



# 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			
<b>FUNDING PROGRAM</b> <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		<b>PROJECT TYPE</b> <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".			
Click or tap here to enter text.			
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: _____			
<b>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.</b>			



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<b>ESTIMATED PROJECT COST</b>	
<b>IMPORTANT:</b> 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.	
<b>INFRASTRUCTURE (CONSTRUCTION) PROJECTS</b>	
PHASE	COST
Preliminary Engineering/Detailed Environmental Design	
Design/Build Project	
Right of Way (ROW)	
Utilities	
Construction	
Construction Engineering/Inspection	
<b>Total Funds <i>Less</i> Contingency</b>	<b>\$0.00</b>
Contingency (     %)	
<b>TOTAL PROJECT COST – INFRASTRUCTURE</b>	<b>\$0.00</b>
<b>NON-INFRASTRUCTURE (NON-CONSTRUCTION) PROJECTS</b>	
ACTIVITY	COST
<b>Total Funds <i>Less</i> Contingency</b>	<b>\$0.00</b>
Contingency (     %)	
<b>TOTAL PROJECT COST – NON-INFRASTRUCTURE</b>	<b>\$0.00</b>
<b>LOCAL PUBLIC AGENCY (LPA) MATCH – Projects require a 20% match</b>	
ITEM/SOURCE	AMOUNT
<b>TOTAL MATCH PROVIDED</b>	<b>\$0.00</b>
<b>TOTAL PROJECT COST – ESTIMATED</b>	
Infrastructure (Construction) Funds Requested	\$0.00
Non-Infrastructure (Non-Construction) Funds Requested	\$0.00
Less Local Match (     %)	\$0.00
<b>TOTAL FUNDS REQUESTED FOR PROJECT</b>	<b>\$0.00</b>



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<b>FINANCIAL FEASIBILITY</b>
Will the funds requested in this application fully fund the project? <input type="checkbox"/> Yes <input type="checkbox"/> 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".
Click or tap here to enter text.

Name/Title: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_