



**2020 Certifications and Assurances of the Regional Agency/Transportation Planning Agency
State of California - FTA Section 5311 and Rural CMAQ Transit**

Regional Agency/TPA: [Transportation Agency for Monterey County](#)

Contact Person: [Stefania Castillo](#)

Contact Email: Stefania@tamcmonterey.org

Contact Phone: [831-775-0903](tel:831-775-0903)

Name of Subrecipient: [Monterey-Salinas Transit](#)

Project Description: [Rural Transit Service for Monterey County](#)

Project Amount and Fund Type

<i>Regional Apportionment 5311 or CMAQ*</i>	<i>Carryover Amount</i>	<i>Toll Credits*</i>	<i>Local Match</i>	<i>Total Project Cost</i>	<i>Local Match Source/s</i>
\$659,628	\$0	\$0	\$532,602	\$1,192,230	\$Local Transportation Fund

* Prior approval by Caltrans required

Federal Transportation Improvement Program - Metropolitan Planning Organizations/Regional Transportation Planning Agency		
Document (or Amendment) Number	Document (or Amendment) Year	FHWA/FTA Federally Approved TIP (Date)
11	2020	Approval In Process

Check all that apply:

- ☒ Some combination of state, local, or private funding sources have been or will be committed to provide the required local share.
- ☒ The subrecipient has coordinated with other transportation providers and users in the region, including social service agencies capable of purchasing service.
- ☒ The amount requested does not exceed the Federal funds provided to this agency in the approved Federal TIP/Federal Statewide TIP(FSTIP)
- ☒ The regional agency/TPA has approved, by resolution, the programming of funds for this Project and Project has met all Statewide Transportation Improvement Program (STIP) requirements.

Certifying Representative:

By signing below, I have read and acknowledge that my agency is in compliance with certifications and assurances as stated above.

Name: [Debra L. Hale](#)

Title: [Executive Director](#)

Signature: _____

Signature in [BLUE](#) ink

Date: [1/22/2020](#)