

FY 2023 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>197,553</u>	\$ <u>29,634</u> (15%)
5311 Operating (No State Match)	\$ _____	\$ _____ (50%)
5310 Operating (No State Match)	\$ <u>202,000</u>	\$ <u>101,000</u> (50%)
5307 Operating	\$ <u>80,000</u>	\$ <u>40,000</u> (50%)
5307 Planning	\$ _____	\$ _____ (10%)
Combined Capital	\$ _____	\$ _____ (10%)
Mobility Management	\$ _____	\$ _____ (50%)
5310 Capital Purchase of Service	\$ _____	\$ _____ (10%)
_____	\$ _____	\$ _____ (____%)
_____	\$ _____	\$ _____ (____%)
_____	\$ _____	\$ _____ (____%)

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

TOTAL	\$ <u>479,553</u>	\$ <u>167,634</u>
	Total Funding Requests	Total Local Share

****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>
Local <u>County Funds</u>	<u>5311-Admin</u>	\$ <u>26,634</u>
<u>Local County Funds</u>	<u>5310-Operating</u>	\$ <u>101,000</u>
<u>Local County Funds</u>	<u>5307-Operating</u>	\$ <u>40,000</u>
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____

FY 2023 Local Share Certificate (page 2)

_____	_____	\$ _____
_____	_____	\$ _____
<hr/>		
TOTAL		\$ <u>167,634</u>

**** 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 FY2023 Community Transportation Program and 5307 Governors Apportionment will be available as of **July 1, 2022**, which has a period of performance of July 1, 2022 – June 30, 2023.

Signature of Authorized Official

Michael Halford, County Manager

Type Name and Title of Authorized Official

Date