"/> Yes <input type="checkbox"/> No	
National Register of Historic Places link here: http://www.nps.gov/history/nr/research/			
Cost Estimate		Eligible Amount	Ineligible Amount
	Structure Costs	\$ _____	\$ _____
	Approach Costs	\$ _____	\$ _____
	Engineering Costs	\$ _____	\$ _____
	Total Costs	\$ _____	\$ _____
	Total Project Cost	\$ _____	\$ _____
County/City Engineer _____			Date _____
DSAE	DISTRICT STATE AID ENGINEER RECOMMENDATION		
	Replace _____	Defer _____	
	District State Aid Engineer Signature _____		Date _____
Approval	STATE AID USE ONLY	Federal-Aid	\$ _____
		State-Aid	\$ _____
		Local/Other	\$ _____
		Town Bridge	\$ _____
		Unallocated Town Bridge	\$ _____
		State Bridge Funds	\$ _____
		Total	\$ _____