Attestation

The information in the attached report is true and accurate to the best of my knowledge. The ESSA costs exclude costs otherwise reimbursable through Medicaid because of an Individual Education Plan (IEP) or any other federal funding source. In accordance with my City/Town/Regional School District (LEA’s) agreement with the Executive Office of Health and Human Services (EOHHS), the Department of Children and Families (DCF), and the Department of Elementary and Secondary Education (DESE), we will maintain records of the payments above for up to seven years beyond the final quarter a child's transportation costs are being reported or the end of an ongoing audit, whichever comes last, and produce them upon request for any internal or external review or audit.

If an amendment to the EOYR is filed after this report is submitted, and the amendment changes Line 4286, we will re-submit this report to ESSAClaiming@pcgus.com.

Signature of Authorized Signatory ____________________________________________

Print Name of Authorized Signatory __________________________________________

Title ________________________________________________________________

Date _________________________________________________________________

Email Address __________________________________________________________

Phone Number _________________________________________________________