

Attachment B-1

**Self-Certification relating this Project to the
Locally Developed, Coordinated Public Transit-Human Services Transportation Plan
("Coordinated Transportation Plan")**

(Prepare and submit Attachments B-1 and B-2 for each mobility management and/or operating project)

The Mobility Management Operating project named
(project name) _____ is derived from the
Locally Developed, Coordinated Public Transit-Human Services Transportation Plan for
(geography) _____, prepared by
(lead agency) _____ and adopted on
(date) _____. This project is identified and ranked as a priority on page(s)
_____ of the plan.

Additional information to support your self-certification (300 characters or less):

Applicant

Signature of Authorized Authority

Date

Print Name