



INVEST IN COOK

Cook County Department of Transportation and
Highways FY2020 Call for Projects

Applicant Municipality/Agency/Organization

Applicant's Name and Title

(Mayor, President, Supervisor, Chief Executive Officer, Executive Director, etc.)

Project Name

Toni Preckwinkle, President
Cook County Board of Commissioners

Cook County Department of Transportation and Highways (DOTH)
69 West Washington, Suite 2300
Chicago, IL 60602

John Yonan, Superintendent

January 15, 2020



Application Checklist

Please use the following checklist to ensure that your application package is complete and includes the information we need to evaluate your project. Omission of items does not necessarily preclude your application from consideration, but the items on the following checklist are highly recommended.

Required Items:

- Signed Mayor's or Chief Executive's cover letter
- Completed Application
- Project Area Map
- Project Milestone Schedule
- Most Recent Auditor's Report or Other Proof of Financial Standing

Optional Items:

- Sections or summary of applicable project-related studies or reports (limit five pages)
- Resolutions and Certifications of Resolutions
- Detailed Cost Estimates (Required for construction funding requests)
- Attach any related images

If you have any questions or would like to request assistance filling out the application contact Tim Egan at [\(312\) 603-1534](tel:3126031534) or InvestInCook.CC@cookcountyil.gov. DOTH staff is available to help clarify application fields, provide guidance on how to submit a competitive application, and for applicants who can demonstrate the need, assistance in preparing an application (contingent on staff availability).

Please submit an electronic copy of the completed application PDF, with all related attachments, through the Invest In Cook application submission page at:

<https://www.cookcountyil.gov/service/investincook2020>

The deadline for submitting all applications is: March 13, 2020 at 5:00 PM CST (Applications received after this date and time will not be accepted. No exceptions.)



Applicant Information

Applicant Name: _____

**Applicant Municipality,
Agency, or Organization:** _____

**Mayor, President, or
CEO Name and Title:** _____

Project Title (use TIP title if applicable): _____

Applicant's Email Address: _____

Applicant Address: _____

City: _____ **Illinois** **Zip Code:** _____

Telephone: _____ **Fax:** _____

Applicant Website Address: _____

Total Amount Requested*: _____

Total Matching Funds:** _____

*A total funding request is not required at the time of submission, but it is highly recommended and may improve your chances of being selected. Contact DOTH at investincook.CC@cookcountyil.gov before applying if your organization needs assistance developing a cost estimate. Our request for assistance will be evaluated for need and approval will be dependent on DOTH staff availability.

**Very low- and low-need communities (as designated by CMAP) will be expected to match County funds on at least a one to one basis. Matches from moderate-need communities will be calculated on a sliding scale basis. Very high- and high-need communities may not need a local match to County funds.



Applicant Information (Continued)

Council of Mayor(s): _____

Project Type: Transit Freight Bike/Ped Roadway Other _____

Phase for grant funding: Feasibility/Planning Study ROW Acquisition Construction Preliminary Engineering Design Engineering Other _____

TIP ID (for existing projects): _____

Will you need assistance with a cost estimate? (Y/N): Yes No **Will you need any other assistance before your project can begin? (Y/N):** Yes No

If additional assistance is desired, please describe your needs below*:

*The County will make available resources in the form of staff and time for projects that we feel warrant the effort from applicants who can justify their need. These services will be provided at the Department’s discretion and are contingent upon staff availability.

Project Location Information

Not all fields are required, but please ensure the following fields are filled in as completely as possible. Please attach a map with sufficient detail to accurately locate your project in a GIS system.

Project Limits

Name of Street or Facility to be Improved	Municipality (or Municipalities) Involved
South/West Project Extents	North/East Project Extents



Project Summary

Provide a description of proposed improvements and impacts that will result from your project. Provide details that demonstrate how your project benefits your community, and explain your project's effects on items checked in the boxes in the other sections. References to plans and other analysis will also help staff evaluate your project.



Project Funding Request and Financing Summary

Please provide a comprehensive funding summary and timeline for the entire project. If you are requesting County assistance in developing a cost estimate, you may leave the table blank, but consult with the Department at InvestInCook.CC@cookcountyil.gov before submitting your application. Project funding awarded under this program may not be used for staff salaries. Please include funding from completed phases.

	Starting County Fiscal Year*	Total Phase Cost	County Funds Request	Other Funding Sources	
				Fund Type**	Amount
Planning/Feasibility Study					
Preliminary Engineering					
Design Engineering					
Construction (Including Construction Engineering)					
Right of Way Acquisition					
Total Project Costs					

*Cook County fiscal years begin December 1st
**Please indicate the type of funding source (county, local, Federal, State, etc.)

Is local, state or federal funding committed? Yes No **If yes, please provide copies of documents demonstrating commitment.**

Is ROW acquisition required for this project? Yes No **If yes, has the ROW already been acquired?** Yes No

Estimated Construction Year: _____

Applicant Experience

In the box below, please demonstrate your organization’s ability to execute a project of similar size, scope, and complexity as the project for which you are submitting this application. Please provide a description, total cost and year of projects with comparable scopes completed by your organization in the recent past.



