## ACCOUNTABLE EXECUTIVE - TRANSIT ASSET MANAGEMENT PLAN

In 2016, the Federal Transit Administration (FTA) published a final rule, 49 CFR Part 625, to require public transit providers that receive Federal transit assistance to undertake certain transit asset management activities. Transit asset management is the strategic and systematic practice of procuring, operating, inspecting, maintaining, rehabilitating, and replacing transit capital assets to manage their performance, risks and costs over their life cycles, for the purpose of providing safe, cost-effective, reliable public transportation.

The Maine group plan will include all Tier II provider subrecipients, except those subrecipients that also are direct recipients under the Urbanized Area Formula Program authorized at 49 U.S.C. 5307. Under the requirement for TAM Plan inclusion, Maine DOT requires all Tier II public transit systems or transit systems providing transportation to the public or segment of the public to be included in this plan effective in 2018. All systems included are either recipients or sub-recipients of FTA 5311 funds who own, operate or manage public transportation capital assets used in the provision of public transportation.

In 2018, Maine DOT has developed this Maine Statewide Tier II Transit Asset Management Plan in accordance with the guidelines established by the FTA. Specifically, §625.25 requires that all TAM plans must include:

- 1. An inventory of the number and type of capital assets. The inventory must include all capital assets that the provider owns, except equipment with an acquisition value under \$50,000 that is not a service vehicle. The inventory also must include third-party owned or jointly procured exclusive-use maintenance facilities, passenger station facilities, administrative facilities, rolling stock, and guideway infrastructure used by a provider in the provision of public transportation. The asset inventory must be organized at a level of detail commensurate with the level of detail in the provider's program of capital projects.
- 2. A condition assessment of those inventoried assets for which a provider has direct capital responsibility. A condition assessment must generate information in a level of detail sufficient to monitor and predict the performance of the assets and to inform the investment prioritization.
- 3. A description of analytical processes or decision-support tools used to estimate capital investment needs over time.
- 4. A project-based prioritization of investments.

The TAM regulation requires MaineDOT to update its entire TAM plan at least once every four (4) years or by October 1, 2022.

- 1. Coordination with the development of the plan with each Tier II provider's Accountable Executive; and
- 2. That the completed group plan is made available to all participants in a format that is easily accessible.

As a recipient/subrecipient, I have submitted data for inclusion in this TAM plan and have had an opportunity to review said data.

Each recipient/subrecipient has designated an Accountable Executive. The signatory below acknowledges that they are the Accountable Executive and is ultimately responsible for implementing TAM at their agency.

Accountable Executive Information
Recipient (yes or no)
Subrecipient (yes or no)
Name of Organization: Arostook Regional Transportation System, INC  Address of Organization: 24 Houlton Road, Presque Isle, MAINE 04769
Address of Organization: 24 Houlton Road, Presque Isle, MAINE 04769
Accountable Executive Name: DAJIO DIONE
(Printed)
Accountable Executive Name (Signature)
Date: 8/30/2022

I certify that the signature above is true and accurate.

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<u>Accountable Executive Inform</u>	ation
Recipient (yes or no)	
Subrecipient (yes or no)	_yes
Name of Organization:	_City of Bath
Address of Organization:	55 Front Street Bath, Maine
Accountable Executive Name: Accountable Executive Name	(Printed)
Date:	_8/31/2022

I certify that the signature above is true and accurate.

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Accountable Executive Information	
Recipient (yes or no)	No
Subrecipient (yes or no)	Yes
Name of Organization:	Downeast Community Partners
Address of Organization:	248 Bucksport Rd. Ellsworth, Maine 04605
Accountable Executive Name:	Cheryl Robbins (Printed)
	Chef Lolding
Accountable Executive Name	(Signature)
Date:	8/30/2022

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Accountable Executive Inform	ation .	
Recipient (yes or no)		
Subrecipient (yes or no)	Yes	
Name of Organization:	Downeast Transportation Inc.	
Address of Organization:	117 Gateway Center Drive Trenton, ME	04605
Accountable Executive Name: Accountable Executive Name	Phylicia Jordan (Printed) (Signature)	
Date:	08/19/2022	

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## Accountable Executive Information

Recipient (yes or no)	No
Subrecipient (yes or no)	Yes
Name of Organization:	Kennebec Valley Community Action Program
Address of Organization:	101 Water St, Waterville, ME 04901
Accountable Executive Name:	
	(Printed) Styrenny Walsh
Accountable Executive Name	(Signature)
Date:	08/31/2022

I certify that the signature above is true and accurate.

