

**Enhanced Mobility of Seniors and Individuals with Disabilities Program -** Project Assurances for Recipients of FTA Section 5310 Enhanced Mobility Funding - Vehicles

## PROJECT ASSURANCES

1. For capital projects for vehicle procurement, I certify that the 20% cash match will be made available in the form of an electronic payment or by check, with a two week window to ensure the funds clear the bank, before an order can be placed.
2. I certify that **[INSERT AGENCY NAME]** willprovide extra insurance in the amount of $1.5 million in auto liability and $1.5 million in general liability for the vehicles acquired under this Federal grant program, in addition to what is required by the regulating authority in the agency’s jurisdiction. I certify that COG will be named as additional insured on the policy.
3. I certify that any vehicle purchased on behalf of **[INSERT AGENCY NAME]** will be used in general accordance with the plan in the application approved by the Federal Transit Administration for this project and in accordance with program guidelines and regulations.
4. I certify that based on my experience with and review of the organization’s records, that the organization has the requisite fiscal and managerial capacity to operate the project.
5. I certify that vehicles purchased under this Federal grant program on behalf of **[INSERT AGENCY NAME]** will be maintained in accordance with the maintenance and inspection schedules provided by the manufacturer.
6. I certify that the vehicles purchased under this Federal Grant program on behalf of **[INSERT AGENCY NAME]** will, to the extent practical, be used for coordination with other organizations.
7. I certify that the services provided or offered to be provided by existing public or private transit or paratransit operators are unavailable, insufficient, or inappropriate to meet the special needs of the seniors and individuals with disabilities proposed to be served per the application approved by the Federal Transit Administration for this project.

**VERIFICATION**

I am an Authorizing Official of the organization referenced herein and am authorized to make this verification on its behalf. The statements and certifications in the foregoing document are true to the best of my knowledge.

I declare that the foregoing is true and correct.

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Signature of Authorizing Official Date

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Printed Name