

Use this form if your agency is intending to apply for SFY2021 Alaska Community Transit (ACT) human service transit grants, and your agency has received a grant from ACT within the last 5 years (SFY2015-2020).

Instructions: Completed forms must be sent to [dot.alaska.transit@alaska.gov](mailto:dot.alaska.transit@alaska.gov) by September 6th, 2019.

**GENERAL INFORMATION**

Agency Legal Name: \_\_\_\_\_ DUNS#: \_\_\_\_\_

Primary Contact\*: \_\_\_\_\_ Title \_\_\_\_\_

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

Mailing Address \_\_\_\_\_ **AK**  
Mailing Address City/Community State Zip

Physical Address of Project: \_\_\_\_\_ **AK**  
Address City/Community State Zip

Year of most recent ACT grant: \_\_\_\_\_ Coordinated Transportation Plan Year: \_\_\_\_\_

**PROJECT REQUEST(S)**

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

Project Title	Project Type	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 side to request additional users to access the ACT electronic grants management system, BlackCat.*

**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: \_\_\_\_\_