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	· ····
Recipient (yes or no)	NO
Subrecipient (yes or no)	YES
Name of Organization:	PENQUIS C.A.P., Inc.
Address of Organization:	262 Harlow St., Bangor, ME 04402
Accountable Executive Name:	Steven J Richard (Printed)
Accountable Executive Name	(Signature)
Date:	08/19/2022

I certify that the signature above is true and accurate.

Accountable Executive Information

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Accountable Executive Inform	<u>ation</u>
Recipient (yes or no)	NO
Subrecipient (yes or no)	Yes
Name of Organization:	Regional Transportation Program
Address of Organization:	1 Ledgeriew Dr., Westbrook ME 04092
Accountable Executive Name:	Jack DE Beradinis, Executive Director
Accountable Executive Name	(Printed)  All Beindius  (Signature)
Date:	8/32/3032

I certify that the signature above is true and accurate.

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Accountable Executive Informa	a <u>tion</u>	
Recipient (yes or no)	NO	
Subrecipient (yes or no)	YES	
Name of Organization:	WCAP	_
Address of Organization:	9 Field Street, Belfast, Maine 04915	
Accountable Executive Name:	Michael E. Hallundbaek (Printed)	<u> </u>
Accountable Executive Name	(Signature)	
Date:	_8/31/22	

I certify that the signature above is true and accurate.

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Accountable Executive Informa	<u>ation</u>
Recipient (yes or no)	NO
Subrecipient (yes or no)	yer
Name of Organization:	West's transport at ion INC.
Address of Organization:	79 Pigeon Hill Rd, Struber, ME, 04680
Accountable Executive Name:	Emory West Mgr. (Printed)
Accountable Executive Name	(Signature)
Date:	8/30/2022

I certify that the signature above is true and accurate.

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Accountable Executive Information	
Recipient (yes or no)	<u> </u>
Subrecipient (yes or no)	Yrs
Name of Organization:	Western Maine Transpotation Services 76 Merran Rd. Auburn, Maine 04210
Address of Organization:	76 Merran Rd. Auburn, Maine 04210
Accountable Executive Name	: Sandy Buchanan (Printed)
Accountable Executive Name	Landy Berlanan (Signature)
Date:	09/01/2022

I certify that the signature above is true and accurate.

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Accountable Executive Information	
Recipient (yes or no)	No
Subrecipient (yes or no)	Yes
Name of Organization:	York County Community Action Corporation
Address of Organization:	6 Spruce St. Sanford ME 04073
Accountable Executive Name:	Tom Reinauer (Printed)
Accountable Executive Name	(Signature)
Date:	8/22/22

I certify that the signature above is true and accurate.

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Accountable Executive Information	
Recipient (yes or no)	no
Subrecipient (yes or no)	yes
Name of Organization:	Isle au Haut Boat Services
Address of Organization:	PO Box 709, Stonington, ME 04681
Accountable Executive Name:	George Cole (Printed)  Log with
Accountable Executive Name	(Signature)
Date:	08/19/2022

I certify that the signature above is true and accurate.

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Accountable Executive Informati	
Recipient (yes or no)	Male Byon
Subrecipient (ves)or no)	James E. Savay
Name of Organization:	MAILE STATE FERRY SERVICE
Address of Organization:	5170 MAIN ST. ROCKLAND, ME. 04841
Accountable Executive Name:	MARK A. HIGGINS (Printed)
Accountable Executive Name	(Signature)
Date:	9/6/2022

I certify that the signature above is true and accurate.

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Accountable Executive Inform	aation
Recipient (yes or no)	Yes
Subrecipient (yes or no)	No
Name of Organization:	Maine Dept. of Transportation
Address of Organization:	16 S.H.S. Augusta, Maine
Accountable Executive Name:	Rick J. Dubois (Printed)
Accountable Executive Name	(Signature)
Nate:	9/8/2022

I certify that the signature above is true and accurate.