

**RESOLUTION NO. 2587**

**A RESOLUTION OF THE MAYOR AND COMMON COUNCIL OF THE TOWN OF PAYSON, ARIZONA, APPROVING THE TOWN OF PAYSON'S FISCAL YEAR 2011 LTAF II GRANT APPLICATION AND ALLOCATING THE TOWN'S FISCAL YEAR 2011 LTAF II GRANT FUNDS TO THE PAYSON MULTIPURPOSE SENIOR CENTER DEVELOPMENT ASSOCIATION, INC., FOR ITS TRANSPORTATION SERVICE (FY2011 LTAF II GRANT APPLICATION).**

**WHEREAS**, each year, the State of Arizona makes Local Transportation Assistance Fund II ("LTAF II") funds available for local governments through grant applications; and

**WHEREAS**, the Town desires to apply for Fiscal Year 2011 LTAF II grant funding; and

**WHEREAS**, the Town desires to allocate its Fiscal Year 2011 LTAF II grant funds and matching funds to the Payson Multipurpose Senior Center Development Association, Inc. ("Senior Center"), for the operation of the Senior Center's transportation service; and

**NOW, THEREFORE, THE MAYOR AND COMMON COUNCIL OF THE TOWN OF PAYSON, ARIZONA, DO HEREBY RESOLVE AS FOLLOWS:**

Section 1. That the Fiscal Year 2011 LTAF II Grant Application Request Form ("Application"), attached hereto marked Exhibit "A" and made a part hereof by this reference as though set forth in full at this point, be and is hereby approved.

Section 2. That Debra A. Galbraith, Town Manager for the Town of Payson, be and is hereby authorized to sign said Application.

Section 3. That if the Town is awarded Fiscal Year 2011 LTAF II grant funds, such funds and the Town's matching funds for such grant shall be allocated to the Senior Center for the operation of the Senior Center's transportation service.

Section 4. That the Town of Payson is hereby authorized to sign such other documents and to take such other and further actions as may be necessary or appropriate to carrying out the terms and intent of this Resolution Number 2587.

**PASSED AND ADOPTED BY THE MAYOR AND COMMON COUNCIL OF THE TOWN OF PAYSON, ARIZONA**, this \_\_\_\_\_ day of \_\_\_\_\_, 2010, by the following vote:

AYES \_\_\_\_\_ NOES \_\_\_\_\_ ABSTENTIONS \_\_\_\_\_ ABSENT \_\_\_\_\_

\_\_\_\_\_  
Kenny J. Evans, Mayor

Added 12/8/10, 8:18a DEC 09 2010 G.3

ATTEST:

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Silvia Smith, Town Clerk

APPROVED AS TO FORM:



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Timothy M. Wright, Town Attorney

# EXHIBIT "A"

to Resolution No. 2587

12/7/2010

## SFY 2011\* LTAF II GRANT APPLICATION REQUEST FORM \*For funds collected in SFY 2010

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### SECTION I: APPLICANT INFORMATION

County, Town or City: Payson Contact Name: Debra Galbraith, Town Manag  
Address: 303 N Beeline Hwy Payson AZ 85541 Phone: 928-474-5242  
Fax: 928-474-7490  
e-mail address: \_\_\_\_\_

### SECTION II: LTAF II PROJECT REQUEST(S)

1. **Transit Project** (Jurisdictions receiving \$2,500.00 or more in LTAF II funding must apply for transit projects to be eligible for funding.)

a. Project Title Payson MultiPurpose Senior Center Development Association, Inc  
b. Project Location 514 West Main Street Payson AZ 85541  
c. Project Description:\*\* transportation for seniors and disabled in the rural area including and surrounding Payson AZ

\*\* Additional information may be attached.

d. LTAF II funding requested (include on line 3a below) \$ \_\_\_\_\_  
e. Type of Project:  Planning  Capital  Operations Other \_\_\_\_\_  
f. If applicant is within an MPO boundary, is the project included in the regional TIP?  
Yes: \_\_\_\_\_ No: \_\_\_\_\_  
g. Is this an ADOT/FTA Section 5311 project? Yes: \_\_\_\_\_ No: \_\_\_\_\_  
h. Is this a Section 5310, 5316, or 5317 project? Yes: X No: \_\_\_\_\_  
i. If project is multi-jurisdictional, identify other joint project recipients: \_\_\_\_\_  
j. Project previously funded through the LTAF II program? Yes X No \_\_\_\_\_

2. **Other Transportation Project** (Only for jurisdictions receiving less than \$2,500.00.)

a. Project Title \_\_\_\_\_  
b. Project Location \_\_\_\_\_  
c. Project Description:\*\*\* \_\_\_\_\_

\*\*\* Additional information may be attached.

d. LTAF II funding requested (include on line 3b below) \$ \_\_\_\_\_  
e. If project is multi-jurisdictional, identify other joint project grant recipients: \_\_\_\_\_  
f. Project previously funded through LTAF II program? Yes \_\_\_\_\_ No \_\_\_\_\_

3. **LTAF II Funding Summary (include requested funding from additional project applications)**

a. LTAF II Total Funds Requested for transit purposes \$13,843.90  
b. LTAF II Funds requested for other transportation purposes \$ \_\_\_\_\_  
c. Local Match (\_\_\_\_%) \$ \_\_\_\_\_  
d. Total \$ \_\_\_\_\_

See attached supplemental project application form for additional projects.

SFY 2011\* LTAF II  
GRANT APPLICATION REQUEST FORM

\*For funds collected in SFY 2010

SECTION III: PRIOR YEAR LTAF II PROJECT STATUS

LTAF II funding is available to jurisdictions for up to two years. Unless the jurisdiction has requested an extension or waiver, funding that is not spent by jurisdictions within two years of being distributed is subject to possible redistribution through the annual LTAF II distribution process to other jurisdictions.

1. Have LTAF II distributions received by your jurisdiction on or before June 30, 2009 been expended?

Yes  No

2. If the funds have been expended, were they spent on the projects as indicated in prior year's applications?

Yes  No

3. If the funds described above have not been expended, what is your LTAF II fund balance?

\$ \_\_\_\_\_

4. If the answer to lines 1 and 2 are no, provide a brief description of why the funds were not expended or were not expended on projects originally submitted in an application. (Attach additional information if necessary.)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Authorized chief financial officer signature\*\* \*\*\*:

\_\_\_\_\_ Date: \_\_\_\_\_

Title

\*\* Signing Agency agrees to local match availability ARS 28-5808 et seq.

\*\*\* Signer should be a Certified Public Accountant (CPA) or equivalent

Authorized jurisdictional signature\*\*\*\*:

\_\_\_\_\_ Date: \_\_\_\_\_

Title

\*\*\*\*Signer should be city, town or county manager or program director certifying to council/board action

FOR COG, MPO, OR RPTA OFFICE USE ONLY

LTAF II Funds Available: \$ \_\_\_\_\_

LTAF II Funds provided: \$ \_\_\_\_\_

Long Range Transportation Plan Compliance Yes  No

By: \_\_\_\_\_ Title: \_\_\_\_\_

Agency: \_\_\_\_\_