

**FY2024 & 2025 FAMPO CMAQ/RSTP REQUEST FORM**  
Please complete all questions, even if response is “not applicable”

**BACKGROUND**

Project Name:

Agency/Jurisdiction Submitting Project:

Submitter’s Name:

Anticipated Project Administrator:  VDOT  DRPT  Locality:

Project Manager’s Name and Email:

Priority: \_\_ of \_\_ Total Projects Submitted

**PROJECT INFORMATION**

VDOT UPC (for existing project):

Jurisdiction Where Project is Located:

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

Project Termini

From:

To:

Project Description:

Type of Improvement (check all that apply):

- |                                       |                                      |   |
|---------------------------------------|--------------------------------------|---|
| <input type="checkbox"/> Intersection | <input type="checkbox"/> Turn Lane   | <input type="checkbox"/> Capacity Expansion         |
| <input type="checkbox"/> Realignment  | <input type="checkbox"/> New Roadway | <input type="checkbox"/> Interchange – Ramp         |
| <input type="checkbox"/> Safety       | <input type="checkbox"/> PE Only     | <input type="checkbox"/> Interchange – Modification |
| <input type="checkbox"/> Pedestrian   | <input type="checkbox"/> ITS         | <input type="checkbox"/> Shoulder Improvement       |
| <input type="checkbox"/> Bicycle      | <input type="checkbox"/> Transit     | <input type="checkbox"/> Commuter Lot               |
| <input type="checkbox"/> Study:       |                                      | <input type="checkbox"/> Other:                     |

**PLANNING CONSIDERATIONS**

Included In:  Local Comp Plan  Regional Plan  CLRP

Locality CIP  Planning/Safety Study  Transit Development Plan

Prior Study Document:

**PROJECT FINANCE**

Total Cost: | PE: | RW: | CN:

Source of Estimate:

Committed Funds:

Funding Source:	Fiscal Year:	Amount:
Funding Source:	Fiscal Year:	Amount:
Funding Source:	Fiscal Year:	Amount:
Funding Source:	Fiscal Year:	Amount:
Funding Source:	Fiscal Year:	Amount:
Funding Source:	Fiscal Year:	Amount:

Programmed Project:  Yes  No

Programmed In:  Primary SYIP  Secondary SYIP  MPO TIP  
 Other:

**ANTICIPATED PROJECT SCHEDULE**

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

**OTHER INFORMATION**

**ATTACHMENTS**

Please attach a map/design concept and any other relevant information.