



INVEST IN COOK

Cook County Department of Transportation and Highways
FY2025 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

Jennifer "Sis" Killen, Superintendent

January 15, 2025



Application Checklist

Required Items:

- Signed mayor's or chief executive's cover letter
- Completed application
- Project milestone schedule (use template provided)*
- Map showing project location and limits
- Project area pictures (provide 2 photos that show pre-project conditions)
- Most recent financial audit or proof of financial standing

Optional Items:

- Sections or summary of applicable project-related studies or reports (limit five pages)
- Funding resolutions and Certifications of Resolutions
- Detailed Cost Estimates (Required for construction funding requests)
- Letters of Support from relevant organizations

* Must show awarded phase beginning work within one calendar year of receiving the award

If you have any questions or would like to request assistance filling out the application please do not hesitate to call Laura McFadden at [\(312\) 603-1223](tel:3126031223). County staff will be available to answer questions about the application, how to submit a competitive application, and other general questions. Depending on availability, the County will also set aside staff time to assist with more technical tasks like developing cost estimates or mapping project information. Applicants are encouraged to contact the County as soon as they know they will be requesting technical assistance. The County will prioritize aid to disadvantaged communities/applicants but cannot guarantee staff availability to help in every instance.

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

<https://www.cookcountyil.gov/form/invest-in-cook-2025-grant-applic>

The deadline for submitting all applications is: MARCH 21, 2025 at 5:00 pm (Applications received after this time will not be accepted.)



Applicant Information

Applicant Municipality, Agency, or Organization: _____

Project Title (use TIP title if applicable): _____

Main Contact Name: _____

Main Contact Title: _____

Main Contact Email: _____

Main Contact Phone Number: _____

Mayor, President, or CEO Name: _____

Mayor, President, or CEO Title: _____

Mayor, President, or CEO Email: _____

Applicant Address: _____

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

Telephone: _____ **Fax:** _____

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. Please contact DOTH at investincook.cc@cookcountyil.gov before applying if your organization needs assistance with developing a cost estimate. Your 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)

County Commissioner District Number(s): _____

Council of Mayor(s): _____

Project Type (select one): Transit Freight Bike/Ped Roadway Other _____

Funding Phase Request (select one): Feasibility/Planning Study Preliminary Engineering ROW Acquisition Design Engineering Construction 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

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 Description

Provide a description of the planned use for Invest in Cook funds, the anticipated benefits, and project history. You may include references (a website, specific page numbers) from relevant studies or reports that may provide more detail. **PLEASE LIMIT YOUR RESPONSE TO APPROXIMATELY 350 words.**

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 by **listing** comparable projects completed by your organization in the past five years. Please include project type, total cost, and year completed.



Grant Request and Project Funding Summary

Please provide a project funding summary that aligns with the project schedule submitted as part of the grant application. Prior phase costs do not count as matching funds for the Invest in Cook grant request. County Funds Request should be consistent with the award request on page 3; local funds are all other funds committed to that phase of work, either in the municipal/agency budget or through awarded grants.

If you have already **received** grant funding for any phase of the project, please list those awards by phase under "Grant Funds (already secured)."

If you are requesting County assistance in developing a cost estimate, you may leave the table blank, but you **MUST** consult with staff through InvestInCook.CC@cookcountyil.gov before submitting your application otherwise that may impact your project evaluation. Project funding awarded under this program cannot be used for staff salaries.

| | Starting Calendar Year | County Funds Request** | Local Match Funding | Total Phase Cost | Grant Funds (already secured)* | |
|---|------------------------|------------------------|---------------------|------------------|--------------------------------|--------|
| | | | | | Funding Source | Amount |
| Planning/Feasibility Study | | | | | | |
| Preliminary Engineering | | | | | | |
| Design Engineering | | | | | | |
| Construction (Including Construction Engineering) | | | | | | |
| Right of Way Acquisition | | | | | | |
| Totals | | | | | | |

*Please describe additional grant funding already awarded to the project. Only list grant and amount if you have received notification of award.

**Low-need communities (designated by CMAP as Cohort 1 or 2 communities) should match County funds with local funds on at least a one-to-one basis. Very high and high-need communities (Cohort 3 and 4) may not need a local match to County funds.

What phase is your project currently in? Not yet started Design Engineering Planning/Feasibility Study ROW Other: _____ Preliminary Engineering Construction

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

Have you received Phase I design approval from IDOT? Yes Submitted to IDOT Not yet submitted Not applicable Have pre-final plans been approved by IDOT? Yes Submitted to IDOT Not yet submitted Not applicable

Is the local match funding committed? (Y/N) Yes No If yes, please provide copies of resolution demonstrating the funding commitment as an application attachment.

