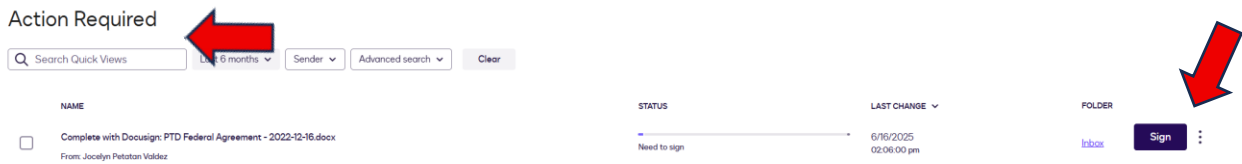
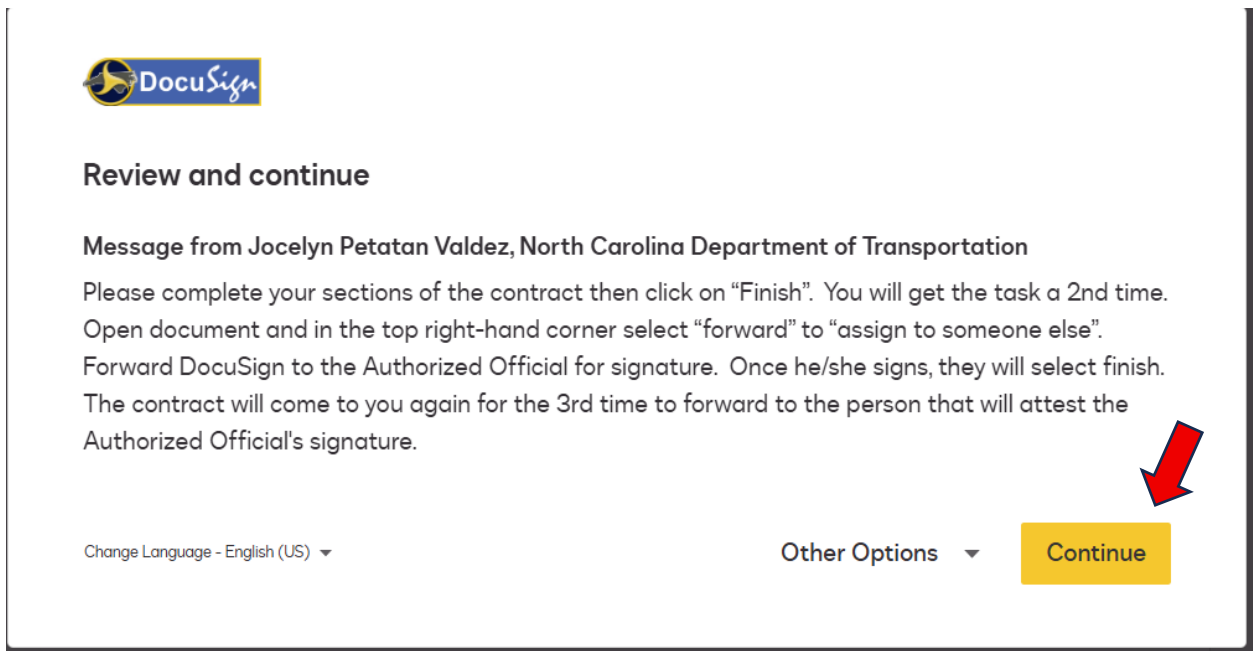


DocuSign Instructions:

1. Find the agreement in your DocuSign Inbox labeled “Action Required”.



2. Click the “Sign” button highlighted by the red arrow as seen above.
3. Review any instructions attached to the DocuSign and select “Continue”.



4. Select "Start" and begin filling in the areas that are assigned to you. If you are not the person completing these fields, skip this step and move the reassigning.



