

### Request for KDOT Support Federal Discretionary Grants

#### **Overview & Directions**

Kansas entities/jurisdictions seeking Request for KDOT Support for <u>Federal Discretionary Grants</u> **must** complete the following application for consideration and response. This form, and the accompanying documents indicated on this form, **must** be provided each submission cycle. This means a Request for KDOT Support submitted in a prior year will not be carried forward, even if there are no substantial changes in the project.

- Priority KDOT review and response will be given to complete request for Request for KDOT Support
  packets received at least 14 business days prior to the Federal Discretionary Grant deadline.
- Documents should be submitted in PDF or Microsoft Office compatible formats.
- KDOT will process and respond to ALL Requests for Support, however only those received by the
  priority review deadline can be guaranteed official response by the application submission date.

Completed requests for support packets should be submitted to <a href="Months:KDOT\_LOS@ks.gov">KDOT\_LOS@ks.gov</a>. Status updates and or questions should be addressed to <a href="KDOT\_LOS@ks.gov">KDOT\_LOS@ks.gov</a>.

#### **Required Documents**

Many of the required documents for the Request for KDOT Support are part of the application package the applying entity will be developing for the grant response and submission. KDOT recognizes it may be necessary for the applying entity to provide these documents in DRAFT format, which is acceptable. Please clearly note in the list below if the document provided is considered FINAL or DRAFT.

Project Narrative	1	☐ Draft		Fina
Project Map	1	☐ Draft		Fina
Project Budget	1	☐ Draft		Fina
Draft Letter of Support				
Request for KDOT Support Form				

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## **Request for KDOT Support** Federal Discretionary Grants

Lead Applicant	
ndary/Partner Applicants	
	ding this Request for Support?
Name / Title	
Email	
Phone	
wationam. Duoguan	o Information
cretionary Progran	n Information
•	
scretionary Progran	n Information ary Grant you will submit for (example: RAISE)

When is this application due? All Request for KDOT Support packets received by the priority consideration deadline (14 business days prior to the deadline provided below) will receive response at least one business day BEFORE the deadline.

Date (MM/DD/YYYY)	
Time (HH:MM AM/PM)	

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Other: Total:

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What type of application	ation is this? (che	ck one)						
☐ Capital (	Construction)							
☐ Planning	☐ Planning (Study)							
☐ Other (please use the space below to explain)								
Have you submitted	l this project for c	other grant programs? (select only one)						
☐ Yes	□ No	☐ I don't know.						
•		rograms previously applied for, the month/year the application was made, ication (example: RAISE, 2022, No)						
<b>KDOT Suppor</b>	t Request T	ype *						
☐ Letter of	Support							
☐ Financia	☐ Financial Support/CommitmentInsert Amount Requested \$							
☐ Other (p	☐ Other (please use the space below to explain)							
* For Build Kansas F Kansas Fund eligibil		match support, please see www.kshub.gov for information about the Build n process.						
<b>Project Inforr</b>	mation							
What is the name o	f the project?							
Indicate the financia	al commitment fo	r this project using the table below:						
	T	Tims project using the tuble below.						
Federal (Grant): State:	\$							
Local:	\$							
	<del></del>							



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What type of infrastructure is addressed in this project?				
	Road	☐ Bridge	☐ Modal (Rail, Bike/Ped, etc.)	
Is the infrastructure locally or state owned?				
	Local	☐ State	☐ I don't know.	
Was this project discussed at 2021 KDOT Local Consult? (Response of No or I don't know will not negatively impact the review process.)				
	Yes	□ No	☐ I don't know.	
Is this project in the IKE construction or development pipeline? (Response of No or I don't know will not negatively impact the review process.)				
	Yes	□ No	☐ I don't know.	
Have you, or a member of your team, briefed a member of KDOT on this project? (Response of No or I don't know will not negatively impact the review process.)				
	Yes	□ No	☐ I don't know.	
If YES, who did you brief?				
Name(s)				
Approximate Briefing Date(s)				
Is there anything else you would like to share that this form does not cover?				

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