

FY 20 STATE CERTIFICATIONS AND ASSURANCES

INSTRUCTION: Complete, sign, and return this form to the Michigan Department of Transportation.

This form is required for all agencies applying for Regular Services, Section 5311 JARC, Section 5310, and/or New Freedom projects.

NAME OF APPLICANT (Legal Organization Name)

THE APPLICANT AGREES TO COMPLY WITH THE APPLICABLE REQUIREMENTS SELECTED BELOW:

- A. This organization has the necessary operational lifts on its vehicles as required by Act 51, [Section 10e(17) and 10e(18)] of the Public Acts of 1951, as amended, and the Americans with Disabilities Act of 1990. The organization also certifies that the lifts are maintained and cycled on a regularly scheduled basis.
- B. This organization has proof of insurance on file that meets the insurance requirements on Exhibit A of your Master Agreement with the Michigan Department of Transportation.
- C. The organization facility(ies) is/are located in a flood plain. NO YES
- D. The organization has proof of insurance that meets the insurance requirements. NO YES
Please attach proof of insurance for your facility(ies).

The applicant affirms the truthfulness and accuracy of the certifications and assurances it has made in statements submitted herein with this document. The truthfulness and accuracy of this document will enable the applicant to receive state funding.

NAME AND TITLE OF AUTHORIZED OFFICIAL	SIGNATURE OF AUTHORIZED OFFICIAL	DATE