



# Transportation Disadvantaged Local Program Administrative Support Grant Application Form

<b>Legal Name</b>	Broward County Florida, c/o the Broward County Transportation Department		
<b>Federal Employer Identification Number</b>	59-6000531-037		
<b>Registered Address</b>	1 N. University Drive - Suite 3100-A		
<b>City and State</b>	Plantation, FL	<b>Zip Code</b>	33324
<b>Budget Allocation</b>			
<b>Contact Person for this Grant</b>	Paul Strobis	<b>Phone Number Format 111-111-1111</b>	954-357-8321
<b>E-Mail Address [Required]</b>	pstrobis@broward.org		
<b>Budget Allocation</b>			
<b>Project Location [County(ies)]</b>	Broward County	<b>Proposed Project Start Date</b>	TBD
<b>Budget Allocation</b>			
		Grant Amount Requested	\$59,893.00
		<b>Total Project Amount</b>	<b>\$59,893.00</b>

I, the authorized Grant Recipient Representative, hereby certify that the information contained in this form is true and accurate and is submitted in accordance with the 2018-19 Grant Manual and Application for the Local Program Administrative Support Grant.

\_\_\_\_\_  
**Signature of Grant Recipient Representative**

\_\_\_\_\_  
**Date**

**Name:** \_\_\_\_\_

**Title** \_\_\_\_\_: