

CMAQ Cost Change Request Form

Project Identification

Please provide the project identification exactly as it appears in the CMAQ Program. The current Program Summary Report can be found on the CMAQ Program Management and Resources page of the CMAP website (<http://www.cmap.illinois.gov/cmaq/program-management-resources>).

TIP ID	10-12-0004	Sponsor	Lake County
Project Location Description	Gilmer/Hawley/IL176 Adaptive Traffic Control		

TIP ID	10-12-0003	Sponsor	Lake County
Project Location Description	Aptakistic Rd Adaptive Traffic Control		

Currently Programmed Funding

Please provide the current programmed funding for all phases, regardless of the fund source used/programmed for that phase. The FFY and costs for CMAQ line items must match the [current CMAQ Program](#), including any previously approved cost changes. All other line items should match the [TIP](#), however phases not included in the TIP (for example locally funded engineering) should also be included here.

Please complete the table that is appropriate for the type of project. Please insert additional rows in the table (right-click and select "Insert" > "Insert Rows Below") if more than one fund source is being used for a phase, or if funding is "staged" in multiple federal fiscal years.

10-12-0004

Phase	Starting FFY	Programmed Total Cost (\$000's)	Programmed Federal Cost (\$000's)	Programmed Federal Share (%)	Federal Fund Source	Local Match Fund Source	Phase Accomplished*
ENG1							<input type="checkbox"/>
ENG 2							<input type="checkbox"/>
ROW							<input type="checkbox"/>
CONST	2013	1291	1033	80	CMAQ		<input type="checkbox"/>
CE							
Total	2013	1291	1033	80			

*Definitions of accomplishment can be found in the [CMAQ Programming and Management Policies](#).

10-12-0003

Phase	Starting FFY	Programmed Total Cost (\$000's)	Programmed Federal Cost (\$000's)	Programmed Federal Share (%)	Federal Fund Source	Local Match Fund Source	Phase Accomplished*
ENG1							<input type="checkbox"/>
ENG 2							<input type="checkbox"/>
ROW							<input type="checkbox"/>
CONST	2013	488	391	80	CMAQ		<input type="checkbox"/>
CE							
Total	2013	488	391	80			

*Definitions of accomplishment can be found in the [CMAQ Programming and Management Policies](#).

Current Costs (Actual and Estimates) and Schedule

Please enter the actual costs included in the most recent Engineer’s Estimate for every phase of the project and the current project schedule. For accomplished phases, enter the actual cost and date of federal authorization or grant approval.

Please complete the table that is appropriate for the type of project. Please insert additional rows in the table if more than one fund source is being used for a phase, or if funding is “staged” in multiple federal fiscal years.

10-12-0004

Phase	Starting FFY	Current Total Cost (\$000’s)	Current Federal Cost (\$000’s)	Current Federal Share (%)	Federal Fund Source	Local Match Fund Source	Actual or Anticipated federal authorization date*
ENG1							
ENG 2							
ROW							
CONST	2013	0	0		CMAQ		
CE							
Total	2013	0	0				

10-12-0003

Phase	Starting FFY	Current Total Cost (\$000’s)	Current Federal Cost (\$000’s)	Current Federal Share (%)	Federal Fund Source	Local Match Fund Source	Actual or Anticipated federal authorization date*
ENG1							
ENG 2							
ROW							
CONST	2013	1779	1424	80	CMAQ		1/22/13
CE							
Total	2013	1779	1424	80			

*For the construction phase, enter the letting date. For other phases, the authorization date is typically the date the Local Agency Agreement is executed by IDOT Central Office. For phases not using federal funds, enter the estimated completion date of the phase.

Requested Cost Increase

Please enter the additional CMAQ funds requested (difference between currently programmed funds and current cost estimate).

Please complete the table that is appropriate for the type of project. Please insert additional rows in the table if more than one fund source is being used for a phase, or if funding is “staged” in multiple federal fiscal years.

10-12-0004

Phase	Starting FFY	Additional Total Cost (\$000's)	Additional Federal CMAQ Funds(\$000's)	Revised Federal Share (%)
ENG1				
ENG 2				
ROW				
CONST	2013	-1291	-1033	0
CE				
Total	2013	-1291	-1033	0

10-12-0003

Phase	Starting FFY	Additional Total Cost (\$000's)	Additional Federal CMAQ Funds(\$000's)	Revised Federal Share (%)
ENG1				
ENG 2				
ROW				
CONST	2013	1291	1033	80
CE				
Total	2013	1291	1033	80

Reason for Request

Briefly describe the reason for the increased cost (this information will be used to develop the PSC agenda)

Request moving \$1291 total and \$1033 federal from 10-12-0004 to 10-12-0003. The projects have been combined under one state job number (C-75-001-13) and one federal project number (CMM-4003-(150)).

