

**KENTUCKY TRANSPORTATION CABINET  
OFFICE OF TRANSPORTATION DELIVERY  
SECTION 5310 (CFDA #20.513)  
COORDINATED PLAN CHECKLIST  
SFY 2022**

\_\_\_\_\_  
**AGENCY NAME/DBA (both)**

\_\_\_\_\_  
**NAME OF PLAN**

\_\_\_\_\_  
**COUNTIES COVERED**

<u>PAGE #</u>	<u>CABINET USE ONLY</u>
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**1. 4(Four) Main Points of Plan**

– An assessment of available services that identifies current transportation providers (public, private, and nonprofit)		
– An assessment of transportation needs of individuals to be served with the funding sought, that is, persons with disabilities, older adults, and people with low incomes		
– Strategies, activities, and/or projects to address the identified gaps between current services and needs, as well as opportunities to improve efficiencies in service delivery		
– Priorities for implementation based on resources (from multiple program sources), time, and feasibility for implementing specific strategies and/or activities		

**2. Identified Stakeholders**

– Local Officials		
– Community Based Organizations		
– Public Transit Providers		
– State and Local Human Service Agencies		
– Transportation Consumers		
– State and Local Transportation Planning Agencies		
– Other Stakeholders		

**3. Initial Meeting**

– Date		
– Other Meeting(s)		

**4. Establish Commitments and Form Partnerships**

– Formal Agreement among Participants		
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**5. Specify Goals, Objectives, Constraints, and Priorities**

– For 5310		
– For 5311 JARC Activities (optional)		

**6. Jointly Identify Client Needs**

– Elderly		
– Disabled Persons		
– Persons with Low Income/Welfare Recipients (optional)		

**7. Identify Transportation Resources (list shared resources)**

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**8. Design Detailed Service and Financial Options**

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**9. Select and Recommend a Plan of Action**

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**10. Describe Competitive Selection Process**

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**11. Documentation to Confirm Agency and Community Commitments**

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**12. Develop Implementation and Funding Plan for Selected Alternative**

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**13. Ranking/Funding Criteria Included**

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**14. Project Budget Included**

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**15. Executed Plan**

– Executed Date(s)		
– Signature Page		
– Board/Committee		

**Comments**


Agency Signature	Title	Date

State/OTD Project Manager Signature	Title	Date

\_\_\_\_\_ State/OTD Branch Manager Acknowledgement

Initials