

## FY26 LOCAL SHARE CERTIFICATION FOR FUNDING

Western Carolina Community Action d/b/a WNCSource

### Requested Funding Amounts

<u>Project</u>	<u>Total Amount</u>	<u>Local Share**</u>
5311 Administrative	\$ <b>192,522</b>	\$ <b>28,878</b> (15%)
5311 Operating (No State Match)	\$ <b>50,000</b>	\$ <b>25,000</b> (50%)
5310 Operating (No State Match)	\$ <b>70,000</b>	\$ <b>35,000</b> (50%)
Combined Capital	\$ <b>500,000</b>	\$ <b>50,000</b> (10%)
Mobility Management	\$ _____	\$ _____ (10%)
5310 Capital Purchase of Service	\$ _____	\$ _____ (10%)
ConCPT	\$ _____	\$ _____ (50%)
Capital Cost of Contracting	\$ _____	\$ _____ ( %)
Traveler's Aid	\$ _____	\$ _____ (50%)
_____	\$ _____	\$ _____ ( %)
_____	\$ _____	\$ _____ ( %)
_____	\$ _____	\$ _____ ( %)

Funding programs covered are 5311, 5310, 5339 Bus and Bus Facilities, 5307 (Small fixed route, regional, and consolidated urban-rural systems)

TOTAL	\$ <b>812,522</b>	\$ <b>138,878</b>
	<b>Total Funding Requests</b>	<b>Total Local Share</b>

**\*\*NOTE: Applicants should be prepared for the entire Local Share amount in the event State funding is not available.**

The Local Share is available from the following sources:

<u>Source of Funds</u>	<u>Apply to Grant</u>	<u>Amount</u>
<u>HC</u>	<u>5311 Admin</u>	\$ <b>28,878</b>
<u>ROAP</u>	<u>5310 Operating</u>	\$ <b>35,000</b>
<u>HC</u>	<u>Combined Capital</u>	\$ <b>50,000</b>
<u>ROAP</u>	<u>5311 Operating</u>	\$ <b>25,000</b>
_____	_____	\$ _____
_____	_____	\$ _____

## UNIFIED GRANT APPLICATION

_____	_____	\$ _____
_____	_____	\$ _____
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<b>TOTAL</b>		<b>\$ <u>138,878</u></b>

**\*\* Fare box revenue is not an applicable source for local share funding**

I, the undersigned representing Western Carolina Community Action d/b/a WNCSource do hereby certify to the North Carolina Department of Transportation, that the required local funds for the FY2025 Community Transportation Program and 5307 Governors Apportionment will be available as of **July 1, 2025**, which has a period of performance of July 1, 2025 – June 30, 2026.

\_\_\_\_\_  
Signature of Authorized Official

\_\_\_\_\_  
Type Name and Title of Authorized Official

\_\_\_\_\_  
Date