**AGENCY NAME/DBA (both)**

**DUNS# Congressional District**

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| **PART I PLANNING & PROGRAMMING** | **PAGE #** | **CABINET USE ONLY** |
| 1. **Project Description**
 |  |  |
| * 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
 |  |  |
| * Deviated or Flexible Fixed Route
 |  |  |
| * Demand-Response
 |  |  |
| * 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)
 |  |  |
| * Legal Name Form
 |  |  |
| * 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
 |  |  |
|  |  |  |
| 1. **Project Justification**
 |  |  |
| * Benefits/Changes/Impact
 |  |  |
| * Personnel
 |  |  |
| * Relationship to Community
 |  |  |
| * Local Support Letters
 |  |  |
| * Inaccessible Vehicle Purchase
 |  |  |

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| 1. **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)
 |  |  |
| * RTAP Application Spreadsheet
 |  |  |
| * Source(s) of Contract Revenue w/Description of Services Provided
 |  |  |

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| 1. **Purchase Requirement(s)**
 |  |  |
| * Annual Equipment Certification
 |  |  |
| * Agency Purchase Procedures (one-time only)
 |  |  |
| * Bid or Quote Specifications with Bid Package and ICE for **each Item Requested**
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| 1. **Planning**
 |  |  |
| * Monitoring Agency(s) (Board, Commission, State, ADD, etc.)
 |  |  |
| * Studies & Dates
 |  |  |
| * Two One-Year Operating Budgets (SFY21 & SFY22)
 |  |  |
| * Three One-Year Capital Budgets (SFY20, SFY21 & SFY22)
 |  |  |
| * 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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| 1. **Public Hearing (if necessary)**
 |  |  |
| * Copy of Advertisement/Proof of Publication
 |  |  |
| * Participants/Certified Verbatim Transcript
 |  |  |
| * LEP Accommodations
 |  |  |

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| 1. **Private Sector Participation**
 |  |  |
| * Dates/Early Notification/Consultation
 |  |  |
| * Description of Proposals Received
 |  |  |
| * Rationale for Inclusion/Exclusion
 |  |  |
| * Methods for Periodic Service Review
 |  |  |
| * True Cost Comparison Methodology
 |  |  |
| * Complaints/Resolutions
 |  |  |
| * Written Local Complaint Process
 |  |  |

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| 1. **Certifications and Assurances**
 |  |  |
| * FY2020 Certifications and Assurances
 |  |  |
| * Signed Federal Model Clauses
 |  |  |
| * Equivalent Service Analysis
 |  |  |
| * Authorizing Resolution
 |  |  |
| * Local Share Resolution
 |  |  |
| * DBE/WBE Policy Statement
 |  |  |
| * Legal Name of Entity/Applicant
 |  |  |
| * Standard DOT Title VI Assurances
 |  |  |

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| 1. **Title VI**
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| * LEP Access Plan
 |  |  |
| * Affirmative Action Plan (100 or more employees)
 |  |  |
| * One Time Title VI Documentation
 |  |  |

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| 1. **Elderly and Persons with Disabilities**
 |  |  |
| * Hearing (if service for disabled changed)
 |  |  |
| * Status Report on Service for Disabled **DUE in FY20 Application**
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| 1. **Opinion of Counsel**
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| * Current Letter from Counsel
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| 1. **Labor**
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| * Letter to KYTC
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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.