ACCOUNTABLE EXECUTIVE - TRANSIT ASSET MANAGEMENT PLAN

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**Accountable Executive Information**

Name of Organization: **BEDFORD TASC**

Address of Organization: **1619 K ST. BEDFORD, IN 47421**

Accountable Executive Name: **DENNIS N. PARSLEY**

(Printed)

Accountable Executive Name: **[Signature]**

Date: **09/27/2018**

I certify that the signature above is true and accurate.
I further certify that the signature, if electronic: (a) is intended to have the same force as a manual signature; (b) is unique to myself; (c) is capable of verification; and (d) is under the sole control of myself.
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Accountable Executive Information

Name of Organization: Boone Area Transit System
Boone County Senior Services, Inc.

Address of Organization:
515 CrownPointe Drive, Lebanon, IN 46052

Accountable Executive Name: Anita L. Bowen
(Printed)

Accountable Executive Name: (Signature)

Date: 9/27/18

I certify that the signature above is true and accurate.
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Accountable Executive Information

Name of Organization:  Cass County Council on Aging
Address of Organization:  115 S. 6th St., Logansport, IN 46947
Accountable Executive Name:  Bill Calhoun
(Accounted)
Accountable Executive Name:  WC Calhoun
(Signature)
Date:  10-1-18

I certify that the signature above is true and accurate.
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**Accountable Executive Information**

Name of Organization: 
Clinton County - Paul Phillips Resource Coord

Address of Organization:
401 West Walnut Street, Ferdinand, IN 47532

Accountable Executive Name: 
(Dawn R. Layton)
(Printed)

Accountable Executive Name: 
(Jane B. Smith)
(Signature)

Date: 9-27-18

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**Accountable Executive Information**

Name of Organization: Dekalb Co. Council on Aging
Address of Organization: 1800 E. 7th St., Auburn, TN 37006
Accountable Executive Name: [Signature]
(Printed)
Accountable Executive Name: [Signature]
(Date: 9/27/2018)

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**Accountable Executive Information**

Name of Organization:  Fayette County Public Transit
Address of Organization:  477 North Grand Ave. Connersville, IN 47331
Accountable Executive Name:  David Lingg
(Printed)
Accountable Executive Name:  David Lingg
(Signature)
Date:  9/27/2018

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Accountable Executive Information

Name of Organization: Franklin County Public Transportation
Address of Organization: 1146 County Park Pk, Greenville, IN 47942
Accountable Executive Name: Catherine Pelzer
(Accounted)
Accountable Executive Name: Catherine Pelzer
(Signature)
Date: 1-4-19

I certify that the signature above is true and accurate. I further certify that the signature, if electronic: (a) is intended to have the same force as a manual signature; (b) is unique to myself; (c) is capable of verification; and (d) is under the sole control of myself.
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**Accountable Executive Information**

Name of Organization: **Fulton County Council on Aging**

Address of Organization: **625 Pouting St Rochester, IN**

Accountable Executive Name: **Rusty Moore**
(Printed)

Accountable Executive Name: **Rusty Moore**
(Signature)

Date: **9-28-18**

I certify that the signature above is true and accurate.
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Accountable Executive Information

Name of Organization: James Development

Address of Organization: 1555 West 2nd Pl, Seattle, WA 98119

Accountable Executive Name: Elaine McAuley

(Printed)

Accountable Executive Name: __________________________

(Signature)

Date: 10-3-18

I certify that the signature above is true and accurate.
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**Accountable Executive Information**

Name of Organization: Hancock County Senior Services, Inc.
Address of Organization: 1870 Fields Blvd., Greenfield, In. 46140

Accountable Executive Name: Robert D. Lang
(Printed)

Accountable Executive Name: Robert D. Lang
(Signature)

Date: 9/27/18

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**Accountable Executive Information**

Name of Organization: Link Hendricks County

Address of Organization: 1001 Separe Lane, Danville, IN 46122

Accountable Executive Name: Patrick Cockrum

(Accountable Executive Name: [Signature])

