

AIRPORT NAME:

WBS #:

DESCRIPTION:

STI # (if applicable): AV-

Certification of Local Funds and Accounting Information

Total State Aid Grant: _____ Federal Block Grant: _____

Local Matching Funds Required: _____ representing a _____ Local Share of the Project

1. Accounting System Information

Official Name of Sponsoring Agency: _____

Name of Budget Official Responsible for Project Accounting: _____

Title of Budget Official Responsible for Project Accounting: _____

Budget Official Address: _____

Budget Official Telephone Number: _____ Email: _____

2. Certification of Local Funds Availability

I hereby certify that the local matching share of _____ required for this project has been officially approved, placed into the budget of the Sponsoring local governmental unit and will be available for expenditure upon execution of the Grant Agreement and start of this project. I further certify that the authority of the Sponsoring local governmental unit to enter into contracts with the state of North Carolina has been reviewed by the governmental attorney and, in his opinion, the Sponsoring local governmental unit is duly authorized to commit the Sponsor to an Agreement with the North Carolina Department of Transportation.

Signed: _____

Title: _____

Official Name of Sponsoring Agency: _____

Date: _____

UPLOAD FORM TO COINCIDING APPLICATION AND/OR CHANGE REQUEST IN PARTNER CONNECT.

FORM IS NOT REQUIRED IF LOCAL MATCH IS ZERO DOLLARS (\$0).