



## FAMPO CMAQ REQUEST FORM

Please complete all questions and return to FAMPO staff as a Microsoft Word document or PDF.

Deadline is November 18<sup>th</sup> 2022

### 1.0 BACKGROUND

Project Name: \_\_\_\_\_

Agency/Jurisdiction submitting project: \_\_\_\_\_

Submitter's Name: \_\_\_\_\_

Anticipated Project Administrator:  VDOT  DRPT

Locality/Other: \_\_\_\_\_

Project Manager's Name and Email: \_\_\_\_\_

Applying for:  CMAQ  STBG

Project has previously been submitted to FAMPO for consideration:  Yes  No

If yes, Projects Previous Name (if different): \_\_\_\_\_

Year Submitted: \_\_\_\_\_

### 2.0 PROJECT INFORMATION

VDOT UPC (for existing project): \_\_\_\_\_

Jurisdiction where project is located: \_\_\_\_\_

Route Number: \_\_\_\_\_ Street Name: \_\_\_\_\_

Project Termini

From: \_\_\_\_\_

To: \_\_\_\_\_

Project Description: \_\_\_\_\_

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**FAMPO CMAQ REQUEST FORM**

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Most Suitable Project Category\* (check only one):

- Roadway Capacity       Intersection Improvement       ITS and Operational
- Intermodal Freight       Transit – Vehicle Purchase/Replacement
- Transit – Operating Assistance       Transit – Commuter Parking Lot
- Transit – TDM       Planning/PE       Non-Motorized (Bike/Ped)
- Other (see below)\*: \_\_\_\_\_

**\*Please answer the supplemental questions at the end of the form, see section 8.0.**

**3.0 PLANNING CONSIDERATIONS**

- Included In:       Local Comp Plan       Regional Plan       CLRP
- Locality CIP       Planning/Safety Study       Transit Development Plan

Prior Study Document: \_\_\_\_\_

**4.0 PROJECT FINANCE**

Total Cost: _____	PE: _____	RW: _____	CN: _____
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Source of Estimate (if not VDOT or DRPT, please consult with your VDOT/DRPT representative before submitting): \_\_\_\_\_

Committed Funds:

- Funding Source: \_\_\_\_\_ Fiscal Year: \_\_\_\_ Amount: \_\_\_\_\_
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Programmed Project:  Yes       No

- Programmed In:       Primary SYIP       Secondary SYIP       MPO TIP
- Other: \_\_\_\_\_



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#### 5.0 ANTICIPATED PROJECT SCHEDULE

Study Start Date:	PE Start Date:	RW Start Date:	CN Start Date:	CN End Date:
_____	_____	_____	_____	_____

#### 6.0 OTHER RELEVANT INFORMATION

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#### 7.0 ATTACHMENTS

Please send attachments to John Ridout ([ridout@gwregion.org](mailto:ridout@gwregion.org)) with the following naming convention (CMAQ&STBG\_FY28/29\_DEPARTMENT\_LOCALITYNAME).

- Detailed Project Map/Sketch (accompanying GIS files if applicable)
- Prior Study
- FHWA Air Quality Tool



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- Additional accompanying information

### SUPPLEMENTAL QUESTIONS

#### 8.1 Roadway Capacity

If available from a planning/engineering study, what percentage of geometric roadway deficiencies are corrected by the project? : \_\_\_\_\_

#### 8.2 Intersection Improvement

If the application is for an intersection improvement, FAMPO staff will reach out to solicit further information to input into VDOT's Air Quality Tool.

#### 8.3 Transit – Vehicle Purchase/Replacement

How many vehicles will be purchased? : \_\_\_\_\_

What is the estimated cost per vehicle? : \_\_\_\_\_

What is the estimated number of passenger trips affected? : \_\_\_\_\_

Are the new vehicles more energy efficient than those being replaced (or the existing fleet of the agency)? : \_\_\_\_\_

#### 8.4 Transit – Operating Assistance

What is the cost per hour of service, revenue hours of service, and cost of buses utilized in providing the service? : \_\_\_\_\_

#### 8.5 Transit – Commuter Parking Lot

What types of commuters will be served (carpool/vanpool, commuter bus, commuter rail, local bus)? : \_\_\_\_\_

Will the lot have bicycle parking? : \_\_\_\_\_

What is the estimated cost per space? : \_\_\_\_\_

#### 8.6 Planning/PE

Please be sure to submit a detailed scope for the study effort and, if applying for CMAQ funding, indicate whether the study will lead to a CMAQ-eligible project.