

Use this form if your agency is intending to apply for SFY2021 Alaska Community Transit (ACT) human service transit grants and your agency has never, or has not in the last 5 years (SFY2015-2020), received a grant from ACT.

Instructions: Complete the form below, and attach required documentation. **NOTE:** ACT is not accepting any new public transit agencies at this time. Completed forms and attachments 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

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: \_\_\_\_\_

**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 or intend to purchase a vehicle with grant funds)

**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.

**Name** \_\_\_\_\_ **Title** \_\_\_\_\_

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

**Name** \_\_\_\_\_ **Title** \_\_\_\_\_

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

**Name** \_\_\_\_\_ **Title** \_\_\_\_\_

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