



KYOVA INTERSTATE PLANNING COMMISSION

Project Funding Request

Intent to Apply

APPLICANT INFORMATION			
ORGANIZATION/AGENCY NAME		PROJECT LOCATION(CITY/COUNTY/TOWNSHIP)	HIGHWAY DISTRICT
ADDRESS		CITY	STATE
ZIP	PHONE		FAX
POINT OF CONTACT		CONTACT E-MAIL	
PROJECT NAME AND/OR LOCATION			
FUNDING PROGRAM <input type="checkbox"/> Surface Transportation Block Grant (STBG) Program <input type="checkbox"/> Transportation Alternatives (STBG Set-Aside Program) <input type="checkbox"/> Congestion Mitigation Air Quality (CMAQ) – Ohio		PROJECT TYPE <input type="checkbox"/> Roadway <input type="checkbox"/> Transit <input type="checkbox"/> Intermodal <input type="checkbox"/> Planning Study <input type="checkbox"/> Bicycle/Pedestrian/Multimodal <input type="checkbox"/> Other	
Is this a new project or a continuation of a project? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, Project Name: _____			
PROJECT DESCRIPTION Please provide a detailed project description and attach an 8 ½" x 11" location map. Project description should include but not be limited to: targeted letting dates, purpose and need, any work completed to date, incurred cost to date, etc. If you require additional space for the Project Description please attach separate sheet labeled with the heading – "Project Description – continued".			



KYOVA INTERSTATE PLANNING COMMISSION

Project Funding Request

Intent to Apply

Is the project included in KYOVA's current Metropolitan Transportation Plan (MTP)?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If yes, please identify the location (page number) and project identification number. Page #: _____ MTP Project ID: _____		
Is the project included in KYOVA's current Transportation Improvement Program (TIP)?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If yes, please identify the location (page number) and project Identification number. Page #: _____ TIP Project ID: _____		
NOTE: Please include, as an attachment, a Resolution and/or Letter of Commitment signed by the agency chief official approving application of this project. The Resolution and/or Letter must state the project title, total project cost, committed match and the projected project timeline.		



KYOVA INTERSTATE PLANNING COMMISSION

Project Funding Request

Intent to Apply

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.	
INFRASTRUCTURE (CONSTRUCTION) PROJECTS	
PHASE	COST
Preliminary Engineering/Detailed Environmental	
Design	
Design/Build Project	
Right of Way (ROW)	
Utilities	
Construction	
Construction Engineering/Inspection	
Total Funds <u>Less</u> Contingency	
Contingency (_____ %)	
TOTAL PROJECT COST – INFRASTRUCTURE	
NON-INFRASTRUCTURE (NON-CONSTRUCTION) PROJECTS	
ACTIVITY	COST
Total Funds <u>Less</u> Contingency	
Contingency (_____ %)	
TOTAL PROJECT COST – NON-INFRASTRUCTURE	
LOCAL PUBLIC AGENCY (LPA) MATCH – Projects require a 20% match	
ITEM/SOURCE	AMOUNT
TOTAL MATCH PROVIDED	
TOTAL PROJECT COST – ESTIMATED	
Infrastructure (Construction) Funds Requested	
Non-Infrastructure (Non-Construction) Funds Requested	
Less Local Match (_____ %)	
TOTAL FUNDS REQUESTED FOR PROJECT	



KYOVA INTERSTATE PLANNING COMMISSION

Project Funding Request

Intent to Apply

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. If more space is required attach a separate sheet with the heading "Financial Feasibility – continued".

Name: _____ Title: _____

Signature: _____

Date: _____