State and Federal Project Information

State and/or Federal identification must be provided below or via an attached Project Program Information (PPI) Form or Local Agency Agreement for Federal Participation (BLR 5310).

Select One.

X State/Federal Project or Grant Numbers Provided Below

- Most recently *approved* PPI Form Attached
- Local Agency Agreement Attached

Enter TBD if numbers have not yet been assigned by IDOT or the FTA.

Phase	State Job Number X-00-000-00	Federal Project Number XXX-0000(000)	FTA Grant Number IL-XX-XXXX-XX
ENG1	P-		
ENG 2	D-		
ROW	R-		
CONST	C-75-001-13	CMM-4003(150)	
ENG			
IMP			

Additional Comments

Provide any additional information that may assist CMAP staff and the PSC with consideration of this request. Use this space to explain any entries above that were left blank, or to clarify any of your above responses.

Submit this completed form and any requested attachments to your Planning Liaison (PL) for review and submittal to CMAP. For sponsors noted as exceptions to PL review in the procedure above, please submit to the project contact for transmittal to CMAP.

For the submittal procedures that apply to this form, see the [CMAQ Scope and Cost Change Request Procedures](#) document.

CMAQ Cost Change Request Form

Project Identification

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TIP ID	10-13-0015	Sponsor	North Chicago
Project Location Description	Sheridan Road Multi-Use Path (between 24 th Street and MLK Jr Dr.)		

Currently Programmed Funding

Please provide the current programmed funding for all phases, regardless of the fund source used/programmed for that phase. The FFY and costs for CMAQ line items must match the [current CMAQ Program](#), including any previously approved cost changes. All other line items should match the [TIP](#), however phases not included in the TIP (for example locally funded engineering) should also be included here.

Please complete the table that is appropriate for the type of project. Please insert additional rows in the table (right-click and select "Insert" > "Insert Rows Below") if more than one fund source is being used for a phase, or if funding is "staged" in multiple federal fiscal years.

Phase	Starting FFY	Programmed Total Cost (\$000's)	Programmed Federal Cost (\$000's)	Programmed Federal Share (%)	Federal Fund Source	Local Match Fund Source	Phase Accomplished*
ENG1	2014	\$20.7	\$16.56	80%	CMAQ	N Chicago	<input type="checkbox"/>
ENG 2	2014	\$35.4	\$28.32	80%	CMAQ		<input type="checkbox"/>
ROW							<input type="checkbox"/>
CONST	2015	\$283.0	\$226.4	80%	CMAQ	N Chicago	<input type="checkbox"/>
CE	2015	\$28.3	\$22.64	80%	CMAQ	N Chicago	
Total		\$367.4	\$293.92	80%			

*Definitions of accomplishment can be found in the [CMAQ Programming and Management Policies](#).

Phase	Starting FFY	Programmed Total Cost (\$000's)	Programmed Federal Cost (\$000's)	Programmed Federal Share (%)	Federal Fund Source	Local Match Fund Source	Phase Accomplished*
ENG							<input type="checkbox"/>
IMP							<input type="checkbox"/>
Total							

*Definitions of accomplishment can be found in the [CMAQ Programming and Management Policies](#).

Current Costs (Actual and Estimates) and Schedule

Please enter the actual costs included in the most recent Engineer's Estimate for every phase of the project and the current project schedule. For accomplished phases, enter the actual cost and date of federal authorization or grant approval.

Please complete the table that is appropriate for the type of project. Please insert additional rows in the table if more than one fund source is being used for a phase, or if funding is "staged" in multiple federal fiscal years.

Phase	Starting FFY	Current Total Cost (\$000's)	Current Federal Cost (\$000's)	Current Federal Share (%)	Federal Fund Source	Local Match Fund Source	Actual or Anticipated federal authorization date*
ENG1	2014	\$22.244	\$17.795	80%	CMAQ	N Chicago	02/14
ENG 2	2014	\$33.856	\$27.085	80%	CMAQ	N Chicago	12/14
ROW							
CONST	2015	\$283.0	\$226.4	80%	CMAQ	N Chicago	07/15
CE	2015	\$28.3	\$22.64	80%	CMAQ	N Chicago	07/15
Total		\$367.4	\$293.9	80%			

*For the construction phase, enter the letting date. For other phases, the authorization date is typically the date the Local Agency Agreement is executed by IDOT Central Office. For phases not using federal funds, enter the estimated completion date of the phase.

