



Public Works Department / Rural Services Division

520 Fifth Avenue, First Floor, Suite D, PO Box 71267
Fairbanks, AK 99707 (907)459-1223 Fax (907)459-1499

Project Request Form

Service Areas are encouraged to breakup projects having an estimated cost in excess of \$500,000 into multiple projects (Phase 1, Phase 2) with costs below the grant limit.

Service Areas are also encouraged to combine small projects with similar improvements into larger projects. Projects with an estimated cost of less than \$20,000 will not be considered.

Do not include general maintenance items, such as brushing, ditch cleaning, etc., in this project submittal.

If necessary, attach additional pages to explain important details and the Service Area Commissions priority selection for this project request.

All areas of information are necessary for project submittals. Incomplete submittals may not be considered.

1) Service Area: _____ 2) District: __ 3) Road: _____

4) Provide a brief, but adequate, description of what the Service Area Commission believes this project should entail.

Four horizontal lines for providing a description of the project.

5) Has this project been discussed at a publicly noticed service area meeting? ___ Yes ___ No

6) Do the minutes of the meeting above reflect an understanding of this project by the residents in attendance that is consistent with the description of the project provided above? ___ Yes ___ No

7) This project is: [] a new project or [] previous project being resubmitted. (Select one.)

8) Length of Improvement is: [] entire road or [] portion of road of _____ approximate length.

9) Funds for individual projects are limited to \$500,000. If this project is selected and exceeds this amount, is the Service Area willing to provide or secure the additional funds? ___ Yes ___ No

10) Existing Road Conditions

11) Issues Concerning Road

- ___ paved, drivable year round
___ gravel, drivable year round
___ dirt, drivable year round
___ 4 wheel only, year round
___ 4 wheel drive only during breakup
___ not drivable during breakup
___ no existing road
___ other _____

- ___ steep approach grades to intersection
___ poor/limited sight visibility at intersection
___ bus route
___ dust control
___ accessibility
___ spring breakup
___ other _____

12) PRIORITY of this project compared to ALL projects, both existing and new, submitted by the Service Area.

___ First (1st) priority ___ Second (2nd) priority

13) Ranking Criteria

A.) Safety Deficiency – Provide pertinent data on safety issues. Is there a history of accidents involving life, injury, or property damage? Are there design or condition deficiencies, such as improper construction, insufficient base material, incorrect road width, limited sight distance or acute alignment of intersection? Is there a history of resident complaints? _____

B.) Accessibility – What accessibility issues exist for this road? Are there problems with year-round or seasonal accessibility? Are there problems with emergency response or school bus services? _____

C.) Maintenance and Operational Cost Reduction – Will this project reduce the maintenance and operations costs? If so, estimate the reduction. Explain. _____

D.) Traffic Volume / Road Designation – Estimate the average daily traffic (ADT) volume on this road. Is there “cut through” traffic (traffic originating from outside the service area) on this road? If so, what percentage of the ADT does this represent? Is there heavy use by commercial vehicles, gravel trucks, recreational vehicles, etc.? _____

14) How will this project benefit the service area? _____

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15) Please explain any other details pertinent to this request. _____

16) Commissioner Signatures:

Signature

Date

Signature

Date

Signature

Date

<i>Office Use Only</i>	
Is this project a previous submitted project?	Has the Service Area received and accepted a 90/10 matching grant for a capital project?
Yes _____ No _____	Yes _____ No _____
Years(s) Previously Submitted:	Year of Grant: _____ Year of Eligibility: _____