



**FERRY BOAT PROGRAM (FBP) APPLICATION**

**SECTION 1: APPLICANT INFORMATION**

PROJECT TITLE

SPONSOR AGENCY NAME

ADDRESS

CITY

ZIP

PHONE

METROPOLITAN PLANNING ORGANIZATION (MPO)

CONGRESSIONAL DISTRICT

PROJECT COUNTY

PROJECT CITY

HIGHWAY DISTRICT

NAME AND TITLE OF PERSON IN RESPONSIBLE CHARGE

EMAIL

SAI Number (from [https://kydlgweb.ky.gov/eClearinghouse/16\\_echHome.cfm](https://kydlgweb.ky.gov/eClearinghouse/16_echHome.cfm))

CAGE # (from <https://www.sam.gov>), as applicable.

DUNS # (from <https://fedgov.dnb.com/webform>)

**SECTION 2: CERTIFICATION**

I certify that I have read and understand the federal Ferry Boat Formula Program (FBP) Implementation Guidance located at <https://www.fhwa.dot.gov/map21/guidance/guidefbp.cfm>

SIGNATURE OF PERSON IN RESPONSIBLE CHARGE

DATE

**SECTION 3: PROJECT DESCRIPTION**

**INSTRUCTION:** Provide a thorough description of the project. Include all items for which you are requesting funding. A separate Project Cost Estimate should be attached to or submitted with this application.

Is this project a result of a traffic or engineering study?  Yes  No



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**SECTION 4: PROJECT CATEGORY**

**INSTRUCTION:** For the category that best fits your project, check all the boxes below that apply. Please see the FHWA Ferry Boat Program (FBP) Implementation Guidance link in Section 2 for more information on each category.

Barge	Tug	Ramp	Other	Project Type
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Reconstruction, resurfacing, restoration, rehabilitation, or preservation
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Preliminary engineering, engineering, or design services
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Elimination of roadside hazards
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Traffic flow improvements
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Acquisition of right-of-way
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Safety improvement

**SECTION 5: RIGHT OF WAY**

Federally funded transportation projects must follow the Uniform Relocation Assistance and Real Property Acquisition Policies Act of 1970 (*Uniform Act*). If the project is awarded funding, the applicant will be required to provide the proof of public right of way. Temporary easements may be required as part of the project and must comply with the Uniform Act. The applicant must be willing to follow condemnation procedures if required.

Does sufficient public right of way currently exist to build this project?  Yes  No

If the applicant is required to acquire property or permanent public easements, list the number of properties and property owners affected by the acquisition. Note any relocation assistance and rehabilitation, relocation, and construction of replacement housing.

**SECTION 6: MAINTENANCE PLAN**

Describe how the completed project will be maintained for public use. Include plans for income generated after completion or ongoing operations and maintenance funding.

**SECTION 7: PROJECT READINESS**

Provide an estimated timeline for project completion by phase.

If not requesting design funds, is design complete?  Yes  No

If "No," provide expected design completion date: \_\_\_\_\_



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**SECTION 8: PROJECT BUDGET COST**

**IMPORTANT:** The Division of Planning uses the budget and estimate to determine the amount of funding; therefore, the amounts listed for each phase of the project must be as accurate as possible. To find out more information about cost estimates, consult the [Local Public Agency \(LPA\) Guide](#).

Enter the total estimated cost for each phase of the project OR the Non-Infrastructure Project Total Cost.

PHASE	COST
Design (All design activities including PE, Phase I and II design)	
Right of Way	
Utilities	
Construction (Including construction inspection, materials testing, and administration)	
Contingency (10%)	
<b>TOTAL PROJECT COST</b>	<b>\$0.00</b>
<b>TOTAL FEDERAL SHARE (80%)</b>	
<b>Non-Infrastructure Project Total Cost (If Applicable)</b>	
<i>(e.g. tug, barge, or equipment purchase)</i>	

**LOCAL PUBLIC AGENCY (LPA) MATCH**

FBP projects require a 20% match. KYTC will accept forms of match to include cash, property dedicated to the project, professional services, employee labor, agency-owned materials, and equipment. Form of match must be properly documented and authorized by FHWA as project funding is set up. Please note that once match for a project has been approved you will not be able to change the type of match. Match other than cash or property will require FHWA approval via a Public Interest Finding. Work completed prior to authorization of federal funds may not be used as match.

ITEM	AMOUNT
Cash	
ROW	
Force Account Labor	
Professional Services	
Materials	
Equipment	
<b>TOTAL MATCH PROVIDED</b>	<b>\$0.00</b>
<b>TOTAL PROJECT COST (Federal Funds + Total Match)</b>	

**FINANCIAL FEASIBILITY**

Will the funds requested in this application fully fund the project?  Yes  No

If no, list the deficient amount and indicate how the applicant will make up the difference to complete the project.