**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+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 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? | | |