



**CMAQ APPLICATION
FY 2016-2017**

APPLICANT INFORMATION

APPLICANT: _____ DATE: _____
ADDRESS: _____ PHONE: _____
CITY: _____ STATE: _____ ZIP: _____
CONTACT PERSON: _____ TITLE: _____
PHONE: _____ EMAIL ADDRESS: _____

PROJECT INFORMATION

NAME OF PROJECT: _____
BRIEF PROJECT DESCRIPTION: _____

PROJECT CATEGORY

(CHECK ALL THAT APPLY)

- Traffic Flow Improvements
- Transit and Public Transportation Programs
- Alternative "Clean" Fuels
- Experimental Pilot Projects
- Travel Demand Management Strategies
- Ride Sharing Programs
- Education and Outreach Activities
- Public-Private Partnerships

TRANSPORTATION CONTROL MEASURES AS DEFINED IN THE CLEAN AIR ACT

(PLEASE CHECK ALL THAT APPLY)

- Programs for Improved Transit.
- Employer Based Transportation Management Plans, Including Incentives.
- Fringe and Transportation Corridor Parking Facilities Serving Multiple-Occupancy Vehicles.
- Programs to Limit Portions of Road Surfaces or Certain Sections of Metropolitan Areas to the Use of Non-Motorized Vehicles or Pedestrian Use, Both as to Time and Place.
- Traffic Flow Improvement Programs That Achieve Emission Reductions.
- Employer Sponsored Programs to Permit Flexible Work Schedules.
- Programs to Limit or Reduce Vehicle Use in Downtown Areas or Other Areas of Emission Concentration.
- Programs for the Provision of all Forms of High-Occupancy, Shared Ride Services.
- Programs for New Construction and Major Reconstruction of Paths, Tracks or Areas Solely for Use by Pedestrians or Other Non-Motorized Means of Transportation When Economically Feasible and in the Public Interest.
- Program to Control Extended Idling of Vehicles.
- Trip Reduction Ordinances.
- Restriction of Certain Roads or Lanes to, or Construction of Such Roads or Lanes of Use by, Passenger Bus or HOV.
- Program for Secured Bicycle Storage Facilities Including Bicycle Lanes, for the Convenience of Bicyclists in Both Public and Private Areas.
- Programs or Ordinances to Facilitate Non-Automobile Travel, Provision or Utilization of Mass Transit, and to Generally Reduce the Need for SOV Travel, as Part of Transportation Planning and Development Efforts of a Locality, Including Programs and Ordinances Applicable to New Shopping Centers, Special Events, and Other Centers of Vehicle Activity.

PROJECT DESCRIPTION

DESCRIBE ALL NECESSARY WORK NEEDED TO COMPLETE THE PROPOSED PROJECT (IF THERE IS A POSSIBILITY OF REQUESTING MULTI-YEAR FUNDING, PLEASE NOTE THIS; ADDITIONALLY, IF THE PROPOSED PROJECT IS PART OF A LARGER WORK EFFORT, PLEASE INCLUDE THIS IN THE PROJECT DESCRIPTION AS WELL).

MAPS, PLANS & PHOTOGRAPHS:

ATTACH PROJECT LOCATION MAPS, PROJECT BOUNDARY MAP AND SITE PLAN (AS APPROPRIATE). PLEASE INCLUDE PHOTOGRAPHS OF EXISTING SITE AND/OR FACILITIES (IF APPLICABLE).



PROJECT COST:

ITEMIZE ALL PROJECT ELEMENTS AND COSTS. LIST ITEM, DESCRIPTION, QUANTITY, UNIT PRICE, AMOUNT, ETC.

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EMISSIONS CRITERIA

1. WHAT ARE THE EXPECTED ANNUAL EMISSIONS BEFORE AND AFTER PROJECT COMPLETION?

POLLUTANT TYPE	ANNUAL EMISSIONS BEFORE IMPLEMENTATION	ANNUAL EMISSIONS AFTER IMPLEMENTATION	DIFFERENCE
Carbon Monoxide			
Volatile Organic Compounds			
Oxides of Nitrogen			

2. THE EMISSIONS ESTIMATE IS: QUANTITATIVE QUALITATIVE

3. BRIEFLY DESCRIBE THE METHOD USED TO ESTIMATE THE EMISSIONS REDUCTION.

FUNDS REQUESTED, LOCAL MATCH AND SOURCE

LINE 1 – TOTAL PROJECT COST \$ _____

LINE 2 – LOCAL MATCH (Must be at least 20 % for most activities) \$ _____

LIST SOURCES

AMOUNT

A - _____ \$ _____

B - _____ \$ _____

C - _____ \$ _____

D - _____ \$ _____

E - _____ \$ _____

TOTAL AMOUNT OF MATCH (Should be equal to Line #2 above - in most cases) \$ _____

LINE 3 – FUNDS REQUESTED BY APPLICANT: \$ _____
(SUBTRACT LINE 2 FROM LINE 1)

Is the project in the LRTP or Transportation Improvement Program (TIP)? YES NO

CERTIFICATION

The undersigned has authority to sign on behalf of the applicant and certifies that the applicant has legal authority to enter into contract to implement this project and that all information provided is complete and accurate to their best knowledge.

SIGNATURE

DATE

TITLE

PHONE NO.

PRINTED NAME