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

**Project Summary**

**General Information**

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| 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 | State  KY | ZIP Code |

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

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Name | Firm/Agency | | Telephone Number | E-mail address | | | |
| Street or P. O. Box | | City | | | County | State  KY | 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.)**

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

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

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**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*](mailto:BobF.Scott@ky.gov) *and Justin Adams, at* [*justin.adams@ky.gov*](mailto: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.*