

CMP MONITORING CHECKLIST LEVEL OF SERVICE			
Jurisdiction:			
<b>CMP CHECKLIST</b>	<b>YES</b>	<b>NO</b>	<b>N/A</b>
1. Check "Yes" if either of the following apply: <ul style="list-style-type: none"> <li>• There are no CMP intersections in your jurisdiction.</li> <li>• Factoring out statutorily-exempt activities<sup>1</sup>, all CMP intersections within your jurisdiction are operating at LOS E (or the baseline level, if worse than E) or better.</li> </ul>	<input type="checkbox"/>	<input type="checkbox"/>	
<b>NOTE: ONLY THOSE AGENCIES THAT CHECKED "NO" FOR QUESTION 1 NEED TO ANSWER THE REMAINING QUESTIONS.</b>			
2. If any, please list those intersections that are not operating at the CMP LOS standards. <ul style="list-style-type: none"> <li>• _____</li> <li>• _____</li> <li>• _____</li> </ul>			<input type="checkbox"/>
3. Will deficient intersections, if any, be improved by mitigation measures to be implemented in the next 18 months or improvements programmed in the first year of any recent funding program (i.e., local agency CIP, CMP CIP, Measure M CIP)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
a. If not, has a deficiency plan been developed for each intersection that will be operating below the CMP LOS standards?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Additional Comments:			
I certify that the information contained in this checklist is true.  Signature: _____ Title: _____			

<sup>1</sup> The following activities are statutorily-exempt from deficiency determinations: interregional travel, traffic generated by the provision of low and very low income housing, construction rehabilitation or maintenance of facilities that impact the system, freeway ramp metering, traffic signal coordination by the state or multi-jurisdictional agencies, traffic generated by high-density residential development within ¼ mile of a fixed-rail passenger station, traffic generated by mixed-use residential development within ¼ mile of a fixed-rail passenger station.

## CMP MONITORING CHECKLIST DEFICIENCY PLANS

Jurisdiction:			
<b>CMP CHECKLIST</b>	<b>YES</b>	<b>NO</b>	<b>N/A</b>
1. Check "Yes" if either of the following apply: <ul style="list-style-type: none"> <li>• There are no CMP intersections in your jurisdiction.</li> <li>• Factoring out statutorily-exempt activities<sup>2</sup>, all CMPHS intersections are operating at LOS E (or baseline, if worse than E) or better.</li> </ul>	<input type="checkbox"/>	<input type="checkbox"/>	
<b>NOTE: ONLY THOSE AGENCIES THAT CHECKED "NO" FOR QUESTION 1 NEED TO ANSWER THE REMAINING QUESTIONS.</b>			
2. If any, please list those intersections found to not meet the CMP LOS standards. <ul style="list-style-type: none"> <li>• _____</li> <li>• _____</li> <li>• _____</li> </ul>			<input type="checkbox"/>
3. Are there improvements to bring these intersections to the CMP LOS standard scheduled for completion during the next 18 months or programmed in the first year of the CIP?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>NOTE: ONLY THOSE AGENCIES THAT CHECKED "NO" FOR QUESTION 3 NEED TO ANSWER THE REMAINING QUESTIONS.</b>			
4. Has a deficiency plan or a schedule for preparing a deficiency plan been submitted to OCTA?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Does the deficiency plan fulfill the following statutory requirements:			
a. include an analysis of the causes of the deficiency?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. include a list of improvements necessary to maintain minimum LOS standards on the CMPHS and the estimated costs of the improvements?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

<sup>2</sup> The following activities are statutorily-exempt from deficiency determinations: interregional travel, traffic generated by the provision of low and very low income housing, construction rehabilitation or maintenance of facilities that impact the system, freeway ramp metering, traffic signal coordination by the state or multi-jurisdictional agencies, traffic generated by high-density residential development within ¼ mile of a fixed-rail passenger station, traffic generated by mixed-use residential development within ¼ mile of a fixed-rail passenger station.

<b>CMP CHECKLIST continued</b>	<b>YES</b>	<b>NO</b>	<b>N/A</b>
c. include a list of improvements, programs, or actions, and estimates of their costs, which will improve LOS on the CMPHS and improve air quality?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
i. do the improvements, programs, or actions meet the criteria established by SCAQMD (see the CMP Preparation Manual)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Are the capital improvements identified in the deficiency plan programmed in your seven-year CMP CIP?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Does the deficiency plan include a monitoring program that will ensure its implementation?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. Does the deficiency plan include a process to allow some level of development to proceed pending correction of the deficiency?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. Has necessary inter-jurisdictional coordination occurred?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. Please describe any innovative programs, if any, included in the deficiency plan:  _____			<input type="checkbox"/>
Additional Comments:			
I certify that the information contained in this checklist is true. Signature: _____ Title: _____			

CMP MONITORING CHECKLIST LAND USE COORDINATION			
Jurisdiction:			
<b>CMP CHECKLIST</b>	<b>YES</b>	<b>NO</b>	<b>N/A</b>
1. Have you maintained the CMP traffic impact analysis (TIA) process you selected for the previous CMP?	<input type="checkbox"/>	<input type="checkbox"/>	
a. If not, have you submitted the revised TIA approach and methodology to OCTA for review and approval?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Did any development projects require a CMP TIA during this CMP cycle? <sup>3</sup>	<input type="checkbox"/>	<input type="checkbox"/>	
<b>NOTE: ONLY THOSE AGENCIES THAT ANSWERED "YES" FOR QUESTION 2 NEED TO ANSWER THE REMAINING QUESTIONS.</b>			
3. If so, how many?			
4. Please list any CMPHS links & intersections that were projected to not meet the CMP LOS standards (indicate whether any are outside of your jurisdiction). • • •			<input type="checkbox"/>
a. Were mitigation measures and costs identified for each and included in your seven-year CIP?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. If any impacted links & intersections were outside your jurisdiction, did your agency coordinate with other jurisdictions to develop a mitigation strategy?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

<sup>3</sup> Exemptions include:

- any development generating less than 2,400 daily trips
- any development generating less than 1,600 daily trips (if it directly accesses a CMP highway)
- final tract and parcel maps,
- issuance of building permits,
- issuance of certificate of use and occupancy,
- minor modifications to approved developments where the location and intensity of project uses have been approved through previous and separate local government actions prior to January 1, 1992.

CMP CHECKLIST continued	YES	NO	N/A
5. If a local traffic model was/will be used, did you follow the data and modeling consistency requirements as described in the CMP Preparation Manual (available online at <a href="http://www.octa.net">http://www.octa.net</a> )?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Additional Comments:			
<p>I certify that the information contained in this checklist is true.</p> <p>Signature: _____</p> <p>Title: _____</p>			

<b>CMP MONITORING CHECKLIST</b> <b>CAPITAL IMPROVEMENT PROGRAM</b>
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Jurisdiction:	
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CMP CHECKLIST	YES	NO	N/A
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1. Did you submit a seven-year Capital Improvement Program (CIP) to OCTA by June 30?	<input type="checkbox"/>	<input type="checkbox"/>	
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2. Does the CIP include projects to maintain or improve the performance of the CMPHS (including capacity expansion, safety, maintenance, and rehabilitation)?	<input type="checkbox"/>	<input type="checkbox"/>	
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3. Is it consistent with air quality mitigation measures for transportation-related vehicle emissions?	<input type="checkbox"/>	<input type="checkbox"/>	
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4. Was the CIP database computer application provided by OCTA used to prepare the CMP CIP?	<input type="checkbox"/>	<input type="checkbox"/>	
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Additional Comments:
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I certify that the information contained in this checklist is true.
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Signature: _____
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Title: _____
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