

# The State of Nevada Department of Transportation Multimodal, Transit Office

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## 5304 STATEWIDE PLANNING GRANT APPLICATION

This program provides funding and procedural requirements for cooperative, continuous, and comprehensive multimodal transportation planning, is administered by NDOT, and is allocated to rural Nevada transportation providers resulting in long-range plans and short-range programs of transportation investment priorities

[49 U.S.C. Section 5304](#) | [FTA 5304 Circular](#)



## 5304 SECTION 1: APPLICANT AGENCY/ORGANIZATION INFORMATION

Please complete only **one** Section 1 form **per applicant**.

### Applicant Name:

*Please provide the name of the Agency/Organization applying for funds.*

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### Primary Contact:

*Please provide the below information about the primary contact for this application.*

**Primary contact's name**

**Primary contact's title**

**Primary contact's email**

**Primary contact's phone number**

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**UEI#**

**Federal Tax ID:**

**Nevada Business License#**

**Agency/Business Mailing Address**

**Agency/Business Web page**

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### Agency/Organization Description:

*Please briefly describe the service(s) your organization provides.*

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### Congressional District:

*Please select all that apply* **1** **2** **3** **4**

<https://www.leg.state.nv.us/Division/Research/Documents/CON-Dist-2021-ST-Overview.pdf>





**Purpose:**

*Please briefly describe why you are applying for Federal funds.*

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**Agency Authorized Representative:**

*Please provide the full name and title of the Authorized Representative with authority to submit this application.*

**I certify that my agency/organization is up to date and will comply with all applicable federal Certifications and Assurances if federal assistance is awarded.**

**Name**

**Title**

**Email**

**Phone number**





## 5304 APPLICATION CHECKLIST

**Applicant Name:**

**Date:**

**Complete Section ONE Fillable PDF**

**Complete Section TWO Fillable PDF (may be multiple)**

**New Applicant Addendum**

**Most Recent Single Audit**

**Match Commitment Letters**

**In-kind Match Valuation**

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*Authorized Representative Signature*

*Date*

**Application not complete unless signed by authorized representative**

