## Appendix A

## Illinois Department of Transportation (“IDOT”) and Federal Transit Administration (“FTA”) Assistance Programs 2015 Joint Certifications And Assurances

This section is to be completed by all Non-Profit and IDOT Certified Public Body Applicants. By signing the attached Appendix A – Page 2 and Appendix C (Opinion of Counsel), the Applicant agrees to comply with the following applicable requirements (attached) of IDOT and FTA Assurance Programs Joint Certifications and Assurances for Grantees:

|  |  |  |  |
| --- | --- | --- | --- |
| **Group#**  | **Description** | **Public Bodies** | **Not for Profit** |
| 01. | Required Certifications and Assurances for Each Applicant. | X | X |
| 02. | Lobbying. | X | X |
| 03. | Private Sector Protections. | X | N/A |
| 04. | Procurement and Procurement System. | X | Performed by IDOT |
| 05. | Rolling Stock Reviews and Bus Testing. | Performed by IDOT | Performed by IDOT |
| 06. | Demand Responsive Service. | X | N/A |
| 07. | Intelligent Transportation Systems. | N/A | N/A |
| 08. | Interest and Finance Costs and Leasing Costs. | N/A | N/A |
| 09. | Transit Asset Management and Agency Safety Plans. | X | Performed by IDOT |
| 10. | Alcohol and Controlled Substances Testing. | X | X |
| 11. | Fixed Guideway Capital Investment Program (New Starts, Small Starts, and Core Capacity) and Capital Investment Program in Effect before MAP-21. | N/A | N/A |
| 12. | State of Good Repair Program. | X | N/A |
| 13. | Fixed Guideway Modernization Grant Program. | N/A | N/A |
| 14. | Bus/Bus Facilities Programs. | X | N/A |
| 15. | Urbanized Area Formula Programs and Job Access and Reverse Commute (JARC) Program. | X | N/A |
| 16. | Seniors/Elderly/Individuals with Disabilities Programs and New Freedom Program. | X | X |
| 17. | Rural/Other Than Urbanized Areas/Appalachian Development/Over-the-Road BusAccessibility Programs. | X | N/A |
| 18. | Public Transportation on Indian Reservations and “Tribal Transit Programs. | N/A | N/A |
| 19. | Low or No Emission/Clean Fuels Grant Programs. | N/A | N/A |
| 20. | Paul S Sarbanes Transit in Parks Program. | N/A | N/A |
| 21. | State Safety Oversight Program. | N/A | N/A |
| 22. | Public Transportation Emergency Relief Program. | N/A | N/A |
| 23. | Expedited Project Delivery Pilot Program. | N/A | N/A |
| 24. | Infrastructure Finance Programs. | N/A | N/A |

# Joint Certification and Assurances for IDOT & FTA Programs Authorization

Please Print or Type: Name of Applicant/Agency:

Name and Relationship of Board Authorized Representative:

BY SIGNING BELOW, on behalf of the Applicant, I declare that the Applicant has duly authorized me to make these certifications and assurances and bind the Applicant’s compliance. Thus, the Applicant agrees to comply with all State and Federal statutes, regulations, executive orders, and Federal requirements applicable to each application it makes to the Federal Transit Administration (FTA) and/or the Illinois Department of Transportation (IDOT) in Federal Fiscal Year 2013.

IDOT and the FTA intend that the certifications and assurances in should apply to each project for which the Applicant seeks now, or may later seek, FTA or IDOT assistance during Federal Fiscal Year 2013.

The Applicant affirms the truthfulness and accuracy of the certifications and assurances it has made in the statements submitted herein with this document, and any other submission made to FTA or IDOT, and acknowledges that the provisions of the Program Fraud Civil Remedies Act of 1986, 31 U.S.C. 3801, *et seq*., and implemented by U.S. DOT regulations, "Program Fraud Civil Remedies," 49 CFR. part 31 apply to any certification, assurance or submission made to IDOT or FTA. The criminal fraud provisions of 18 U.S.C. 1001 apply to any certification, assurance, or submission made in connection with the Urbanized Area Formula Program, 49 U.S.C. 5307, and may apply to any other certification, assurance, or submission made in connection with any program administered by FTA or IDOT.

In signing this document, I declare under penalties of perjury that the foregoing certifications and assurances, and any other statements made by me on behalf of the Applicant are true and correct.

Date: Authorized Representative of Applicant

## Affirmation Of Applicant’s Attorney

For

(Name of Applicant)

As the undersigned Attorney for the above named Applicant, I hereby affirm to the Applicant that it has authority Under State, local or tribal governmental law, as applicable, to make and comply with the certifications and assurances as indicated on the foregoing pages. I further affirm that, in my opinion, the certifications and assurances have been legally made and constitute legal and binding obligations on the Applicant.

I further affirm to the Applicant tat, to the best of my knowledge, there is no legislation or litigation pending or imminent that might adversely affect the validity of these certifications and assurances, or of the performance of the project.

Signature Date

Attorney for Applicant