Berrien County CMAQ 2026-2029 Project Applications

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Congestion Mitigation and Air Quality Improvement Carbon Reduction Program

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 proje If you are submitting multiple applications, please Proposed Budget		/. Rank: of
	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 pr	oject if needed	Yes □ No □
If so, what is the maximum Amount:		\$

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Emissions Benefit			
Describe how this project will driven, idling, delay, etc.)	reduce emissions from on-road	d transportation sources (Red	uction in vehicle trips, miles
Which Emissions Toolkit is bei	ng used to estimate the emissi	ons benefit:	
Enter the emissions reduction	from the toolkit – Note that a	positive number indicates rec	duced emissions
Volatile Organic Compounds (VOC)	Carbon Monoxide (CO)	Nitrogen Oxide (NO _x)	Particulate Matter (PM 2.5)
Zero Emission Vehicles	& Related Infrastructure	e Projects	
Describe the current and fu	ture resources needed to m	eet costs for the transition	and implementation of zero-
emission vehicles and infras	structure.		
Describe any skill gaps or tra	aining needs for existing wo	kers to operate and mainta	ain zero-emission vehicles or
related illinastructure.			
Describe any partnership th	e applicant has with the util	ity or alternative fuel provi	der.
Has a licensed engineering of planning and installation.	design firm been contacted t	co assist with charging infra	structure Yes □ No □

State of Good Repair	
Is this project a replacement 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 byyears	Yes □ No □
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 months	Yes □ No □
If yes indicate the milestones for the project	
Do you have an implementation plan in place?	Yes □ No □
If yes, please provide a project timeline if you have it leading from procurement to completion of construc	tion

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State of Good Repair Is this project a replacement Yes □ No □ 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 months Yes □ No □ If yes indicate the milestones for the project Yes □ No □ Do you have an implementation plan in place? If yes, please provide a project timeline if you have it leading from procurement to completion of construction

Congestion Mitigation and Air Quality Improvement Program Carbon Reduction Program 2026-2029 Project Application

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:
Engineer/Consultant:	Company:
Email Address:	Phone Number:
Project Description	
Project Name:	
Project Location	
City, Village, or Township:	
Project Length (to the nearest hundredth of a mile): _	miles
Additional location description if needed	
Major Work Type:	Preferred Year of Funding:
Detailed Work Description (Include all work items as preplacement, guardrail, tree clearing, grading, culvert	part of this project e.g. drain cleaning, curb and gutter replacement, all types of ROW, ADA upgrades, etc.).
Describe any non-participating work if applicable	
If you are submitting multiple applications, please rank	k your applications by priority. Rank: of

Proposed Budget

	Amount	Percent of Total
Total Participating Construction Estimate	\$	100 %
CMAQ Requested	\$	%
CRP Requested (NATS & TwinCATS area only)	\$	%
Local Match	\$	%
	\$	%
	\$	%

Note: the sum of funding from ALL federal sources cannot exceed 80% of the total participating estimate

Are the other funding sources secured? Yes \square No \square If no, provide details on when these funds will be secured				
Non-Participating Cost Estimat	te:			\$
Total Project Estimate with No	n-Participating:			\$
Are you willing to contribute a	dditional local match above th	e minimum 20% required:		Yes □ No □
Are you willing to use an Adva	nce Construct (AC):			Yes □ No □
If so, what is the maximum An	nount:			\$
Emissions Benefit				
Describe how this project will driven, idling, delay, etc.)	reduce emissions from on-roa	d transportation sources (Red	uction in vehicle	trips, miles
Which Emissions Toolkit is bei	ng used to estimate the emissi	ons benefit:		
Enter the emissions reduction	from the toolkit – Note that a	positive number indicates rec	duced emissions	
Volatile Organic Compounds (VOC)	Carbon Monoxide (CO)	Nitrogen Oxide (NO _x)	Particulate Mat	tter (PM 2.5)
Accessibility and Equity	1			
Is the project located in a Disa		•	nd	Yes □ No □
Does this project remove a priority ADA barrier, as identified in an adopted ADA Transition Plan or similar plan?			Yes □ No □	

