

ATTACHMENT C

CTDOT's CMAQ Application

All information requested below must be furnished by the project sponsor to ensure complete processing of the application. If the information requested below does not apply to your project, indicate so by writing "NA" next to the question being asked. Submit an electronic copy of your completed application to Mr. Grayson A.

Wright at Grayson.Wright@ct.gov

Attach additional sheets of paper if you are unable to fit the information on the application.

1. Project Title

Provide a descriptive title for the project that provides enough information to identify the project.

2. Project Sponsor

Provide the name of the group or agency requesting the CMAQ activity or project.

3. Date

Provide the application submittal date.

4. Contact Information

Include name, title, agency, address, telephone, FAX number and email address of the individual who will be responsible for directing this project on a daily basis.

Name

Title

Agency

Address

telephone/fax

email address

5. Town

Provide the name of the town where the project is located.

6. Metropolitan Planning Organizations (MPOs)/Rural Council of Governments (COGs)

Provide the name of the MPO/Rural COG that serves the area where the project will be located.

7. County

Provide the name of the County where the project will be located.

8. CMAQ Eligible Activities

Identify the category under which the proposed project qualifies for CMAQ funding. Indicate the category for CMAQ Eligibility from the following list. Reference FHWA's Interim Program Guidance issued in November 12, 2013 for qualifying information for each of the headings listed below. Not all possible requests for CMAQ funding are covered. To be eligible, projects must demonstrate air quality benefits.

- Diesel Engine Retrofits & Other Advanced Truck Technologies
- Transportation Control Measures (TCMs)
- Extreme Low-Temperature Cold Start Programs
- Transit Improvements
- Transportation Management Associations
- Carpooling and Vanpooling
- Carsharing
- Training
- Congestion Reduction & Traffic Flow Improvements
- Travel Demand Management
- Pedestrian and Bicycle Facilities and Programs
- Public Education and Outreach Activities
- Freight/Intermodal
- Idle Reduction
- Inspection/Maintenance (I&M) Programs
- Innovative Projects
- Alternative Vehicles and Fuels

Additional information regarding project eligibility may also be found on-line in the federal Highway Administration's (FHWA) Final Program Guidance located here:

http://www.fhwa.dot.gov/environment/air_quality/cmaq/policy_and_guidance/

9. **Project Description**

Provide a written description of the proposed project that identifies (as appropriate):

- a. Project Location: Indicate the street or facility name and the project limits. For roadway projects indicate the northernmost/southernmost and/or westernmost/easternmost point of the project. For transit station, transfer center or parking projects indicate the nearest intersections. Accurate descriptions are extremely important since the emissions benefits depend on the location.
- b. Identify project objectives, and why the project is needed.
- c. If the project will require operation and maintenance three years after initial construction, submit a "systems engineering analysis" indicating how the project will be maintained and operated.
- d. Specify if project will be designed in-house or by an outside consultant. If an outside consultant will be used, please follow the Department's consultant selection process. This can be located at the following link: <https://portal.ct.gov/-/media/DOT/documents/dhighwaydesign/ConsultantSelectionGuidelinesSeptember2016FHWAApprovedpdf.pdf>
- e. For ITS projects, a consultant with ITS expertise should be used.
- f. If applicable, indicate how the project contributes to a reduction in congestion, i.e. reduction in vehicular delay, increased travel speeds, etc.
- g. If a new traffic signal is proposed at a new location, a signal warrant analysis is required.

Additionally, on a separate sheet(s), provide a map of the project area that shows the proposed project location.

Page 1 of 2 for project description. Once page 1 is full, please continue on page 2.

Page 2 of 2 for project description. Please add additional pages as needed.

10. **Operations & Maintenance Plan**

- a. Identify funding and policies supporting on-going operation & maintenance
- b. Identify the aspects of the project/program needing operation or maintenance
- c. Identify the manuals [users, administrators, and maintenance], configuration records, and procedures that are to be used in operation & maintenance
- d. Identify the personnel who will be responsible for operations & maintenance
- e. Identify initial and on-going personnel training procedures, special skills, tools, and other resources
- f. Identify operations& maintenance related data to be collected and how it is to be processed and reported
- g. Identify methods to be used to monitor the effectiveness of operations & maintenance

For ITS projects, a completed System Engineering Analysis FORM (SEAFORM) is required with the applications.

<https://portal.ct.gov/DOT/Bureau-of-Highway-Operations/Highway-Ops-ITSEngineering--Support>

Page 1 of 2 for operation and maintenance plan. Once page 1 is full, please continue on page 2.