Phase	Starting FFY	Current Total Cost (\$000's)	Current Federal Cost (\$000's)	Current Federal Share (%)	Federal Fund Source	Local Match Fund Source	Actual or Anticipated FTA Grant approval date*
ENG							
IMP							
Total							

*Some non-traditional projects (such as the purchase of bicycle racks) may be ENG/IMP projects processed through IDOT. For these projects, enter the federal authorization date.

Requested Cost Increase

Please enter the additional CMAQ funds requested (difference between currently programmed funds and current cost estimate).

Please complete the table that is appropriate for the type of project. Please insert additional rows in the table if more than one fund source is being used for a phase, or if funding is "staged" in multiple federal fiscal years.

Phase	Starting FFY	Additional Total Cost (\$000's)	Additional Federal CMAQ Funds(\$000's)	Revised Federal Share (%)
ENG1	2014	\$1.544	\$1.235	
ENG 2	2014	-\$1.544	-\$1.235	
ROW				
CONST	2015	\$0	\$0	
CE	2015	\$0	\$0	
Total		\$0	\$0	

Phase	Starting FFY	Additional Total Cost (\$000's)	Additional Federal CMAQ Funds (\$000's)	Revised Federal Share (%)
ENG				
IMP				
Total				

Reason for Request

Briefly describe the reason for the increased cost (this information will be used to develop the PSC agenda)

ROW plats & legals to be moved from Phase II to Phase I Engineering.

State and Federal Project Information

State and/or Federal identification must be provided below or via an attached Project Program Information (PPI) Form or Local Agency Agreement for Federal Participation (BLR 5310).

Select One.

- State/Federal Project or Grant Numbers Provided Below
- Most recently *approved* PPI Form Attached
- Local Agency Agreement Attached

Enter TBD if numbers have not yet been assigned by IDOT or the FTA.

Phase	State Job Number X-00-000-00	Federal Project Number XXX-0000(000)	FTA Grant Number IL-XX-XXXX-XX
ENG1	P-TBD		
ENG 2	D-		
ROW	R-		
CONST	C-		
ENG			
IMP			

Additional Comments

Provide any additional information that may assist CMAP staff and the PSC with consideration of this request. Use this space to explain any entries above that were left blank, or to clarify any of your above responses.

This segment was previously part of the Lakefront Bike Path Project (TIP ID 10-06-0065)

The revised scope for the segment in North Chicago was approved at the 9/10/2013 CMAQ Project Selection Committee Meeting.

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CMAQ Scope Change Request Form

Project Identification

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TIP ID	13-09-0003	Sponsor	Illinois Environmental Protection Agency
Project Location Description		Regional	

Revised Project Scope

Briefly describe the nature of the scope change requested (for example, "Extend the south limit from 1st St. to 3rd St. to provide connectivity to existing multi-use path on 3rd St." or "Purchase 2013 model year trucks instead of the requested 2012 model year trucks.")

The Illinois EPA is currently implementing a CMAQ grant through which we extend grants for the purchase and installation of diesel engine idling and exhaust emissions reduction equipment to school districts and private businesses providing school student transportation services that own the buses and agree to operate the equipment for a minimum of five (5) years. We are requesting the ability to extend grants to public and private schools and school districts and businesses providing school transportation services that either own or lease buses and would commit to operate the emissions control equipment for a minimum of five years. The requested change will not alter the program's costs or the projected emissions reduction benefits.

Changes to Location/Limits

If the scope change involves changes to the location and/or limits of the project, complete the following table and attach a map sufficient to accurately locate this project in a GIS system.

Name of Street or Facility to be Improved	Marked Route #	
North/West Reference Point/Cross St/Intersection	Marked Route #	Municipality & County
South/East Reference Point/Cross St/Intersection	Marked Route #	Municipality & County
Other Project Location Information		

Changes to Emissions Benefit Analysis

Complete the appropriate table for the project type and provide additional attachments if required, or check below to indicate that the scope change will not change the emissions benefits of the project.

The proposed scope change will not affect the emissions benefits of the project. Skip to the Changes to Project Schedule section of this form.

