**KENTUCKY TRANSPORTATION CABINET OFFICE OF TRANSPORTATION DELIVERY**

**SECTION 5339 (ALN #20.526) BUS AND BUS FACILITIES APPLICATION GUIDELINES SFY 2025 APPLICATION CHECKLIST**

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

**AGENCY NAME/DBA (both)**

**SAM# Congressional District**

|  |  |  |
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|  | **PAGE #** | **CABINET**  **USE ONLY** |
| **1. Proof of Active Registration at SAM.gov** |  |  |
| **2. Project Description & Project Justification** |  |  |
| **3. Vehicle/Facility Maintenance Plans** |  |  |
| **4. Milestone Schedule** |  |  |
| **5. Proposed Budget(s) and DBE Goal (with detailed backup)** |  |  |
| **6. Project Financing and Commitment of Local Share** |  |  |
| **7. Inclusion in MPO’s Transportation Improvement Program**  **(TIP) if Part of Urban Area and/or Inclusion in STIP** |  |  |
| **8. Labor (see attachment)** |  |  |
| **9. Statement that No Persons, Families, or Businesses will be**  **Displaced by the Proposed Project (if applicable)** |  |  |
| **10. Anticipation of NEPA Requirements** |  |  |
| **11. Protection of the Environment Statement that this Project is a Class 2 Action that has no Significant Impact on the**  **Environment, if applicable, or Planned Environmental Reviews** |  |  |
| **12. Evaluation of Flood Plain (if applicable)** |  |  |
| **13. Enclosed Executed Documents** |  |  |
|  **Certifications & Assurances** |  |  |
|  **Local Share & Authorizing Resolution** |  |  |
|  **Equivalent Service Analysis** |  |  |
|  **Federally Required and Model Contract Clauses** |  |  |
|  **Specifications for each Item Requested** |  |  |
|  **Bid Package or Request for Proposals and ICE (if applicable)**  **for each Item Requested** |  |  |

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**