

**CERTIFICATION
TRANSIT ASSET MANAGEMENT PLAN
MICHIGAN'S GROUP PLAN
SECTION 5311 AND SECTION 5310 SUBRECIPIENTS
October 2023**

I, (Name of Accountable Executive) _____

confirm that I am the Accountable Executive for (Legal Name of Transit Agency)

I certify that I approve Michigan's Group Transit Asset Management Plan and that we are implementing transit asset management and this plan at our agency.

Signed,

Signature

Title: _____

Date: _____