BICYCLE AND PEDESTRIAN FACILITIES

Miles of existing bicycle/pedestrian facilities intersecting the proposed facility: _____
Identify intersecting facilities:

Trip attractors linked directly to the proposed facility. For a pedestrian facility, identify transit service to which direct access is provided.

Indicate safety and attractiveness improvements – see Bicycle/Pedestrian Task Force [memo](#).

Off-Street Bicycle Facility - Provide traffic volumes, speeds and percent trucks on adjacent roadway.

BICYCLE PARKING & ENCOURAGEMENT

Number of New Bicycle Spaces
Racks: _____ Lockers: _____ Other: _____

COMMUTER PARKING

Project Location: City Of Chicago Suburban

Net Number Of New Vehicle Spaces: _____ Net Number Of New Bicycle Spaces: _____

Utilization Rate: New Lot Existing Lot (Indicate Actual Utilization): _____ Percent

Existing Parking Spaces And Price:

_____ SPACES at \$_____ PER _____ (hr/day/mo) _____ SPACES at \$_____ PER _____ (hr/day/mo)

_____ SPACES at \$_____ PER _____ (hr/day/mo) _____ SPACES at \$_____ PER _____ (hr/day/mo)

Line-Haul Trip Length (One-Way Miles to the Nearest Tenth):

If line haul trip length is not a milepost figure, provide basis for value provided:

COMMUTER PARKING STRUCTURES

NET GAIN IN SPACES AVAILABLE TO TRANSIT USERS – deduct spaces removed within 1,800 feet of project site from gain

PROPOSED DAILY FEE TO BE CHARGED

WALKING DISTANCE TO STATION PLATFORM – distance in feet from center of parking facility site to nearest edge of transit staging area.

BUS SERVICE AVAILABILITY – number of bus routes currently serving the transit facility.

BICYCLE PARKING AVAILABILITY – number of bicycle parking spaces built in conjunction with the parking facility, separated by racks vs. lockers or spaces within the parking structure.

SIGNAL INTERCONNECTS

Project Length (miles):

Distance between the last two signals at both ends of the project (miles): North/West End: _____
Show the location of all signals on the map South/East End: _____

Posted Speed (miles per hour – for each segment):

Current Traffic Volume (ADT – Indicate year for each segment):

If project is part of a transit signal priority (TSP) corridor, give name:

TRAFFIC FLOW IMPROVEMENTS

Attach updated “After Improvement” [Input Module Worksheets](#)

Type of Project (Check One) Intersection Improvement Bottleneck Elimination

Project Length (Miles – Bottleneck Elimination and Multiple Intersections Only): _____
Posted Speeds (Miles Per Hour For Each Street): _____
Current Traffic Volume For Each Street (ADT – Indicate Year): _____
Are pedestrian or bicycle facilities to be added as part of this project? <input type="checkbox"/> Yes <input type="checkbox"/> No If “Yes” is checked, and the scope change involves these facilities, complete the section on pedestrian/bicycle facilities.
Do queues currently clear on the major street at signalized intersections in the pm peak period? <input type="checkbox"/> Yes <input type="checkbox"/> No

TRANSIT PROJECTS
Project Type (Check One): <input type="checkbox"/> System Start-Up <input type="checkbox"/> Transfer <input type="checkbox"/> Service & Equipment <input type="checkbox"/> Facility
Auto Trips Eliminated Per Day (Round Trips): _____
Length Of Auto Trips Eliminated (One-Way Miles To The Nearest Tenth): _____
Auto Trips Diverted Per Day (Round Trips): _____
Line-Haul Length Of Diverted Trips (One-Way Miles To The Nearest Tenth): _____
Project Life (Years): _____
Provide basis for parameters used to estimate benefits (e.g., ridership, auto occupancy, trip length. See instructions): _____

