



Pre-Approval Grant Request

Request # 05820351

General Grant Information

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1. **Guilford county employee name:** Irma Zimmerman
2. **Guilford county employee email address:** izimmer@guilfordcountync.gov
3. **Name of grant:** 5307 Urbanized Area Funding
4. **Department name:** TRANSPORTATION SERVICE
5. **Application due date:** 04/30/2025
6. **Name of the sponsor or funding agency:** FTA Federal Transit Authority

8. **What is the source of funding for this grant?:** Federal
9. **Will Guilford County be the prime recipient of grant funding or a subrecipient/contractor?:** Prime
10. **What is the period of performance (start and end date of the agreement)?:** 07/01/2024 to 06/30/2025
11. **When does the funder anticipate notifying grantees that their proposal was awarded or not awarded?:** Already Awarded
12. **Does the application indicate renewal options are available?:** No
13. **Funding Opportunity Description:** New Grant
14. **Does the grant application require any of the following?:** Organizational signatures, Certifications or assurances
15. **Please enter the web address (URL) for the grant application so that we may review the relevant materials.:** login.gov
16. **Please upload a copy of the grant guidance / funding opportunity:** FY24 5307 GA Split Letter_June 2024.pdf, FFY2020 GA Split Letter 20200519 signed.pdf, Item 3d - FFY23 Section 5307 High Point Allocation Letter to NCDOT.pdf
17. **Please list the name of the Guilford County employee serving as the primary point of contact for this grant application.:** Irma Zimmerman
18. **To your knowledge, has the Guilford County department seeking to apply for this grant received grant funding from this sponsor agency in the past? *:** Yes
19. **Please briefly describe the purpose of the proposed program, service or activity to be supported by this grant funding.:** Preventive Maintenance funding allows Guilford County to provide transportation services to those with no other alternatives or those who choose not to drive single occupancy vehicles to employment, medical and senior services and other interest in the community and allows the system to remain in a state of good repair.
20. **Submission of this Notice of Intent to Submit a Grant has been reviewed by::** Department Director, Grants Manager, Other
21. **If you selected "Other" in the question above, please list the person's name below. If you selected "None of the Above" please provide additional about your department's internal approval process below.:** Jairius Gurley and Vincent Roberts
22. **Will the proposal include a request for new or temporary positions?:** No

25. **If awarded, does implementing the grant require any of the following?:** Cost sharing or Match
26. **If the grant requires match, what type of match is allowed?:** Cash match



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27. If the grant requires match, please indicate the amount of match required and how the department plans to meet the match requirement.: \$234,198 + \$58,550 (Local Match) = \$292,748

28. Does this grant require reporting?: Yes

29. If applicable, please tell us the frequency and type of reporting that the grant requires.: Have to report the total of Preventive Maintenance

30. How will the grant application be submitted?: Federal Portal

31. Is this a collaborative proposal with other Guilford County departments?: No

33. Is this a collaborative proposal with any non-Guilford County entities?: No

35. Which of the following Board of Commissioners goals and key strategic actions does this grant align with?: Community Health & Vitality, Economic Growth

Finance Review Information

Is department able to satisfy reporting needs for SEFSA, if applicable?: Yes

Dept/County able to meet Internal control/closeout requirements?: Yes

Finance Department Approve/Deny Comments: Approve

Approved By Finance Department?: Yes

Legal Review Information

Adequate timeframe for public notice/hearing requirements, if any?: Public Hearing is required for this grant.

Are the department and/or County able to satisfy conformance requirements of the award?: Yes.

Legal Department Approve/Deny Comments: Approve.

Is the applicant aware of and compliant with all standard certifications required?: Yes

Approved by Legal Department?: Yes

Assistant County Manager Review Information

Assistant County Manager Approve/Deny Comments: Approved on behalf of Victor Isler



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Approved by Assistant County Manager?: Yes

Attachments