

ANNUAL TRANSPORTATION/TRANSIT CLAIM FORM

Fiscal Year **2023/24**

TO: NEVADA COUNTY TRANSPORTATION COMMISSION

FROM: **The City of Grass Valley**
Agency requesting funds

CONTACT: **Bjorn Jones, City Engineer**
Person authorized to submit claim

PHONE: **(530) 274-4353**

The City of Grass Valley hereby requests, in accordance with the Transportation Development Act, and applicable rules and regulations, that this transportation/transit claim be approved in the total amount of **\$507,556** of **LTF** funds. The total amount of this claim shall be utilized for completion of the project(s) listed below:

Project Title/Description	Authorized by TDA Section	Total Project Cost	Amount Requested LTF
Transit/Paratransit Operations	99400 (c)	\$8,864,129	\$507,556

The City of Grass Valley requests that the funds be distributed as they become available. Resolution **2023-XX** approving the budget for the project(s) or approving this claim was adopted by the **Grass Valley City Council** on **June 27, 2023.**

Approval of this claim and payment to the **County of Nevada** is subject to such monies being available, and to the provisions that such monies will be used in accordance with the terms contained in the approving resolution of the NEVADA COUNTY TRANSPORTATION COMMISSION.

SIGNED: _____
Person authorized to submit claim

TITLE: **Bjorn Jones, City Engineer**

DATE: _____