

April 20, 2020

Dr. Yvette G. Taylor
Regional Administrator, Region IV
Federal Transit Administration
230 Peachtree Street, NW, Suite 1400
Atlanta, Georgia 30303

Subject: **City of Winston-Salem and the Winston-Salem Urbanized Area Metropolitan Planning Organization- Section 5307 CARES Act Sub-Allocations**

The City of Winston-Salem and the Winston-Salem Urbanized Area Metropolitan Planning Organization (WSMPO) is the Designated Recipient of the Federal Transit Administration's (FTA) CARES Act Urbanized Area Formula funds (Section 5307) for the Winston-Salem urbanized area. The Piedmont Authority for Regional Transportation (PART) is not a designated recipient of the FTA Section 5307 funding; however is a direct recipient of FTA funding.

As identified in this Split Letter, the Designated Recipient authorizes the sub-allocation of Section 5307 CARES Act Funds to the Direct Recipient(s) named herein. The undersigned agree to the Split Letter and the amounts assigned. Each Direct Recipient is responsible for its application to the Federal Transit Administration to receive Section 5307 funds and assumes the responsibilities associated with any award for these funds.

Therefore, under this agreement ('Split Letter'), the designated recipient authorizes the sub allocation of **\$1,861,935.44** in Section 5307 CARES Act funding to the Piedmont Authority for Regional Transportation (PART). As per this agreement, PART assumes all responsibilities associated with its application as well as any responsibilities associated with the award for these federal funds.

Under this agreement, the designated recipient is released from any responsibilities as associated with the direct recipient's portion of the Section 5307 funding, to include responsibilities associated with the application or the award of these federal funds.

Designated Recipient (City of Winston-Salem, North Carolina)

Signature of Authorized Official: _____ Date: _____
Lee Garrity, City Manager

Grant Recipient (Piedmont Authority for Regional Transportation-PART)

Signature of Authorized Official: _____ Date: _____
Scott Rhine, Executive Director