

STATE MATCHING GRANT PROGRAM
ELDERLY AND DISABLED DEMAND RESPONSIVE TRANSPORTATION

GRANT ASSIGNMENT CERTIFICATION

SFY 2024 (JULY 1, 2023 THRU JUNE 30, 2024)	
Name of Municipality	<i>Town of Wilton</i>
Name of Coordinating Entity	<i>Click here to enter text.</i>
<div style="display: flex; justify-content: space-between; align-items: flex-start;"><div style="flex: 1;"><p>Please check the box (to the right) 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></div><div style="width: 50px; text-align: center; border: 1px solid black; margin-top: 10px;"><input checked="checked" type="checkbox"/></div></div>	

You may digitally enter your signature on the following line (please submit in WORD) or

DIGITAL SIGNATURE

X

You may enter your name, title, and date below then printout and sign (please submit in pdf):

Lynne Vanderslice

Name

X

Signature

First Selectwoman

Title (i.e., Chief Fiscal Officer)

Wednesday, June 21, 2023

Date

ADDITIONAL COMMENTS

Click here to enter text.

STATE MATCHING GRANT PROGRAM
ELDERLY AND DISABLED DEMAND RESPONSIVE TRANSPORTATION

MAINTENANCE OF EFFORT CERTIFICATION

SFY 2024 (JULY 1, 2023 THRU JUNE 30, 2024)	
Name of Municipality	<i>Town of Wilton</i>
<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 style="text-align: center;"><i>in addition to current municipal levels of spending.</i></p> <p>If municipal levels of funding will be reduced, please enter below the percentage of applicant funding that will be reduced.</p> <p style="text-align: center;"><i>Click here to enter text.</i></p>	

You may digitally enter your signature on the following line (please submit in WORD) or

DIGITAL SIGNATURE

X

You may enter your name, title, and date below then printout and sign (please submit in pdf):

Lynne Vanderslice

Name

X

Signature

First Selectwoman

Title (i.e., Chief Fiscal Officer)

Wednesday, June 21, 2023

Date

ADDITIONAL COMMENTS

Click here to enter text.
