



# Transportation Disadvantaged Trip & Equipment Grant Recipient Information

<b>Legal Name</b>	Brevard County Board of County Commissioners d/b/a Space Coast Area Transit		
<b>Federal Employer Identification Number</b>	59-60000523		
<b>Registered Address</b>	401 South Varr Avenue		
<b>City and State</b>	Cocoa, FL	<b>Zip Code</b>	32922
<b>Contact Person for this Grant</b>	Robin Johnson	<b>Phone Number Format 111-111-1111</b>	(321) 635-7815
<b>E-Mail Address [Required]</b>	Robin.Johnson@brevardfl.gov		
<b>Project Location [County(ies)]</b>	Brevard County		
<b>Budget Allocation</b>			
Grant Amount – State Allocation [90%]		\$1,634,966.00	
Grant Amount – Local Match [10%]		\$181,622.00	
Voluntary Dollar Amount		\$68.00	
Local Match for Voluntary Dollars [In Kind]		\$7.00	
<b>Total Project Amount</b>		<b>\$1,816,663.00</b>	

Capital Equipment Request	
Description of Capital Equipment	\$ Amount
	\$0.00
<b>Total Project Amount</b>	<b>\$ 0.00</b>

## Local Coordinating Board Review IS Required if Requesting Capital Equipment

The purchase of capital equipment is included and has been reviewed by the \_\_\_\_\_ Local Coordinating Board.

Not Applicable

**Signature of Local Coordinating Board Chairperson**

**Date**

I, the authorized Grantee Representative, hereby certify that the information herein is true and accurate and is submitted in accordance with the 2024-25 Program Manual and Instructions for the Trip & Equipment Grant.

**Signature of Grant Recipient Representative**

Rob Feltner, Chairman

As approved by the Board on 7/22/2025.

**Date**