Congestion Mitigation and Air Quality Improvement Cass County 2026-2029 Applications

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If you need assistance, please contact Brandon Kovnat, SWMPC Transportation Planner Email kovnatb@swmpc.org or call (269) 925-1137 x 1524

Applicant Information		
Agency Name:		
Contact Name:	Title:	
Email Address:	Phone Number:	
Project Description		
Project Name:		
Major Work Type:		Preferred Year of Funding:
Detailed Work Description		
What is the justification and/or need for this project		

Rank: _____ of _____ If you are submitting multiple applications, please rank your applications by priority.

Proposed Budget

	Amount	Percent of Total
Total Participating Construction Estimate	\$	100 %
CMAQ Requested	\$	%
CRP Requested	\$	%
CTF Match	\$	20%

Are you able to contribute local funding for the project if needed

If so, what is the maximum Amount:

Yes 🗌 No 🗌

Describe how this project will reduce emissions from on-road transportation sources (Reduction in vehicle trips, miles driven, idling, delay, etc.)

Which Emissions Toolkit is being used to estimate the emissions benefit:

Enter the emissions reduction from the toolkit - Note that a positive number indicates reduced emissions

	Volatile Organic			
	Compounds (VOC)	Carbon Monoxide (CO)	Nitrogen Oxide (NO _x)	Particulate Matter (PM 2.5)
Ī				

Zero Emission Vehicles & Related Infrastructure Projects

Describe the current and future resources needed to meet costs for the transition and implementation of zeroemission vehicles and infrastructure.

Describe any skill gaps or training needs for existing workers to operate and maintain zero-emission vehicles or related infrastructure.

Has a licensed engineering design firm been contacted to assist with charging infrastructure	Yes 🗆 No 🗆
planning and installation.	

Is this project a replacement
Yes

If you answer yes

The item will meet the minimum age criteria for replace in the proposed year of funding

The item will exceed the minimum age criteria for replace by __ years

What is the expected useful life for the project:

If this is a vehicle replacement provide the following information (Link to vehicle inventory information)

Year of vehicle being replaced:

Vehicle ID Number:

Implementation

Project is capable of completion within 18-24

Yes

If yes indicate the milestones for the project

Do you have an implementation plan in place?

Yes 🗆 No 🗆

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