|  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **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 | | | |  |  |  | | | | |  |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **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 |

|  |  |  |
| --- | --- | --- |
| **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] | | |