|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Submission Date | | | | |
| 1. Submission date: | | | | |
| Organizational Information | | | | |
| 2. Legal name of submitting agency: | | | | |
| Point of Contact Information | | | | |
| 3. Point of contact submitting form: | | | | |
| 4. Phone: | | | | 5. Fax: |
| 6. E-mail: | | | | |
| 7. Mailing address: | | | | |
| General Project Information | | | | |
| 8. ITS project name/title: | | | | |
| 9. Project type:  New  Replacement  Expansion | | | 10. Project scope (select all that apply):  Software installation/upgrade  Hardware installation/upgrade  Operations/Maintenance  Systems Integration  Planning  Other (provide more detail below) | |
| 11. Summarize the project (including how this project relates to existing ITS projects/systems): | | | | |
| 12. Describe the needs this project will satisfy: | | | | |
| 13. List the users of the project when complete: | | | | |
| 14. Describe how the users will benefit from the project: | | | | |
| 15. Describe the geographic areas to be served: | | | | |
| Architecture-Specific Information | | | | |
| 16. Summarize the current status of the project (including where it stands in terms of the Systems Engineering process diagram shown in the accompanying Conformity Guide): | | | | |
| 17. List stakeholder agencies and their roles/responsibilities for this project: | | | | |
| 18. Identify the functional requirements for this project: | | | | |
| 19. Show how your project aligns with the Interconnect and Information Flow Diagrams in the MD ITS Architecture: | | | | |
| 20. Describe the configuration & technology options considered for this project and indicate which were selected: | | | | |
| 21. Describe the procurement options considered for this project and indicate which were selected: | | | | |
| 22. Identify applicable ITS standards to be used in support of this project: | | | | |
| 23. Describe your plan for ensuring adequate operations and maintenance of this project after implementation: | | | | |
| **Other Information** | | | | |
| 24. Please provide any other relevant information: | | | | |
| Project Schedule | | | | |
| 25. Estimated start date: | 26. Estimated completion date: | | | |
| Estimated Capital Budget | | | | |
| 27. Total capital budget: | |  | | |
| 28. Percent federal funding & sources: | |  | | |
| 29. Percent state funding & sources: | |  | | |
| 30. Percent local funding & sources: | |  | | |
| 31. Percent other funding & sources: | |  | | |
| Estimated Annual Operations & Maintenance Budget | | | | |
| 32. Total annual O&M budget: | |  | | |
| 33. Percent federal funding & sources: | |  | | |
| 34. Percent state funding & sources: | |  | | |
| 35. Percent local funding & sources: | |  | | |
| 36. Percent other funding & sources: | |  | | |