

**KENTUCKY TRANSPORTATION CABINET
OFFICE OF TRANSPORTATION DELIVERY
SECTION 5311 (CFDA #20.509) APPLICATION GUIDELINES
RURAL AREA FORMULA GRANTS
SFY 2023 APPLICATION CHECKLIST
Due April 1, 2022**

AGENCY NAME/DBA (both)

DUNS# & SAM#

Congressional District

PART I PLANNING & PROGRAMMING

<u>PAGE</u> #	<u>CABINET</u> <u>USE</u> <u>ONLY</u>
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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)		

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		

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		

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		

PART II COMPLIANCE

1. Coordination Meeting

- Certified Mail/Returned Receipts		
- Providers Notified/Copy of Letter		
- Participants/Summary		

2. Public Hearing (if necessary)

- Copy of Advertisement/Proof of Publication		
- Participants/Certified Verbatim Transcript		
- LEP Accommodations		

3. Private Sector Participation

- Dates/Early Notification/Consultation		
- Description of Proposals Received		
- Rationale for Inclusion/Exclusion		
- Complaints/Resolutions		
- Written Local Complaint Process		

4. Certifications and Assurances

- FY2023 Certifications and Assurances		
- Signed Federal Model Clauses		
- Local Share and Authorizing Resolution		

5. Title VI

- LEP Access Plan		
- Affirmative Action Plan (100 or more employees)		
- <u>One Time</u> Title VI Documentation		

6. Elderly and Persons with Disabilities

- Hearing (if service for disabled changed)		
- Status Report on Service for Disabled DUE in FY23 Application		

7. Opinion of Counsel

- Current Letter from Counsel		
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8. Labor

- Letter to KYTC		
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Agency Signature

Title

Date

State/OTD Project Manager Signature

Title

Date

Initials State/OTD Staff Assistant or Branch Manager Acknowledgement

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