## 2020 Certifications and Assurances of the Regional Agency/Transportation Planning Agency State of California - FTA Section 5311 - CARES Act Phase 2

## Regional Agency/TPA: Transportation Agency for Monterey County

Contact Person: Stefania Castillo
Contact Email: Stefania@tamcmonterey.org
Contact Phone: 831-775-0903
Name of Subrecipient: Monterey-Salinas Transit
Project Description: Rural Transit Service for Monterey County
Project Amount and Fund Type

| Regional Apportionment <br> 5311 or $5311(f)$ | Total Project Cost |
| :---: | :---: |
| $\$ 1,325,495$ | $\$ 1,325,495$ |
| $(5311$ CARES Act $)$ |  |


| Federal Transportation Improvement Program - Metropolitan Planning Organizations/Regional Transportation |  |
| :---: | :---: | :---: |
| Planning Agency |  |\(\left.| \begin{array}{c}FHWA/FTA Federally <br>


Approved TIP (Date)\end{array}\right]\)| Document (or Amendment) |
| :---: |
| Number |$\quad$ Document (or Amendment) Year $\quad$| Not required for CARES Act |
| :---: |
| funding |

## 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.$\boxtimes$ The subrecipient has coordinated with other transportation providers and users in the region, including social service agencies capable of purchasing service.
$\boxtimes$ The amount requested does not exceed the Federal funds provided to this agency in the approved Federal TIP/Federal Statewide TIP(FSTIP)
$\boxtimes$ 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.

## CertifyingRepresentative:

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

Signature:


Title: Executive Director

