From: Bud Fleming [mailto:Bud.Fleming@ssmma.org]

Sent: Friday, May 06, 2011 2:20 PM

To: Holly Ostdick

Subject: job request form_D1 PI0004_draft.docx

Holly,

This is the JRF I called you about where the individual amounts don't agree with those on your sheet but the overall job total is the same as approved by CMAQ. There will need to be a TIP revision if you concur with the individual changes.

Please advise.

Thanks, Bud

Illinois Department of Transportation

Job Request Form

Federally Funded: ☒ Yes ☐ No Amendment/Supplement ☐ Yes ☒ No No. for

Funding Type(s)			
Fund	Percent	Fund	Percent
Cong. Mitigation Air Quality-CMAQ (STA)	80/20		

ITEP Number: _____ HPP Bill Number: _____

Project Location(s)					
Marked Route Designation	Street Name	The west or south limit is listed first, followed by the north or east limit.			
		from/at	Station 000+00	to	Station 000+00
FAP 0350	Cicero Avenue	University Parkway	200+00	Hickory Creek Drive	249+00

Type of Work: Shared Use Path

County: ☐ Kane ☐ Lake ☐ Cook Regional Council South Region
☐ DuPage ☐ McHenry ☒ Will ☐ Various

Local Village of University Park Congressional District(s): 2 Representative District(s): 79

MFT Section Number: _____ TIP ID: 07-06-0002

Estimate of Const. Cost: $280,000.00 Target Letting Date: _____

Non-Participating Cost: 0 Bridge Structure Number: n/a

Non-Participating Items: 0

Project Funding Table

		Job Number	Project Number	Federal Fiscal Yr	State Fiscal Yr	Est. Total Cost	Federal Participation	Local Participation	State Participation*
☒	P	91			2011	$100,000	$60,000	$40,000	
☐	R	91				0	$0	$0	
☒	D	91			2012	$23,000	$14,000	$9,000	
☒	C	91			2013	$280,000	$168,000	$112,000	
	Construction Engineering					$29,000	$16,800	$12,200	

☐ Contract Number _____
☐ State Section Number _____

Contact / General Information

MFT Engineer: _____ Planning Liaison: Bud Fleming, (708) 922-4677
Bridge Program Manager: n/a Bridge PM Email: n/a
Program Administrator: Bud Fleming Administrator Email: Bud.fleming@ssmma.org
Local Agency Contact David Sevier (Village Manager) Local Agency Phone: 708-534-6451
Local Agency Contact _____
Consultant Company Name: Crawford, Murphy & Tilly, Inc. Consultant Contact: Chris Dagiantis
Consultant Contact Email: cdagiantis@cmtengr.com Consultant Phone: 630-907-7039
Date Submitted: 04/29/2011 Date Revised _____ Date Completed: _____

Comments:

Job Request Form Instruction Sheet

The State Job Request Form has been created using text, check-box, and drop-down form fields allowing the use of the Tab key to move to areas intended for completion. To launch a Web site directly from this page, press and hold the Ctrl Key and left click on the site.

1. When the form is opened, your cursor should appear in the first available field next to the category **Federally Funded Check Box**. Please indicate whether the project is funded, in whole or in part, with Federal Funds by selecting the appropriate box.

2. Once the appropriate check box has been selected, you may tab to the **Amendment/Supplement** category. Proceed to answer whether this is a Supplement and, if so, select the Supplement Number. Once selected you may tab to the next available field and select the type of Agreement from the list of Drop-Down options, e.g., Preliminary Engineering Phase 1, Preliminary Engineering Phase 2, Right-of-Way, etc.

3. Proceed to **Funding Type(s)**. Under this category, you will indicate the Fund(s) to be used as well as the allocated Percent(s) for each fund type. For further fund type information, please visit the following Web site: http://www.dot.il.gov/blr/Local%20Program%20Matrix.pdf or contact your Planning Liaison.

4. When the Fund Type(s) have been completed and all Percent(s) allocated, please be sure to denote the **Illinois Transportation Enhancement Program (ITEP) Number** and/or the **High Priority Project (HPP) Earmark Bill Number** for those specific fund types.

