**KENTUCKY TRANSPORTATION CABINET OFFICE OF TRANSPORTATION DELIVERY**

**SECTION 5311 (ALN #20.509) APPLICATION GUIDELINES RURAL AREA FORMULA GRANTS**

**SFY 2025 APPLICATION CHECKLIST**

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

**AGENCY NAME/DBA (both)**

**SAM# Congressional District**

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| **PART I PLANNING & PROGRAMMING** | **PAGE #** | **CABINET USE ONLY** |
| **1. Project Description** | | |
|  Proof of Active Registration at SAM.gov |  |  |
|  Updated Project Description (Routes, Fares, Hours, Days, etc.) (Please include Rural Public, Appalachian, Intercity Bus, etc.) |  |  |
|  Appalachian Counties listed (if applicable) |  |  |
|  HSTD/NEMT Involvement/Participation |  |  |
|  Vehicle/Facility Maintenance Plans |  |  |
|  Fixed Route/Supplemental ADA Paratransit Description of Services |  |  |
|  Deviated or Flexible Fixed Route Description of Services |  |  |
|  Demand-Response Description of Services |  |  |
|  Intercity Bus Assurance and Description |  |  |
|  Incidental Services/Cost Recovery (Facilities, Charter, Meals, etc.) |  |  |
|  Updated Equipment/Rolling Stock/Real Property Inventory Listing |  |  |
|  Maps of Service Area for each service (Demand Response/Intercity, etc.) |  |  |
|  Articles of Incorporation/Transit Authority/Local Gov (current) |  |  |
|  Updated Drug & Alcohol Policy |  |  |
|  List of Safety Sensitive Employees (w/o SS#) including Job Titles |  |  |
|  Low Income Population for Service Area |  |  |
|  Disabled Population for Service Area |  |  |
|  Training Conducted during Current and One (1) Past Fiscal Year |  |  |
|  Status of Open 5311/5309/5339 Capital Projects with Updated Milestones |  |  |
| **2. Project Justification** | | |
|  Benefits/Changes/Impact |  |  |
|  Personnel |  |  |
|  Relationship to Community |  |  |
|  Local Support Letters |  |  |
|  Inaccessible Vehicle Purchase (Equivalent Service Analysis) |  |  |

**Revised 1/3/2024**

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| **3. Project Budget(s)** | | |
|  Separate Budget for each Applicable Service (Operating, Administrative, Appalachian, Intercity, Intercity Administrative) |  |  |
|  Separate **Detailed** Backup for **each** Line Item on **each** Budget |  |  |
|  Explain Non-Emergency Medicaid Involvement in Detail |  |  |
|  Indirect Line Item (Approved Non-Profit Rate Agreement) |  |  |
|  DBE/WBE Goal |  |  |
|  In-Kind Backup Documentation/Justification |  |  |
|  RTAP Needs Explained & Budget(s) |  |  |
|  Source(s) of Contract Revenue w/Description of Services Provided |  |  |

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| **4. Purchase Requirement(s)** | | |
|  Annual Equipment Certification |  |  |
|  Agency Purchase Procedures (one-time only) |  |  |
|  Specifications for **each Item Requested** |  |  |
|  Bid Package or Request for Proposals and ICE (if applicable) for  **each Item Requested** |  |  |

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| **5. Planning** | | |
|  Monitoring Agency(s) (Board, Commission, State, ADD, etc.) |  |  |
|  Studies & Dates |  |  |
|  Two One-Year Operating Budgets (SFY24 & SFY25) |  |  |
|  Three One-Year Capital Budgets (SFY23, SFY24 & SFY25) |  |  |
|  Population of Service Area by County |  |  |
|  Community Development Projects Description |  |  |

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| **PART II COMPLIANCE** | | |
| **1. Coordination Meeting** |  |  |
|  Certified Mail/Returned Receipts |  |  |
|  Providers Notified/Copy of Letter |  |  |
|  Participants/Summary |  |  |

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| **2. Public Hearing (if necessary)** | | |
|  Copy of Advertisement/Proof of Publication |  |  |
|  Participants/Certified Verbatim Transcript |  |  |
|  LEP Accommodations |  |  |

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| **3. Private Sector Participation** | | |
|  Dates/Early Notification/Consultation |  |  |
|  Description of Proposals Received |  |  |
|  Rationale for Inclusion/Exclusion |  |  |
|  Complaints/Resolutions |  |  |
|  Written Local Complaint Process |  |  |

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| **4. Certifications and Assurances** | | |
|  FY2025 Certifications and Assurances |  |  |
|  Signed Federal Model Clauses |  |  |
|  Local Share and Authorizing Resolution |  |  |

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| **5. Title VI** | | |
|  LEP Access Plan |  |  |
|  Affirmative Action Plan (100 or more employees) |  |  |
|  One Time Title VI Documentation |  |  |

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| **6. Elderly and Persons with Disabilities** | | |
|  Hearing (if service for disabled changed) |  |  |
|  Status Report on Service for Disabled |  |  |

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| **7. Opinion of Counsel** | | |
|  Current Letter from Counsel |  |  |

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| **8. Labor** | | |
|  Letter to KYTC |  |  |

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.