Administrative Use Only:

Project ID

CMAQ: Park-and-Ride Facility Improvements

Project Name: _____ MPMS# (if known): _____

Please be sure a brief project description and applicable attachments are included as directed in the 'Candidate Project Description' form.

1. Facility Type:
   a. ____ Garage/Structure ____ Parking Lot
   b. ____ New ____ Expansion

2. Service Type:
   a. Without Transit Service, Carpool/Vanpool Only: ____ Yes ____ No
   b. With Transit Service: ____ Yes ____ No
   c. With Fixed Guideway Service: ____ Yes ____ No

3. Facility Size: _____ Existing Spaces (formal or informal) _____ New Spaces

4. Distance from Home to Park-and-Ride Facility: _____ miles

5. Mode Share (if known):

	Before Project	After Project
a. Drive Alone:	_____%	_____%
b. Carpool/Vanpool:	_____%	_____%
c. Transit:	_____%	_____%
d. Dropped off (Kiss-and-Ride):	_____%	_____%
e. Walk/Bike/Use Transit to Facility:	_____%	_____%

6. Market Share for Work Trips (if known):

Major Destination	Distance	Percent of Facility Users to Destination
a. _____	_____ miles	_____%
b. _____	_____ miles	_____%
c. _____	_____ miles	_____%
		0 %

7. Additional Information:

If you need additional space, use and attach as many 'Additional Information' forms as needed.

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