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

**TRANSIT PROJECTS**

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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 | Fund Type |
| 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 | Indicate if sponsor intends to apply for Transportation Development Credits. |
| 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 |
| Project Type (Check One): [ ]  Facility Improvement [ ]  Service And Equipment [ ]  Access to Transit |
| Auto Trips Eliminated Per Day (Round Trips): **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |
| Length Of Auto Trips Eliminated (One-Way Miles To The Nearest Tenth): **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |
| Auto Trips Diverted Per Day (Round Trips): **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |
| Line-Haul Length Of Diverted Trips (One-Way Miles To The Nearest Tenth): **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |
| Project Life (Years): **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |
| Provide basis for parameters used to estimate benefits (e.g., new ridership, auto occupancy, trip length. See [instructions](http://www.cmap.illinois.gov/documents/10180/359450/Form%2BInstructions%2BFY16-20%2BCMAQ%2Band%2BFY15-16%2BTAP/1b35420a-5b8d-4bea-8bdc-6bdd58aacbdd)): |
| Service Improvements |
| On-Time Performance - Route to be Improved: **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** System-Wide:**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |
| Reliability Enhancements (Check All that Apply): |
| Rail[ ]  New Vehicles[ ]  Upgraded Switches[ ]  Upgraded Power Supply[ ]  Positive Train Control[ ]  Station Consolidation[ ]  Track Improvements[ ]  Reduction of Freight/Vehicle/Pedestrian Interference | Bus[ ]  New Vehicles[ ]  Queue Jump/Bypass Lanes[ ]  Off-board Fare Collection[ ]  Reduced Stops/Express Service[ ]  New Dispatching/Decision Support Systems[ ]  Passenger Vehicle Movement Restrictions | [ ]  Transit signal priority[ ]  Multi-Door Boarding with Off-board Fare Collection[ ]  Bus-on-Shoulders[ ]  Managed Lanes[ ]  Dedicated Bus Way[ ]  Far-side Stops[ ]  Bus Stop Upgrades[ ]  Near Level Boarding |
| Facilities/Capital Improvements |
| Existing Asset Condition (1-5 scale used by RTA): **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |
| Description and Location of Service (For Equipment Purchases): |
| Net Number Of New Vehicle Parking Spaces: \_\_\_\_\_\_\_\_ Net Number Of New Bicycle Parking Spaces: \_\_\_\_\_\_\_\_ |
| 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 |
| Engineering Status: | [ ]  N.A [ ]  Not Begun [ ]  Engineering Underway (provide details below) [ ] Engineering Completed Date completion is anticipated:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Estimated Completion Year/Start Of Service: **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |  |
| VI. PROJECT DESCRIPTION |
| Please describe project.  |