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

**TRAFFIC FLOW IMPROVEMENTS**

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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%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): |  |

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| IV. PROJECT EMISSIONS BENEFIT DATA |
| Type of Project (Check All that Apply): |
| Intersection Type:[ ]  Roundabout [ ]  Restricted Crossing U-Turn (J-Turn)[ ]  Median U-Turn[ ]  Diverging Diamond Interchange[ ]  Conventional | Bottleneck Eliminations:[ ]  Highway-Rail Grade Separation[ ]  Two-Way Left Turn Lane[ ]  Realignment | [ ]  Remove Obstruction[ ]  Vertical Clearance[ ]  Truck Route Improvement |
| Turn Lanes:[ ]  Add Dual Left Turn Lanes[ ]  Add Single Left Turn Lanes[ ]  Add Right Turn Lanes[ ]  Multiple Turn Lane Types | Reconstruction:[ ]  Full Intersection Reconstruction(existing signal)[ ]  Traditional InterchangeReconstruction | Signals:[ ]  Signal Modernization [ ]  New Signalization  |
| Project Length (Miles – Bottleneck Elimination And Multiple Intersections Only): \_\_\_\_\_\_\_\_\_ |
| Posted Speeds (Miles Per Hour For Each Street): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Bi-Directional AADTs by Approach:  | North Leg (North Approach): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_; South Leg: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_; West Leg: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_; East Leg: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_;Year: \_\_\_\_\_\_\_\_ |
| Do queues currently clear on the major street at signalized intersections in the pm peak period? [ ]  Yes [ ]  No |
| 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. |
| Will bicycle facilities be added as part of this project? [ ]  Yes [ ]  NoIf “Yes” is checked, describethe bicycle facility in the project description providing details asked for on the bicycle facility application form. |
| V. PROGRAM MANAGEMENT INFORMATION |  |
| Is right-of-way acquisition required for this project? If so, has right-of-way been acquired?  | [ ]  Yes [ ]  No[ ]  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 Year: **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |  |
| VI. PROJECT DESCRIPTION |
| Please describe project, including any qualitative travel time reliability improvements listed on pages 8-9 of application booklet. |