



Pre-Approval Grant Request

Request # 05832668

General Grant Information

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1. **Guilford county employee name:** Gregory Batchelor
2. **Guilford county employee email address:** gbatchelor@guilfordcountync.gov
3. **Name of grant:** FY 27 5311 Community Transportation Assistance Admin
4. **Department name:** TRANSPORTATION SERVICE
5. **Application due date:** 10/03/2025
6. **Name of the sponsor or funding agency:** NC Department of Transportation / IMD
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?:** Subrecipient
10. **What is the period of performance (start and end date of the agreement)?:** 07/01/2026-06/30/2027
11. **When does the funder anticipate notifying grantees that their proposal was awarded or not awarded?:** 01/2026
12. **Does the application indicate renewal options are available?:** No
13. **Funding Opportunity Description:** Sub-recipient (Is this a sub-award of federal dollars that is being awarded by a pass through entity, like a state agency)
14. **Does the grant application require any of the following?:** Organizational signatures, Certifications or assurances, Conflict of Interest Disclosures
15. **Please enter the web address (URL) for the grant application so that we may review the relevant materials.:**
<https://connect.ncdot.gov/business/Transit/Pages/Transit-Doing-Business.aspx>
16. **Please upload a copy of the grant guidance / funding opportunity:** UGA FY27_Unified Application Checklist_Subrecipients_2025-03-11.xlsx,UGA FY27_Progress Sheet_2025-03-10.pdf,UGA FY27_UGA Guidance_2025-03-25.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.:** The Governor of North Carolina, in accordance with the Urban Mass Transportation Act of 1964, as amended, designated the N.C. Department of Transportation (NCDOT) Integrated Mobility Division (IMD) as the agency to receive and administer federal and state public transportation funds. The NCDOT (G.S. 136-44.20) is the recipient of all Section 5311 funds and the Community Transportation Program (CTP) applicant is the sub-recipient. The purpose of Section 5311 assistance is the provision of public transportation services and maximum feasible coordination with other rural transportation services.
20. **Submission of this Notice of Intent to Submit a Grant has been reviewed by::** 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.:** Vincent Roberts
22. **Will the proposal include a request for new or temporary positions?:** No



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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?: In-kind match

27. If the grant requires match, please indicate the amount of match required and how the department plans to meet the match requirement.: 10% match of 48,098.00 Local County Funds

28. Does this grant require reporting?: Yes

29. If applicable, please tell us the frequency and type of reporting that the grant requires.: The reporting is done quarterly

30. How will the grant application be submitted?: Sponsor web-based 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?: All of the above

36. Please feel free to upload any additional documentation you would like included in the review (if applicable).: Agenda Item-Application for FY 2027 5310 and 5311.docx,FY27 Public Hearing Record.docx,FY27 Public Hearing Notice.docx,FY27 Public Hearing Outreach.docx,FY27 LocalShareCertification.docx,FY27 Program Resolution.docx,FY 27 5311 Admin Budget.pdf

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

Approved By Finance Department?: Yes

Legal Review Information

Adequate timeframe for public notice/hearing requirements, if any?: Yes

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

Legal Department Approve/Deny Comments: FYI - Resolution needs to be updated to remove descriptions in () and remove "Assistant" before County Manager's name.

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

Approved by Legal Department?: Yes



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Assistant County Manager Review Information

Approved by Assistant County Manager?: Yes

Attachments