Authorizing Resolution

We, hereby, authorize Matthew J. Walsh
(Name of Authorized Signatory)

on behalf of City of Council Bluffs
(Legal Name of Applicant)

to apply for financial assistance as noted below and to enter into related contract(s) with the Iowa Department of Transportation.

From the State Transit Assistance Program:

1.47567492 % of formula funds;

$ _____ of Special Project funds

From federal funds for transit in non-urbanized areas and/or for transit serving primarily elderly persons and person with disabilities:

$ _____

From statewide federal capital assistance for transit:

$ _____

We understand acceptance of federal transit assistance involves an agreement to comply with certain labor protection provisions.

We certify that City of Council Bluffs
(Legal Name of Applicant)

has sufficient non-federal funds to provide required local match for capital projects and at time of delivery will have the funds to operate and maintain vehicles and equipment purchased under this project.

We request that State Transit Assistance formula funding be advanced as allowed by law, to improve transit system cash flow.

Adopted the _____ day of _____ , _____

Name: Council Bluffs City Council
(Applicant's Governing Body)

By: _____ Matthew J. Walsh
(Signature of Chief Executive Officer) (Printed Name of Chief Executive Officer)

Title: Mayor

Address: 209 Pearl Street, Council Bluffs, IA 51503

Telephone: (712) 890-5264 Email Address: mwalsh@councilbluffs-ia.gov
(E-mail address of Chief Executive Officer)