Evaluation Criteria

Consistency with Existing Plans

Does this project implement goals from *Connecting Cook County*? Yes No Does this project implement goals from other local and regional plans? Yes No

*If you replied yes, please summarize and provide links to the plans in the project summary. If a web link cannot be provided, please attach a copy of the pertinent parts of the plan with your application. Consistency with Cook County plans, e.g. Planning for Progress, Partnering for Prosperity, or Connecting Cook County, will be looked at favorably.

Prioritizing Transit and Other Transportation Alternatives

Existing Multimodal Infrastructure/Services (check all that are present within the project buffer; buffers for each mode are specified in the program description)

- Transit (Rail), Transit (Bus), Bus Benches, Transfer Station, Sidewalks, Crosswalks, Trails, Paths, Bike Lanes, Street Lighting, Other

Transit Routes Used by Facility: _____

Daily Weekday Ridership: _____

- Condition of Transit Facilities: Excellent, Average, Poor; Condition of Pedestrian Facilities: Excellent, Average, Poor; Condition of Bicycle Facilities: Excellent, Average, Poor

New or Improved Multimodal Infrastructure/Services this project will provide (check all that apply)

- Transit (Rail), Transit (Bus), Bus Benches, Transfer Station, Sidewalks, Crosswalks, Trails, Paths, Bike Lanes, Street Lighting, Other

Primary Project Transportation Alternatives Impacts (please check all that apply):

- Fills gap(s) in the pedestrian network, Intersects existing trails or bikeways, Provides new bicycle facilities where none had existed, Improves safety in a high crash area, Improves the speed or reliability of transit services, Improves the safety or comfort of transit users, Fills gap(s) in the bicyclist network, Connects key destinations, Improves safety for pedestrians or bicyclists or both, Provides safe pedestrian access to existing transit route(s), Provides new transit service within a transit desert, Provides ADA improvements to transit facility, Helps complete a planned trail project, Provides new pedestrian facilities where none had existed, Improves an existing facility, Provides safe bicyclist access to existing transit route(s), Provides new transit where none previously existed



Support the Region’s Role as North America’s Freight Capital

New or Improved Freight Infrastructure/Services this project will provide (check all that apply)

- | | | | |
|-----------------------------------|---|--|-------------------------------------|
| <input type="checkbox"/> Roadways | <input type="checkbox"/> Bridge | <input type="checkbox"/> Rail | <input type="checkbox"/> Permitting |
| <input type="checkbox"/> Viaduct | <input type="checkbox"/> Grade Crossing | <input type="checkbox"/> Intermodal Facility | <input type="checkbox"/> Other |

Traffic Volumes (AADT): _____ Truck/Heavy Vehicle Share of Traffic (%) _____

Does an industrial area or company depend on the facilities your agency plans on improving?*

Yes *If yes, please provide a description of the area and the company(s) impacted by your improvement in your project summary.

No

Cook County Freight Plan Priorities Addressed by the Project (check all that apply):

Road Improvements:

- | | |
|--|---|
| <input type="checkbox"/> Facilitates a connected truck route network | <input type="checkbox"/> Focuses on priority trucking corridors |
| <input type="checkbox"/> Addresses first- and last-mile connectors | <input type="checkbox"/> Improves expressway freight access |
| <input type="checkbox"/> Streamlines truck permitting | <input type="checkbox"/> Creates truck parking opportunities |

Rail Improvements:

- | | |
|---|--|
| <input type="checkbox"/> Supports business access to rail | <input type="checkbox"/> Supports the CREATE Program |
| <input type="checkbox"/> Improves at-grade crossings | |

Does the Cook County Freight Plan explicitly list the project location as a priority (see the tables on pg. 33, 41, or 44 of the Plan or the map on pg. 35 of the Plan)?*

- Yes No *If yes, please note the reference in the Cook County Freight Plan as part of your project summary.

Does the project support coordinated community and economic development (e.g., alignment of predevelopment activities, implementation of regional economic development efforts)?*

- Yes No *If yes, please summarize and provide links to any supporting documentation in the project summary.

Promote Equal Access to Opportunities

Primary Project Impacts on Equal Access (check all that apply):

- | | |
|---|--|
| <input type="checkbox"/> Project is in an economically disadvantaged area | <input type="checkbox"/> Project is located in a CDBG designated low to moderate income census tract |
| <input type="checkbox"/> Project is located in an area with a high minority population | <input type="checkbox"/> Project reduces travel time for transportation users in a disadvantaged area |
| <input type="checkbox"/> Project creates or retains jobs accessible to low- and moderate-income persons | <input type="checkbox"/> Project helps make a currently disadvantaged area more attractive to new businesses |

Maintain and Modernize What Already Exists

Primary Project Impacts on Maintenance and Modernization (check all that apply):

- | | |
|---|---|
| <input type="checkbox"/> Project repairs a facility that is currently in poor condition | <input type="checkbox"/> Project brings an existing facility up to modern design standards |
| <input type="checkbox"/> Project improves signals to help safety and traffic flow | <input type="checkbox"/> Project includes implementation of new safety features that were not present |



Increase Investments in Transportation

Funding Programs Applied For:

- Federal Grants
- State Grants
- Local
- Other

Funding Awards:

- Federal Grants
- State Grants
- Local
- Other

PLEASE DO NOT SUBMIT A SCANNED COPY OF THIS APPLICATION