

## Application Certification

This certification must be filled out and signed by the president or director of the agency requesting funds to be considered for funding.

For each attachment/table, check one box indicating that the information is completed and/or attached or the information is not provided/not applicable to this application.

Completed and/or Attached	No/Not Applicable to Application	Attachment/Table Name
<b>Section 1: Applicant Information</b>		
		Attachment A: Verification of Unavailable, Insufficient or Inappropriate Transit
		Attachment B: Table of Organization
		Attachment C: Audit
<b>Section 2: Cost Estimates/Scoring/Coordination Efforts</b>		
		Attachment D: Cost Estimates
		Attachment E: Source of Federal Funds Documentation
		Attachment F: Letters from Coordinating Agencies
<b>Section 3: Coordination Efforts</b>		
<b>Section 4: Vehicle and Preventive Maintenance Requests</b>		
		Attachment G: Current Vehicle Inventory
		Attachment H: Preventive Maintenance Request
<b>Section 5: Public/Private</b>		
		Attachment I: Public Participation and Private Sector Involvement Documentation
		Attachment J: Civil Rights

I, the undersigned, representing \_\_\_\_\_ (Legal Name of Agency), do hereby certify to the Ohio-Kentucky-Indiana Regional Council of Governments that the required local match for the proposed project will be available in the following amount(s), \_\_\_\_\_ from the following source(s)

\_\_\_\_\_ by the start date of the proposed project.

Authorizing Signature: \_\_\_\_\_

Printed Name: \_\_\_\_\_

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

Organization: \_\_\_\_\_

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