



Nebraska Department of Roads
 Transportation Enhancement Program
Intent-to-Apply Form

For Office Use Only
 Date Received: _____

TYPE OF LOCAL PUBLIC AGENCY (LPA) (Check One):		<input type="checkbox"/> Village	<input type="checkbox"/> City	<input type="checkbox"/> County
LPA NAME:		<input type="checkbox"/> NRD	<input type="checkbox"/> State	<input type="checkbox"/> Other
LPA CONTACT PERSON:			TITLE:	
MAILING ADDRESS: <i>(Street)</i>		CITY:	STATE:	ZIP:
DAYTIME PHONE NUMBER:	FAX NUMBER:	E-MAIL:		
SIGNATURE OF CONTACT PERSON:		ESTIMATED FEDERAL FUNDING REQUESTED: \$		
LPA SIGNATURE: <i>(Mayor or Chairperson)</i>		TITLE:		
PROPOSED PROJECT NAME:		PROJECT TYPE: <i>(Select One Category)</i>		
		<input type="checkbox"/> Trails <input type="checkbox"/> Historic Preservation <input type="checkbox"/> Scenic or Historic Byways		
PLEASE DESCRIBE THE PROPOSED PROJECT AND ITS PURPOSE:				

Please limit your response to the space provided

