**Attachment K: Application Certification**

This certification must be filled out and signed by the president or director of the agency requesting funds to be considered for funding.

For each attachment/table, check one box indicating that the information is completed and/or attached or the information is not provided/not applicable to this application.

|  |  |  |
| --- | --- | --- |
| **Completed and Submitted** | **No/Not Applicable to Application** | **Attachment Name** |
| **Applicant Information** | | |
|  |  | Attachment A: Verification of Unavailable, Insufficient or Inappropriate Transit |
|  |  | Attachment B: Full Agency Audit |
| **Project Information** | | |
|  |  | Attachment C: Organizational Chart |
| **Agency History with 5310 Funding** | | |
|  |  | Attachment D: Certification of Project Derived from a Locally Developed, Coordinated Public Transit – Human Service Transportation Plan |
| **Project Advancement of the Coordinated Plan** | | |
|  |  | Attachment E: Letters from Coordinating Agencies |
|  |  | Attachment F: Certification of Local Match |
|  |  | Attachment G: Current Vehicle Inventory |
|  |  | Attachment H: Preventive Maintenance Request |
|  |  | Attachment I: Title VI Plan |

Signing below indicates that the applicant has reviewed the Program Management Plan (see below) and is certifying that their agency understands and will agree to all of the terms required of a “subrecipient” agency to meet Federal law.

[OKI 5310 Program Management Plan](https://funding.oki.org/wp-content/uploads/2021/11/OKI-Program-Management-Plan-2021.pdf)

Authorizing Signature:

Printed Name:

Title:

Organization:

Date: