Project Number :

BUDGET SUMMARY

September 2015 - June 2018

Legal Name:	GUILFORD COUNTY
Address:	PO Box 3427 GREENSBORO, NC 27402-3427

County:	GUILFORD COUNTY	Congressional District: 13	
Contact Person:	Irma Zimmerman		
Telephone:	+1 (336) 641-3515		
Fax:	+1 (336) 641-3704		
Email:	izimmer@co.guilford.nc.us		
Web Site:	www.guilford.com		
Federal ID Number:	56-6000305	DUNS Number: 071563613	
CFDA #			
Period of Performance: Sep 1, 2015	to Jun 30, 2018	Federal Billable/Non-Billable Billable	

I. Total Project Expenditures

(NCDOT Maximum Participation Amounts)	Requested	NCDOT Use Only
Total Expenses	$175,839	$175,839
Total Contra Accts and Fare Revenue		
Total Net Expenses/Cost	$175,839	$175,839

II. Proposed Project Funding*

	Total	Federal	Federal Non-Billing	NCDOT	Local
	100.00%	34.00%		51.00%	15.00%
Total Funding	$175,839	$59,785	$0	$89,677	$26,377

IV. Proposed DBE, MBE, WBE Goals (Enter DBE Goal if Federal Funding applies, otherwise enter MBE/WBE Goals)

	DBE	MBE	WBE
%			
Amount	$0	$0	$0

FY2019 COMMUNITY TRANSPORTATION PROGRAM GRANT APPLICATION
NORTH CAROLINA DEPARTMENT OF TRANSPORTATION
FEDERAL SECTION 5311 & STATE FUNDING
TRANSIT SYSTEM DESCRIPTION

Check If New Sub-Recipient ☐

1. GENERAL INFORMATION

APPLICANT'S LEGAL NAME: Guilford County

APPLICANT'S CONGRESSIONAL DISTRICT: 13   *If incorrect, enter correct primary district:*
If Applicant's city is included in more than one district, enter primary district only

MAILING ADDRESS: PO Box 3427
PO Box or Street Address
Greensboro, NC 27402
City, State Zip (9-digit zip)

PHYSICAL ADDRESS: 301 West Market St
Street Address
Greensboro, NC 27401
City, State

TAXPAYER IDENTIFICATION NUMBER: 56-6000305

DOING BUSINESS AS (DBA) NAME:
Normally the transit system name, if different than applicant name

APPLICANT DUNS NUMBER: 071563613
Unique 9-Digit number issued by Dun & Bradstreet. May be obtained free of charge at:
http://fedgov.dnb.com/webform

DUNS NUMBER OF PARENT AGENCY:
Required only if different than Applicant

CONTACT PERSON: Irma Zimmerman

PHONE NUMBER: 336-641-3515
Area Code & Phone Number

FAX NUMBER: 336-641-3094
Area Code & Phone Number

EMAIL ADDRESS: izimmer@myguilford.com

SERVICE AREA'S CONGRESSIONAL DISTRICT: 6   *If incorrect, enter correct primary district:*
If Service Area is included in more than one district, enter primary district only

SERVICE AREA: Guilford County

FEDERAL FINANCIAL ASSISTANCE
TRANSPARENCY ACT (FFATA): FFATA mandates the disclosure of the names and total compensation of the five most highly compensated officers of an entity if:

- The Applicant received 80% or more of its annual gross revenues in the preceding fiscal year from the federal government (all federal sources, not just FTA); **and**

- Those revenues were greater than $25M; **and**

- The public <u>does not</u> have access to the information through Securities and Exchange Commission or Internal Revenue Service filings as specified in FFATA.

Applicant should select "Yes" if they are subject to the reporting requirements of FFATA and "No" if they are not subject to Executive Compensation Reporting. ⟹

EXECUTIVE COMPENSATION REPORTING: If "Yes" is selected above, enter the Names and Compensation amounts for the top five officers of the Applicant.

1. _____	$ _____ -
Enter full name	*Total compensation*
2. _____	$ _____ -
Enter full name	*Total compensation*
3. _____	$ _____ -
Enter full name	*Total compensation*
4. _____	$ _____ -
Enter full name	*Total compensation*
5. _____	$ _____ -
Enter full name	*Total compensation*

2. TYPE OF APPLICANT   Public County Government

3. TYPE OF TRANSIT SYSTEM   Single-County

4. TYPE OF SERVICE – (check all that apply)

☑ Demand Response   ☐ Fixed Route

☑ Subscription   ☐ Other: (specify below)

☐ Deviated Fixed Route   _____

5. SERVICE OPTIONS – (check all that apply)

☑ General Public   ☐ Brokerage (Contractual service not a referral)

☑ Human Service   ☐ Other: (describe below)

_____

6. PURCHASE SERVICE - List agencies that purchase service from the transit system. Note: List agency ONCE

Agency
1
Name: Department of Health and Human Services
☐ Check if agency purchased service last year
List Programs Served:
1) _____
2) _____
3) _____
4) _____
5) _____

Agency 2
Name: Adult Center for Enrichment
☐ Check if agency purchased service last year
List Programs Served:
1) _____
2) _____
3) _____
4) _____
5) _____

Agency
3
Name: Vocational Rehabilitation Center
☐ Check if agency purchased service last year
List Programs Served:
1) _____
2) _____
3) _____
4) _____
5) _____

Agency 4
Name: _____
☐ Check if agency purchased service last year
List Programs Served:
1) _____
2) _____
3) _____
4) _____
5) _____

Agency
5
Name: _____
☐ Check if agency purchased service last year
List Programs Served:
1) _____
2) _____
3) _____
4) _____
5) _____

Agency 6
Name: _____
☐ Check if agency purchased service last year
List Programs Served:
1) _____
2) _____
3) _____
4) _____
5) _____

Agency
7
Name: _____
☐ Check if agency purchased service last year
List Programs Served:
1) _____
2) _____
3) _____
4) _____
5) _____

Agency 8
Name: _____
☐ Check if agency purchased service last year
List Programs Served:
1) _____
2) _____
3) _____
4) _____
5) _____

Agency
9
Name: _____
☐ Check if agency purchased service last year
List Programs Served:
1) _____
2) _____
3) _____
4) _____
5) _____

Agency
10 Name: _____
☐ Check if agency purchased service last year
List Programs Served:
1) _____
2) _____
3) _____
4) _____
5) _____

☐ Check box at left if you serve more than 10 agencies and complete Continuation worksheet.

7. REVENUE VEHICLE INVENTORY BY CATEGORY

> **Important - (If a vehicle has been replaced and the transit system has received the title from PTD, the vehicle should not be included in this inventory. Identify vehicles awaiting disposition in 8B below.)**

_____ Center Aisle Van	_____ 20-Ft LTV (Cutaway) (no lift)
_____ Conversion Van	_____ 20-Ft LTV (Cutaway) (w/lift)
__21__ Lift-Equipped Van	_____ 22-Ft LTV (Cutaway) (w/lift)
_____ Minivan (no ramp)	_____ 25-Ft LTV (Cutaway) (w/lift)
_____ Minivan (w/ramp)	_____ 28-Ft LTV (Cutaway) (w/lift)
_____ Crossover (4/All-wheel drive)	_____ Sedan
_____ Transit Bus	_____ Other: (describe below)

8. FLEET SIZE

A. ACTIVE FLEET

__21__ **Total Revenue Vehicles in Fleet**

_____ Backup **Revenue** Vehicles

__21__ Total Lift-Equipped Vehicles

B. INACTIVE FLEET

__7__ Enter number of vehicles **awaiting** disposition. This includes vehicles for which replacements have been received and titles have been received from PTD. It also includes fleet reductions for which titles have been received from PTD.

9. DAYS AND HOURS OF SERVICE (Check all that apply and enter corresponding service hours):

DAYS	Beginning Time	SERVICE HOURS	Ending Time
☐ Seven (7) days per week	24/7		_____
_Or_			
☐ Monday - Friday	_____		_____
☐ Saturday	_____		_____
☐ Sunday	_____		_____
☐ Holiday	_____		_____

10. SYSTEM MANAGEMENT & OPERATION

A. Is the **Management/Administration** of the transit system currently subcontracted? _____No_____
If **yes**, answer the following:

Name of the Management provider: _____

When will the new RFP process begin? _____

Are employees of the subcontractor represented by a labor organization (union)? _____
If so, provide the following:

Name of Union: _____
Example: Amalgamated Transit Union Local #1437

B. Is the **Operation** of the transit system currently subcontracted? _____No_____
If **yes**, answer the following:

Name of the service provider: _____

When will the new RFP process begin? _____

Are employees of the subcontractor represented by a labor organization (union)? _____
If so, provide the following:

Name of Union: _____
Example: Amalgamated Transit Union Local #1437

C. Does **another** public transit system contract with your system for any part of its service? _____No_____
If **yes**, answer the following:

Name of the public transit system: _____

Type of service that you provide: _____

Are employees of the **other** transit system **or** its subcontractor(s) represented by a labor union? _____No_____
If so, provide the following:

Name of other system's subcontractor (if applicable): _____

Name of Union: _____
Example: Amalgamated Transit Union Local #1437

11. PUBLIC INVOLVEMENT – Please complete the chart below to document outreach efforts.

Organizations / Events	Date / Time	Location	Number of Attendees	Primary Audience	Number Title VI Forms Completed
1) PTCOG MEETING					
2) TAB MEETING					
3) COAACH STAKEHOLDERS MEETING					

4) _____					
5) _____					
6) _____					
7) _____					
8) _____					
9) _____					
10) _____					
11) _____					
12) _____					
13) _____					
14) _____					
15) _____					

A. Is a governing board approved, formalized, public involvement plan in use?   __Yes__
     If **yes** (complete questions below)

     Is that plan evaluated and updated at least annually?   __Yes__

     Does that plan have defined objectives?   __Yes__

     Are those objectives being met?   __Yes__

If no – Describe below how the effectiveness of the public involvement efforts are evaluated and/or improved.

B. Describe Public Outreach Methods:

Select the ONE word that most accurately completes the sentence

Always	Usually	Sometimes	Seldom	Never

Information dissemination is __Usually__ written.

Public meeting times are __Usually__ between 8 AM and 5 PM.

Information is __Seldom__ available in an audible format.

Information is __Always__ available in a language other than English.

Reasonable access is __Always__ available for those with a disability.

12. ADMINISTRATIVE CHANGES - Describe administrative changes to be incorporated during FY2019 in the space below. A new Job description must be attached for (1) any new administrative positions or (2) any increase in the percentage of a position dedicated to transportation.

If **NONE** check here: ☑   Check here if job description(s) attached: ☐

13. SERVICE CHANGES - Describe any service changes and/or **provide justification/need for expansion vehicle(s)** in the space below.

If **NONE** check here: ☑

FY2019 - Complete Project Funding Request Form for FY 2019

(Note: Include in your description the rationale for the anticipated change in service. For example, the anticipated change is due to customer feedback, marketing or other efforts.This narrative should match what is included your project funding request form)

How will the public be notified of the service changes described above?

How much lead-time is given before service changes take effect?

APPLICANT'S LEGAL NAME: Guilford County

6A. PURCHASE SERVICE - List agencies that purchase service from the transit system. Note: List agency ONCE
(Continued)

Agency 11
Name:
☐   Check if agency purchased service last year
List Programs Served:
1) _____
2) _____
3) _____
4) _____
5) _____

Agency 12
Name:
☐   Check if agency purchased service last year
List Programs Served:
1) _____
2) _____
3) _____
4) _____
5) _____

Agency 13
Name:
☐   Check if agency purchased service last year
List Programs Served:
1) _____
2) _____
3) _____
4) _____
5) _____

Agency 14
Name:
☐   Check if agency purchased service last year
List Programs Served:
1) _____
2) _____
3) _____
4) _____
5) _____

Agency 15
Name:
☐   Check if agency purchased service last year
List Programs Served:
1) _____
2) _____
3) _____
4) _____
5) _____

Agency 16
Name:
☐   Check if agency purchased service last year
List Programs Served:
1) _____
2) _____
3) _____
4) _____
5) _____

Agency 17
Name:
☐   Check if agency purchased service last year
List Programs Served:
1) _____
2) _____
3) _____
4) _____
5) _____

Agency 18
Name:
☐   Check if agency purchased service last year
List Programs Served:
1) _____
2) _____
3) _____
4) _____
5) _____

Agency 19
Name:
☐   Check if agency purchased service last year
List Programs Served:
1) _____
2) _____
3) _____
4) _____
5) _____

Agency 20
Name:
☐   Check if agency purchased service last year
List Programs Served:
1) _____
2) _____
3) _____
4) _____
5) _____

APPLICANT'S LEGAL NAME: Guilford County

Agency 21
Name:
☐ Check if agency purchased service last year
List Programs Served:
1) _____
2) _____
3) _____
4) _____
5) _____

Agency 22
Name:
☐ Check if agency purchased service last year
List Programs Served:
1) _____
2) _____
3) _____
4) _____
5) _____

Agency 23
Name:
☐ Check if agency purchased service last year
List Programs Served:
1) _____
2) _____
3) _____
4) _____
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Agency 24
Name:
☐ Check if agency purchased service last year
List Programs Served:
1) _____
2) _____
3) _____
4) _____
5) _____

Agency 25
Name:
☐ Check if agency purchased service last year
List Programs Served:
1) _____
2) _____
3) _____
4) _____
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Agency 26
Name:
☐ Check if agency purchased service last year
List Programs Served:
1) _____
2) _____
3) _____
4) _____
5) _____

Agency 27
Name:
☐ Check if agency purchased service last year
List Programs Served:
1) _____
2) _____
3) _____
4) _____
5) _____

Agency 28
Name:
☐ Check if agency purchased service last year
List Programs Served:
1) _____
2) _____
3) _____
4) _____
5) _____

Agency 29
Name:
☐ Check if agency purchased service last year
List Programs Served:
1) _____
2) _____
3) _____
4) _____
5) _____

Agency 30
Name:
☐ Check if agency purchased service last year
List Programs Served:
1) _____
2) _____
3) _____
4) _____
5) _____

APPLICANT'S LEGAL NAME: Guilford County

Agency 31
Name: _____
☐ Check if agency purchased service last year
List Programs Served:
1) _____
2) _____
3) _____
4) _____
5) _____

Agency 32
Name: _____
☐ Check if agency purchased service last year
List Programs Served:
1) _____
2) _____
3) _____
4) _____
5) _____

Agency 33
Name: _____
☐ Check if agency purchased service last year
List Programs Served:
1) _____
2) _____
3) _____
4) _____
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Agency 34
Name: _____
☐ Check if agency purchased service last year
List Programs Served:
1) _____
2) _____
3) _____
4) _____
5) _____

Agency 35
Name: _____
☐ Check if agency purchased service last year
List Programs Served:
1) _____
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3) _____
4) _____
5) _____

Agency 36
Name: _____
☐ Check if agency purchased service last year
List Programs Served:
1) _____
2) _____
3) _____
4) _____
5) _____

Agency 37
Name: _____
☐ Check if agency purchased service last year
List Programs Served:
1) _____
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3) _____
4) _____
5) _____

Agency 38
Name: _____
☐ Check if agency purchased service last year
List Programs Served:
1) _____
2) _____
3) _____
4) _____
5) _____

Agency 39
Name: _____
☐ Check if agency purchased service last year
List Programs Served:
1) _____
2) _____
3) _____
4) _____
5) _____

Agency 40
Name: _____
☐ Check if agency purchased service last year
List Programs Served:
1) _____
2) _____
3) _____
4) _____
5) _____

APPLICANT'S LEGAL NAME: Guilford County

Agency 41
Name: _____
☐ Check if agency purchased service last year
List Programs Served:
1) _____
2) _____
3) _____
4) _____
5) _____

Agency 42
Name: _____
☐ Check if agency purchased service last year
List Programs Served:
1) _____
2) _____
3) _____
4) _____
5) _____

Agency 43
Name: _____
☐ Check if agency purchased service last year
List Programs Served:
1) _____
2) _____
3) _____
4) _____
5) _____

Agency 44
Name: _____
☐ Check if agency purchased service last year
List Programs Served:
1) _____
2) _____
3) _____
4) _____
5) _____

Agency 45
Name: _____
☐ Check if agency purchased service last year
List Programs Served:
1) _____
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4) _____
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Agency 46
Name: _____
☐ Check if agency purchased service last year
List Programs Served:
1) _____
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3) _____
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Agency 47
Name: _____
☐ Check if agency purchased service last year
List Programs Served:
1) _____
2) _____
3) _____
4) _____
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Agency 48
Name: _____
☐ Check if agency purchased service last year
List Programs Served:
1) _____
2) _____
3) _____
4) _____
5) _____

Agency 49
Name: _____
☐ Check if agency purchased service last year
List Programs Served:
1) _____
2) _____
3) _____
4) _____
5) _____

Agency 50
Name: _____
☐ Check if agency purchased service last year
List Programs Served:
1) _____
2) _____
3) _____
4) _____
5) _____

APPLICANT'S LEGAL NAME: Guilford County

Agency 51
Name: _____
☐ Check if agency purchased service last year
List Programs Served:
1) _____
2) _____
3) _____
4) _____
5) _____

