

MAINTENANCE OF EFFORT CERTIFICATION

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

CERTIFICATION	
Name of Municipality*	Type name of municipality or select from dropdown.
<p>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*</p> <p>Choose a certification from dropdown.</p> <p>Only if municipal levels of funding will be reduced, please enter below the percentage of applicant funding that will be reduced.</p> <p>Type here to enter percentage.</p>	

⚠ Important Instructions
<p>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)).</p>

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
<p>Click here to enter additional comments.</p>