**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 |
| [x]  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%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 Matching Funds Been Secured?(Provide Details): |  |

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

**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  |