EQUIPMENT PROJECT INFORMATION

The following information is required to complete a federal application for funding of equipment, such as computers, communication equipment, service vehicles or maintenance equipment. Please submit the requested information to your project manager electronically. TRANSIT AGENCY NAME PROJECT DESCRIPTION (Describe the specific work to be accomplished with the funds from this application) PROJECT JUSTIFICATION (Indicate why the project(s) is needed) PROJECT BUDGET (Identify each project and associated costs to be accomplished with the funds from this application. For assistance, please refer to the MDOT Capital match Plan for your agency, as appropriate) **Estimated** Project(s) **Federal** State Local Total **Useful Life if** >\$5,000 **Total** (Complete Page 2 if needed for additional projects) Project Milestone Schedule: Identify the estimated dates (mm/dd/yyyy) for work to be accomplished with funds from this application. If you have more than one project with different milestone schedules, please list the milestones for each project. Contract **RFP** ΑII Equipment Contract/Project Project (s) Issued/Quotes Award/Vendor Equipment **Delivered** Delivered Complete Requested Selected Will this equipment also be used for non-transit purposes (Incidental use)? ☐ Yes ☐ No If yes, please check the applicable boxes for the item and describe how it will be used. Agency will receive revenue for incidental use of above equipment/property. I certify that the revenues are used for capital and/or operating expenses for the provision of public transportation. Agency certifies that the incidental use of the above equipment/property will not interfere with the agency's public transportation operations. If admin vehicle please check the boxes to confirm your agency's practices regarding the incidental use. Drivers of admin vehicles will be included in D&A testing pool. Adequate insurance will be in place on the admin vehicle to cover passengers.

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ADDITIONAL PROJECTS

Project(s)	Federal	State	Local	Total	Estimated Useful Life if >\$5,000
Total					

PROJECT MILESTONE SCHEDULE FOR ADDITIONAL PROJECTS (Please use mm/dd/yyyy format)

Project (s)	RFP Issued/Quotes Requested	Contract Award/Vendor Selected	Contract/Project Complete

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Equipment Projects Using Multiple Grants: If this project is being funded in phases or using multiple contracts/grants, please provide the grant year, funding source, and amounts of each additional contract/grant.

Project(s)	Grant Year	State Amount	Federal Amount	Total Amount	Federal Grant	MDOT Authorization
	Total					