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

**DiReCT Emissions Reduction PROJECTS**

|  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| I. PROJECT IDENTIFICATION | | | | | | |  | | | | |
| Project Sponsor | | | | | | | Contact Information – Name, Title, Agency, Address, Phone, Fax,E-Mail | | | | |
| Other Agencies Participating In Project | | | | | | |
| New Project  Existing CMAQ Project  Add CMAQ to Existing Project | | | TIP ID if project already has one | | | |
| 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 | | | | | | | | | |
| Location of Equipment or Facility to be Improved | | | | | | | | | Marked Route # | | |
| Other Project Location Information or Project Title | | | | | | | | | | | |
| III. Project Financing & 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 Funds Requested | | | | Other Federal Funds  Including prior CMAQ awards | |
| Fund Type | Amount |
| Engineering (For Implementation Projects) |  | | | **$** | | **$** | | | |  | **$** |
| Implementation |  | | | **$** | | **$** | | | |  | **$** |
| \*Phase must be accomplished within 3 years | | | | **$** | | **$** | | | |  | |
| Total Project Costs: | | | |
| Source of Local Matching Funds: | | | | Indicate if sponsor intends to apply for Transportation Development Credits. | | | | | | | |
| If soft matching funds are intended to be used, please contact CMAP staff. | | | | | | | | | | | |
| Have Matching Funds Been Secured? (Provide Details): | | | |  | | | | | | | |
| IV. PROJECT EMISSIONS BENEFIT DATA | | | | | Complete this section for each group of vehicles (type, engine, technology, etc.). Use additional sheets as needed. | | | | | | |
| Vehicle Type:  School Bus  Transit Bus  Refuse Hauler  Short Haul  Long Haul  Delivery Truck  (check one)  Emergency Vehicle  On-Highway  City/County Vehicle  Passenger Locomotive  Switch Engine  Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ specify | | | | | | | | | | | |
| Vehicle Size:  Class 2b (8,501 - 10,000 lbs.)  Class 3 (10,001 - 14,000 lbs.)  Class 4 (14,001 - 16,000 lbs.)  (check one)  Class 5 (16,001 - 19,500 lbs.)  Class 6 (19,501 - 26,000 lbs.)  Class 7 (26,001 - 33,000 lbs.)  Class 8a (33,001 - 60,000 lbs.)  Class 8b (60,001 and over)  School Bus  Transit Bus | | | | | | | | | | | |
| Horsepower  0  1  3  6  11  16  25  40  50  75  175  (check one)  300  600  750  1000  1200  2000  3000 | | | | | | | | | | | |
| Current Fuel Type:  LPG  LNG  CNG  Biodiesel 100  Biodiesel 20  Biodiesel 10  Biodiesel 5  (check one)  E85  Diesel, 3,400 ppm sulfur  Diesel, 500 ppm sulfur  Diesel, 15 ppm sulfur  Emulsion | | | | | | | | | | | |
| 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 | | | | | | | | | | | |

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| --- | --- | --- | --- | --- |
| Technology to be Applied | # veh | Technology to be Applied | | # veh |
| Diesel Oxidation Catalyst |  | Recalibration | |  |
| Diesel Oxidation Catalyst + Closed Crankcase Ventilation |  | Selective Catalytic Reduction | |  |
| Diesel Particulate Filter |  | Exhaust Gas Recirculation + Diesel Particulate Filter | |  |
| Hybrid Electric Replacement with Diesel Particulate Filter |  | Emissions Control Devices | |  |
| Partial Flow Filter |  | Other | |  |
| Compressed Natural Gas (CNG) Replacement |  | Engine Repower | |  |
| Lean NOx Catalyst/Diesel Particulate Filter |  | Engine Replacement | |  |
| Post-Implementation Fuel Type:  LPG  LNG  CNG  Biodiesel 100  Biodiesel 20  Biodiesel 10  Biodiesel 5  (check one)  E85  Diesel, 3,400 ppm sulfur  Diesel, 500 ppm sulfur  Diesel, 15 ppm sulfur (non-road only)  Emulsion  Electricity | | | | |
| Diesel Vehicle Replacement Applicants  Expected remaining life of vehicles being replaced (years):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | |
| Total Number of Vehicles (all groups combined): \_\_\_\_\_\_\_\_\_\_\_\_\_ vehicles | | | | |
| Indicate on the map the location of where vehicles will be in service. | | | | |
| Time of day that vehicles will be in operation (hour): From\_\_\_\_\_\_\_\_\_to \_\_\_\_\_\_\_\_\_. | | | | |
| Ridership Demographics (If vehicle is for transit service):% over 65 in age \_\_\_\_\_\_\_\_, % under 5 in age \_\_\_\_\_\_\_\_\_,  median household income \_\_\_\_\_\_\_\_, % minority \_\_\_\_\_\_\_\_\_ | | | | |
| V. PROGRAM MANAGEMENT INFORMATION | | |  | |
| Is Right-Of-Way Acquisition required for this project?  Yes  No If so, has it been acquired?  Yes  No | | | | |
| Estimated Completion Year/Year Vehicles in Service: **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | | |  | |
| VI. PROJECT DESCRIPTION | | | | |
| 1. Please describe improvements. Include links or other reference to the US EPA/CARB certification or verification. | | | | |