Estimated Construction Year: _____

Are you applying for CDBG funds for elements of this project? If yes, please describe:



Evaluation Criteria

Consistency with Existing Regional or Local 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

Please list the specific local and/or regional plans this grant would help to implement and provide links to the plans:*

*If the plan is not available online, please include relevant pages as supplemental material in the application. Plan examples include local comprehensive plans, transit-oriented development plans, capital improvement plans, or other local plans in addition to regional plans such as the Cook County Policy Roadmap and Partnering for Prosperity, CMAP's ON TO 2050, or RTA's Invest in Transit: 2018-2023 Strategic Plan.

Prioritizing Transit and Other Transportational Alternatives

Transit improvements being made (check all that apply):

- Better bus service
- More frequent or longer hours of service
- Better access to transit
- ADA accessibility / station rehabilitation
- Service to new areas
- Fare integration
- Better bus stops
- Other: _____

Bicycle and pedestrian project benefits (check all that apply):

- Fills gap(s) in the pedestrian network
- Fills gap(s) in the bicycle network
- Helps complete a planned trail project
- Provides on-street bike facilities
- Provides new pedestrian facilities where none had existed
- Provides new bicycle facilities where none had existed
- Improves an existing pedestrian facility
- Improves an existing bicycle facility
- Provides pedestrian access to transit
- Provides bicycle access to transit
- Improves pedestrian safety in a high crash area (provide documentation)
- Improves bicyclist safety in a high crash area (provide documentation)

Promote Equal Access to Opportunities

ADA improvements being made (list all): _____

Primary project impacts on equal access (please check all that apply):

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



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

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

Road improvements

- Facilitates a connected truck route network
- Improves first- and last-mile connectors
- Streamlines truck permitting
- Improves a priority trucking corridor from Cook County Freight Plan
- Improves expressway freight access
- Improves truck parking

Rail improvements

- Supports business access to rail
- Reduces conflicts between rail and vehicle/pedestrian traffic
- Implements the CREATE Program
- Addresses grade crossing from Cook County Freight Plan, CMAP priority list, or other

Number of employees in freight-related businesses benefitting directly from the project – list businesses and estimated number of employees:

Maintain and Modernize What Already Exists

Primary project impacts on maintenance and modernization (please check all that apply):

- Repairs a facility that is in poor condition. **Pavement condition rating, if known, and rating system type (PCI, CRS, etc.):** _____
- Brings a facility up to modern standards. **Condition of transit facility being improved (TERM rating), if applicable:** _____
- Helps manage roadway access. Briefly describe: _____
- Improves intersection geometry. Briefly describe: _____
- Improves traffic signals. Briefly describe: _____
- Implements crash reduction strategies. Briefly describe: _____

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



Increase Investments in Transportation

Identify if you have applied for and/or received notifications of award.

Grant Funding Programs Applied For:

If you have applied for other grant funding to support this project, please select the applicable grant program. If not listed please select other and write in the program name.

Funding Program(s) Applied For:

- CMAQ
- TAP
- ITEP
- Safe Routes to Schools
- IL Competitive Freight Funding
- IL Special Bridge Program
- IDOT Economic Development Program (EDP)
- STP-L / STP-SF
- Community Development Block Grant (CDBG)
- HSIP
- USDOT discretionary funding (ASAP, RAISE, Enhancing Mobility Innovation, MEGA, INFRA etc.)
- Legislator Community Project Funding
- Other: _____

Grant Funding

If you have received notification of a grant award, please select the applicable grant program. If not the funding program is not listed please select 'other' and write in the program name.

Awarded Grant Funding Program(s):

- CMAQ
- TAP
- ITEP
- Safe Routes to Schools
- IL Competitive Freight Funding
- IL Special Bridge Program
- IDOT Economic Development Program (EDP)
- STP-L / STP-SF
- Community Development Block Grant (CDBG)
- HSIP
- USDOT discretionary funding (ASAP, RAISE, Enhancing Mobility Innovation, MEGA, INFRA etc.)
- Legislator Community Project Funding
- Other: _____

Anticipated future applications for project funding

If you plan to apply for additional grants in the future for this project, please list the grants and estimated amounts under consideration. Cook County often provides support for grant applications for projects previously funded by Invest in Cook.

| | | |
|----------------|----------------|----------------|
| Grant 1: _____ | Grant 2: _____ | Grant 3: _____ |
| Amount: _____ | Amount: _____ | Amount: _____ |
| Phase: _____ | Phase: _____ | Phase: _____ |

PLEASE DO NOT SUBMIT A SCANNED COPY OF THIS APPLICATION