11. **Project Schedule**

Provide the project schedule for all phases, including the start and completion dates, and project milestones. Also, provide the federal fiscal year in which each phase will begin.

PHASE	START DATE mm/yy	COMPLETION DATE mm/yy	FFY	

Duration of project

12. **Estimated Budget**

Provide the total cost of the project with a breakdown by phases – Preliminary Engineering, Right-of-Way and Construction/Implementation. This includes, for example, construction estimates, equipment purchases, in-house services, and consultant services. Please use “implementation” to denote the completion of a non-construction project (e.g., purchasing buses). Good cost estimating is critical because the project sponsors will be responsible for cost overruns on selected projects. Utilize the latest CTDOT weighted unit bid prices for project cost. The Department’s cost estimating guidelines can be located at the following website:

<http://www.ct.gov/dot/cwp/view.asp?a=3886&q=459664>

PLEASE ATTACH ESTIMATED BUDGET TO APPLICATION

13. **Documentation of Local Match**

Provide the source of the local match. This cannot be other federal funds. **If the local government will be providing the match, complete and attach a Resolution of Intent to Provide a Local Match. The local match must be a cash match.**

14. **Project Assessment**

To facilitate the air quality emission analysis for the proposed project, please provide the information requested below (as appropriate):

- a. If the project involves the **purchase of vehicles** the following must be included:
 - 1) Number and type of vehicles (passenger car, school bus, truck [weight, type])
 - 2) Annual average mileage anticipated per vehicle
 - 3) Average number of days per week in service
 - 4) Type of alternative fuel (if applicable)
 - 5) Percent time such fuel will be used (hybrids)
 - 6) Type, number and fuel of vehicles being replaced if known

- b. For **signal system updates or proposed systems**, please provide:
 - 1) Estimated completion date
 - 2) The number and location of signals
 - 3) Average Daily Traffic (ADT) by lane for each intersection for Build and NoBuild Scenarios
 - 4) Peak-Hour Volume (both directions)
 - 5) Existing Corridor Travel Time
 - 6) A Level of Service/vehicle delay analysis should be provided for build and NoBuild to be able to determine effectiveness of these types of projects.

- c. For **Diesel fuel particulate filters** and other **diesel retrofit** devices, please provide:
 - 1) The type of filter
 - 2) Number and type of vehicles (bus, tractor trailer)
 - 3) Annual mileage per vehicle
 - 4) Percent of idle time
 - 5) Model year of vehicle to be retrofitted

- d. **Alternative Fuel Vehicles:**
 - 1) Number and type of Vehicles (passenger car, school bus, truck (weight, type, model, make and year) being purchased
 - 2) Number and type of vehicles (passenger car, school, truck (weight, type, model, make and year) being replaced
 - 3) Cost of each new vehicle
 - 4) Type of fuel for each vehicle
 - 5) Percentage of time, if hybrid, of each fuel usage

- 6) Number of annual average miles per vehicle
 - 7) Average number of days per week vehicle will be used
- e. If **additional parking spaces** or **new parking lots** are constructed near mass transit stations, provide:
- 1) Location of new parking spaces/lot
 - 2) The number of parking spaces or new spaces (if an existing lot)
 - 3) Any existing survey data which would provide O/D data from station area.
- f. **Incident Management:**
- 1) Location of project
 - 2) Estimated Build and No-Build ADT or VMT
 - 3) Length of roadway where equipment will be used (if only ADT is given)
- g. For **bicycle lockers or paths:**
- 1) Location of project
 - 2) Length of facility
 - 3) Number of potential users
 - 4) Number of lockers
 - 5) Survey results if available
 - 6) Does facility have an end point in a Central Business Area?
 - 7) Estimate the shift in daily motorized passenger vehicle trips to non-motorized travel due to the bicycle and pedestrian project (Before & After)
 - 8) Provide the typical one-way trip distance
- h. **Transit Projects:**
- 1) Project type (System start-up, service and equipment, facility improvement)
 - 2) Auto trips eliminated per day (round trips)
 - 3) Trip length

Keep in mind, the following types of projects do not historically provide enough data to prepare a quantitative analysis; therefore, they will require some subjective judgments about their potential benefits, hence they are analyzed qualitatively:

- Marketing of Transit Services
- Telecommuting
- Research and Support programs
- Variable Message Signs

In all cases, please provide all necessary data (even if not listed above) to facilitate emission analysis procedures. The nature of the project defines what is needed to complete an analysis.

Page 1 of 2 for project assessment. Once page 1 is full, please continue on page 2

Signature of Authorized Representative:

Date:

Name:

Title: