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STP - Shared Fund Contingency Program Confirmation Form

Please complete this form to indicate if you want the project below to be included in the STP-Shared Fund contingency program

Project Information							
TI	P ID:		Project S	oonsor:			
Pr	oject	Title:					
☐ Yes, include the above project in the FFY 2024 – 2028 contingency program. (Complete acknowledgements below)							
 □ No, do not include the above project in the contingency program. (Complete form submittal below) 							
Active Program Management Acknowledgements							
☐ I understand that inclusion in the contingency program is not a guarantee of any current or future funding through the STP-Shared Fund program.							
	I understand that projects included in the contingency program must meet all Active Program Management policy requirements.						
☐ I understand that the contingency program expires on September 30, 2025 , and that if all requested phases of the above project will not be obligated by that time, a new application must be submitted during the FFY 2026-2030 call for projects.							
	☐ I understand that quarterly status updates must be completed in December, March, June, and September , and that failure to submit a required update will result in removal of the above project from the contingency program.						
Form Submittal							
Date Completed:							
Completed By (Name and Title):							

Please email this completed form to: transportation@cmap.illinois.gov, with a copy to your subregional planning liaison.

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