**SHIRLEY CONROY RURAL AREA**

**CAPITAL ASSISTANCE GRANT**

**REQUEST FOR FUNDING**

|  |  |
| --- | --- |
| DATE SUBMITTED |  |
| LEGAL NAME OF REQUESTING CTC |  |
| FEDERAL IDENTIFICATION NUMBER |  |
| REGISTERED ADDRESS |  |
| CITY, STATE, ZIP CODE |  |
| CONTACT PERSON FOR THIS GRANT |  |
| PHONE NUMBER |  |
| E-MAIL ADDRESS |  |
| PROJECT LOCATION [County(ies)] |  |
| PROPOSED START DATE |  |
| AMOUNT OF FUNDING REQUESTED (90%) |  |

|  |  |
| --- | --- |
| **CTC REPRESENTATIVE AUTHORIZATION AND ACKNOWLEDGEMENT** | **LOCAL COORDINATING BOARD APPROVAL** |
| I hereby certify that this request has been duly authorized by the governing body of the CTC. The CTC also certifies that it has reviewed and understands the Grant Program Manual and intends to complete the project in compliance with all grant program requirements if the assistance is awarded. | I hereby certify that this request for funding has been reviewed in its entirety by the Local Coordinating Board. |
| Signature Of Authorized Representative Date | Coordinating Board Chairperson's Signature Date |
|  |  |
| Name Of Authorized Representative And Title | Name Of LCB Chairperson |

|  |
| --- |
| JUSTIFICATION FOR EQUIPMENT REQUESTED (must include specific details supporting the need, the impact/value the equipment will provide to the coordinated system. If space provided is not enough for explanation of need, please attach an additional page): |
|  |

DESCRIPTION OF CAPITAL EQUIPMENT REQUESTED:

Vehicles

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| 1, 2, 3, etc. + | (R) or (E)\* | Fuel Type \*\* | Description/Vehicle Type/Procurement Source | Quantity | Estimated Cost (from Order Form) |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |

+ Prioritization of Need

\*Replacement (R) or Expansion (E)

\*\* Fuel Type – D=Diesel G=Gas A=Alternative

Equipment NOT Requested as part of a Vehicle Purchase

|  |  |  |  |
| --- | --- | --- | --- |
| 1, 2, 3, etc. + | Description | Quantity | Estimated Cost |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

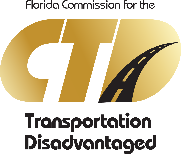
+ Prioritization of Need

PROJECT COST:

|  |  |  |
| --- | --- | --- |
| **Total Project Cost** | (100%) |  |
| Less Local Match | (10%) \* |  |
| Transportation Disadvantaged Trust Funds\* | (90%) |  |

\* If REDI, include 100% of the total project cost on the Transportation Disadvantaged Trust Funds line and “REDI” on the Local Match line.

|  |
| --- |
| SOURCE OF REQUIRED LOCAL MATCH: |
|  |

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**CURRENT VEHICLE INVENTORY**

**NAME OF CTC:**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Model Year | Chassis Make and Model | Vehicle Identification Number  (17 Digits) | Maximum Ambulatory/ Wheelchair Passenger Seating | Average Vehicle Miles Per Year | Current Mileage as of (Date) | Anticipated Retirement Year | Source of Funding |
|  |  |  |  |  |  |  |  |

NOTE: Identify the Vehicle(s) that would be replaced with this or other grants by placing \* next to the model year.