**ATTACHMENT 2 - GRANT ASSIGNMENT CERTIFICATION**

|  |
| --- |
| SFY 2020(JULY 1, 2019 THRU JUNE 30, 2020) |
| Name of Municipality | ***Click here to enter text.*** |
| Name of Coordinating Entity | ***Click here to enter text.*** |
| **Please check the box (to the right)** acknowledging the municipality (named above) is participating in a consolidated grant application under the State of Connecticut 13b-38bb Elderly and Disabled Demand Responsive Municipal Grant Program (MGP). The municipality hereby assigns its grant apportionment from the State program to the above listed entity who will coordinate the operation of transportation services. | [ ]  |

***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.***