

## UNIFIED GRANT APPLICATION

### LOCAL SHARE CERTIFICATION FOR FUNDING

Guilford County  
(Legal Name of Applicant)

#### Requested Funding Amounts

<u>Project</u>	<u>Total Amount</u>	<u>Local Share**</u>
5311 Administrative	\$ <u>320,646</u>	\$ <u>48,097</u> (15%)
5311 Operating (No State Match)	\$ _____	\$ _____ (50%)
5310 Operating (No State Match)	\$ 250,000	\$ <u>125,000</u> (50%)
Combined Capital	\$ _____	\$ _____ (10%)
Mobility Management	\$ _____	\$ _____ (10%)
5310 Capital Purchase of Service	\$ _____	\$ _____ (10%)
ConCPT	\$ _____	\$ _____ (50%)
Capital Cost of Contracting	\$ _____	\$ _____ (%)
Travelers' Aid	\$ _____	\$ _____ (50%)
_____	\$ _____	\$ _____ (%)
_____	\$ _____	\$ _____ (%)
_____	\$ _____	\$ _____ (%)

Funding programs covered are 5311, 5310, 5339 Bus and Bus Facilities, 5307 (Small fixed route, regional, and consolidated urban-rural systems)

TOTAL	\$ <u>570,646</u>	\$ <u>173,097</u>
	<b>Total Funding Requests</b>	<b>Total Local Share</b>

**\*\*NOTE: Applicants should be prepared for the entire Local Share amount in the event State funding is not available.**

The Local Share is available from the following sources:

<u>Source of Funds</u>	<u>Apply to Grant</u>	<u>Amount</u>
<u>Local County Funds</u>	<u>5311</u>	\$ <u>48,097</u>
<b>Local County Funds</b>	<b><u>5310</u></b>	<b>\$ <u>125,000</u></b>
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____

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_____	_____	\$ _____
_____	_____	\$ _____
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<b>TOTAL</b>	<b>\$570,646</b>	<b>\$ <u>173,097</u></b>

**\*\* Fare box revenue is not an applicable source for local share funding**

I, the undersigned representing (*Legal Name of Applicant*) **Guilford County** do hereby certify to the North Carolina Department of Transportation, that the required local funds for the FY2027 Community Transportation Program and 5307 Governors Apportionment will be available as of **July 1, 2026**, which has a period of performance of July 1, 2026 – June 30, 2027.

\_\_\_\_\_  
Signature of Authorized Official

Victor Isler, County Manager  
\_\_\_\_\_  
Type Name and Title of Authorized Official

\_\_\_\_\_  
Date