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

**SIGNAL INTERCONNECTS**

|  |  |
| --- | --- |
| 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 |  |
| If Soft Matching Funds Are Intended To Be Used, Please Contact CMAP Staff. |
| Have The Matching Funds Been Secured? (Provide Details): |  |

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

**SIGNAL INTERCONNECTS – PAGE 2**

|  |
| --- |
| IV. PROJECT EMISSIONS BENEFIT DATA |
| Project Length (miles): |
| Distance between the last two signals at both ends of the project (miles):Show the location of all signal on the map | North/West End:\_\_\_\_\_\_\_\_\_South/East End:\_\_\_\_\_\_\_\_\_\_ |
| Posted Speed (miles per hour – for each segment): |
| Current Traffic Volume (ADT – Indicate year for each segment): |
| If project is part of a transit signal priority (TSP) corridor, give name: |
| Are the subject roadways included as part of the Congestion Management Process Highway System: [ ]  Yes [ ]  No |
| Is the project location identified in IDOT’s 5% Safety Location report: [ ]  Yes [ ]  NoIf “Yes” is checked, indicate in the project description how the project will address the safety issues. |
| 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: **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |  |
| VI. PROJECT DESCRIPTION |
| Please describe improvements, including any qualitative travel time reliability improvements listed on pages 8-9 of application booklet. |