**Prospective Applicants**

**SFY2027 Intent to Apply**

Use this form if your agency intends to apply for SFY2027 Alaska Community Transit (ACT) human service transit grants and your agency has never or has not, in the last 5 years (SFY2021–2026), received a grant from ACT.

Instructions: Complete the form below and attach the required documentation. Completed forms and attachments must be sent to dot.alaska.transit@alaska.govby 4:30 p.m., September 19, 2025.

Click here to email with subject line pre-filled: dot.alaska.transit@alaska.gov?

**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. |
| Website: | Click or tap here to enter text. |

[*Federal Tax ID*](https://www.irs.gov/businesses/employer-identification-number) *(required):* Click or tap here to enter text.
[*US DOT #*](https://www.fmcsa.dot.gov/registration/do-i-need-usdot-number) *(optional):* Click or tap here to enter text.

*Has your agency applied for, or been awarded, an ACT grant in the past?* Yes [ ]  No [ ]

*If Yes, when:* Click or tap here to enter text.

*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.

**Eligibility and Required Documents**

Please attach the following (together with your intent to apply document):

- Proof of Non-profit status, Certification of Compliance, or Federally Recognized Tribal Status

- Current Coordinated Public Transit-Human Service Transportation Plan, or proof that one is being developed

- Maintenance Plan (only for agencies operating or purchasing transit vehicles)

**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 ($) |
| Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |
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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 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.
*(Use the Draw tab in Word to draw your signature, or type your full name above.)*