On the date the authorized U.S. Department of Transportation, Federal Transit Administration (FTA) official sign this Cooperative Agreement, FTA has obligated and awarded federal assistance as provided below. Upon execution of this Cooperative Agreement by the Recipient named below, the Recipient affirms this FTA Award, enters into this Cooperative Agreement with FTA, and binds its compliance with the terms of this Cooperative Agreement.

The following documents are incorporated by reference and made part of this Cooperative Agreement:
(1) "Federal Transit Administration Master Agreement," FTA MA(23), October 1, 2016, http://www.fta.dot.gov,
(2) The Certifications and Assurances applicable to the FTA Award that the Recipient has selected and provided to FTA, and
(3) Any Award notification containing special conditions or requirements, if issued.

WHEN THE TERM “FTA AWARD” OR “AWARD” IS USED, EITHER IN THIS COOPERATIVE AGREEMENT OR THE APPLICABLE MASTER AGREEMENT, “AWARD” ALSO INCLUDES ALL TERMS AND CONDITIONS SET FORTH IN THIS COOPERATIVE AGREEMENT.

FTA OR THE FEDERAL GOVERNMENT MAY WITHDRAW ITS OBLIGATION TO PROVIDE FEDERAL ASSISTANCE IF THE RECIPIENT DOES NOT EXECUTE THIS COOPERATIVE AGREEMENT WITHIN 90 DAYS FOLLOWING FTA’s AWARD DATE SET FORTH HEREIN.

FTA AWARD

Federal Transit Administration (FTA) hereby awards federal assistance in this Federal Cooperative Agreement as follows:

Recipient Information

Recipient Name:

Recipient ID:
DUNS No.

**Award Information**

Federal Award Identification Number:

Award Name:

Award Executive Summary:

Federal Role:

Recipient Role:

**Total Award Budget:**

Amount of Federal Assistance Obligated for This FTA Action (in U.S. Dollars):

Amount of Non-Federal Funds Committed to This FTA Action (in U.S. Dollars):

Total FTA Amount Awarded and Obligated (in U.S. Dollars):

Total Non-Federal Funds Committed to the Overall Award (in U.S. Dollars):

**Award Budget Control Totals**

(The Budget includes the individual Project Budgets (Scopes and Activity Line Items) or as attached.)

<table>
<thead>
<tr>
<th>Funding Source(s)</th>
<th>Section of Statute</th>
<th>CFDA Number</th>
<th>Amount</th>
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<td>Other Federal</td>
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<tr>
<td>Transportation Development Credits</td>
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<tr>
<td><strong>Total Award Budget</strong></td>
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</tbody>
</table>

(The Transportation Development Credits are not added to the amount of the Total Award Budget.)
U.S. Department of Labor Certification of Public Transportation Employee Protective Arrangements:

Original Certification Date:
Amendment # Certification Date:

Special Conditions:

FTA has awarded Federal assistance for this Cooperative Agreement as of _________________, which is the Date of this FTA Award.

By:

Signature: _______________________________________
Name: __________________________________________
Title: ___________________________________________

FEDERAL TRANSIT ADMINISTRATION
U.S. DEPARTMENT OF TRANSPORTATION
EXECUTION OF THE COOPERATIVE AGREEMENT

There are several identical counterparts of this Cooperative Agreement in typewritten hard copy. Each counterpart is:
(1) Fully signed in writing by the duly authorized officials of FTA or the Federal Government and the Recipient, and
(2) Deemed to be an original having identical legal effect.

Upon full execution of this Cooperative Agreement by the Recipient, the Effective Date will be the date FTA or the Federal Government awarded Federal assistance for this Cooperative Agreement.

By executing this Cooperative Agreement, the Recipient intends to enter into a legally binding agreement in which the Recipient:
(1) Affirms this FTA Award,
(2) Adopts and ratifies all of the following information it has submitted to FTA:
   (a) Statements,
   (b) Representations,
   (c) Warranties,
   (d) Covenants, and
   (e) Materials,
(3) Consents to comply with the requirements of this FTA Award, and
(4) Agrees to all terms and conditions set forth in this Cooperative Agreement.

Executed by the Recipient this _____ day of ___________________________, 20____.

ATTEST: BY:

Signature: ____________________________ Signature: _____________________________

Name (Print/Type): Name (Print/Type):
____________________________________ _________________________________
____________________________________

TITLE AND ORGANIZATION TITLE AND ORGANIZATION