# **San Mateo County Shuttle Program**

# **Fiscal Years 2016/2017 and/or 2017/2018**

# **Non-****Supplantation of Funds Certification**

This certification, which is a required component of the project initiator’s grant application, affirms that San Mateo County Transportation Authority (TA) Measure A Local Shuttle Program and/or City/County Association of Governments of San Mateo County (C/CAG) Local Transportation Services Program funds will be used to **supplement** (add to) existing funds, and will not **supplant** (replace) existing funds that have been appropriated for the same purpose. Potential supplantation will be examined in the application review as well as in the pre-award review and post award monitoring.

Funding may be suspended or terminated for filing a false certification in this application or other reports or documents as part of this program.

Certification Statement:

I certify that any funds awarded under the FY 2016/2017 and FY 2017/2018 TA Measure A Local Shuttle Program and/or C/CAG Local Transportation Services Program will be used to supplement existing funds for program activities, and will not replace (supplant) existing funds or resources.

**Project Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Project Applicant: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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**PRINT NAME** **TITLE\***

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**SIGNATURE** **DATE**

\* This certification shall be signed by the Executive Director, Chief Executive Officer, President or other such top-ranking official of the Project Applicant’s organization.