

Please complete this form and return it to: Mike Spadafore (<u>mspadafore@ksdot.org</u>) or mail to: KDOT Public Transportation Office, 700 SW Harrison, 2nd Floor Tower, Topeka, KS 66603

This is to certify that service provided by other entities but included in the ADA paratransit plan submitted by _______ (name of submitting entity(ies)) meets the requirements of 49 CFR part 37, subpart F providing that ADA eligible individuals have access to the service; the service is provided in the manner represented; and, that efforts will be made to coordinate the provision of paratransit service offered by other providers.

(PRINTED name of authorized official)

(Title)

(Signature)

(Date)