

## Surtax Funding Request Form Rehabilitation and Maintenance Projects & Micro-Transit

The process for Surtax Municipal Rehabilitation and Maintenance Projects (R&M) and Micro-Transit (MT) was established pursuant to Section 4.3 of the Third Amendment to and Restatement of the Transportation Surtax System Interlocal Agreement, effective July 2025. If funding requests are accepted and eligible, they will be governed by funding agreement terms and conditions.

**FY 2026**

Municipality & Formula Allocation Amount: \_\_\_\_\_

Small Municipality Waiver (Sec 4.3.8) – include waiver approved by the elected body of Municipality with submission

Defer funding to Fiscal Year (Sec 4.3.5): \_\_\_\_\_ – include notification of intention to defer with submission

**I. Funding Request: Micro-Transit (Sec. 4.3.6)**

Check if your municipality will **not** request funding in this category

Micro-Transit Service Provider: \_\_\_\_\_ Contract amount for current Fiscal Year: \_\_\_\_\_ Micro-Transit Surtax Funding Request: \_\_\_\_\_

Municipality must submit Micro-Transit contract and Provider’s Certificate of Insurance, consistent with the Third Amendment to and Restatement of the Transportation Surtax Interlocal Agreement.

**II. Rehabilitation & Maintenance – Project #1**

Check if your municipality will **not** request funding in this category

Project Description: \_\_\_\_\_ Location(s) and Limits: \_\_\_\_\_

Point of Contact Name: \_\_\_\_\_ Contact Title: \_\_\_\_\_ email: \_\_\_\_\_

Project Scope: \_\_\_\_\_

Project Budget: Non-Surtax Amount: \_\_\_\_\_ Surtax Amount: \_\_\_\_\_ Total Amount: \_\_\_\_\_

Estimated Schedule: Project Start: \_\_\_\_\_ Project Completion: \_\_\_\_\_

Does this project require permit approval(s) from regulatory agencies? \_\_\_\_\_ If Yes (include with submittal)

Solicitation type: \_\_\_\_\_ Is this project receiving federal assistance: \_\_\_\_\_

Total estimated value of optional services: \_\_\_\_\_ Total amount reimbursable to prime: \_\_\_\_\_

Licenses, certification, experience and/or specialized equipment required: \_\_\_\_\_

Breakdown of each specialty required for the project (visit Census.gov to find NAICS Codes)		
Specialty	NAICS Code	Percentage
		%
		%
		%
		%
		%
		%
		%
<b>Total</b>		%

**III. Rehabilitation & Maintenance Project #2**

Check if your municipality will **not** request funding in this category

Project Description: \_\_\_\_\_ Location(s) and Limits: \_\_\_\_\_

Point of Contact Name: \_\_\_\_\_ Contact Title: \_\_\_\_\_ email: \_\_\_\_\_

Project Scope: \_\_\_\_\_

Project Budget: Non-Surtax Amount: \_\_\_\_\_ Surtax Amount: \_\_\_\_\_ Total Amount: \_\_\_\_\_

Estimated Schedule: Project Start: \_\_\_\_\_ Project Completion: \_\_\_\_\_

Does this project require permit approval(s) from regulatory agencies? \_\_\_\_\_ If Yes (include with submittal)

Solicitation type: \_\_\_\_\_ Is this project receiving federal assistance: \_\_\_\_\_

Total estimated value of optional services: \_\_\_\_\_ Total amount reimbursable to prime: \_\_\_\_\_

Licenses, certification, experience and/or specialized equipment required: \_\_\_\_\_

Breakdown of each specialty required for the project (visit Census.gov to find NAICS Codes)		
Specialty	NAICS Code	Percentage
		%
		%
		%
		%
		%
		%
		%
<b>Total</b>		%

