**Carbon Reduction Program Project Application Form**

1. Project Title:
2. Project Description:
3. Project Location (Include Route # or Name, Post Mile Limits/Length of Project and Project Limits):
4. Project Implementing Agency:
5. Project Manager’s Name, Phone, Email:
6. Project Completion Year:
7. Project is being submitted in the following category:

[ ] Transit

[ ] ZEV Infrastructure

[ ] Active Transportation

[ ] Other, (specify)

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|   | **Preliminary Engineering (PE) (whole $)** | **Right of Way (RW) (whole $)** | **Construction (CON) (whole $)** | **Total Project Cost (whole $)** |
| 1. Fund |  |  |  |  |
| Fund Type |  |   |  |   |
| Year |  |  |  |  |
| 2. Fund |  |  |  |  |
| Fund Type |  |  |  |  |
| Year |  |  |  |  |
| 3. Fund  |  |  |  |  |
| Fund Type |  |  |  |  |
| Year |  |  |  |  |
| **Total**  |  |  |  |  |

1. Project Funding Details:

Notes:

1. Add Additional Rows & Columns to this table if needed.

2. Funding must be listed by the year they are expected to be obligated and by what the phases they will be used.

3. Please attach grants/funds award letter/correspondence if applicable.

1. Project Schedule:

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **PE** | **(mm/yyyy)** | **RW** | **(mm/yyyy)** | **CON/CE** | **(mm/yyyy)** |
| Authorize PE |  | Authorize RW |  | Authorize CON |  |
| Begin Work |  | Begin Work |  | Award |  |
| NEPA Doc. |  | RW Cert. |  | Beg CON. |  |
| PS&E Bid Pkg. |  |  |  | FROE |  |

1. Amount of Carbon Reduction Program funding requested (To ensure an equitable distribution of funding the maximum award for a single project would be capped at $2.00 million dollars):
2. Does this project have the ability to be funded if CRP funding is not awarded?
3. Is the project applying as a “construction-ready project”?
4. Proposed source of local match (A local match of 11.47% in non-federal funds is required):
5. Please provide narrative of project’s ability to reduce greenhouse gas emissions, VMT, and/or vehicle trips.
6. Explain how the project improves access and/or closes a gap for transportation in disadvantaged communities:
7. For all projects, a benefit / cost analysis must be completed and submitted with the application demonstrating the positive financial benefits of the project. You can use one of the established models developed by Caltrans or you may use your own model approved by AMBAG staff.

The project’s benefit / cost ratio result:

1. Describe how the project will mitigate safety hazards:
2. Describe how the project benefits people with disabilities:
3. Additional information related to existing conditions and project benefits after implementation:
4. Please provide any attachments separately:

Name, Title:

Signature:

Agency Name:

Date:

**Applications shall be submitted no later than 12:00 noon on Tuesday, April 2, 2024, via email to William Condon, wcondon@ambag.org or by mail to AMBAG office address: 24580 Silver Cloud Court, Monterey, CA  93940.** **Applications received after the date and time specified above will not be considered.**