Start

NORTH CAROLINA DEPARTMENT OF TRANSPORTATION

and

XXXXXXXXXXXX


PUBLIC TRANSPORTATION GRANT AGREEMENT FOR
XXXXXXXX PROGRAM

Federal Award Identification

Application Number: XXXXXXXXXXXX

Agreement Number: XXXXXXXXXXXX

5. Select "Next" or "Fill in" until all fields are complete.



Next

Name: Myra Freeman
Title: Financial Manager
Agency: NCDOT/PTD
Email: Msfreeman1@ncdot.gov
MSC: 1550 Mail Service Center – Raleigh, NC 27699-1550
Physical Address: 1 S. Wilmington St, Rm 542, Transportation Building, Raleigh, NC 27601
Phone: 919-707-4672 Fax: 919-733-2304

For the Subrecipient:

Name: Required

Title:

Agency:

Address:

Email:

Phone:

Address: 1 S. Wilmington St, Rm 342, Transportation Building, Raleigh, NC 27601
Phone: 919-707-4672 Fax: 919-733-2304

For the Subrecipient:

Name:

Title:

Agency:

Address:

Email:

Phone:

IN WITNESS WHEREOF, this Agreement has been executed by the Department, an agency of the State of North Carolina, and the Subrecipient by and through a duly authorized representative and is effective the date and year first above written.

SUBRECIPIENT'S FEDERAL TAX ID
NUMBER:

SUBRECIPIENT'S FISCAL YEAR END: **JUNE 30, 20XX**

BY:

TITLE:

6. Select the dropdown from “Finish” when all fields are complete.

NCDOT PTD Federal Agreement
Revised 12/28/2018

Page 23 of 25

PTD Federal Agreement - 2022-12-16.docx 23 of 25

IN WITNESS WHEREOF, this Agreement has been executed by the Department, an agency of the State of North Carolina, and the Subrecipient by and through a duly authorized representative and is effective the date and year first above written.

SUBRECIPIENT'S FEDERAL TAX ID
NUMBER: XXXXXXXXXX

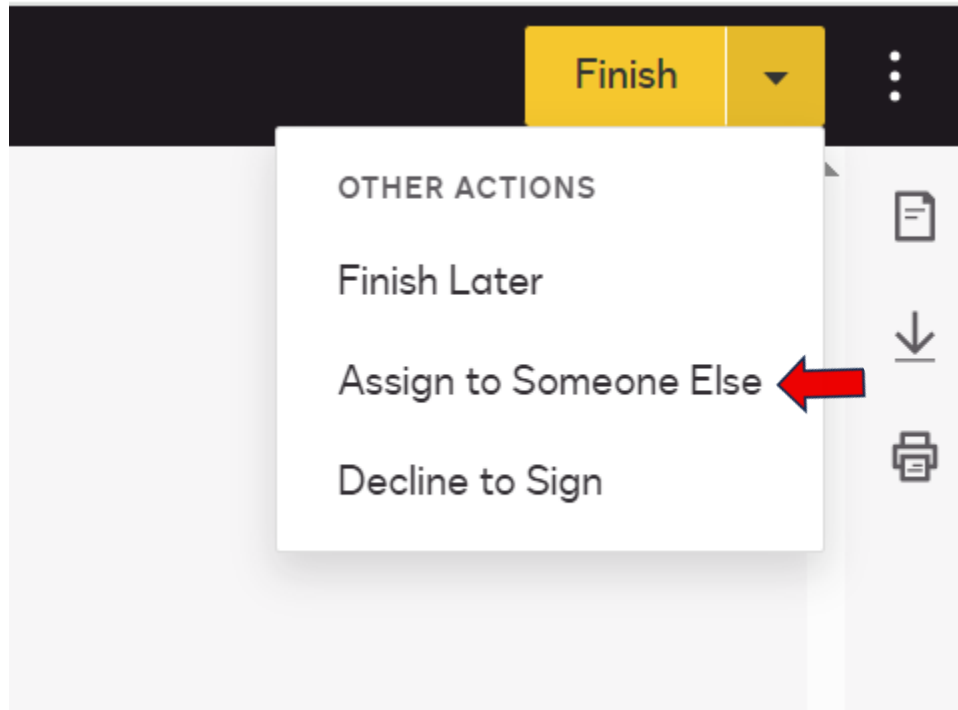
SUBRECIPIENT'S FISCAL YEAR END: **JUNE 30, 20XX**

BY: _____

TITLE: _____

ATTEST: _____

7. Select “Assign to Someone Else” and complete the necessary fields. Add any notes or comments the signer might need. Ensure that names and email addresses are correct, then select “Assign”.





Assign to Someone Else

New Signer's Name *

New Signer's Email *



Provide a reason for assigning to someone else

250 characters remaining

The sender and the new signer will be notified of these changes. You will be added as a Carbon Copy (CC) recipient.

ASSIGN



CANCEL