

CMAQ Application

INSTRUCTIONS

Review ODOT's CMAQ Guidelines for allowable project types and eligibility (ODOT allows fewer project types than FHWA). Fill out pages 1 through 3 and then submit to ODOT.

PROJECT INFORMATION

| | | | |
|----------------------------|------------------------------------|----------------|----------------|
| Project Title: | | STIP #: | |
| Agency (applicant): | Public-Private Partnership? | | Yes or No |
| Address: | Primary Contact: | | |
| Email: | Telephone: | | |
| Responsible Agency: | MPO (if applicable): | | |
| Project Delivery: | Certified Agency | SFLP (non MPO) | ODOT Delivered |

PROJECT CATEGORY

Applicant Certifies by checking box that Project meets requirements as outlined in ODOT CMAQ Guidelines.

| | |
|---|--|
| Public Transportation Improvements | Traffic Flow Improvements for Congestion Reduction |
| Transportation Options Strategies | Vehicle and Fuel Efficiency Efforts |
| Pedestrian/Bicycle Infrastructure | Road Dust Mitigation (PM10 areas only) |
| ITS for Congestion Reduction | Project is a TCM |
| Infrastructure project is on a: | Bikeway or Sidewalk Roadway Transit Other |
| Non-Infrastructure Project includes: | Operating Assistance Outreach/Education |

PROJECT LOCATION

| | |
|--|---------------------------|
| Street(s) Name (or Nearest Street): | Functional Class: |
| Cross Streets, Termini: | Total Linear Feet: |
| Project Location (City): | |

DETAILED COST ESTIMATE / SCHEDULE

Provide cost, including match, for eligible components. Use additional sheets for detailed estimate.

| Phase | Program FYs (beginning & completion) | Other Federal | CMAQ | Local | non Fed | Total |
|---|---|------------------|------|-------|---------|-------|
| Project Development | | | | | | |
| Design/Engineering | | | | | | |
| Right of Way | | | | | | |
| Construction | | | | | | |
| Operating Assistance (if applicable) | | | | | | |
| Other | | | | | | |
| Totals | | | | | | |

| | |
|-------------------------------------|--------------------------------|
| Duration of Project Funding (Years) | Expected first year of billing |
| Funding Responsibility | |

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DETAILED COST ESTIMATE / SCHEDULE

PROJECT NARRATIVE

EMISSIONS REDUCTIONS

Use the following boxes to show estimated reduction amount (kg/day).

VOC

PM2.5

PM10

NOx

CO

CO2

Duration of PM10 & CO Benefit

Years

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SUPPORTING INFORMATION

List all applicable and attach documents to submittal email.

- Map showing project location **(required)**
- Project Sketch/drawings, or metropolitan plan documentation **(required)**
- Cost Effectiveness Assessment \$Million/Kg per day **(required for MPOs)**
- Overview/summary of MPO public process and criteria in project selection **(required for MPOs)**
- Documentation if Project is a TCM in an approved SIP
- Additional quantitative or qualitative emissions analysis information
- Any other supporting documentation that may support successful award
- Buy America information or waiver request (if applicable)
- Indicate what level of Operating Assistance will be required (if applicable)

SUBMISSION

Submitted By:

Date

Submit Completed Application to:

E-mail: <mailto:CMAQ@odot.state.or.us> | **Subject Line:** CMAQ [Agency Name] Application [Year]

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REVIEW AND APPROVAL (ODOT USE ONLY)

Project Title:

ODOT Emissions Review:

Air Quality Program Coordinator

Date

ODOT CMAQ Program Manager:

Accept

or

Reject

Date

FHWA CMAQ Coordinator

Date

FHWA Concurrence / Rejection:

Concurrence

or

Rejection