

STP – Shared Fund Contingency Program Confirmation Form

Please complete this form to indicate if you want the project below to be included in the STP-Shared Fund contingency program

**Project Information**

|  |  |  |  |
| --- | --- | --- | --- |
| TIP ID: |  | Project Sponsor: |  |
| Project Title: |  |

[ ]  **Yes, include the above project in the FFY 2024 – 2028 contingency program.**
(Complete acknowledgements below)

[ ]  No, do not include the above project in the contingency program.
(Complete form submittal below)

**Active Program Management Acknowledgements**

[ ]  I understand that inclusion in the contingency program is **not a guarantee** of any current or future funding through the STP-Shared Fund program.

[ ]  I understand that projects included in the contingency program **must meet all** [**Active Program Management**](https://www.cmap.illinois.gov/documents/10180/931110/STP%2BAPM%2BPolicies%2B-%2Bapproved%2B9-25-18.pdf/9f751522-021c-a029-ca8f-c75ba9d13e41) **policy requirements**.

[ ]  I understand that the **contingency program expires on September 30, 2025**, and that if all requested phases of the above project will not be obligated by that time, a new application must be submitted during the FFY 2026-2030 call for projects.

[ ]  I understand that **quarterly status updates must be completed in December, March, June, and September**, and that failure to submit a required update will result in removal of the above project from the contingency program.

**Form Submittal**

|  |  |
| --- | --- |
| Date Completed: |   |
| Completed By (Name and Title):  |  |

Please email this completed form to: transportation@cmap.illinois.gov, with a copy to your subregional planning liaison.