

# 2020 Regional Congestion and Mitigation Air Quality Improvement Program (CMAQ) Grant Application



<b>1. PROJECT TITLE</b>			
If the project is programmed in the State Transportation Improvement Program, please use the same title.			
<b>2. LEAD AGENCY</b>			
Lead Agency			
Contact Person			
Phone Number		Email Address	
<b>3. PROJECT CO-SPONSOR</b> (Leave blank if not applicable)			
Co-Sponsor Agency			
Contact Person			
Phone Number		Email Address	
<b>4. PROJECT OVERVIEW</b>			
Provide a brief description of the proposal. State how the proposal will reduce mobile source emissions within the region's air quality maintenance area. (~150 words)			
<b>5. PROJECT ELIGIBILITY AND TYPE</b>			
5a. ELIGIBILITY—All CMAQ projects must meet all three eligibility requirements. This Project:			
<input type="checkbox"/> 1. Has a transportation <input type="checkbox"/> 2. Reduces mobile source emissions (PM2.5, PM10, CO2, or <input type="checkbox"/> 3. Is in or benefits the Region's Air Quality Maintenance			
5b. PROJECT TYPE—Select the project type that best fits this proposal.			
A. Diesel engine retrofits and other advanced truck technologies			
B. Idle reduction			
C. Congestion reduction and traffic flow improvements			
D. Freight and Intermodal			
E. Transportation control measures			
F. Transit improvements			
G. Bicycle and pedestrian facilities and programs			
H. Transportation demand management			
I. Carpooling and vanpooling			
J. Carsharing			
K. Training on emissions control programs			
L. Inspection and maintenance programs			

M. Alternative fuels and vehicles					
N. Innovative projects					
O. Other _____					
<b>6. SUMMARY DETAILS</b> (complete the section that best matches your project type)					
CONSTRUCTION PROJECT					
Project Location					
Limits					
Project Length					
ALL OTHER PROJECT TYPES					
Project Location					
Duration of Project					
<b>7. PROPOSAL PRIORITY</b> (If submitting more than one proposal for CMAQ funds, indicate the priority of this proposal compared to others)					
<input type="checkbox"/> 1		<input type="checkbox"/> 2		<input type="checkbox"/> 3	
<input type="checkbox"/> Check if this project is a contingency proposal					
<b>8. YEAR OF OBLIGATION</b> (Select the preferred year the phase will obligate)					<b>9. ADVANCE CONSTRUCTION (AC)*</b>  Are you able to obligate this project using Advance Construction? Yes No Use the space below to provide any relevant information on AC timing or preferences.
Year	Program	PE	ROW	CN	
2021					
2022					
2023					
2024					
2025					
*AC allows applicants to obligate a project prior to available funding for reimbursement of eligible expenses. Selecting the AC option does not guarantee this option will be available. AC is evaluated on a case by case basis.					
<b>9. FUNDS FOR PROJECT COMPLETION</b>					
9a. Has this project previously received federal funding through TRPC or other grant programs? <input type="checkbox"/> Yes <input type="checkbox"/> No					
9b. If Yes, please indicate which phases were completed with previous grant awards. <input type="checkbox"/> Planning/Study/Program <input type="checkbox"/> Preliminary Engineering <input type="checkbox"/> Right-of-Way <input type="checkbox"/> Other					
9c. Will the requested grant funds allow the applicant to successfully complete the project? <input type="checkbox"/> Yes <input type="checkbox"/> Other phases will require additional funding <input type="checkbox"/> Funding will support an ongoing program					

<b>10. PROJECT PHASING AND COSTS</b>			
Select the appropriate project phases and their costs for this proposal.			Cost
CONSTRUCTION	Preliminary Engineering/Design		\$
	Right-of-Way		\$
	Construction		\$
PROGRAMS AND OTHER PROJECTS	Program/Services		\$
Total Project cost (Sum of all phases identified above)			\$
<b>11. CMAQ FUNDING REQUEST AND MATCHING REVENUES</b>			
*Applicants must provide a minimum 13.5% non-federal share to federal share. Federal share cannot exceed 86.5% of total project cost. See example on the right.			Non-federal share: \$13,500 Federal grant funds: <u>\$86,500</u> Total Project Cost: \$100,000
Local funding or other sources			\$
State funding			\$
Federal CMAQ Request			\$
Total Project Revenue			\$
<b>12. MATCHING FUND DETAILS</b>			
12b. Please itemize the source, status, and amount of all matching funds.			
Source of Funds	Current Status (secure or unsecure)	Amount	
		\$	
		\$	
		\$	
		\$	
12c. Do any matching funds pose limitations on the timing of project obligation? <input type="checkbox"/> Yes; <input type="checkbox"/> No If yes, please provide comments below.			
Comments on matching fund limitations, if applicable (~150 words).			

<b>13. CONSTRUCTION AND RIGHT-OF-WAY PROJECT READINESS</b>	
13a. DESIGN COMPLETENESS (enter completed or target completion dates)	
Preliminary Engineering	
NEPA Approval	
13c. RIGHT-OF-WAY COMPLETENESS (enter completed or target completion dates). Use the space below to provide additional details, if necessary.	
<input type="checkbox"/> Right-of-Way is not required	
Right-of-Way acquisition	
Relocation Plan	
Approved Right-of-Way Plan	
Right-of-Way Cost Estimate or True Cost Estimate	
Use the space below to provide any relevant right-of-way information (~150 words).	
<b>14. PROJECT DESCRIPTION DETAILS</b>	
14a. PROJECT NEED—For all project types, describe the need and current conditions or deficiencies to be addressed. (~300 words).	

