**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+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 | | 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+Instructions+FY16-20+CMAQ+and+FY15-16+TAP/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. | | | | | |