

ATTACHMENT A

FUNDING REQUEST AND DIRECTION

(Attachment to Appendix D-4, Beneficiary Eligible Mitigation Action Certification, pursuant to Paragraph 5.2 of the Environmental Mitigation Trust Agreement)

Pursuant to the authority granted to Department of Environmental Quality [*insert Lead Agency*] to act on behalf of Beneficiary State of North Carolina under the Mitigation Trust, [*Lead Agency*] directs the Trustee to make the following payments from its subaccount no. 122969-044 to the following payees, for the amounts specified on the dates specified below.

LEAD AGENCY INFORMATION

Beneficiary Name:	<u>State of North Carolina</u>	Lead Agency Contact Person:	<u>Shirley Trollinger</u>
Lead Agency Name:	<u>Department of Environmental Quality</u>	Lead Agency Email Address:	<u>shirley.trollinger@ncdenr.gov</u>
Lead Agency Address:	<u>217 West Jones Street, Raleigh NC 27603</u>	Lead Agency Fax:	<u>919-707-8566</u>
Lead Agency Phone:	<u>919-707-8566(o) 919-210-4368 (m)</u>	Lead Agency TIN:	<u>566000372</u>

Contact information entered above may correspond to Lead Agency or any authorized person with delegation of such authority to direct the Trustee delivered to the Trustee pursuant to a Delegation of Authority and Certificate of Incumbency

MITIGATION ACTION INFORMATION

Action Title:	<u>Class 4-8 School Bus, Shuttle Bus, or Transit Bus</u>	Funding Request No:	<u>2</u>
Beneficiary's Project ID:	<u>NCDEQ-CLASS-4-8-Buses-FY22</u>		

PAYMENTS REQUESTED

(attach additional pages if needed)

Amount	Requested Date	Payee	Request Type
\$2,871,507.00		NC Department of Environmental Quality	Advance

PAYEE CONTACT AND WIRE INFORMATION

(fill out both tables below for each payee and payment identified in "Payments Requested" table on p. 1; attach additional pages if needed)

PAYEE CONTACT INFORMATION

Action Title:	<u>Class 4-8 School Bus, Shuttle Bus, or Transit Bus</u>	Beneficiary Project ID:	<u>NCDEQ-CLASS-4-8-Buses-FY22</u>
Payee Name:	<u>Department of Environmental Quality</u>	Payee Contact Person:	<u>Shirley Trollinger</u>
Payee Address:	<u>217 West Jones Street, Raleigh NC 27603</u>	Payee Email Address:	<u>shirley.trollinger@ncdenr.gov</u>
Payee Phone:	<u>919-707-8566(o) 919-210-4368 (m)</u>	Payee Fax:	<u>919-707-8566</u>
Payee TIN:	<u>566000372</u>		

Payment Amount	Requested Date	Request Type
\$2,871,507.00		Advance

WIRE INFORMATION

Receiving Bank Name:	<u>Wells Fargo</u>		
Receiving Bank Branch:	<u>Corporate Office</u>		
Receiving Bank Address:	<u>420 Montgomery Street; San Francisco CA 94104</u>		
Bank Swift ID:	<u>WFBIUS6S</u>	National Routing No. / Bank ABA Number	<u>121000248</u>
		<i>(Sort Code, BLZ)</i>	
Amount of Wire:	<u>\$2,871,507.00</u>		
Message to Payee:	<u>Ref: NCDEQ DAQ-VW</u>		
Instructions to Receiving Bank:	<u>N/A</u>		
For Credit to:	<u>Account Number: 2062690003453</u>		
	<u>Account Name: NC DST</u>		
Other Special Instructions:	<u></u>		

Authorized Instructor Name: Kim Van Metre

Signature: 

Date: 10/3/2022