| **Local Roads & Streets Grant Application** | | |
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| Program Information | | |
|  | 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 |  |