Date: 10/3/18

I certify that the signature above is true and accurate. I further certify that the signature, if electronic: (a) is intended to have the same force as a manual signature; (b) is unique to myself; (c) is capable of verification; and (d) is under the sole control of myself.
ACCOUNTABLE EXECUTIVE – TRANSIT ASSET MANAGEMENT PLAN

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Accountable Executive Information

Name of Organization: Huntingburg Transit System

Address of Organization: 508 E 4th Street, Huntingburg IN, 47542

Accountable Executive Name: Jacque Lueken
(Printed)

Accountable Executive Name: [Signature]

Date: 9/27/2018

I certify that the signature above is true and accurate.
I further certify that the signature, if electronic: (a) is intended to have the same force as a manual signature; (b) is unique to myself; (c) is capable of verification; and (d) is under the sole control of myself.
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**Accountable Executive Information**

Name of Organization: Huntington County Council on Aging, Inc.
Address of Organization: 500 MacGahan St. PO Box 5204, Huntington, IN 46750

Accountable Executive Name: Holly A Saunders (Printed)
Accountable Executive Name: [Signature]

Date: 9/28/18

I certify that the signature above is true and accurate. I further certify that the signature, if electronic: (a) is intended to have the same force as a manual signature; (b) is unique to myself; (c) is capable of verification; and (d) is under the sole control of myself.
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Accountable Executive Information

Name of Organization: Lifestream Services
Address of Organization: 1701 Pilgrim Blvd, Yorktown, IN 47396
Accountable Executive Name: Jenny Hamilton
(Printed)
Accountable Executive Name: Jenny Hamilton
(Signature)
Date: 11/7/18

I certify that the signature above is true and accurate.
I further certify that the signature, if electronic: (a) is intended to have the same force as a manual signature; (b) is unique to myself; (c) is capable of verification; and (d) is under the sole control of myself.
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**Accountable Executive Information**

Name of Organization: Access Johnson County Public Transit

Address of Organization: P.O. Box 246 / 3500 N Morton Franklin IN 46131

Accountable Executive Name: Karen Luehmann

Accountable Executive Name (Signature)

Date: 10-12-18

I certify that the signature above is true and accurate. I further certify that the signature, if electronic: (a) is intended to have the same force as a manual signature; (b) is unique to myself; (c) is capable of verification; and (d) is under the sole control of myself.
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**Accountable Executive Information**

Name of Organization: KIRPL  
Address of Organization: P.O. Box 127 Monon, IN 47959  
Accountable Executive Name: Lynette Carpenter (Printed)  
Accountable Executive Name: Lynette Carpenter (Signature)  
Date: 9/28/18

I certify that the signature above is true and accurate.  
I further certify that the signature, if electronic; (a) is intended to have the same force as a manual signature; (b) is unique to myself; (c) is capable of verification; and (d) is under the sole control of myself.
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Accountable Executive Information

Name of Organization: Pulaski County Human Services, Inc
Address of Organization: 115 W Pearl St, Winamac, IN 46996

Accountable Executive Name: JaQueline Flain
(Printed)

Accountable Executive Name: JaQueline Flain
(Signature)

Date: 10/23/18

I certify that the signature above is true and accurate. I further certify that the signature, if electronic: (a) is intended to have the same force as a manual signature; (b) is unique to myself; (c) is capable of verification; and (d) is under the sole control of myself.
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**Accountable Executive Information**

Name of Organization: Jasper County Community Services, Inc.
Address of Organization: 9107 E. Leopold St. Fishers, IN 47978

Accountable Executive Name: Kelly Bauer
(Printed)
Accountable Executive Name: Kelly Bauer
(Signature)

Date: 9-28-18

I certify that the signature above is true and accurate.
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**Accountable Executive Information**

Name of Organization: Newton County Community Services  
Address of Organization: 108 E State St. Morocco IN 47963

Accountable Executive Name: Holly Porter  
(Printed)

Accountable Executive Name: Holly Porter  
(Signature)

Date: 4-27-2018

I certify that the signature above is true and accurate. I further certify that the signature, if electronic: (a) is intended to have the same force as a manual signature; (b) is unique to myself; (c) is capable of verification; and (d) is under the sole control of myself.
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Accountable Executive Information

