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

**DEMONSTRATION PROJECTS**

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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 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
 |
| 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%2BInstructions%2BFY16-20%2BCMAQ%2Band%2BFY15-16%2BTAP/1b35420a-5b8d-4bea-8bdc-6bdd58aacbdd). |
|  | Starting Federal Fiscal Year\* | Total Phase Costs | (New) CMAQ Funds Requested | Other Federal FundsIncluding prior CMAQ 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 |
| 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 The Matching Funds Been Secured? (Provide Details): |  |

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| IV. 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/Implementation) Year: **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |  |
| V. PROJECT DESCRIPTION |
| Please describe improvements, including how you expect this to benefit air quality or reduce congestion and how it can be applied to other parts of the region, etc: |
| Demonstration Evaluation Plan. Describe how the project will be evaluated to determine actual emissions benefits realized. use additional pages if necessary: |
| What are the regional application of this project? |
| Describe any other projects, either underway or completed, with which this project is related: |
| What further projects do you anticipate resulting from this project? |