



**SHIRLEY CONROY RURAL AREA
CAPITAL ASSISTANCE GRANT
REQUEST FOR FUNDING**

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| DATE SUBMITTED | |
| LEGAL NAME OF REQUESTING CTC | Levy County Board of County Commissioners |
| FEDERAL IDENTIFICATION NUMBER | 59-6000717 |
| REGISTERED ADDRESS | P.O. Box 310 |
| CITY, STATE, ZIP CODE | Bronson, FL 32621 |
| CONTACT PERSON FOR THIS GRANT | Connie Conley |
| PHONE NUMBER | 352-486-3485 |
| E-MAIL ADDRESS | conley-connie@levycounty.org |
| PROJECT LOCATION [County(ies)] | Levy |
| PROPOSED START DATE | July 1, 2024 |
| AMOUNT OF FUNDING REQUESTED (90%) | \$152,835.00 At 100%, REDI |

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|---|------|---|------|
| <p><u>CTC REPRESENTATIVE AUTHORIZATION AND ACKNOWLEDGEMENT</u></p> <p>I hereby certify that this request has been duly authorized by the governing body of the CTC. The CTC also certifies that it has reviewed and understands the Grant Program Manual and intends to complete the project in compliance with all grant program requirements if the assistance is awarded.</p> | | <p><u>LOCAL COORDINATING BOARD APPROVAL</u></p> <p>I hereby certify that this request for funding has been reviewed in its entirety by the Local Coordinating Board.</p> | |
| Signature Of Authorized Representative | Date | Coordinating Board Chairperson's Signature | Date |
| Name Of Authorized Representative And Title | | Name Of LCB Chairperson | |

JUSTIFICATION FOR EQUIPMENT REQUESTED (must include specific details supporting the need, the impact/value the equipment will provide to the coordinated system. If space provided is not enough for explanation of need, please attach an additional page):

The current inventory for the agency is 11 paratransit vehicles. There are currently 5 full-time operators and one part-time. The age of the 11 vehicles are between 9 and 3 years, 4 vehicles currently have mileages between 186380 and 217793. Two of the 4 are being replaced through FDOT grants. The other 2, one is over the 200,000 miles at the age of 8 years and the other one is at 186380 and is 9 years old. All of these older vehicles are currently being used as back up vehicles. The cost of repairs and maintenance on these vehicles has increased due to various issues arising, such as the repair of a transmission. The average mileage put on a vehicle that is used daily, is approximately 220-250 miles. The agency is very pro-active in keeping all vehicles serviced and maintained within our maintenance schedule. The overall appearance of every vehicle is taken seriously. The agency vehicles are in great shape. This vehicle request will replace a vehicle that is in use daily. By the time this vehicle is received, three other vehicles will have met the 200,000 mile and 5 year replacement requirement. With this agency being solely self sufficient, keeping repairs and maintenance to a minimum, by being pro-active with all maintenance and replacing older vehicles is vital.

DESCRIPTION OF CAPITAL EQUIPMENT REQUESTED:

Vehicles

| 1, 2, 3, etc. + | (R) or (E)* | Fuel Type ** | Description/Vehicle Type/Procurement Source | Quantity | Estimated Cost (from Order Form) |
|-----------------|-------------|--------------|--|----------|----------------------------------|
| 1 | R | G | Ford E350 with 10 seats or 8 seats and 1 wheelchair or 4 seats and 2 wheelchair postions | 1 | \$152,835.00 |
| | | | | | |
| | | | | | |

+ Prioritization of Need

*Replacement (R) or Expansion (E)

** Fuel Type – D=Diesel G=Gas A=Alternative

Equipment NOT Requested as part of a Vehicle Purchase

| 1, 2, 3, etc. + | Description | Quantity | Estimated Cost |
|-----------------|-------------|----------|----------------|
| | | | |
| | | | |
| | | | |

+ Prioritization of Need

PROJECT COST:

| | | |
|---|---------|--------------|
| Total Project Cost | (100%) | \$152,835.00 |
| Less Local Match | (10%) * | \$0.00 |
| Transportation Disadvantaged Trust Funds* | (90%) | \$152,835.00 |

* If REDI, include 100% of the total project cost on the Transportation Disadvantaged Trust Funds line and "REDI" on the Local Match line.

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| <p><u>SOURCE OF REQUIRED LOCAL MATCH:</u></p> <p>REDI-No match required</p> |
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**SHIRLEY CONROY RURAL AREA
CAPITAL ASSISTANCE GRANT
CURRENT VEHICLE INVENTORY**

NAME OF CTC: _____

| Model Year | Chassis Make and Model | Vehicle Identification Number (17 Digits) | Maximum Ambulatory/ Wheelchair Passenger Seating | Average Vehicle Miles Per Year | Current Mileage as of (Date) | Anticipated Retirement Year | Source of Funding |
|------------|------------------------|---|--|--------------------------------|------------------------------|-----------------------------|-------------------|
| | | | | | | | |

NOTE: Identify the Vehicle(s) that would be replaced with this or other grants by placing * next to the model year.