KENTUCKY TRANSPORTATION CABINET OFFICE OF TRANSPORTATION DELIVERY SECTION 5310 (ALN #20.513) COORDINATED PLAN CHECKLIST

SFY 2025

AGENCY NAME/DBA (both)

NAME OF PLAN

COUNTIES COVERED

|  |  |  |
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|  | **PAGE #** | **CABINET USE ONLY** |
| **1. 4 (Four) Main Points of Plan** |
|  An assessment of available services that identifies current transportation providers (public, private, and nonprofit) |  |  |
|  An assessment of transportation needs of individuals to be servedwith the funding sought, that is, persons with disabilities, older adults, and people with low incomes |  |  |
|  Strategies, activities, and/or projects to address the identified gaps between current services and needs, as well as opportunities to improve efficiencies in service delivery |  |  |
|  Priorities for implementation based on resources (from multiple program sources), time, and feasibility for implementing specific strategies and/or activities |  |  |
| **2. Identified Stakeholders** |
|  Local Officials |  |  |
|  Community Based Organizations |  |  |
|  Public Transit Providers |  |  |
|  State and Local Human Service Agencies |  |  |
|  Transportation Consumers |  |  |
|  State and Local Transportation Planning Agencies |  |  |
|  Other Stakeholders |  |  |

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| **3. Initial Meeting** |
|  Date |  |  |
|  Other Meeting(s) |  |  |

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| **4. Establish Commitments and Form Partnerships** |
|  Formal Agreement among Participants |  |  |

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| **5. Specify Goals, Objectives, Constraints, and Priorities** |
|  For 5310 |  |  |

**SECTION 5310 SFY 2025 COORDINATED PLAN CHECKLIST**

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| **6. Jointly Identify Client Needs** |
|  Elderly |  |  |
|  Disabled Persons |  |  |
|  Persons with Low Income/Welfare Recipients (optional) |  |  |

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| **7. Identify Transportation Resources (list shared resources)** |  |  |

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| **8. Design Detailed Service and Financial Options** |  |  |

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| **9. Select and Recommend a Plan of Action** |  |  |

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| **10. Describe Competitive Selection Process** |  |  |

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| **11. Documentation to Confirm Agency and Community Commitments** |  |  |

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| **12. Develop Implementation and Funding Plan for Selected Alternative** |  |  |

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| **13. Ranking/Funding Criteria Included** |  |  |

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| **14. Project Budget Included** |  |  |

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| **15. Executed Plan** |
|  Executed Date(s) |  |  |
|  Signature Page |  |  |
|  Board/Committee |  |  |

Comments

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| Agency Signature |  | Title |  | Date |
| State/OTD Project Manager Signature |  | Title |  | Date |

 State/OTD Regional Program Manager Acknowledgement

Initials