

**KENTUCKY TRANSPORTATION CABINET
OFFICE OF TRANSPORTATION DELIVERY
SECTION 5310 (CFDA #20.513) APPLICATION GUIDELINES
ENHANCED MOBILITY OF SENIORS AND INDIVIDUALS WITH DISABILITIES
SFY 2022 APPLICATION CHECKLIST
Due April 1, 2021**

AGENCY NAME/DBA (both)

DUNS#

Congressional District

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)		

2. Summary Page

- All Agencies Contacted/Dates Listed		
- Needs Ranked		
- Coordination Meeting(s) Listed (if applicable)		
- Milestone Schedule		

3. 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)		

4. 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		
- 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		

5. Assurances

- Certifications and Assurances		
- Authorizing Resolution		
- Signed Federally Required Model Contract Clauses		

6. Assessments for Each Agency

– Each County’s Needs Addressed		
– One Complete Form per Vehicle (Preliminary Assessment)		

7. Specifications

– Capital Equipment Request Specifications, Bid Package and/or Quotes with Independent Cost Estimate for each Capital type of request		
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8. Coordinated Plan

– Coordinated Plan Attached		
– Coordinated Plan Checklist Attached (Fully Completed and Signed)		

Agency Signature	Title	Date

State/OTD Project Manager Signature	Title	Date

_____ State/Branch Manager or Designated

Initials