



2019 Call for Projects and Funding Application

For the Brownsville Urbanized Area

Enhanced Mobility of Seniors and Individuals with Disabilities Funding Program



Fiscal Year 2019 Grant Application

Applicant Legal Name:

Organizational Unit (If applicable):

Physical Address (No P.O. Box):

City:	State:	Zip Code:
Fax Number:	Email Address:	
Website Address:		County:
Name of person to be contacted on matters involving this application:		Phone:
Name of person to be contacted in an Emergency:		Phone:
Applicant's D-U-N-S number:		

The undersigned signatory for the Applicant hereby represents and warrants that the information provided in this Application is accurate to the best of my knowledge:

Printed Name: _____

Title: _____

Signature: _____

Date: _____

1.

Yes	No	
		Are you an eligible applicant?

If the project is selected and the agency receives approval, the selected agency will purchase the capital using 100% of their funds. Once the capital is received, the agency will invoice Brownsville Metro for reimbursement of the Federal portion.

Description	Cost
Total	

Yes	No	
		Do you have the financial capacity to provide 20% local share for Capital Project?

What is the source of local share? Provide details

Description	Amount
Total	

3. Operating Expenses

Yes	No	
		Is the proposed project an eligible Operating Expense?
		Is the proposed project included in a Coordinated Regional Plan?
		Does the proposed project benefit the Brownsville Urbanized Area?

Briefly describe the proposed project and how it benefits the Brownsville Urbanized Area.

Describe the impact, should you not receive this award.

Provide the total number of passengers that will benefit.

Number of seniors _____

Number of persons w/disabilities _____

Number of seniors w/disabilities _____

General Public Transportation _____

What is the project budget? Provide details.

Description	Cost
Total	