Performance Measures		2
Besides emissions reductions what other performance measures will the project contribute \square Safety \square Pavement Condition \square System Reliability \square Pedestrian/Bicycle Connectivity If you checked any of the Performance Measures please describe how the project will improve		hat apply)
in you who need unly of the ferromance readoutes prease describe now the project with improve		
Strategic Planning & Investment		
The project crosses jurisdictional boundaries.		Yes □ No □
The project will coordinate with other infrastructure projects (i.e. utility, water, sewer, etc.)		Yes □ No □
The project is identified in an asset management plan		Yes □ No □
There is an asset management plan covering utilities along the length of the project		Yes □ No □
The city/village/Township has adopted an asset management policy		Yes □ No □
The project supports goals or objectives from another planning document (ex. master plan of	or rec plan)	Yes □ No □
If the project supports goals or objectives in another planning document please identify the goals or objectives, and describe how this project will help achieve them	plan, specify th	ne relevant
Risk Assessment		
Does right-of-way need to be acquired?	Yes □ No □	Unknown 🗆
Does the project intersect with a railroad crossing?	Yes □ No □	Unknown 🗆
Does the project require utility relocation?	Yes □ No □	Unknown 🗆

Does the project intersect with a railroad crossing? Yes No Unknown Does the project require utility relocation? Yes No Unknown Are the project limits within a defined FEMA floodplain? Will there be trees removed within the project limits? Yes No Unknown Unknown Unknown Unknown Unknown

Describe approximately how many individual mature trees or acres of trees will be removed if applicable

Are there historic elements within 100 feet of the proposed work*

Yes □ No □ Unknown □

^{*} Historic elements include any of the following if they are 50 years old or older: **objects** (ex. Statues or monuments), **structures** (ex. bridges, stone curbs, or brick streets), intentional/designed landscapes, **buildings**, **Historic districts**, **intentional/designed landscapes**

Estimated Project Schedule

Activity	Date (Month/Year)
NEPA/SHPPO Submitted	
Right-of-Way Certification Submitted	
Grade Inspection (GI) Completed	
Full Biddable Package Submitted to MDOT	
Project Letting	
Construction Start	
Project Completion	

Applicant Acknowledgements

By signing below, the project sponsor ensures that they have read and understood the appropriate federal guidance and agree to follow all applicable federal regulations and requirements from the acceptance of federal funds, should this project receive an award. In addition, the project sponsor acknowledges the potential loss of federal funds if the project is not obligated within the programmed fiscal year or if Michigan Department of Transportation statewide obligation limitations have been met.

Certification of Matching Funds

By signing below, the Project Sponsor assures that sufficient funds are available to pay any costs above the awarded federal fund amount and that completion of this project is not contingent upon additional grants. The sources of matching funds may be changed after funding has been awarded, in accordance with the established amendment guidelines.

Name:	Title:

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Applicant Information	
Agency Name:	
Contact Name:	Title:
Email Address:	Phone Number:
Engineer/Consultant:	Company:
Email Address:	Phone Number:
Project Description	
Project Name:	
Project Location	
City, Village, or Township:	
Project Length (to the nearest hundredth of a mile):	miles Enter 0 for Signal Projects
Additional location description if needed	
Major Work Type:	Preferred Year of Funding:
Detailed Work Description (Include all work items as part replacement, guardrail, tree clearing, grading, culvert repl	•
Describe any non-participating work if applicable	
If you are submitting multiple applications, please rank yo	our applications by priority. Rank: of

Proposed Budget

	Amount	Percent of Total
Total Participating Construction Estimate	\$	100 %
CMAQ Requested	\$	%
CRP Requested (NATS & TwinCATS area only)	\$	%
Local Match	\$	%
	\$	%
	\$	%

Note: the sum of funding from ALL federal sources cannot exceed 80% of the total participating estimate

Are the other funding sources secured? Yes □ No □ <i>If no, provide details on when these funds will be secured</i>			
Non-Participating Cost Estimat	e:		\$
Total Project Estimate with No	n-Participating:		\$
Are you willing to contribute a	dditional local match above th	e minimum 20% required:	Yes □ No □
Are you willing to use an Adva	nce Construct (AC):		Yes □ No □
If so, what is the maximum Am	nount:		\$
Emissions Benefit			
Describe how this project will driven, idling, delay, etc.)	reduce emissions from on-road	d transportation sources (Red	uction in vehicle trips, miles
Which Emissions Toolkit is beir			
Enter the emissions reduction Volatile Organic	from the toolkit – Note that a	positive number indicates red	luced emissions
Compounds (VOC)	Carbon Monoxide (CO)	Nitrogen Oxide (NO _x)	Particulate Matter (PM 2.5)
Accessibility and Equity			
Is the project located in a Disac Environmental Justice Screening		· ·	nd Yes □ No □
Does this project remove a priority ADA barrier, as identified in an adopted ADA Transition Plan or similar plan? Yes \square No \square			

