C M A Q : Other Projects

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

This is an interactive application form. Please fill it out completely and review your entries carefully. After completing the form, save it to your computer, and include it with your application package submission as described in SPC's CMAQ Program Guidance and Procedures document. **The fields marked with a double asterisk (**) are required.**

1. Type of Program**: **Select all types of programs that apply. To select contiguous types of programs, click and drag your selection or depress the 'Shift' key while making your selections. To select non-contiguous types of programs, depress the 'Ctrl' key while making your selections. Selections should be made using mouse click(s). If this project includes multiple types of programs, please be sure to provide project type details for each of your selections.**

If other, describe: _____

A. <u>Advanced Technology Vehicles:</u>

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:	_____
g. Other:	_____

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

B. <u>Commuter Choice Tax Credit:</u>

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. <u>Long Distance Commuter Ferry:</u>

6. Type of Service (select one): [_____]

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 (select one): [_____]
    If other, explain: _____

11. Year of Ferry Engine (select one): [_____]

12. Ferry Usage: <u>Peak</u>   <u>Off-Peak</u>
    People Carried: _____   _____
    Vehicles Carried: _____   _____

13. Average Total Trip Length for Ferry Users: _____ miles

D. <u>Truck Stop Idling Reduction:</u>

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 (select one): [_____]
    If other, explain: _____

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

E. Vehicle-to-Infrastructure Communications Equipment; Freight and Intermodal Facilities; Port-Related Freight Operations; and Other Projects:

    17. Describe 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.