**CMAQ/TAP FFY 2016 – 2020 Application Checklist**

**Forms**

Project application form, specific to the project type. If a “demo” application is being submitted, the sponsor should contact CMAP staff prior to submittal.

Supplementary forms specific to the type of project:

1. Input Module Worksheets (traffic flow improvement projects only) - before and after the improvement
2. Commuter Parking Structure Supplement (parking structure projects only)

Detailed Estimate of Costs form for all projects.

Project milestone schedule (bicycle facility, commuter parking and traffic flow improvement projects only)

**REQUIRED** **Items** *Failure to include these items will cause the application to be rejected without review or ranking.*

A complete **Project Financing & CMAQ Funding Request** section on page 1 of the main form:

Starting FFY, Total Cost, and any other federal fund sources only for Phase I Engineering.

If applicant intends to apply for phase I under the hardship clause, they must contact CMAP staff before submittal.

Starting FFY, Total Cost, Requested CMAQ funds (at no more than 80% federal), and other federal funding for all other phases.

Source of local match for CMAQ request.

The **Detailed Estimate of Costs** form is required for all applications.

The **Input Module Worksheet** for traffic flow improvement projects only.

**Other Items** *It is suggested that you review the following.*

Verify the Preliminary Design status to ensure that Design Approval for Phase I can be received prior to June 15, 2015.

Verify the status of the project as a “New Project”, “Existing CMAQ Project” or “Add CMAQ to existing project”. If the project is either type of existing project, verify that the TIP ID provided is correct and that currently programmed funds are included in the Project Financing table.

Verify that the Project Milestone Schedule is reasonable for the scope of the project and that the year funds were requested for a particular phase in the Project Financing table matches the year indicated in the Project Milestone Schedule.

I certify that the above items were verified by me and the following project applications were found to be complete.

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| Council: |  |
| Name: |  |

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| Sponsor Name | Project Name (provide TIP ID for existing projects) |
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Individual checklists are being provided for the following questionable or incomplete applications.

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| Sponsor Name | Project Name |
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