Name of Organization: Community Services of Starke County, Inc.
Address of Organization: 311 E. Colver Rd., Knox, IN 46534

Accountable Executive Name: Charmae Dunkel
(Printed)
Accountable Executive Name: Charmae A. Dunkel
(Signature)

Date: 10-2-18

I certify that the signature above is true and accurate.
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Accountable Executive Information

Name of Organization: Yrma Betty J. McMinnis Center - Tam Go
Address of Organization: 200 Prospect Ave, Vincennes, IN 47591

Accountable Executive Name: Nola Davis
(Printed)
Accountable Executive Name: Nola Davis
(Signature)

Date: 10/1/18

I certify that the signature above is true and accurate.
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3. A description of analytical processes or decision-support tools used to estimate capital investment needs over time.

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**Accountable Executive Information**

Name of Organization: **KABS**
Address of Organization: **1804 E Winona Ave, Warsaw, IN 46580**

Accountable Executive Name: **Amanda Landis**
(Printed)

Accountable Executive Name: **Amanda Landis**
(Signature)

Date: **10/1/18**

I certify that the signature above is true and accurate. I further certify that the signature, if electronic: (a) is intended to have the same force as a manual signature; (b) is unique to myself; (c) is capable of verification; and (d) is under the sole control of myself.
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Accountable Executive Information

Name of Organization: LAGRANGE COUNTY COUNCIL ON AGING
Address of Organization: PO BOX 107, LAGRANGE, IN 46761
Accountable Executive Name: CHEL PERCING  
(Printed)
Accountable Executive Name:  
(Signature)

Date: 09.26.18

I certify that the signature above is true and accurate. I further certify that the signature, if electronic: (a) is intended to have the same force as a manual signature; (b) is unique to myself; (c) is capable of verification; and (d) is under the sole control of myself.
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**Accountable Executive Information**

Name of Organization: Madison County Council of Governments

Address of Organization: 239 Main Street, Anderson, IN 46016

Accountable Executive Name: David Benefiel

(Date)

I certify that the signature above is true and accurate.
I further certify that the signature, if electronic: (a) is intended to have the same force as a manual signature; (b) is unique to myself; (c) is capable of verification; and (d) is under the sole control of myself.
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**Accountable Executive Information**

Name of Organization: MARION TRANSIT

Address of Organization: 528 E 6th, Marion, IN 46953

Accountable Executive Name: JEFF EDWARDS

(Date: 9-28-18)

I certify that the signature above is true and accurate.
I further certify that the signature, if electronic: (a) is intended to have the same force as a manual signature; (b) is unique to myself; (c) is capable of verification; and (d) is under the sole control of myself.
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Accountable Executive Information

Address of Organization: 1305 W. Harrison Street Plymouth, IN 46563
Accountable Executive Name: Jacqueline Wright
Accountable Executive Name (Signature)
Date: 10-1-18

I certify that the signature above is true and accurate. I further certify that the signature, if electronic: (a) is intended to have the same force as a manual signature; (b) is unique to myself; (c) is capable of verification; and (d) is under the sole control of myself.
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Accountable Executive Information

Name of Organization: Miami County YMCA Transit
Address of Organization: 34 E Sixth St., Peru IN 46970

Accountable Executive Name: Kathleen Brehmer
(Printed)

Date: 9/27/18

I certify that the signature above is true and accurate. I further certify that the signature, if electronic: (a) is intended to have the same force as a manual signature; (b) is unique to myself; (c) is capable of verification; and (d) is under the sole control of myself.
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Accountable Executive Information

Name of Organization: Area 10 Agency on Aging - Rural Transit
Address of Organization: 631 W. Edgewood Dr., Ellettsville, IN 47429

Accountable Executive Name: Chris Myers
(Printed)

Accountable Executive Name: [Signature]

Date: 9/27/18

I certify that the signature above is true and accurate. I further certify that the signature, if electronic: (a) is intended to have the same force as a manual signature; (b) is unique to myself; (c) is capable of verification; and (d) is under the sole control of myself.
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Accountable Executive Information

