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

**TRAFFIC FLOW IMPROVEMENTS**

|  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 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+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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**TRAFFIC FLOW IMPROVEMENTS – PAGE 2**

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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 Interchange  Reconstruction | | 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  No  If “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  No  If “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. | | | | | | |