



800 Second Avenue South | Nashville, Tennessee 37201 | (615) 862-7204 | [www.nashvillempo.org](http://www.nashvillempo.org)  
Mayor Ernest Burgess, Chairman

AMERICAN RECOVERY AND REINVESTMENT ACT OF 2009  
FEDERAL ECONOMIC STIMULUS FUNDS FOR TRANSPORTATION  
**LOCAL CERTIFICATION FORM**

Project/ Route Name:	
Description:	
Project Sponsor:	
County:	
Cost of Proposed Project Phases:	
Federal Stimulus Requested:	
Federal Stimulus Offered:	
Funding Shortfall:	
Describe how the city/county/agency plan to make up the shortfall in order to proceed with the project:	

\_\_\_\_\_ **DEFERRAL OF FEDERAL STIMULUS FUNDING:**

Due to one or more of the following reasons, \_\_\_\_\_ will not able to use the federal economic stimulus funding offered by the Nashville Area MPO for the proposed project. Please redistribute the funds to the next highest regional priority.

(select any that apply)

\_\_\_\_\_ Insufficient funding

\_\_\_\_\_ Local share of funds not available

\_\_\_\_\_ Project is not ready-to-go

\_\_\_\_\_ Other (specify) \_\_\_\_\_

**ACCEPTANCE OF FEDERAL STIMULUS FUNDING:**

The \_\_\_\_\_ accepts the federal economic stimulus funding offered by the Nashville Area MPO for the proposed project. I understand that the offer is conditional upon a final review of project eligibility by the Nashville Area MPO, TDOT, and FHWA/ FTA.

I certify that the information provided to the MPO regarding the proposed project accurately portrays the most current information about the project.

I understand that federal economic stimulus funds cannot be used to supplant current federal program funds (i.e., to exchange 80/20 funding with 100% funding), or replace local funds already budgeted for the proposed project.

I understand that federal funds are provided on a reimbursement basis only and I certify that the city/county/agency has the financial resources to cover the costs of the project until such reimbursement.

I certify that the city/county/agency will comply with all applicable federal laws and regulations including those related to Title VI of the Civil Rights Act of 1964, ADA, NEPA, and SAFETEA-LU and I understand that the city/county/agency may be denied reimbursement or be required to repay federal funds if it is determined that regulations are not followed.

The city/county/agency intends to (select one) \_\_\_\_\_ manage this project locally \_\_\_\_\_ request TDOT management.

**CERTIFICATION:**

*Must be certified by the local mayor or chief executive.*

I have used all reasonable diligence in preparing this statement. I have reviewed this statement and certify, to the best of my knowledge, the information contained herein is true and correct.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name & Title

Sworn to and subscribed before me this \_\_\_\_\_ day of \_\_\_\_\_, 2009, the same having personally appeared before me and affirmed that s/he had the authority to sign this statement.

\_\_\_\_\_  
Notary Public

My Commission expires: \_\_\_\_\_