

Alaska Community Transit Office

STATE OF ALASKA

SFY2018 INTENT TO APPLY – CURRENT SUBRECIPIENTS

Instructions: Please fill out the requested information below if your agency is intending to apply for Alaska Community Transit (ACT) SFY2018 grants, and has received a grant from ACT within the past 3 years. Completed forms must be sent to dot.alaska.transit@alaska.gov by August 31st, 2016.

**See Reverse side to request new users to access, or remove access to the ACT electronic grants management system,

GENERAL INFORMATION

Agency Legal Name: _____ DUNS#: _____

Primary Contact*: _____ Title _____

Email: _____ Phone: _____

Mailing Address _____ **AK**
Mailing Address City/Community State Zip

Physical Address of Service: _____ **AK**
Address City/Community State Zip

PROJECT REQUEST(S)

Match rates: Public Transit - Admin (90.97/9.03), Operating (56.86/43.14), Capital (90.97/9.03)

Human Services - Operating Assistance (50/50), Purchase of Services (80/20), Capital (80/20)

Project Title	Requested Funding	Match	Total Project Cost
Total:			

I certify, to the best of my knowledge, that the information in this intent to apply is true and accurate and that this organization has the necessary fiscal, data collection, and managerial capability to implement and manage the projects associated with these projects.

Name: Agency Representative authorized to sign on behalf of Agency

Title

Signature

Date

See Reverse ----->

Please list any new staff that will need access to BlackCat if approved to apply for ACT grants.

Name: _____ Title _____

Email: _____ Phone: _____

Name: _____ Title _____

Email: _____ Phone: _____

Name: _____ Title _____

Email: _____ Phone: _____

Please list any uses that need to be removed from BlackCat .

Name _____

Name _____

Name _____