



CMP ID:

**Congestion Management Program
Transportation Impact Analysis (TIA) NOTIFICATION FORM**

<p>Lead Agency: _____</p> <p>Lead Agency File Number: _____</p> <p>Project: _____</p> <p>Project Size (SF or DU): _____</p> <p>Net New Trips: _____</p> <p>Project Address: _____</p> <p>Analysis Periods: _____</p> <p>Analysis Scenarios: _____</p> <p>Study Intersections: <i>(continue in attachment if necessary)</i></p> <p>Study Freeway Segments: <i>(continue in attachment if necessary)</i></p> <p>Agency Contact: _____</p> <p>Telephone: _____</p> <p>E-mail: _____</p> <p>Developer: _____</p> <p>Transportation Consultant: _____</p> <p>Form Prepared By: _____</p> <p>Date: _____</p>	<p><i>This form sent to:</i></p> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 60%;">Agency</th> <th>Name of Person(s)</th> </tr> </thead> <tbody> <tr><td><input type="checkbox"/> City of Campbell</td><td>_____</td></tr> <tr><td><input type="checkbox"/> City of Cupertino</td><td>_____</td></tr> <tr><td><input type="checkbox"/> City of Gilroy</td><td>_____</td></tr> <tr><td><input type="checkbox"/> City of Los Altos</td><td>_____</td></tr> <tr><td><input type="checkbox"/> Town of Los Altos Hills</td><td>_____</td></tr> <tr><td><input type="checkbox"/> Town of Los Gatos</td><td>_____</td></tr> <tr><td><input type="checkbox"/> City of Milpitas</td><td>_____</td></tr> <tr><td><input type="checkbox"/> City of Monte Sereno</td><td>_____</td></tr> <tr><td><input type="checkbox"/> City of Morgan Hill</td><td>_____</td></tr> <tr><td><input type="checkbox"/> City of Mountain View</td><td>_____</td></tr> <tr><td><input type="checkbox"/> City of Palo Alto</td><td>_____</td></tr> <tr><td><input type="checkbox"/> City of San Jose</td><td>_____</td></tr> <tr><td><input type="checkbox"/> City of Santa Clara</td><td>_____</td></tr> <tr><td><input type="checkbox"/> City of Saratoga</td><td>_____</td></tr> <tr><td><input type="checkbox"/> City of Sunnyvale</td><td>_____</td></tr> <tr><td><input type="checkbox"/> County of Santa Clara</td><td>_____</td></tr> <tr><td><input type="checkbox"/> Caltrans</td><td>_____</td></tr> <tr><td><input type="checkbox"/> VTA</td><td>_____</td></tr> </tbody> </table>	Agency	Name of Person(s)	<input type="checkbox"/> City of Campbell	_____	<input type="checkbox"/> City of Cupertino	_____	<input type="checkbox"/> City of Gilroy	_____	<input type="checkbox"/> City of Los Altos	_____	<input type="checkbox"/> Town of Los Altos Hills	_____	<input type="checkbox"/> Town of Los Gatos	_____	<input type="checkbox"/> City of Milpitas	_____	<input type="checkbox"/> City of Monte Sereno	_____	<input type="checkbox"/> City of Morgan Hill	_____	<input type="checkbox"/> City of Mountain View	_____	<input type="checkbox"/> City of Palo Alto	_____	<input type="checkbox"/> City of San Jose	_____	<input type="checkbox"/> City of Santa Clara	_____	<input type="checkbox"/> City of Saratoga	_____	<input type="checkbox"/> City of Sunnyvale	_____	<input type="checkbox"/> County of Santa Clara	_____	<input type="checkbox"/> Caltrans	_____	<input type="checkbox"/> VTA	_____
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* SF=square feet; DU=dwelling units

Note: The Lead Agency is encouraged to submit the draft TIA work scope along with this form when circulating it to other agencies. Comments from interested agencies on the TIA scoping must be received by the Lead Agency within 15 calendar days of the mailing of this TIA Notification Form.