Agency 52
Name: _____
☐ Check if agency purchased service last year
List Programs Served:
1) _____
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4) _____
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Agency 53
Name: _____
☐ Check if agency purchased service last year
List Programs Served:
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Agency 54
Name: _____
☐ Check if agency purchased service last year
List Programs Served:
1) _____
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Agency 55
Name: _____
☐ Check if agency purchased service last year
List Programs Served:
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Agency 56
Name: _____
☐ Check if agency purchased service last year
List Programs Served:
1) _____
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Agency 57
Name: _____
☐ Check if agency purchased service last year
List Programs Served:
1) _____
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Agency 58
Name: _____
☐ Check if agency purchased service last year
List Programs Served:
1) _____
2) _____
3) _____
4) _____
5) _____

Agency 59
Name: _____
☐ Check if agency purchased service last year
List Programs Served:
1) _____
2) _____
3) _____
4) _____
5) _____

Agency 60
Name: _____
☐ Check if agency purchased service last year
List Programs Served:
1) _____
2) _____
3) _____
4) _____
5) _____

APPLICANT'S LEGAL NAME: Guilford County

Agency 61
Name: _____
☐   Check if agency purchased service last year
    List Programs Served:
1) _____
2) _____
3) _____
4) _____
5) _____

Agency 62
Name: _____
☐   Check if agency purchased service last year
    List Programs Served:
1) _____
2) _____
3) _____
4) _____
5) _____

Agency 63
Name: _____
☐   Check if agency purchased service last year
    List Programs Served:
1) _____
2) _____
3) _____
4) _____
5) _____

Agency 64
Name: _____
☐   Check if agency purchased service last year
    List Programs Served:
1) _____
2) _____
3) _____
4) _____
5) _____

Agency 65
Name: _____
☐   Check if agency purchased service last year
    List Programs Served:
1) _____
2) _____
3) _____
4) _____
5) _____

Agency 66
Name: _____
☐   Check if agency purchased service last year
    List Programs Served:
1) _____
2) _____
3) _____
4) _____
5) _____

Agency 67
Name: _____
☐   Check if agency purchased service last year
    List Programs Served:
1) _____
2) _____
3) _____
4) _____
5) _____

Agency 68
Name: _____
☐   Check if agency purchased service last year
    List Programs Served:
1) _____
2) _____
3) _____
4) _____
5) _____

Agency 69
Name: _____
☐   Check if agency purchased service last year
    List Programs Served:
1) _____
2) _____
3) _____
4) _____
5) _____

Agency 70
Name: _____
☐   Check if agency purchased service last year
    List Programs Served:
1) _____
2) _____
3) _____
4) _____
5) _____

APPLICANT'S LEGAL NAME: Guilford County

Agency 71
Name:
☐ Check if agency purchased service last year
    List Programs Served:
    1) _____
    2) _____
    3) _____
    4) _____
    5) _____

Agency 72
Name:
☐ Check if agency purchased service last year
    List Programs Served:
    1) _____
    2) _____
    3) _____
    4) _____
    5) _____

Agency 73
Name:
☐ Check if agency purchased service last year
    List Programs Served:
    1) _____
    2) _____
    3) _____
    4) _____
    5) _____

Agency 74
Name:
☐ Check if agency purchased service last year
    List Programs Served:
    1) _____
    2) _____
    3) _____
    4) _____
    5) _____

Agency 75
Name:
☐ Check if agency purchased service last year
    List Programs Served:
    1) _____
    2) _____
    3) _____
    4) _____
    5) _____

Agency 76
Name:
☐ Check if agency purchased service last year
    List Programs Served:
    1) _____
    2) _____
    3) _____
    4) _____
    5) _____

Agency 77
Name:
☐ Check if agency purchased service last year
    List Programs Served:
    1) _____
    2) _____
    3) _____
    4) _____
    5) _____

Agency 78
Name:
☐ Check if agency purchased service last year
    List Programs Served:
    1) _____
    2) _____
    3) _____
    4) _____
    5) _____

Agency 79
Name:
☐ Check if agency purchased service last year
    List Programs Served:
    1) _____
    2) _____
    3) _____
    4) _____
    5) _____

Agency 80
Name:
☐ Check if agency purchased service last year
    List Programs Served:
    1) _____
    2) _____
    3) _____
    4) _____
    5) _____