Name of Organization: New Castle Transit
Address of Organization: 201 S 25th Street, New Castle, IN 47362
Accountable Executive Name: Douglas Sloan
Accountable Executive Name: [Signature]
Date: 9/27/18

I certify that the signature above is true and accurate.
I further certify that the signature, if electronic, (a) is intended to have the same force as a manual signature; (b) is unique to myself; (c) is capable of verification; and (d) is under the sole control of myself.
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Accountable Executive Information

Name of Organization: Noble County Council on Aging, Inc
Address of Organization: 111 Cedar St, Kendallville, IN 46755
Accountable Executive Name: Cherish Smith
(Printed)
Accountable Executive Name: Cherish M. Smith
(Signature)
Date: 4/19

I certify that the signature above is true and accurate. I further certify that the signature, if electronic: (a) is intended to have the same force as a manual signature; (b) is unique to myself; (c) is capable of verification; and (d) is under the sole control of myself.
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**Accountable Executive Information**

Name of Organization: Orange County Rehabilitative and Developmental Services d.b.a. First Chance Center
Address of Organization: P.O. Box 247 Paoli, IN. 47454

Accountable Executive Name: Catherine G. Strother (Printed)

Accountable Executive Name: Catherine G. Strother (Signature)

Date: 10/5/18

I certify that the signature above is true and accurate. I further certify that the signature, if electronic: (a) is intended to have the same force as a manual signature; (b) is unique to myself; (c) is capable of verification; and (d) is under the sole control of myself.
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**Accountable Executive Information**

Name of Organization: CITY OF RICHMOND

Address of Organization: SE. N. 5TH ST

Accountable Executive Name: DAVID A. SNOW
(Signed)

Accountable Executive Name
(Signed)

Date: 10/05/18

I certify that the signature above is true and accurate. I further certify that the signature, if electronic: (a) is intended to have the same force as a manual signature; (b) is unique to myself; (c) is capable of verification; and (d) is under the sole control of myself.
ACCOUNTABLE EXECUTIVE – TRANSIT ASSET MANAGEMENT PLAN

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**Accountable Executive Information**

Name of Organization: **Rush County Senior Citizens Services Inc./Ride Rush**

Address of Organization: **504 W. 3rd. St. Rushville, IN 46173**

Accountable Executive Name: **Tina Logan**

(Accounted)

Date: **9-27-18**

I certify that the signature above is true and accurate. I further certify that the signature, if electronic: (a) is intended to have the same force as a manual signature; (b) is unique to myself; (c) is capable of verification; and (d) is under the sole control of myself.
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**Accountable Executive Information**

Name of Organization: **Seymour Transit**

Address of Organization: 301-309 N. Chestnut St.
Seymour, IN 47274

Accountable Executive Name: **Edie Oake**
(Printed)

Accountable Executive Name: **Edie Oake**
(Signature)

Date: **10-15-18**

I certify that the signature above is true and accurate. I further certify that the signature, if electronic: (a) is intended to have the same force as a manual signature; (b) is unique to myself; (c) is capable of verification; and (d) is under the sole control of myself.
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**Accountable Executive Information**

Name of Organization: Southern Indiana Development Corp.
Address of Organization: P.O. Box 1001, 615 Main St, Washington, IN 47501

Accountable Executive Name: Becky Guthrie
(Printed)

Accountable Executive Name: Becky Guthrie
(Signature)

Date: 11-7-18

I certify that the signature above is true and accurate.
I further certify that the signature, if electronic: (a) is intended to have the same force as a manual signature; (b) is unique to myself; (c) is capable of verification; and (d) is under the sole control of myself.
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**Accountable Executive Information**

Name of Organization: Blue River Services, Inc. – Southern Indiana Transit

Address of Organization: PO Box 547, Corydon IN 47112

Accountable Executive Name: Daniel J. Lowe

(Accountable Executive Name)

Date: 9/27/18

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**Accountable Executive Information**

Name of Organization: **Lifetime Resources, Inc.**
Address of Organization: **13091 Benedict Drive, Dillsboro, NC 47018**

Accountable Executive Name: **Sally Berkeley**  
(Printed)

Accountable Executive Signature:  
(Signature)

Date: **9/28/18**

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**Accountable Executive Information**

