KENTUCKY TRANSPORTATION CABINET OFFICE OF TRANSPORTATION DELIVERY

SECTION 5310 (ALN #20.513) APPLICATION GUIDELINES ENHANCED MOBILITY OF SENIORS AND INDIVIDUALS WITH DISABILITIES

SFY 2025 APPLICATION CHECKLIST

**\*\*Due April 1, 2024\*\***

**AGENCY NAME/DBA (both)**

**SAM# Congressional District**

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| **LEAD AGENCY:** | **PAGE #** | **CABINET USE ONLY** |
| **1. Type of Project** |
|  Proof of Active Registration at SAM.gov |  |  |
|  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 withDisabilities |  |  |
| **2. Summary Page** |
|  All Agencies Contacted/Dates Listed |  |  |
|  Needs Ranked |  |  |
|  Coordination Meeting(s) Listed (if applicable) |  |  |
|  Milestone Schedule |  |  |

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| **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) |  |  |

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| **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 |  |  |

**Revised 1/3/2024**

**SECTION 5310 SFY 2025 APPLICATION CHECKLIST**

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| **5. Assurances** |
|  Certifications and Assurances |  |  |
|  Authorizing Resolution & Local Share Resolution |  |  |
|  Signed Federally Required Model Contract Clauses |  |  |

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| **6. Assessments for Each Agency** |
|  Each County’s Needs Addressed |  |  |
|  One Complete Form per Vehicle (Preliminary Assessment) |  |  |

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| **7. Specifications** |
|  Specifications for each Item Requested |  |  |
|  Bid Package or Request for Proposals and ICE (if applicable) for each Item Requested |  |  |
| **8. Coordinated Plan** |
|  Coordinated Plan Attached |  |  |
|  Coordinated Plan Checklist Attached (Fully Completed and Signed) |  |  |

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| Agency Signature |  | Title |  | Date |
| State/OTD Project Manager Signature |  | Title |  | Date |

 State/OTD Staff Assistant or Regional Program 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.

**Revised 1/3/2024**