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

**OTHER 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 & 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 Matching Funds Been Secured? (Provide Details): | | | |  | | | | | | | |

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**OTHER PROJECTS – PAGE 2**

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| IV. PROJECT EMISSIONS BENEFIT DATA | | |
| Auto trips eliminated per day (round trips): | | |
| Length of auto trips eliminated (one-way miles to the nearest tenth): | | |
| Auto trips diverted to the new facility (round trips): | | |
| Line-haul length of trips diverted (one-way miles to the nearest tenth): | | |
| Affected days per year: | | |
| Project life (years): | | |
| Current traffic volume (ADT – indicate year): | | |
| Length of project or number of units provided: | | |
| Utilization rate (percent): | | |
| Describe method used to estimate benefits. Provide basis for parameters used to estimate benefits (e.g., diversion rate, auto occupancy, trip length. See instructions) | | |
| 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 or Start of Operation: **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | |  |
| VI. PROJECT DESCRIPTION | | |
| Please describe the project. For outreach, promotion or marketing efforts give specific details of the campaign. Describe the coordination of this project with respect to other such campaigns | | |