Delegation of Authority		
I(Authorized Official's Typed/Printed Name)	'(Authorized Official's Title and Age	ney)
as the designated party for	(Grant Recipient/Applicant Agency)	,
with authority to submit funding applications and enter contracts with the Department of Transportation and execute		
all agreements and contracts with the North Carolina Department of Transportation, Public Transportation		
Division, hereby delegate authority to the individual(s) filling the positions as indicated below:		
Primary Designee:		
	(Name & Primary Designee's Position Title)	
(Primary Designee's Agency	<i>y</i>)	
Reimbursement Requests:	es No	
Budget Revisions:	es No	
Budget Amendments:	es No	
Period of Performance Extensions: Y	es No	
Alternate Designee:		
(optional) (Name Alternate Designee's Position Title)		
(Alternate Designee's Agency)		
Reimbursement Requests:	es No	
Budget Revisions:	☐ No	
Budget Amendments:	es No	
Period of Performance Extensions: Y	es No	
Authorized Official's Signature:		Date:
Authorized Official's Typed/Printed Name:		
Please scan and e-mail to: ctptransportation@ncdot.gov		

FMS001 July 2018