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| **Project Title** |  |
| **Sponsoring Agency** |  |
| **Federal**  **Amount Requested** |  |
| **Local Match Amount** |  |
| **Total Project Cost** (Local Match Amount must be at least 20% of Total Project Cost) |  |

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| **Description and Justification** |
| **Brief Description** (please provide information so that all relevant Committee, CMAP/MPO Policy Board members, and the public are able to understand the general scope and goals of the project) |
| **Major Tasks** (up to 20) |
| **Competitive Justification** (please identify the regional focus area associated with this project) |
| **Competitive Justification** (please identify at least one principal of the regional priorities associated with this project and/or the required MPO activities) |
| **Competitive Justification** (will this project inform or achieve regional or subregional land use, housing, environmental, economic development, or human services goals? Please explain.) |
| **Competitive Justification** (which particular GO TO 2050 recommendation will this project contribute to or implement?) |
| Is this project a continuation of previous work? If so, please explain. |
| Who will benefit from the interim or final products of this project? |
| What is the source of funds for the local match portion of this project? |

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| **Products and Completion Schedule**  **(New Quarterly Reporting Requirement under Bureau of Business Services (BOBS 2832))** | | |
| **Name of Product** | **Product Type** | **Completion Date\* (Provide actual dates or quarter in which competed)** |
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**\*All Products listed will need to be provided to CMAP at the end of the Quarter that Product is listed completed.**

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| **Performance Measure Completion Schedule**  **(New Quarterly Reporting Requirement under BOBs 2832)** | | |
| **Name of Performance Measure** | **Quantitative Method of Tracking Progress** | **Completion Date\* (Provide actual dates or quarter in which competed)** |
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**\*Updates on Performance Measures listed should be provided within the Quarterly Report narrative provided to CMAP.**

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| **Expense Breakdown** | |
| **Staff Cost associated with this Project** | $ |
| **Overhead Cost associated with this Project** | $ |
| **Total Person Months** |  |
| **Consultant Cost** | $ |
| **Other Costs (provide details below)** | $ |
| **Total Project Cost** | $ |
| **Please specify the purpose of consultant costs** | |
| **Please specify the purpose of other costs** | |
| **Please provide spend plan for this project (provide in Excel format). BOBs 2832 requires agencies to report quarterly on the performance of their project or budget to actual expenditures. See attached BOBs 2832 form for quarterly reporting requirements from IDOT.** | |