

## GRANT ASSIGNMENT CERTIFICATION

SFY 2027 (JULY 1, 2026 THRU JUNE 30, 2027)

CERTIFICATION	
Name of Municipality*	Type name of municipality or select from dropdown.
Name of Coordinating Entity*	Click here to enter name of coordinating entity.
<p><b>Please check the box (to the right)*</b> 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.</p>	<input checked="" type="checkbox"/>

### ⚠ 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)  
OR

You may printout and sign (please submit as a PDF).

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*	X _____

### ADDITIONAL COMMENTS

Click here to enter additional comments.