Performance Measures		
Besides emissions reductions what other performance measures will the project contribute to Safety Pavement Condition System Reliability Pedestrian/Bicycle Connectivity If you checked any of the Performance Measures please describe how the project will improve		that apply)
Strategic Planning & Investment		
The project crosses jurisdictional boundaries.		Yes □ No □
The project will coordinate with other infrastructure projects (i.e. utility, water, sewer, etc.)		Yes □ No □
The project is identified in an asset management plan		Yes □ No □
There is an asset management plan covering utilities along the length of the project		Yes □ No □
The city/village/Township has adopted an asset management policy		Yes □ No □
The project supports goals or objectives from another planning document (ex. master plan or	r rec plan)	Yes □ No □
If the project supports goals or objectives in another planning document please identify the project or objectives, and describe how this project will help achieve them	olan, specify t	the relevant
Risk Assessment		
Does right-of-way need to be acquired?	Yes □ No □	☐ Unknown ☐
Does the project intersect with a railroad crossing?	Yes □ No □	☐ Unknown ☐
Does the project require utility relocation?	Yes □ No □	☐ Unknown ☐
Are the project limits within a defined FEMA floodplain?	Yes □ No □	☐ Unknown ☐
Will there be trees removed within the project limits?	Yes □ No □	☐ Unknown ☐

* Historic elements include any of the following if they are 50 years old or older: **objects** (ex. Statues or monuments), **structures** (ex. bridges, stone curbs, or brick streets), intentional/designed landscapes, **buildings**, **Historic districts**, **intentional/designed landscapes**

Describe approximately how many individual mature trees or acres of trees will be removed if applicable

Are there historic elements within 100 feet of the proposed work*

Is the project within 100 feet of a cemetery?

Yes □ No □ Unknown □

Yes □ No □ Unknown □

Estimated Project Schedule

Activity	Date (Month/Year)
NEPA/SHPPO Submitted	
Right-of-Way Certification Submitted	
Grade Inspection (GI) Completed	
Full Biddable Package Submitted to MDOT	
Project Letting	
Construction Start	
Project Completion	

Applicant Acknowledgements

By signing below, the project sponsor ensures that they have read and understood the appropriate federal guidance and agree to follow all applicable federal regulations and requirements from the acceptance of federal funds, should this project receive an award. In addition, the project sponsor acknowledges the potential loss of federal funds if the project is not obligated within the programmed fiscal year or if Michigan Department of Transportation statewide obligation limitations have been met.

Certification of Matching Funds

By signing below, the Project Sponsor assures that sufficient funds are available to pay any costs above the awarded federal fund amount and that completion of this project is not contingent upon additional grants. The sources of matching funds may be changed after funding has been awarded, in accordance with the established amendment guidelines.

Name:	Title:

2026-2029 Transit Project Application

Congestion Mitigation and Air Quality Improvement Carbon Reduction Program

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 projection. If you are submitting multiple applications, please Proposed Budget		Rank: of
	Amount	Percent of Total
Total Participating Construction Estimate	\$	100 %
CMAQ Requested	\$	%
CRP Requested	\$	%
CTF Match	\$	0%
Are you able to contribute local funding for the pr	oject if needed	Yes □ No □
If so, what is the maximum Amount:		\$

Emissions Benefit			
Describe how this project will driven, idling, delay, etc.)	reduce emissions from on-road	d transportation sources (Red	uction in vehicle trips, miles
Which Emissions Toolkit is bei	ng used to estimate the emission	ons benefit:	
Enter the emissions reduction	from the toolkit – Note that a	positive number indicates red	luced emissions
Volatile Organic Compounds (VOC)	Carbon Monoxide (CO)	Nitrogen Oxide (NO _x)	Particulate Matter (PM 2.5)
Zoro Emission Vahislas	& Related Infrastructure	n Projects	
Zero Linission venicies	& Neiateu IIII astructure	e Projects	
		eet costs for the transition a	and implementation of zero-
emission vehicles and infras	structure.		
Describe any skill gaps or translated infrastructure.	aining needs for existing wor	kers to operate and mainta	in zero-emission vehicles or
related lilitastructure.			
D 11 1 1 1 1	P . 1 . 21 . 1 . 21		
Describe any partnership th	e applicant has with the util	ity or alternative fuel provid	der.
Has a licensed engineering planning and installation.	design firm been contacted t	to assist with charging infra	structure Yes □ No □
Pianining and installation.			

State of Good Repair	
Is this project a replacement 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	Yes □ No □
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 months	Yes □ No □
If yes indicate the milestones for the project	
Do you have an implementation plan in place? If yes, please provide a project timeline if you have it leading from procurement to completion of construction.	Yes □ No □