**CRRSAA/ARPA OPERATING FUNDING APPLICATION**

**GENERAL INFORMATION AND APPLICATION SUMMARY**

**COVID RELIEF FUNDING**

**APPLICATION IS DUE BY 4:00 PM ON JUNE 4, 2021 UPLOAD TO:**

**MDOT MTA Grant Application Portal** ([https://mtaolts.ecopwise.com](https://gcc01.safelinks.protection.outlook.com/?url=https%3A%2F%2Fmtaolts.ecopwise.com%2F&data=02%7C01%7Cnhuggins%40mdot.maryland.gov%7C3d52cb53dc7f4dbecbaf08d8541899ee%7Cb38cd27c57ca4597be2822df43dd47f1%7C0%7C0%7C637351811933318677&sdata=%2F9y82MCJv8o0%2FLmHqY%2F1gEGKH9%2BWvkfYV6nJdFAlEVk%3D&reserved=0))

*First time users will require registration.*

*Previous users (e.g. 5310 grant) please use appropriate login credentials*

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| --- | --- | --- | --- | --- | --- |
| **Legal Name of Applicant Organization: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **DBA (Doing Business As) Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **Federal Tax ID #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DUNS #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ CAGE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | | | | | |
| **Address:** | | | | | |
|  |  | **Name** | **Telephone #** | **Email** | |
| **Contact Person** |  |  |  |  | |
| **Executive Director** |  |  |  |  | |
| **Primary Contact Person** |  |  |  |  | |
| **County/ Counties Served** |  | | | | |
| **Please provide a brief description of your agency’s program activities:** | | | | | |
| **Please provide the Number of Trips provided in FY2019\*:**  *(\*Due to the COVID-19 Pandemic in FY2020)* | | | | |  |
| **CRRSAA/ARPA Operating Funds Requested** | | | | |  |
| **How would these CRRSAA/ARPA funds be used to support your agency’s operating services? *The requested amount should correspond to your budget.*** | | | | | |

**CRRSSA/ARPA Application Certification**

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ *(Authorized Person)* hereby certify to the Maryland Department of Transportation Maryland Transit Administration (MDOT MTA), on behalf of

*(Agency)* \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ that the information contained in this application is complete and accurate.

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_