



# Transportation Disadvantaged Trip & Equipment Grant Recipient Information

<b>Legal Name</b>	Levy County Board of County Commissioners		
<b>Federal Employer Identification Number</b>	59-6000717		
<b>Registered Address</b>	P.O. Box 310		
<b>City and State</b>	Bronson, FL	<b>Zip Code</b>	32621
<b>Contact Person for this Grant</b>	Connie Conley	<b>Phone Number Format 111-111-1111</b>	352-486-3485
<b>E-Mail Address [Required]</b>	conley-connie@levycounty.org		
<b>Project Location [County(ies)]</b>	Levy		
<b>Budget Allocation</b>			
Grant Amount – State Allocation [90%]		\$351,251.00	
Grant Amount – Local Match [10%]		\$39,027.00	
Voluntary Dollar Amount		\$20.00	
Local Match for Voluntary Dollars [In Kind]		\$0.00	
<b>Total Project Amount</b>		<b>\$390,298.00</b>	

Capital Equipment Request	
Description of Capital Equipment	\$ Amount
N/A	
<b>Total Project Amount</b>	<b>\$ 0.00</b>

*Local Coordinating Board Review IS Required if Requesting Capital Equipment*

The purchase of capital equipment is included and has been reviewed by the \_\_\_\_\_ Local Coordinating Board.

\_\_\_\_\_  
**Signature of Local Coordinating Board Chairperson**

\_\_\_\_\_  
**Date**

I, the authorized Grantee Representative, hereby certify that the information herein is true and accurate and is submitted in accordance with the 2025-26 Program Manual and Instructions for the Trip & Equipment Grant.

\_\_\_\_\_  
**Signature of Grant Recipient Representative**

\_\_\_\_\_  
**Date**