

**KENTUCKY TRANSPORTATION CABINET
OFFICE OF TRANSPORTATION DELIVERY
SECTION 5304 (CFDA #20.505) APPLICATION GUIDELINES
STATEWIDE AND NON-METROPOLITAN PLANNING
SFY 2023 APPLICATION CHECKLIST
Due April 1, 2022**

_____ **AGENCY NAME/DBA (both)**

_____ **DUNS# & SAM#** **Congressional District**

	<u>PAGE #</u>	<u>CABINET USE ONLY</u>
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 Branch 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.