

Appendix A

CERTIFICATIONS AND BOARD RESOLUTION

CERTIFYING AUTHORITY

I am duly authorized to make the following certification on behalf of the Applicant Organization a	and
based on my position, knowledge and experience with the Applicant Organization:	

- 1) the information contained in the Application, including attachments, is true and correct;
- 2) the Applicant has the requisite fiscal, managerial, and legal capabilities to carry out the operations and maintenance of the Project in accordance with 49 U.S.C. Section 5310; and
- 3) the Applicant shall adhere to the federal, state and local requirements related to the Project.

Note: Authorized Official should be that of the official named in the Governing Board Resolution unless
other documentation is provided.

Signature of Authorized Official	Date	
_Chair, Lake County Board		

LOCAL SHARE CERTIFICATION FORM

I, the unde	rsigned representing _	Lake County	Sandra Hart	
	(Insert Legal Name of Applicant)	(Insert Name of Authorized	Official)
do hereby	certify to the Regional	Transportation Authority, t	hat the required \$	in local match
funds are a	vailable and that the	source of the funds are fro	m _. 1/4% Sales Tax for Transp	ortation Funds ;
and comply	with local share requ	irements in FTA Circular 90	30.1E, which are:	
a.	Cash from non-gov		than revenues from prov	iding public
b.	•	•	oublic transportation service,	such as the
Ü.		, , ,	voluntary or mandatory fee th	
	_	institution imposes on all i	ts students for free or discou	_
c.	Amounts received up or private social serv	-	vith a State or local social se	rvice agency
d.	Undistributed cash so in cash, or new capit		epreciation cash funds, reser	es available
e.	• • • •	ed or otherwise made ava han the Department of Tra	ilable to a department or agnsportation); and	gency of the
f.	In-kind contribution	such as the market value	of in-kind contributions int	egral to the
	project may be coun	ted as a contribution towar	d local share.	
Note: Authorized Official should be that of the official named in the Governing Board Resolution unless other documentation is provided.				
Signature o	of Authorized Official		Date	
Chair, Lak	e County Board			
Title				

TITLE VI PLAN CERTIFICATION FORM

Title VI of the Civil Rights Act of 1964 provides that no person in the United States shall, on the ground of race, color, or national origin, be excluded from participation in, be denied the benefits of, or be subjected to discrimination under, any program or activity receiving Federal financial assistance. The program receiving such funds, shall abide by, and is committed to ensuring that no person is excluded from participation in or denied the benefits of, its activities or services on the basis of race, color, or national origin.

I, the undersigned representing	g Lake County	Sandra Hart
	(Insert Legal Name of Applicant)	(Insert Name of Authorized Official)
do hereby certify to the Region	nal Transportation Authority,	
X that the attached Title Or	VI Plan, approved oni	s in effect.
that a Title VI Plan will I	be developed should an award b	pe made pursuant to this application.
that that (Insert Legal Name of App	will adopt the RTA's Title Violicant)	Plan.
	<u> </u>	 Date
Chair, Lake County Board		
Title		

EQUAL EMPLOYMENT OPPORTUNITY (EEO) CERTIFICATION FORM

I, the undersigned representing	Lake County	Sandra Hart	
	(Insert Legal Name of Applicant)	(Insert Name of Authorized Official)	
do hereby certify to the Regiona	Transportation Authority,		
X This organization will not ha	ve 100 or more transit-relat	ed employees even if awarded this pr	oject.
☐ This organization has 100 or	more transit-related emplo	yees and attached is our EEO Progran	າ.
This organization will develo	-	m should we be awarded a 5310 proj	ect and
Signature of Authorized Official		 Date	
Signature of Authorized Official		Date	
Chair, Lake County Board			
Title			

Agencies that have 50-99 transit-related employees are required to prepare and maintain an EEO Program. Transit-related employees are defined as all part-time employees and employees with collateral duties that support the transit program. Therefore, a transit-related employee is anyone "who is involved in any aspect of an agency's public transit operation" and not just those who plan routes and drive buses. Those who provide transit oversight, civil rights oversight, accounting, and grants management, for example, would all be considered transit-related employees if their work touched the transit program.

SINGLE AGENCY AUDIT CERTIFICATION FORM

In accordance with CFR, Title 2-Subtitle A, Chapter II, Part 200, Subpart F, *Audit Requirements*, a Grantee that expends \$1,000,000 or more of federal funds from all sources during its fiscal year is required to have a single audit performed in accordance with CFR, Title 2, Part 200.

Please	check the appropriate box:	
	I certify our agency did not expe	nd \$1,000,000 or more in federal awards during our most recent _(mm/dd/yy).
X	,	will expend \$1,000,000 or more in federal awards during our most 1/30/202 (mm/dd/yy) and has fulfilled or will fulfil the audit eart 200.
	the current fiscal year, my agen	receive \$1,000,000 or more in total from all federal sources during by will comply with the Single Audit Act and submit to the RTA a ducted in compliance with the Act.
Signati	ure of Authorized Official	Date
Chair,	, Lake County Board	
Title		