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| **INSTRUCTIONS** |
| *Review DEQ’s RFA for 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 ODEQ.* |
| **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 circle that Project meets requirements as outlined in DEQ CMAQ Guidelines.* |  |
| * Diesel engine retrofits and other advanced truck technologies
 |  | * Alternative fuels and vehicles
 |  |
| * Idle reduction
 |  | * Vehicle and Fuel Efficiency Efforts
* Innovative project
 |  |  |
| * Inspection and maintenance programs
 |  |  |  |  |
|  |
|  |
|  |  | **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 |  |  |  | $ 0.00 |  |
| Design/Engineering |  |  |  | $ 0.00 |  |
| Right of Way |  |  |  | $ 0.00 |  |
| Construction |  |  |  | $ 0.00 |  |
| Operating Assistance*(if applicable)* |  |  |  | $ 0.00 |  |
| Other |  |  |  | $ 0.00 |  |
| **Totals** $ 0.00 | $ 0.00 |  | $ 0.00 $ 0.00 $ 0.00 | $ 0.00 |  |
| Duration of Project Funding (Years)  |  |  | Expected first year of billing  |  |  |
| Funding Responsibility |  |  |  |  |  |

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| **DETAILED COST ESTIMATE / SCHEDULE** |
| [Detail any CMAQ ineligible components and how they are funded. Provide source of all local/non-federal funds] |
| **PROJECT NARRATIVE** |
| [Description of CMAQ Project] |
| **EMISSIONS REDUCTIONS** |
| [Detail any CMAQ ineligible components and how they are funded. Provide source of all local/non-federal funds] |
| *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.* |
| * Project will reduce emissions in geographical locations where air quality has exceeded National Ambient Air Quality Standards (NAAQS) Cost Effectiveness Assessment $Million/Kg per day **(required for MPOs)**
* Detailed description of the project including a description of:
	+ Where the project will occur and who will benefit
	+ Expected outcomes
	+ Who will conduct the work and their experience successfully implementing similar projects and/or contracts
	+ Any current or anticipated partnerships or partners involved in the project
* Detailed description of success metrics and data collected to document performance of the project.
* Estimated budget.
* Project schedule
* Description of how the Proposer will report progress, goals met, and completed activities at the conclusion of the project.
* Description of how the project will impact vulnerable or populations.
* How the 20% match will be met.
* Description of if the project is eligible to produce credits in the Clean Fuels Program or promotes adoption of alternative fuels.
* Evidence that vehicles and equipment for this project is 'Buy America' compliant or have received a waiver for the federal highway administration (FHWA).
 |
| **SUBMISSION** |
| Submitted By: |   |   |
|  | [Add name and title of submitter] | Date |
| ***Submit Completed Application to:*** |
| **E-mail:** dieselgrants@deq.oregon.gov **| Subject Line:** CMAQ [Agency Name] Application [Year] |