

**SECTION 5310**  
**NEW JERSEY STANDARD ASSURANCES**

Legal Name of Organization: \_\_\_\_\_

The applicant organization hereby agrees to the following Standard Assurances pursuant to the Section 5310 program.

1. It will comply with all applicable provisions with the NJ TRANSIT Standards for Section 5310. (Lease, insurance and reporting requirements)
2. It will give FTA and the Comptroller General, through any authorized representative, access to and the right to examine all records, books, papers, or documents related to the grant.
3. It will operate and maintain any facility or equipment constructed or purchased as part of a federal grant in accordance with the minimum standards as may be required or prescribed by the applicable federal, state and local agencies for the maintenance and operation of such facilities.
4. It recognizes NJ TRANSIT's authority to conduct audits for the purpose of verifying compliance with the requirements and stipulations stated above.
5. Based on information submitted in the applicant organization's application, the service provided or offered to be provided by existing public or private transit operators is unavailable, insufficient or inappropriate to meet the special needs of elderly or persons with disabilities within the service area.
6. The applicant organization possesses the necessary fiscal and managerial capability to implement and manage its proposed project.
7. The applicant organization is considered under state law as a private non-profit and has the legal capacity to contract with the state to carry out the proposed project or is a local government recognized by the state as an eligible local government under this program or is a for profit agency providing a shared ride service.
8. The applicant organization has or will have the time of delivery sufficient funds to operate the vehicle(s) equipment to be purchased under this project.
9. It will submit if selected any and all certifications required by state and/or federal law.

Signature of Authorized Official: \_\_\_\_\_

Print Name: \_\_\_\_\_

Title of Authorized Official: \_\_\_\_\_

Date: \_\_\_\_\_