Iowa Department of Transportation

Authorizing Resolution

Instructions

We, hereby, authorize, **only signature allowed on agreements between the applicant and the Iowa DOT**
(Name of Authorized Signatory)

on behalf of **Designated Transit System**
(Legal Name of Applicant)

to apply for financial assistance as noted below and to enter into related contract(s) with the Iowa Department of Transportation.

From the State Transit Assistance Program:

_____ % of formula funds;
_____ $ of Special Project funds; projected percent of STA formula funds

From federal funds for transit in non-urbanized areas and/or for transit serving primarily elderly persons and person with disabilities:

$ Federal dollars only Section 5310 or 5311 funding amount (operating or capital)

From state-wide federal capital assistance for transit:

$ Federal dollars only Any capital projects programmed under Section 5339

We understand acceptance of federal transit assistance involves an agreement to comply with certain labor protection provisions.

We certify that Designated Transit System has sufficient non-federal
(Legal Name of Applicant)

funds to provide required local match for capital projects and at time of delivery will have the funds to operate and maintain vehicles and equipment purchased under this project.

We request that State Transit Assistance formula funding be advanced as allowed by law, to improve transit system cash flow.

Adopted the _____ day of _____ , _____.

Name: _____
(Applicant's Governing Body)

By: _____
(Signature of Chief Executive Officer)

Title: _____

Address: _____

Telephone: _____