

CMAQ/Article 3 Project Application



- ☐ Check Box if project is a stand-alone project
- ☐ Check Box if project is part of a larger project. If project is part of a larger project, please describe:

Financial Information

	CMAQ	Article 3	Matching Funds (check box below)	Additional Local Funds	Total Project Cost
PE	\$	\$	\$	\$	\$
R/W	\$	\$	\$	\$	\$
CON	\$	\$	\$	\$	\$
Total	\$	\$	\$	\$	\$

Additional Financial Information

- ☐ Check Box if Requesting Toll Credits for CMAQ Local Match Requirements

NOTE: Based on funding constraints VCTC may approve projects for funding with modified CMAQ and Article 3 shares or without requested Toll Credits.

SCHEDULE (month/year)			
	Funds Obligated	Start Date	Completion Date
Preliminary Engineering			
Environmental	n/a		
Right-of-Way			
Construction			

Project Screening Information

Project Readiness

Briefly describe the project work plan and timeline and check boxes for all items that have been completed.

Preliminary Design

- ☐ Project Feasibility Study Completed
- ☐ Right-of-way needs and utility conflicts identified
- ☐ Vehicle specifications identified
- ☐ Planning Level Cost Estimates

**30% Design**

- ☐ Dimensioned drawings showing existing and proposed improvements, topography, utilities and row etc..
- ☐ Revised Cost Estimates and Schedule

Environmental Clearance

- ☐ CE or Checklist Complete
- ☐ Draft Environmental Document Completed
- ☐ Final Environmental Document Completed

Final Construction Plans, Specifications, and Estimates or Vehicle Specifications

- ☐ Construction Plans, Specifications Completed
- ☐ Final Vehicle Specifications and Bid Packet Completed
- ☐ Ready to Advertise

- ☐ No Right of way needed or Right-of-Way Acquired
- ☐ No need to relocate utilities or Utilities Relocated

_____ Number of Community Meetings Held (not including meetings to adopt community-wide master plans)

Safety

Will the project improve safety at existing facilities or improve safety by building new facilities? Please list the specific improvements proposed.

Air Quality Improvement

Briefly describe how the project will improve air quality.

- For bicycle or pedestrian projects please provide estimated new average daily trips
- For bicycle or pedestrian projects please provide average daily traffic volumes on adjacent or nearest parallel roadway.
- For transit, bicycle and pedestrian projects provide estimated annual VMT reduced,
- Average projected ridership.
- Will the project improve the level of service of a transit system?
- For transit vehicle purchases, please provide vehicle type, fuel type.



Project's Potential to Increase Transit System Capacity and/or Ridership, Attract Active Transportation Users, Reduce Motor Vehicle Trips and Serve Destinations. Describe the project's direct relationship to streets, bicycle facilities, pedestrian facilities, transit systems, employment centers, and activity centers.

- Provide a scaled map showing destinations served. (For pedestrian projects, destinations served must be within a ¼-mile or less radius of the proposed project. For bicycle projects, destinations served must be within a two-mile or less radius of the proposed project.)
- **COMPLETE STREET DESIGN ELEMENTS** – Please describe the design elements to encourage people to use the proposed facility; such as traffic calming, buffers between cars and bicycle/pedestrian facilities, opening closed crosswalks, enhanced crossing improvements, pedestrian scale lighting, street trees, or if the project addresses a barrier, etc...

Does the project serve more than one mode of transportation? ☐ Yes ☐ No

If yes, please explain how:

Is the project consistent with the local, regional or statewide plans, the District Air Quality Management Plan, or the Short Range Transit Plan? ☐ Yes ☐ No

Is the Project identified in an adopted Local or Regional Transportation Plan (Short Range Transit Plan, Bicycle, Pedestrian, Active Transportation, Strategic Plan, CMP, ITS plan, Signal Plan, SRTS Plan, Corridor Plan), Fleet Maintenance Plan or Capital Improvement Plan?

☐ Yes ☐ No

If yes, please provide the name(s) of the document(s):

Is the Project Identified as a missing gap in the Bicycle Wayfinding Study? ☐ Yes ☐ No

If yes, please provide the route number from the Study:



Briefly describe the public participation process (e.g. public meetings, public notices, project website, mailings, newspaper articles, etc...). How did the agency consider comments and responses from meetings when designing the project?

For Transit Projects, describe the Project's necessity in relation to the Continued Operation of the Existing Transit System with Reliable Equipment. Include the year that the existing assets being addressed will reach the end of their useful life. For rehabilitation projects, include the percentage that the project will extend the useful life of the asset(s).



CEO CERTIFICATION

I hereby certify that the applications included in this submittal package represent this agency's complete proposal for projects recommended for funding at this time. Should the projects be approved for funding by the Ventura County Transportation Commission, this agency will commit the local match as specified in the applications, and will make a priority of meeting the stated project delivery deadlines.

This agency is willing and able to maintain and operate the projects contained in the applications, and hereby assures that it will do so, with the proviso that the agency is permitted to transfer this responsibility to another qualified agency that is willing to do so.

Signature

Printed Name

Date

Title*

Agency

*Must be signed by City Manager, County Executive Officer, County Transportation Agency Director, or other organizational CEO.