UNIFIED GRANT APPLICATION

LOCAL SHARE CERTIFICATION FOR FUNDING

Rutherford County Senior Center (Legal Name of Applicant)

Requested Funding Amounts

Project	Total Amount	Local Share**				
5311 Administrative	\$	\$ <u> </u>				
5311 Operating (No State Match)	\$	\$ (50%)				
5310 Operating (No State Match)	\$	\$ (50%)				
Combined Capital	\$	\$ <u> </u>				
Mobility Management	\$	\$ <u> </u> (10%)				
5310 Capital Purchase of Service	\$ <u>195,000</u>	\$ 19,500 (10%)				
ConCPT	\$	\$ (50%)				
Capital Cost of Contracting	\$	\$ (%)				
Travelers' Aid	\$	\$ (50%)				
	\$	\$ (%)				
	\$ <u></u>	\$ (%)				
	\$	\$(%)				
Funding programs covered are 5311, 5310, 5339 Bus and Bus Facilities, 5307 (Small fixed route, regional, and consolidated urban-rural systems)						
TOTAL	\$ <u>195,000</u> Total Funding Requests	\$ <u>19,500</u> 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:

Source of Funds	Apply to Grant	<u>Amount</u>
e.g. General Fund	<u>e.g. 5311</u>	\$ XXXX
Local Fund	<u>5310</u>	\$ <u>19,500</u>
		\$
		\$
		\$
		\$



Date

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				\$		
_				\$		
-	TOTAL			\$ <u>19,500</u>		
** Fare box revenue is not an applicable source for local share funding						
I, the undersigned representing <u>Rutherford County Senior Center</u> 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						
	<u>, 2026,</u> which has a period of					
Signat	cure of Authorized Official					
	Garrison, County Manager Name and Title of Authorized	Official				
09/08/	2025					