**ATTACHMENT 1 – MAINTENANCE OF EFFORT CERTIFICATION**

|  |  |
| --- | --- |
| SFY 2020  (JULY 1, 2019 THRU JUNE 30, 2020) | |
| Name of Municipality | ***Click here to enter text.*** |
| The municipality (named above) hereby certifies that State of Connecticut 13b-38bb Elderly and Disabled Demand Responsive Municipal Grant Program (MGP) funds on transportation programs for seniors and persons with disabilities will be  Choose an item.  If municipal levels of funding will be reduced, please enter below the percentage of applicant funding that will be reduced.  ***Click here to enter text.*** | |

***You may digitally enter your signature on the following line (please submit in WORD) or***

DIGITAL SIGNATURE



***You may enter your name, title, and date below then printout and sign (please submit in pdf):***

***Click here to enter text.***

Name

X

Signature

***Click here to enter text.***

Title (i.e., Chief Fiscal Officer)

*Click or tap to enter a date.*

Date

**ADDITIONAL COMMENTS**

***Click here to enter text.***