**AGENCY NAME/DBA (both)**

**DUNS# Congressional District**

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| **LEAD AGENCY:** | **PAGE #** | **CABINET USE ONLY** |
| 1. **Type of Project** |  |  |
| * Traditional Capital Project – Replacement Vehicles |  |  |
| * Project(s) Exceed Requirements of ADA, Improve Access to Fixed Route Services and/or Alternatives that Assist Seniors and Individuals with Disabilities (Formerly 5317 New Freedom) |  |  |
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| 1. **Summary Page** |  |  |
| * All Agencies Contacted/Dates Listed |  |  |
| * Needs Ranked |  |  |
| * Coordination Meeting(s) Listed (if applicable) |  |  |
| * Milestone Schedule |  |  |

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| 1. **Notification** |  |  |
| * Copy(s) of Letter and/or List of Agencies |  |  |
| * Private Sector Notified |  |  |
| * Groups Serving Minorities Notified |  |  |
| * Copies of Certified Receipts |  |  |
| * Coordination Meeting(s) Summarized (if applicable) |  |  |

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| 1. **Requirements** |  |  |
| * Fiscal/Managerial Capability of Lead Agency & Applicants |  |  |
| * Title VI: Minorities Served Estimated by Category |  |  |
| * Equivalent Service Analysis of Lead Agency & Applicants |  |  |
| * Preventive Maintenance Program and Forms |  |  |
| * Articles of Incorporation for Lead Agency & Applicants |  |  |
| * Legal Name Form for Lead Agency & Applicants |  |  |
| * Operating Funds and Local Match: |  |  |
| * Letter(s) from Agency(s) Providing Operating Funds for Vehicle |  |  |
| * Letter(s) from Agency(s) Providing Required Local Match |  |  |
| * Description of Incidental Services & Cost Recovery such as: Meal Delivery |  |  |
| * Status of Open 5310 |  |  |
| 1. **Assurances** |  |  |
| * Certifications and Assurances |  |  |
| * Authorizing Resolution |  |  |
| * Signed Federally Required Model Contract Clauses |  |  |

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| 1. **Assessments for Each Agency** |  |  |
| * Each County’s Needs Addressed |  |  |
| * One Complete Form per Vehicle (Preliminary Assessment) |  |  |

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| 1. **Specifications** |  |  |
| * Capital Equipment Request Specifications, Bid Package and/or Quotes with Independent Cost Estimate for each Capital type of request |  |  |
| 1. **Coordinated Plan** |  |  |
| * Coordinated Plan Attached |  |  |
| * Coordinated Plan Checklist Attached (Fully Completed and Signed) |  |  |

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Agency Signature Title Date

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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.