



CY 2016	Specialized Transportation Program	Self-Certification
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**Locally Developed, Coordinated Public Transit-Human Services Transportation
Plan
Self-Certification**

Applicant _____

I, (name of authorized authority) _____, do hereby certify that the project(s) within this application are included in the Locally Developed, Coordinated Public Transit-Human Services Transportation Plan for (geography) _____, prepared by (lead agency) _____ and adopted on (date) _____. The most recent amendment to this plan was adopted on (date)¹ _____. The plan was developed through a process that included representatives of public, private, and non-profit transportation and human services providers and participation by members of the public. This project, included in the plan's list of projects/strategies on page(s) _____, addresses one or more of the identified gaps between current services and needs. This project fulfills one or more of the plan's priorities for implementation, as listed on page(s) _____ of the plan. The plan and the narratives on the next two pages are incorporated into this self-certification by reference.

¹ Enter "n/a" if no amendments have been adopted.



OHIO DEPARTMENT OF TRANSPORTATION

Justify your assertion that the project(s) within this application are included in the plan's list of projects/strategies. Also, explain how the project(s) within this application address one or more of the identified gaps between current services and needs, and explain how the project(s) within this application fulfill one or more of the plan's priorities for implementation.



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Describe the most recent Locally Developed, Coordinated Public Transit-Human Services Transportation Planning process used. List representatives of public, private, and non-profit transportation and human services providers who were involved. Provide details on public outreach efforts.