**14b. SCOPE OF WORK**— Succinctly describe the overall scope of the project: **1) Construction projects**— include all the types of transportation facilities and infrastructure the project will address and the proposed phase deliverables and the anticipated deliverables when fully completed; **2) Programs, services, and vehicle acquisition**, describe the type of services or programs that will be delivered (~300 words).

**15. GREENHOUSE GAS AND AIR POLLUTANT EMISSIONS REDUCTION**

**GREENHOUSE GAS AND AIR POLLUTANTS EMISSIONS REDUCTION**— After application submission, TRPC will assist applicants with calculating the estimated reduction in emissions for each source shown below.

Source	Estimated reduction expressed in average kg/day*
Particulate Matter 2.5	
Particulate Matter 10	
Carbon dioxide	
Ozone	

\*Applicants are required to provide TRPC data to calculate emissions reductions.

**16. SUPPORT FOR RECOGNIZED REGIONAL INITIATIVES**

Identify ways in which the proposed project supports the goals and policies of the Regional Transportation Plan, implementation of Sustainable Thurston transportation initiatives, or other regional initiatives within the Air Quality Maintenance Area. Examples of other initiatives include, but are not limited to, The Thurston Regional Trails Plan, Urban Corridor Communities and associated District Plans, Healthy Kids Safe Streets Action Plan, Thurston Thrives, Commute Trip Reduction, Climate Adaptation Plan, Smart Corridors, and the Human Services Coordinated Transportation Plan. (~300 words)

17. **EQUITY**—Based on the project location\*, refer to the TRPC Title VI maps to enter values for each of the criteria shown below. Link to maps: <https://www.trpc.org/881/Application-Materials>

Age 65 or Older	Limited English Proficiency	Minority Population	Poverty Rate
<input type="checkbox"/> 10.0 % or less	<input type="checkbox"/> 2.0% or less	<input type="checkbox"/> 10.0 % or less	<input type="checkbox"/> 5.0% or less
<input type="checkbox"/> 10.1 - 15.0%	<input type="checkbox"/> 2.1 - 5.0%	<input type="checkbox"/> 10.1 - 20.0%	<input type="checkbox"/> 5.1 - 10.0%
<input type="checkbox"/> 15.1 - 20.0%	<input type="checkbox"/> 5.1 - 10.0%	<input type="checkbox"/> 20.1 - 30.0%	<input type="checkbox"/> 10.1 - 15.0%
<input type="checkbox"/> 20.1 - 25%	<input type="checkbox"/> More than 10%	<input type="checkbox"/> 30.1 - 40%	<input type="checkbox"/> 15.1 - 20%
<input type="checkbox"/> More than 25%		<input type="checkbox"/> More than 40%	<input type="checkbox"/> More than 20%

\*If the project limits extend beyond one census tract, indicate the values of the census tract where the project will have the greatest impact.

**18. COMMUNITY CO-BENEFITS**

If applicable, describe any co-benefits that are expected from this project such as community wellness and human health, quality of life, placemaking, sustainability education, climate adaptation or mitigation, or hazard mitigation. Please cite relevant local and regional planning documents, where appropriate (~150 words).

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**19. OPTIONAL ATTACHMENTS**

**Note:** The total number of attachments to support proposal should not exceed five pages.

Please identify the supporting materials that are included in your application.

- Vicinity Map
- Photographs
- Illustrations, cross-sections, or schematics
- Letter of Support
- Other \_\_\_\_\_

**20. CERTIFICATION ACCEPTANCE (CA)**

The applicant must have good standing with the WSDOT Certification Acceptance program specified in Chapter 13 of the WSDOT Local Agency Guidelines Manual:  
<https://www.wsdot.wa.gov/Publications/Manuals/M36-63.htm>

- The applicant is a CA agency     The applicant is partnering with a CA agency

CA Agency	
CA Agency Representative	
CA Representative Title	

I acknowledge this proposal will be administered by a CA agency.    Date: \_\_\_\_\_

**21. PROJECT VERIFICATION AND ENDORSEMENT**

This project proposal reflects established local funding priorities consistent with the Regional Transportation Plan. Costs represent accurate planning level estimates needed to accomplish the work described herein. The project described is financially feasible, and local match revenue identified is available and will be committed to the project if TRPC awards the requested STBG funds. If selected, **the project must obligate by the date specified on the award letter.** Failure to do so could result in loss of funding for the project. I realize that the use of federal funds for this project entails administrative and project compliance requirements over which TRPC has no control, and for which this agency or organization will be responsible. This project has the full endorsement of the governing body/leadership of this agency or organization.

LEAD AGENCY AUTHORIZATION

Name of Lead Agency Representative Authorized to Submit the Application	Title
<input type="checkbox"/> I verify and endorse this proposal as stated in the preceding statement.	Date: _____

CO-SPONSOR AUTHORIZATION

Name of Co-Sponsor Representative Authorized to Submit the Application	Title
<input type="checkbox"/> I verify and endorse this proposal as stated in the preceding statement.	Date: _____