

Project ID
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## CMAQ: Other Projects

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. Type of Program: **If this project includes multiple types of programs, please be sure to provide project type details for each of your selections.**

- a. Advanced Technology Vehicles: \_\_\_\_\_ Yes    \_\_\_\_\_ No
- b. Commuter Choice Tax Credit: \_\_\_\_\_ Yes    \_\_\_\_\_ No
- c. Long Distance Commuter Ferry: \_\_\_\_\_ Yes    \_\_\_\_\_ No
- d. Truck Stop Idling Reduction Analysis: \_\_\_\_\_ Yes    \_\_\_\_\_ No
- e. Other (describe): \_\_\_\_\_ \_\_\_\_\_ Yes    \_\_\_\_\_ No

A. Advanced Technology Vehicles:

2. Retired Fleet Information:

- a. What are the current annual average miles per vehicle? \_\_\_\_\_ miles
- b. What are the current total fleet miles per day? \_\_\_\_\_ miles

<u>Age</u>	<u>Passenger Cars</u>	<u>Light Duty Trucks</u>
c. _____ years	_____	_____
d. _____ years	_____	_____
e. _____ years	_____	_____
f. _____ years	_____	_____
g. _____ years	_____	_____
h. _____ years	_____	_____

3. Replacement Fleet Information:

- a. What are the future annual average miles per vehicle? \_\_\_\_\_ miles
- b. What are the future total fleet miles per day? \_\_\_\_\_ miles

<u>Replacement Vehicle Type</u>	<u>Replaced Number of Vehicles</u>
c. Hybrid Cars:	_____
d. Hybrid SUVs:	_____
e. Electric Vehicles:	_____
f. CNG/ULEV Vehicles:	_____

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B. Commuter Choice Tax Credit:

**Please be sure a brief project description (including a description of the project area and tax credit details) and applicable attachments are included as directed in the 'Candidate Project Description' form.**

4. How many employees are in the affected area? \_\_\_\_\_ employees

5. Describe tax credit details.

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C. Long Distance Commuter Ferry:

6. Type of Service (check one): \_\_\_\_\_ Passenger Only \_\_\_\_\_ Passenger/Vehicle

7. Does transit service provide direct access to the ferry? \_\_\_\_\_ Yes \_\_\_\_\_ No

8. Number of: \_\_\_\_\_ Peak Ferry Trips \_\_\_\_\_ Off Peak Ferry Trips

9. Ferry Route Length: \_\_\_\_\_ miles

10. Ferry Fuel Type (check one):

\_\_\_\_\_ Diesel \_\_\_\_\_ CNG \_\_\_\_\_ Other (explain): \_\_\_\_\_

11. Year of Ferry Engine (check one): \_\_\_\_\_ Before 2006 \_\_\_\_\_ 2006 and After

12. Ferry Usage: Peak Off-Peak

People Carried: \_\_\_\_\_

Vehicles Carried: \_\_\_\_\_

13. Average Total Trip Length for Ferry Users: \_\_\_\_\_ miles

D. Truck Stop Idling Reduction Analysis:

14. What is the total number of parking spaces at the truck stop? \_\_\_\_\_ parking spaces

15. What is the number of total truck idling hours per day? \_\_\_\_\_ hours

16. Idling Reduction Method (check one):

\_\_\_\_\_ Auxiliary Power Units (APU) \_\_\_\_\_ Stop Electrification \_\_\_\_\_ Other (explain): \_\_\_\_\_

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E. Other:

17. Describe other projects that do not fit above categories A–D.

18. Additional Information:

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