5. Next, tab to the **Marked Route Designation**. The first available field is a drop-down allowing you to select FAU, FAP, Off-System, etc. The second field is a text field allowing you to enter the appropriate three (3) or four (4) digit number. Please note Marked Route Designation is required for projects utilizing STU / STP / LAPP Funding. Tab to Street Name and enter the route name; tab to Limits and type the location from – to information.

6. Tab to **Type of Work** and enter a description of the work to be completed, e.g., Bridge Rehabilitation, Resurfacing, Traffic Lights, etc

7. Next to **County**, indicate the appropriate county for this project and Tab to the Regional Council select from the list of Drop-Down options ; tab to **Local Agency** and indicate the lead agency for this project.

8. Proceed to and enter the **MFT Section Number**, which may be obtained by contacting your IDOT Engineer.

9. Proceed to and enter the **TIP ID Number** The 8-digit Transportation Improvement Program (TIP) ID Number may be obtained by contacting your Planning Liaison or visiting the following Web site: http://data.cmap.illinois.gov/tip/login.aspx. Select search projects to find your project. If the project is not listed on the TIP web site, it does not have a TIP ID number. To receive a TIP number, please contact the Program Administrator. The Program Administrator for STU/STP projects is the Council of Mayors Planning Liaison. For CMAQ Projects, the program administrator is Holly Ostdick at the Chicago Metropolitan Agency for Planning (CMAP) and for all other projects, contact the IDOT Federal Aid Program Manager.

10. Proceed to **Estimate of Construction Cost** and enter only the estimated cost for construction in this field. Tab to **Target Letting Date** and enter a date from the Letting Schedule. Note that if the project is scheduled for a local agency letting please denote Local Let and the estimated month and year for the letting.

11. Proceed to **Non-Participating Cost** and enter the non-participating costs. If this project includes a bridge structure, please provide the corresponding **Bridge Structure Number(s)** in the area provided. Later in this form we will request that you provide the Bridge Program Manager and Bridge PM Email contact information responsible for the specified structure. Tab to **Non-Participating Items** and enter the non-participating items.

12. Under **Project Funding Table**, select the appropriate check box next to the phase where Federal or State Funds will be utilized. Please be sure to include the estimated cost for all phases of the project along with the anticipated Federal, State and other participation. State Fiscal Year is July 1 – June 30. Federal Fiscal Year is October 1 – September 30.

13. Please note that **State Job Numbers** are required for all projects; **Federal Project Numbers** are only required for those projects utilizing Federal Funds. For example, if Federal or State Funds will be utilized for the Preliminary Engineering Phase (Study), you would select the check box next to the letter P; for the Design Phase, you would select D; for Right-of-Way / Land Acquisition, you would select R; and for the Construction Phase, you would select C. Please utilize any State Job and/or Federal Project Numbers that have been previously assigned.

14. Proceed with entering the contact information for the **MFT Engineer (**select from the list of Drop-Down options), **Planning Liaison (**select from the list of Drop-Down options)**, Bridge Program Manager, Program Administrator, Local Agency, and Consultant Company.**

15. The **Comments** field is to be used for additional information, such as to denote project funding details, project information and/or changes. For example, if there is multiple Federal or State Funding Sources the distribution should be listed, and specifically, in which phases the funds will be utilized.

Note that the form should remain locked until completed so that the text, check-box, and drop-down form fields are used as intended. However, should it be necessary to include information other than what is available you may unlock the form and proceed accordingly. In addition, should the need arise to adjust any information for the project an updated **Job Request Form** should be submitted and a **Revised Date** included.

We encourage electronic submission of the **Job Request Form**, although we will continue to accept hardcopies. An electronic copy of the form should be submitted to the following email address: DOT.D1.BLRS@illinois.gov.
The Job Request From must be reviewed by and submitted to IDOT by the appropriate Planning Liaison for all federally funded projects (including: STP/STU, CMAQ, ITEP, HPP/Demo, ARRA, ARRA Enhancement {ARE or EnRA} and SR2S) except for Bridge, Township Bridge, STR and Railroad Safety programs) who will copy the sponsor upon submittal to IDOT. Sponsors must submit the JRF directly to IDOT for Bridge, Township Bridge, STR and Railroad Safety Programs.