**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+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 | | |  | | | | | | | |
| 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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**SIGNAL INTERCONNECTS – PAGE 2**

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| 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  No  If “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. | | | |