DIRECT EMISSIONS REDUCTION			
Complete Multiple copies of this table – One for each group of vehicles (type, engine, technology, etc.).			
Vehicle Type: (select one)	<input checked="" type="checkbox"/> School Bus <input type="checkbox"/> Transit Bus <input type="checkbox"/> Refuse Hauler <input type="checkbox"/> Short Haul <input type="checkbox"/> Long Haul <input type="checkbox"/> Delivery Truck <input type="checkbox"/> Emergency Vehicle <input type="checkbox"/> On-Highway <input type="checkbox"/> City/County Vehicle <input type="checkbox"/> Passenger Locomotive <input type="checkbox"/> Switch Engine <input type="checkbox"/> Other: _____		
Vehicle Size: (check one)	<input type="checkbox"/> Class 2b (8,501 - 10,000 lbs.) <input type="checkbox"/> Class 3 (10,001 - 14,000 lbs.) <input type="checkbox"/> Class 4 (14,001 - 16,000 lbs.) <input type="checkbox"/> Class 5 (16,001 - 19,500 lbs.) <input type="checkbox"/> Class 6 (19,501 - 26,000 lbs.) <input type="checkbox"/> Class 7 (26,001 - 33,000 lbs.) <input type="checkbox"/> Class 8a (33,001 - 60,000 lbs.) <input type="checkbox"/> Class 8b (60,001 and over) <input checked="" type="checkbox"/> School Bus <input type="checkbox"/> Transit Bus		
Horsepower (check one)	<input type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> 3 <input type="checkbox"/> 6 <input type="checkbox"/> 11 <input type="checkbox"/> 16 <input type="checkbox"/> 25 <input type="checkbox"/> 40 <input type="checkbox"/> 50 <input type="checkbox"/> 75 <input type="checkbox"/> 175 <input type="checkbox"/> 300 <input type="checkbox"/> 600 <input type="checkbox"/> 750 <input type="checkbox"/> 1000 <input type="checkbox"/> 1200 <input type="checkbox"/> 2000 <input type="checkbox"/> 3000		
Current Fuel Type: (check one)	<input type="checkbox"/> LPG <input type="checkbox"/> LNG <input type="checkbox"/> CNG <input type="checkbox"/> Biodiesel 100 <input type="checkbox"/> Biodiesel 20 <input type="checkbox"/> Biodiesel 10 <input type="checkbox"/> Biodiesel 5 <input type="checkbox"/> E85 <input type="checkbox"/> Diesel, 3,400 ppm sulfur <input type="checkbox"/> Diesel, 500 ppm sulfur		
Model Year (all vehicles in a group should have the same model year): _____			
Before project: Fuel Consumed (gallons per year of current fuel type for all vehicles in the group combined): _____ gallons			
After project: Fuel Consumed (gallons per year of current fuel type for all vehicles in the group combined): _____ gallons			
Before project Annual Vehicle Miles/vehicle in group: _____ miles			
Annual Idling Hours/vehicle in group: _____ hours			
After project Annual Vehicle Miles/vehicle in group: _____ miles			
Annual Idling Hours/vehicle in group: _____ hours			
Technology to be Applied	# veh	Technology to be Applied	# veh
Diesel Oxidation Catalyst		Recalibration	
Diesel Oxidation Catalyst + Closed Crankcase Ventilation		Exhaust Gas Recirculation + Diesel Particulate Filter	
Diesel Particulate Filter	X	Selective Catalytic Reduction	
Hybrid Electric Replacement with Diesel Particulate Filter		Emissions Control Devices	
Partial Flow Filter		Other: Direct-Fired Heater (Idle Reduction)	X
Compressed Natural Gas (CNG) Replacement		Engine Repower	
Lean NOx Catalyst/Diesel Particulate Filter		Engine Replacement	
Post-Implementation Fuel Type (select one):	<input type="checkbox"/> LPG <input type="checkbox"/> LNG <input type="checkbox"/> CNG <input type="checkbox"/> Biodiesel 100 <input type="checkbox"/> Biodiesel 20 <input type="checkbox"/> Biodiesel 10 <input type="checkbox"/> Biodiesel 5 <input type="checkbox"/> E85 <input type="checkbox"/> Diesel, 3,400 ppm sulfur <input type="checkbox"/> Diesel, 500 ppm sulfur <input type="checkbox"/> Diesel, 15 ppm sulfur (non-road only) <input type="checkbox"/> Emulsion <input type="checkbox"/> Electricity		
Diesel Vehicle Replacement Applicants			
Expected remaining life of vehicles being replaced (years): _____			
Total Number of Vehicles (all groups combined): _____ vehicles			

Changes to Project Schedule

Please provide the starting federal fiscal year (FFY) for every phase (use the appropriate phases for your project) and the anticipated date of federal authorization (or letting date for the Construction phase). For phases that are not federally funded, indicate the date that contracts will be executed or in-house work will begin in the Anticipated Authorization column. The FFY begins on October 1 and ends September 30 of each year

Phase	Starting FFY	Anticipated Authorization
ENG1		
ENG2		
ROW		
CONST		

Phase	Starting FFY	Anticipated Authorization
ENG		
IMP		

Additional Comments

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