

This form is required for any agency intending to apply for Alaska Community Transit (ACT) SFY2018 grants. Use this form if your agency has never, or has not in the last 3 years, received a grant from ACT. Completed forms must be sent to [dot.alaska.transit@alaska.gov](mailto:dot.alaska.transit@alaska.gov) by August 31<sup>st</sup>, 2016. **NOTE:** ACT is not accepting any new public transit agencies at this time.

### 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

Website: \_\_\_\_\_ Federal Tax ID: \_\_\_\_\_ US DOT#: \_\_\_\_\_

Has your agency applied for, or been awarded, an ACT grant in the past? **Yes** **No**

If Yes, when: \_\_\_\_\_ \*\*See Reverse side to request additional users to access the ACT electronic grants management system, BlackCat

### ELIGIBILITY

Please attach the following:

- ☐ Proof of Non-profit status, Certification of Compliance, or Federally Recognized Tribal Status
- ☐ Current Coordinated Public Transit-Human Service Transportation Plan, or proof that a Coordinated Plan is being created/updated and includes public participation
- ☐ Maintenance Plan (only agencies that operate transit vehicles)

### PROJECT REQUEST(S)

Match rates: Operating Assistance (50/50), Purchase of Services (80/20), Capital (80/20)

| Project Title | Requested Funding | Match | Total Project Cost |
|---------------|-------------------|-------|--------------------|
|               |                   |       |                    |
|               |                   |       |                    |
|               |                   |       |                    |
| <b>Total:</b> |                   |       |                    |

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 ----->**

## BLACKCAT USERS

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

User Name \_\_\_\_\_ Title \_\_\_\_\_

Email: \_\_\_\_\_ Phone: \_\_\_\_\_

User Name \_\_\_\_\_ Title \_\_\_\_\_

Email: \_\_\_\_\_ Phone: \_\_\_\_\_

User Name \_\_\_\_\_ Title \_\_\_\_\_

Email: \_\_\_\_\_ Phone: \_\_\_\_\_