

ATTACHMENT A

WHEREAS, Transportation Alternatives Program (TAP) funds have been made available for transportation improvements within the Jackson Urbanized Area; and

WHEREAS, _____ has selected a project to submit to the
Name of local entity (municipality or county)
Jackson Metropolitan Planning Organization (MPO) for consideration for funding; and

WHEREAS, the selected project includes _____
Brief project description

WHEREAS, _____ hereby requests Federal TAP funding from
Name of local entity (municipality or county)
the Jackson MPO in the amount of _____; and
§ Amount of requested STP funding

WHEREAS, _____ agrees to provide local matching funds for
Name of local entity (municipality or county)
the project in the amount of _____. The local entity agrees to provide
§ Amount of local match
said matching funds in a timely manner.

NOW, THEREFORE, BE IT RESOLVED: _____ acknowledges if
Name of local entity (municipality or county)
said project is selected for funding through the MPO selection process said project is subject to all applicable Federal and State laws and regulations regarding TAP funding, as well as subject to the rules and procedures established by the Jackson MPO regarding approved TAP projects.

Print Name (Chief Elected Official or local governing board)

Signature (Chief Elected Official or local governing board)

ATTEST:

Signature (City Clerk/Board Attorney/or County Administrator)

Date