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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. This information will showcase your project in future documentation, including the UWP Document) |
| **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 outline in [ON TO 2050](https://www.cmap.illinois.gov/2050) associated with this project and/or the required MPO activities. If there is more than one, please list the main principal first.) |
| 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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| **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** | |