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| --- |
| **For AML Use Only** |
|  |

**Project Summary**

**General Information**

|  |
| --- |
| Project Title:       |
| Total Funding Requested: $      |
| Location Address:       |
| Location County:       |
| GPS Coordinates (° ‘ “):      \*Application MUST include a geographic map of the site location. |

**Applicant Information**

|  |  |  |  |
| --- | --- | --- | --- |
| Name | Agency      | Telephone Number      | E-mail address       |
| Street or P. O. Box      | City      | County      | StateKY | ZIP Code      |

**Contact Person (if different than Applicant)**

|  |  |  |  |
| --- | --- | --- | --- |
| Name | Firm/Agency      | Telephone Number      | E-mail address       |
| Street or P. O. Box      | City      | County      | StateKY | ZIP Code      |

**Impact/Service Area**

|  |
| --- |
| Counties Served      |
| Clients Served      | Jobs Created      | Will Funds Be Utilized to Purchase Property?      | Area Development District |
| Anticipated/Projected Partners (Local Governments, Civic Organizations, Private Business, etc.)      |



**Project Details**

Do not leave the next three boxes blank, even if attaching additional and more descriptive documentation, a summary is required.

**Project Description (Summarize below. A more thorough description may be attached if necessary.)**

|  |
| --- |
|       |

**AML Nexus (Describe the physical connection between the project and historic mining)**

|  |
| --- |
|       |

**Project Benefits (Summarize below. This section must include projected measures of success. A more thorough document may be attached if necessary.)**

|  |
| --- |
|       |

**FINANCING**

Include **all** funding amounts and sources. **Please complete all appropriate columns and specify whether funds are Approved, Pending, or currently under Negotiation.**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Source** | **Planning &****Operations** | **Construction & Renovation** | **Equipment** | **Total**  | **Percent (of total)** | **Status of Funds** |
| **AML Pilot Request** |       |       |       |       |       |       |
| *Other Funding Sources –* Be sure to include Source Name in the Source Column |
| Other State:       |       |       |       |       |       |       |
| Local:       |       |       |       |       |       |       |
| In-Kind:       |       |       |       |       |       |       |
| Federal Funds:       |       |       |       |       |       |       |
| Other Funds:       |       |       |       |       |       |       |
|  |
| **TOTAL: All Sources** |       |       |       |       |       |       |

**NAME AND SIGNATURE OF AUTHORIZED REPRESENTATIVE.**

Title

Signature, Chief Executive Officer

Date

Name Typed

*Notes:*

*\*All Applications are to be submitted in both Word and PDF format. For full consideration, electronic documents must be identical. Handwritten copies are not acceptable.*

*\*Applications shall be emailed to Bob Scott, Director KDAML, at* *BobF.Scott@ky.gov* *and Justin Adams, at* *justin.adams@ky.gov*

*\*Applications with document size larger than 8 MB shall have electronic files submitted via a USB flash drive, with 8 paper hard copies, to Bob Scott, Director KDAML, at 300 Sower Blvd, Frankfort Ky. 40601*

*\*This application, and all material submitted as part of the application, including all project-related information if the project is chosen, are subject to applicable Open Records Laws.*