

**NCDOT Public Transportation Division  
Project Funding Request Form**

DATE SUBMITTED:

APPLICANT'S LEGAL NAME:

BUDGET TYPE:

MPO Affiliation:

RPO Affiliation:

NCDOT Division Number:

**GENERAL INFORMATION**

Mailing Address:

Physical Address:

Contact Person:

Phone Number:

FAX Number:

Email Address:

FISCAL YEAR	<input type="text" value="FY18"/>
FEDERAL FUNDS	<input type="text"/>
STATE FUNDS	<input type="text" value="\$552,600"/>
LOCAL FUNDS	<input type="text" value="\$61,400"/>
TOTAL REQUEST	<input type="text" value="\$614,000"/>

**FOR OFFICE USE ONLY**

PREPARED BY:

REQUEST RECOMMENDATION OR REJECTION

PROJECT LOCATION:

SMALL URBAN

RURAL

PREVIOUSLY FUNDED?

**PROJECT / PROGRAM DESCRIPTION:**

Vehicle Replacement

**PROJECT / PROGRAM BENEFITS:**

Provide safe new replacement vehicles to transport our clients who are dependent upon demand response transportation.

**RESULT OF PROJECT / PROGRAM IF NOT FUNDED:**

Inability to successfully operate the program without functioning vehicles and people who cannot get to places they need to go.

