**Established Applicants**

[dot.alaska.transit@alaska.gov](mailto:dot.alaska.transit@alaska.gov)   
P.O. Box 112500  
3132 Channel Drive, Room 120  
JUNEAU, ALASKA 99811-2500  
Phone: [(907) 465-6961](tel:+19074656961)

**SFY2027 Intent to Apply**

Use this form if your agency intends to apply for SFY2027 Alaska Community Transit (ACT) human service transportation grants, and your agency has received a grant from ACT within the last 5 years (SFY2021–2026).

Instructions: Submit completed forms to [dot.alaska.transit@alaska.gov](mailto:dot.alaska.transit@alaska.gov?subject=SFY2027%20Intent%20to%20Apply%20Established%3A%20YOUR%20AGENCY%20NAME) by 4:30 pm, September 19, 2025.

**General Information**

|  |  |
| --- | --- |
| Agency Legal Name: | Click or tap here to enter text. |
| [SAM.GOV #:](https://sam.gov/content/status-tracker) | Click or tap here to enter text. |
| Primary Contact: | Click or tap here to enter text. |
| Title: | Click or tap here to enter text. |
| Email: | Click or tap here to enter text. |
| Phone: | Click or tap here to enter text. |
| Mailing Address (Street, City, Zip): | Click or tap here to enter text. |
| Physical Address of Project (Street, City, Zip): | Click or tap here to enter text. |

*Year of most recent ACT grant:* Choose an item.

*Year of most recent* [*Coordinated Transportation Plan*](https://www.nationalrtap.org/Toolkits/Transit-Managers-Toolkit/Operations-and-Planning/Planning-and-Evaluation#PlanningandEvaluation)*:* Click or tap here to enter text.

**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 Cost ($) |
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Total: Click or tap here to enter text.

**Certification**

*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 listed above.*

*Authorized Agency Representative Name*: Click or tap here to enter text.

*Title:* Click or tap here to enter text.

[**BlackCat System Access**](https://akdot.blackcattransit.com/)

List any **additional** staff who need access to Black Cat, the DOT&PF transit application, and award management system.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| First Name | Last Name | Title | Email | Phone |
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*Signature:* \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ *Date:* Click or tap to enter a date.  
*(Please see the comment in this document for instructions on converting to PDF and signing using Adobe’s Fill & Sign tool.)*