

**KYOVA Interstate Planning Commission
Suballocated Funds Program / Intent to Apply**

APPLICANT INFORMATION

ORGANIZATION/AGENCY NAME	PROJECT LOCATION (CITY/COUNTY/TOWNSHIP)	HIGHWAY DISTRICT
ADDRESS	CITY	STATE
ZIP	PHONE	FAX

PROJECT NAME OR LOCATION

FUNDING PROGRAM <input type="checkbox"/> Surface Transportation Program (STP) <input type="checkbox"/> Transportation Alternatives Program (TAP) <input type="checkbox"/> Congestion Mitigation Air Quality (CMAQ) <input type="checkbox"/> Section 5310 (Transit)	PROJECT TYPE <input type="checkbox"/> Highway <input type="checkbox"/> Transit <input type="checkbox"/> Bicycle/Pedestrian
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POINT OF CONTACT	CONTACT E-MAIL
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Is the project included in the current Metropolitan Transportation Plan (MTP)? Yes No

PROJECT DESCRIPTION: Please provide a detailed description of the project. Include if there targeted letting dates, purpose and need, any work that has been completed to date, incurred cost to date, etc. Add an additional page if required.

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ESTIMATED PROJECT COST

IMPORTANT: KYOVA uses the cost estimate to determine the amount of funding; therefore, the estimates for each phase of the project must be as accurate as possible.

FOR INFRASTRUCTURE (CONSTRUCTION) PROJECTS ONLY, COMPLETE THE FOLLOWING TABLE.

PHASE	COST
Preliminary Engineering/Design	
Right of Way (ROW)	
Utilities	
Construction	
Construction Engineering/Inspection	
Contingency (10%)	
TOTAL FUNDS REQUESTED	

FOR NON-INFRASTRUCTURE (NON-CONSTRUCTION) PROJECTS ONLY, COMPLETE THE FOLLOWING TABLE.

ACTIVITY	COST
Contingency (10%)	
TOTAL FUNDS REQUESTED	

LOCAL PUBLIC AGENCY (LPA) MATCH

Projects require a 20% match.

ITEM/SOURCE	AMOUNT
TOTAL MATCH PROVIDED	

FINANCIAL FEASIBILITY

Will the funds requested in this application fully fund the project? Yes No

If no, provide the gap amount and how the difference will be covered.

Name/Title:

Signature:

Date: