



# 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):** \_\_\_\_\_  
**Cross Streets, Termini:** \_\_\_\_\_ **Functional Class:** \_\_\_\_\_  
**Project Location (City):** \_\_\_\_\_ **Total Linear Feet:** \_\_\_\_\_

## 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						
<b>Totals</b>						

Duration of Project Funding (Years) \_\_\_\_\_ Expected first year of billing \_\_\_\_\_  
 Funding Responsibility \_\_\_\_\_

## DETAILED COST ESTIMATE / SCHEDULE

Blank area for Detailed Cost Estimate / Schedule.

## PROJECT NARRATIVE

Blank area for Project Narrative.

## EMISSIONS REDUCTIONS

Blank area for 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

## 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]



# CMAQ Application

## 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