APPLICANT'S LEGAL NAME: Guilford County

Agency 81
Name: _____

☐ Check if agency purchased service last year
List Programs Served:
1) _____
2) _____
3) _____
4) _____
5) _____

Agency 82
Name: _____

☐ Check if agency purchased service last year
List Programs Served:
1) _____
2) _____
3) _____
4) _____
5) _____

Agency 83
Name: _____

☐ Check if agency purchased service last year
List Programs Served:
1) _____
2) _____
3) _____
4) _____
5) _____

Agency 84
Name: _____

☐ Check if agency purchased service last year
List Programs Served:
1) _____
2) _____
3) _____
4) _____
5) _____

Agency 85
Name: _____

☐ Check if agency purchased service last year
List Programs Served:
1) _____
2) _____
3) _____
4) _____
5) _____

Agency 86
Name: _____

☐ Check if agency purchased service last year
List Programs Served:
1) _____
2) _____
3) _____
4) _____
5) _____

Agency 87
Name: _____

☐ Check if agency purchased service last year
List Programs Served:
1) _____
2) _____
3) _____
4) _____
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Agency 88
Name: _____

☐ Check if agency purchased service last year
List Programs Served:
1) _____
2) _____
3) _____
4) _____
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Agency 89
Name: _____

☐ Check if agency purchased service last year
List Programs Served:
1) _____
2) _____
3) _____
4) _____
5) _____

Agency 90
Name: _____

☐ Check if agency purchased service last year
List Programs Served:
1) _____
2) _____
3) _____
4) _____
5) _____

APPLICANT'S LEGAL NAME: Guilford County

Agency 91
Name: _____
 ☐ Check if agency purchased service last year
  List Programs Served:
  1) _____
  2) _____
  3) _____
  4) _____
  5) _____

Agency 92
Name: _____
 ☐ Check if agency purchased service last year
  List Programs Served:
  1) _____
  2) _____
  3) _____
  4) _____
  5) _____

Agency 93
Name: _____
 ☐ Check if agency purchased service last year
  List Programs Served:
  1) _____
  2) _____
  3) _____
  4) _____
  5) _____

Agency 94
Name: _____
 ☐ Check if agency purchased service last year
  List Programs Served:
  1) _____
  2) _____
  3) _____
  4) _____
  5) _____

Agency 95
Name: _____
 ☐ Check if agency purchased service last year
  List Programs Served:
  1) _____
  2) _____
  3) _____
  4) _____
  5) _____

Agency 96
Name: _____
 ☐ Check if agency purchased service last year
  List Programs Served:
  1) _____
  2) _____
  3) _____
  4) _____
  5) _____

Agency 97
Name: _____
 ☐ Check if agency purchased service last year
  List Programs Served:
  1) _____
  2) _____
  3) _____
  4) _____
  5) _____

Agency 98
Name: _____
 ☐ Check if agency purchased service last year
  List Programs Served:
  1) _____
  2) _____
  3) _____
  4) _____
  5) _____

Agency 99
Name: _____
 ☐ Check if agency purchased service last year
  List Programs Served:
  1) _____
  2) _____
  3) _____
  4) _____
  5) _____

Agency 100
Name: _____
 ☐ Check if agency purchased service last year
  List Programs Served:
  1) _____
  2) _____
  3) _____
  4) _____
  5) _____

Application

For Program	P2019_5307_SUBS _OPER	
Program Description	FY19 5307 SUBS OPERATING	
Applicant	GUILFORD COUNTY	
Address	PO Box 3427 GREENSBORO, NC 27402-3427	
Federal Tax ID No	56-6000305	CFDA #
Project ID		
Project Information	Urbanized Area of High Point	
Period From *	Sep 1, 2014	to * Jun 30, 2022
Federal Billable/Non-Billable Billable		DUNS Number 071563613

	Requested		NC DOT Use	
Total project Expenses	100.00	$70,000.00	100.00	$70,000.00
Federal % & Amount (%)	50.00	$35,000.00	50.00	$35,000.00
FNB % & Amount (%)				
State % & Amount (%)				
Local % & Amount (%)	50.00	$35,000.00	50.00	$35,000.00
DBE				
MBE				
WBE				

Object Code	Activity	Total Requested Cost ($)	For NCDOT Use Only
M300	M300 - 300900-OPERATING ASSIST	$70,000.00	$70,000.00
	Total	$70,000.00	$70,000.00