

**FEDERAL FISCAL YEAR 2012 CERTIFICATIONS AND ASSURANCES FOR FEDERAL TRANSIT
ADMINISTRATION ASSISTANCE PROGRAMS**

(Signature page alternative to providing Certifications and Assurances in TEAM-Web)

Name of Applicant: Tompkins County, NY

The Applicant agrees to comply with applicable provisions of Groups 01 – 24. _____

OR

The Applicant agrees to comply with applicable provisions of the Groups it has selected:

<u>Group</u>	<u>Description</u>	
01.	Assurances Required For Each Applicant.	<u>X</u>
02.	Lobbying.	
03.	Procurement Compliance.	
04.	Protections for Private Providers of Public Transportation.	
05.	Public Hearing.	<u>X</u>
06.	Acquisition of Rolling Stock for Use in Revenue Service.	
07.	Acquisition of Capital Assets by Lease.	<u>X</u>
08.	Bus Testing.	<u>X</u>
09.	Charter Service Agreement.	<u>X</u>
10.	School Transportation Agreement.	<u>X</u>
	Demand Responsive Service.	<u>X</u>
12.	Alcohol Misuse and Prohibited Drug Use.	<u>X</u>
13.	Interest and Other Financing Costs.	<u>X</u>
14.	Intelligent Transportation Systems.	<u>X</u>
15.	Urbanized Area Formula Program.	<u>X</u>
	Clean Fuels Grant Program.	<u>X</u>
	Elderly Individuals and Individuals with Disabilities Formula Program and Pilot Program.	<u>X</u>
18.	Nonurbanized Area Formula Program for States.	<u>X</u>
19.	Job Access and Reverse Commute (JARC) Program.	<u>X</u>
20.	New Freedom Program.	<u>X</u>
21.	Paul S. Sarbanes Transit in Parks Program.	
22.	Tribal Transit Program.	
23.	TIFIA Projects	
24.	Deposits of Federal Financial Funding to a State Infrastructure Banks.	

FEDERAL FISCAL YEAR 2012 FTA CERTIFICATIONS AND ASSURANCES SIGNATURE PAGE

(Required of all Applicants for FTA funding and all FTA Grantees with an active capital or formula project)

AFFIRMATION OF APPLICANT

Name of Applicant: TOMPKINS COUNTY, NY

Name and Relationship of Authorized Representative: JACQUELINE KIPPOLA
RISK MANAGER

BY SIGNING BELOW, on behalf of the Applicant, I declare COUNTY OF TOMPKINS these certifications and assurances and bind the Applicant's ~~compliance~~. Thus, the Applicant agrees to comply with all Federal statutes and regulations, and follow applicable Federal directives, and comply with the certifications and assurances as indicated on the foregoing page applicable to each application it makes to the Federal Transit Administration (FTA) in Federal Fiscal Year 2012.

FTA intends that the certifications and assurances the Applicant selects on the other side of this document, as representative of the certifications and assurances, should apply, as provided, to each project for which the Applicant seeks now, or may later seek FTA funding during Federal Fiscal Year 2012.

The Applicant affirms the truthfulness and accuracy of the certifications and assurances it has made in the statements submitted with this document and any other submission made to FTA, and acknowledges that the Program Fraud Civil Remedies Act of 1986, 31 U.S.C. 3801 *et seq.*, and implementing U.S. DOT regulations, "Program Fraud Civil Remedies," 49 CFR part 31 apply to any certification, assurance or submission made to FTA. The criminal provisions of 18 U.S.C. 1001 apply to any certification, assurance, or submission made in connection with a Federal public transportation program authorized in 49 U.S.C. chapter 53 or any other statute

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 accurate.

Signature Jacqueline Kippola Date: 11/18/11

Name JACQUELINE KIPPOLA
Auth: RISK MANAGER
COUNTY OF TOMPKINS

AFFIRMATION OF APPLICANT'S ATTORNEY

For (Name of Applicant): TOMPKINS COUNTY, New York

As the undersigned Attorney for the above named Applicant, I hereby affirm to the Applicant that it has authority under State, local, or tribal government 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 that, 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 [Signature] Date: 11/18/11

Name Jonathan Wood