Name of Organization: Steuben County Council on Aging, Inc.
Address of Organization: 317 S Wayne St. Ste 4-B, Angola, IN 46703
Accountable Executive Name: Kris Treadwell
(Printed)
Accountable Executive Name: Kris Treadwell
(Signature)
Date: 10/04/18

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**Accountable Executive Information**

Name of Organization: Union County Transit

Address of Organization: 615 W. High Street Liberty, IN 47353

Accountable Executive Name: Trisha Persinger (Printed)

Accountable Executive Name: (Signature)

Date: 9/27/18

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**Accountable Executive Information**

**Name of Organization:** West Central Indiana Economic Development District

**Address of Organization:** 1718 Wabash Avenue, Terre Haute, IN 47807

**Accountable Executive Name:** Ronald M Hinsenkamp, Executive Director

(Printed)

**Accountable Executive Name**

(Signature)

**Date:** September 27, 2018

I certify that the signature above is true and accurate.
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**Accountable Executive Information**

Name of Organization: Living Well in Wabash County, DBA Wabash County Transit

Address of Organization: P.O. Box 447, 231 Bond St, Wabash, IN 46992

Accountable Executive Name: Beverly Ferry

(Date: 12-01-18)

I certify that the signature above is true and accurate.
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Accountable Executive Information

Name of Organization: City of Washington, IN Street Department
Address of Organization: 2200 Memorial Ave Washington, IN 47501
Accountable Executive Name: Bryan Sergeskotter (Printed)
Accountable Executive Name: Bryan Skott (Signature)
Date: 9-28-18

I certify that the signature above is true and accurate. I further certify that the signature, if electronic: (a) is intended to have the same force as a manual signature; (b) is unique to myself; (c) is capable of verification; and (d) is under the sole control of myself.
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The State of Indiana group plan will include all Tier II provider subrecipients, except those subrecipients that also are recipients under the Urbanized Area Formula Program authorized at 49 U.S.C. 5307. Under the requirement for TAM Plan inclusion, INDOT 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.

INDOT has developed this Indiana 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.

In addition to required elements noted above, group plan sponsors, such as INDOT must ensure the following:

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 subrecipient, I have submitted data for inclusion in this TAM plan and have had an opportunity to review said data.
Each subrecipient has designated an Accountable Executive. The signatory below acknowledges that they are the Accountable Executive and are ultimately responsible for implementing TAM at their agency.

Accountable Executive Information

Name of Organization: Area IV Agency on Aging & Community Action Programs
Address of Organization: 650 N. 38th Street, Lafayette, IN 47905

Accountable Executive Name: Ewa R. James
(Printed)

Accountable Executive Name: Ewa R. James
(Signature)

Date: 10/14/16

I certify that the signature above is true and accurate. I further certify that the signature, if electronic: (a) is intended to have the same force as a manual signature; (b) is unique to myself; (c) is capable of verification; and (d) is under the sole control of myself.
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Accountable Executive Information

Name of Organization: Wells County Council on Aging, Inc.
Address of Organization: 225 West Water Street, Bluffton, IN 46714
Accountable Executive Name: Bonnie Valind (Printed)
Accountable Executive Name: Bonnie Valind (Signature)
Date: 09/27/2018

I certify that the signature above is true and accurate.
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Accountable Executive Information

Name of Organization: White County Council on Aging
Address of Organization: P.O. Box 421,  Manteeello, IN 47960
Accountable Executive Name: Gale Spry
(Printed)
Accountable Executive Name: Gale Spry
(Signature)
Date: 10/1/18

I certify that the signature above is true and accurate.
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Accountable Executive Information

Name of Organization: Whitley County Council on Aging, Inc.
Address of Organization: 710 Opportunity Drive
                        Columbia City, IN 46725
Accountable Executive Name: Debra Darr  
(Printed)
Accountable Executive Name: Debra Darr  
(Signature)
Date: Sept. 27, 2018

I certify that the signature above is true and accurate. I further certify that the signature, if electronic: (a) is intended to have the same force as a manual signature; (b) is unique to myself; (c) is capable of verification; and (d) is under the sole control of myself.