# KENTUCKY TRANSPORTATION CABINET OFFICE OF TRANSPORTATION DELIVERY

**SECTION 5304 (ALN #20.505) APPLICATION GUIDELINES STATEWIDE AND NON-METROPOLITAN PLANNING SFY 2025 APPLICATION CHECKLIST**

**\*\*Due April 1, 2024\*\***

# AGENCY NAME/DBA (both)

**SAM# Congressional District**

|  |  |  |
| --- | --- | --- |
|  | **PAGE #** | **CABINET USE ONLY** |
| **Proof of Active Registration at SAM.gov** |  |  |
| **Project Description/Justification of Proposed Coordination/Technical Assistance** |  |  |
| **Description of Board Make-Up and Participation in Regional Boards** |  |  |
| **Goals & Objectives** |  |  |
| **Proposed Budget(s)** |  |  |
| **Authorizing Resolution & Commitment of Local Share (attached)** |  |  |
| **Certifications & Assurances (attached)** |  |  |
| **Coordinated Plan Checklist (if applicable)** |  |  |

Agency Signature Title Date

State/OTD Project Manager Signature Title Date

 State/OTD Staff Assistant or Regional Program Manager Acknowledgement

Initials

**\*\***All elements must be checked or marked N/A, by the Project Manager, for an application to receive State and Federal Approval.

**Revised 1/3/2024**