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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)** |
| **Core Justification** (How are the tasks and products for this project aligned with core MPO responsibilities? Does it serve to close any existing gaps in the process?) |
| **Core Justification** (please identify at least one principal of the regional priorities associated with this project and/or the required MPO activities) |
| 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 completed)** |
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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 completed)** |
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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 these activities** | $ |
| **Overhead Cost associated with these activities** | $ |
| **Total Person Months** |  |
| **Consultant Cost** | $ |
| **Other Costs** | $ |
| **Total Program Cost** | $ |
| **Please specify the purpose of consultant costs** | |
| **Please specify the purpose of other costs** | |