



Access, Innovation, and Collaboration (AIC) Project Concept Form

| APPLICANT INFORMATION | | | |
|---|-------------------------------|--|------------------|
| 1. ELIGIBLE APPLICANT – select only one Municipality County Transit Agency/Provider Tribal Gov. Other _____ | | | |
| 2. APPLICANT NAME | 3. APPLICANT ADDRESS | | 4. COUNTY |
| 5. CO-SPONSOR NAME (IF APPLICABLE) | 6. CO-SPONSOR ADDRESS | | 7. COUNTY |
| 8. PRIMARY CONTACT | 9. TITLE/ORGANIZATION | 10. EMAIL | 11. PHONE |
| 12. SECONDARY CONTACT | 13. TITLE/ORGANIZATION | 14. EMAIL | 15. PHONE |
| PROJECT INFORMATION | | | |
| 16. PROJECT TITLE | | 17. TOTAL PROJECT COST – Best estimates | |
| 17. PROJECT LOCATION/ADDRESS | | 18. COUNTY | |
| 19. BRIEF DESCRIPTION OF PROJECT NEED AND SCOPE | | | |
| 20. SUPPORTING DOCUMENTS – Please attach with this Project Concept Form any supporting documents that help illustrate and present the concept as proposed (examples: maps, photos, sketch/site plans, planning study, etc.). | | | |

Email completed AIC Concept forms to Jon.Moore@ks.gov by April 2, 2021.