**CMAP/TAP FY 2016-2020 CMAQ PROJECT APPLICATION**

**BICYCLE FACILITY**

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| I. PROJECT IDENTIFICATION | | | | |  | | | | | |
| Project Sponsor | | | | | Contact Information – Name, Title, Agency, Address, Phone, e-mail (e-mail required) | | | | | |
| Other Agencies Participating in Project | | | | |
| New Project  Existing CMAQ/TAP Project  Add CMAQ/TAP to Existing Project | | TIP ID for Existing Project | | |
| II. PROJECT LOCATION | * Projects not readily identified by location must provide a title on the last line of this section * Attach a map sufficient to accurately locate this project in a GIS system | | | | | | | | | |
| Name of Street or Facility to be Improved | | | | | | Marked Route # | | | | |
| Project Limits: North/West Reference Point/Cross St/Intersection | | | | | | Marked Route # | | | Municipality & County | |
| Project Limits: South/East Reference Point/Cross St/Intersection | | | | | | Marked Route # | | | Municipality & County | |
| Other Project Location Information or Project Title | | | | | | | | | | |
| III. Project Financing AND CMAQ FUNDING REQUEST | | | | | | | Please review the [instructions](http://www.cmap.illinois.gov/documents/10180/359450/Form+Instructions+FY16-20+CMAQ+and+FY15-16+TAP/1b35420a-5b8d-4bea-8bdc-6bdd58aacbdd). | | | |
|  | Starting Federal Fiscal Year\* | | Total Phase Costs | (New) CMAQ/TAP Funds Requested | | | | Other Federal Funds  Including prior CMAQ/TAP awards | | |
| Fund Type | | Amount |
| Engineering Phase 1 |  | | **$** | **$** | | | |  | | **$** |
| Engineering Phase 2 |  | | **$** | **$** | | | |  | | **$** |
| Right-Of-Way Acquisition |  | | **$** | **$** | | | |  | | **$** |
| Construction (Including Construction Engineering) |  | | **$** | **$** | | | |  | | **$** |
| Engineering (For Implementation Projects) |  | | **$** | **$** | | | |  | | **$** |
| Implementation |  | | **$** | **$** | | | |  | | **$** |
| Alternatives Analysis |  | | **$** | **$** | | | |  | | **$** |
| \*Phase must be accomplished within 3 years | | | **$** | **$** | | | |  | | |
| Total Project Costs | | |
| \*For TAP funds, cost increases beyond the initial programmed amounts will be the responsibility of sponsors. | | | | | | | | | | |
| Source Of Local Matching Funds | | |  | | | | | | | |
| If Soft Matching Funds Are Intended To Be Used, Please Contact CMAP Staff. | | | | | | | | | | |
| Have The Matching Funds Been Secured? (Provide Details): | | |  | | | | | | | |

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| IV. PROJECT EMISSIONS BENEFIT DATA | | |
| Indicate the current status of the bicycle environment where the proposed facility will be constructed. Are bike lanes present? If so, give width. | | |
| Indicate the connectivity of bikeways resulting from the project:  Project fills a gap between existing bikeways  Project intersects an existing bikeway  Project extends an existing bikeway  Project is a new isolated bikeway segment | | |
| Describe how the proposed bicycle facility integrates with transit service. | | |
| Provide the following for the road(s) of the facility or adjoining to the off-road facility (use separate sheet for multiple roads):  Traffic volumes (AADT): **\_\_\_\_\_\_\_\_\_\_\_\_\_**, # of Thru Lanes**\_\_\_\_\_\_\_\_\_\_\_\_\_**, Lane Width: **\_\_\_\_\_\_\_\_\_\_\_\_\_**,  Width of Outside Paved Shoulder: **\_\_\_\_\_\_\_\_\_\_\_\_\_**, Speed Limit: **\_\_\_\_\_\_\_\_\_\_\_\_\_**, % of Heavy Vehicles: **\_\_\_\_\_\_\_\_\_\_\_\_\_**, Pavement Condition : **\_\_\_\_\_\_\_\_\_\_\_\_\_,** % of On-street Parking Occupied: **\_\_\_\_\_\_\_\_\_\_\_\_\_**. | | |
| Is the project identified in an approved or adopted plan:  Yes  No Attach documentation of the plan or provide a link to the document on a publicly available website. | | |
| V. PROGRAM MANAGEMENT INFORMATION | |  |
| Is Right-Of-Way Acquisition required for this project?  Yes  No If so, has it been acquired?  Yes  No | | |
| Preliminary Design Status: | N.A.  Not Begun  Agreement executed by Central Office  Engineering Underway  Submitted for review  Responding to review comments   Agreement sent to District 1for signatures  Design approval granted  Date approval is anticipated or was granted:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | |
| Estimated Completion (Construction) Year: **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | |  |
| VI. PROJECT DESCRIPTION | | |
| Please describe improvements, including how the project integrates in to the area with regard to different trip attrators. | | |