

**SFY 2011* LTAF II
GRANT APPLICATION REQUEST FORM
*For funds collected in SFY 2010**

SECTION I: APPLICANT INFORMATION

County, Town or City: _____ Contact Name: _____
 Address: _____ Phone: _____
 _____ Fax: _____
 e-mail address: _____

SECTION II: LTAF II PROJECT REQUEST(S)

- 1. Transit Project** (Jurisdictions receiving \$2,500.00 or more in LTAF II funding must apply for transit projects to be eligible for funding.)
- a. Project Title _____
- b. Project Location _____
- c. Project Description:** _____

- ** Additional information may be attached.
- d. LTAF II funding requested (include on line 3a below) \$ _____
- e. Type of Project: Planning Capital Operations Other _____
- f. If applicant is within an MPO boundary, is the project included in the regional TIP?
 Yes: _____ No: _____
- g. Is this an ADOT/FTA Section 5311 project? Yes: _____ No: _____
- h. Is this a Section 5310, 5316, or 5317 project? Yes: _____ No: _____
- i. If project is multi-jurisdictional, identify other joint project recipients: _____
- j. Project previously funded through the LTAF II program? Yes _____ No _____

- 2. Other Transportation Project** (Only for jurisdictions receiving less than \$2,500.00.)
- a. Project Title _____
- b. Project Location _____
- c. Project Description:*** _____

- *** Additional information may be attached.
- d. LTAF II funding requested (include on line 3b below) \$ _____
- e. If project is multi-jurisdictional, identify other joint project grant recipients: _____
- f. Project previously funded through LTAF II program? Yes _____ No _____

- 3. LTAF II Funding Summary (include requested funding from additional project applications)**
- a. LTAF II Total Funds Requested for transit purposes \$ _____
- b. LTAF II Funds requested for other transportation purposes \$ _____
- c. Local Match (____%) \$ _____
- d. **Total** \$ _____

See attached supplemental project application form for additional projects.

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SECTION III: PRIOR YEAR LTAF II PROJECT STATUS

LTAF II funding is available to jurisdictions for up to two years. Unless the jurisdiction has requested an extension or waiver, funding that is not spent by jurisdictions within two years of being distributed is subject to possible redistribution through the annual LTAF II distribution process to other jurisdictions.

1. Have LTAF II distributions received by your jurisdiction on or before June 30, 2009 been expended?

Yes _____ No _____

2. If the funds have been expended, were they spent on the projects as indicated in prior year's applications?

Yes _____ No _____

3. If the funds described above have not been expended, what is your LTAF II fund balance?

\$ _____

4. If the answer to lines 1 and 2 are no, provide a brief description of why the funds were not expended or were not expended on projects originally submitted in an application. (Attach additional information if necessary.)

Authorized chief financial officer signature** ***:

_____ Date: _____

Title

** Signing Agency agrees to local match availability ARS 28-5808 et seq.

*** Signer should be a Certified Public Accountant (CPA) or equivalent

Authorized jurisdictional signature****:

_____ Date: _____

Title

****Signer should be city, town or county manager or program director certifying to council/board action

FOR COG, MPO, OR RPTA OFFICE USE ONLY

LTAF II Funds Available: \$ _____

LTAF II Funds provided: \$ _____

Long Range Transportation Plan Compliance Yes _____ No _____

By: _____ Title: _____

Agency: _____