MAINTENANCE OF EFFORT CERTIFICATION

SFY 2025 (JULY 1, 2024 THRU JUNE 30, 2025)

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| **Certification** | |
| Name of Municipality\* | Type name of municipality or select from dropdown. |
| 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 a certification from dropdown.  Only if municipal levels of funding will be reduced, please enter below the percentage of applicant funding that will be reduced.  Type here to enter percentage. | |

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| ⚠ **Important Instructions** |
| Enter your name, title, and the date in the highlighted fields below. All fields must be filled out.  You may digitally sign with a certified e-signature (please submit as a Word Document (.docx))  OR  You may printout and sign (please submit as a PDF (.pdf)). |

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| **Signee Information & Signature** | |
| Name\* | Enter name of signee. |
| Title\*  (i.e., Chief Fiscal Officer) | Enter title of signee. |
| Date\* | Enter date or select from dropdown. |
| Signature or e-signature\* |  |

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| **Additional Comments** |
| Click here to enter additional comments. |