FY 2019-2021 Statewide Transportation Improvement Fund
Formula Fund STIF Plan Certification of Agreement

This STIF Plan submitted by Salem Area Mass Transit District, a Qualified Entity, serves as a legally binding agreement between the Qualified Entity and the State of Oregon, acting by and through its Department of Transportation.

By signing below, I certify that I am authorized to execute this STIF Plan on behalf of Salem Area Mass Transit District, a Qualified Entity as defined in ORS 184.752 (2), under the direction or approval of the Qualified Entity's Governing Body, and to legally bind the Qualified Entity.

I further acknowledge and represent on behalf of the Qualified Entity each of the following:

- The Qualified Entity, through its agents, officers or employees responsible to administer the STIF Plan and oversee completion of the projects included in the STIF Plan, has read and understands ORS 184.751 through ORS 184.766 and OAR chapter 732, divisions 40 and 42;
- The Qualified Entity agrees to be bound by ORS 184.751 through ORS 184.766 and OAR chapter 732, divisions 40 and 42 and any other laws applicable to STIF Formula Fund program administration and to the completion of the projects described in this STIF Plan;
- The associated STIF Plan is complete and includes all of the required documentation and information;
- The STIF Plan does not contain and is not based on any false or fraudulent information;
- The STIF Plan does not contain any statement or representation that is untrue in whole or part;
- The STIF Plan does not omit information that could have a material effect on the value, validity or authenticity of the STIF Formula Fund distributions made to the Qualified Entity;
- The Qualified Entity agrees to deliver the project(s) described in this STIF Plan within the identified timelines; and
- The Qualified Entity understands that it may request STIF Formula Fund distributions from the Oregon Department of Transportation after the Oregon Transportation Commission has approved the STIF Plan, but may not make a request prior to July 1, 2018.

Name of authorized representative: Allan Pollock

Authorized representative signature: [signature]

Date of authorized representative's certification, acknowledgement and representation: 10/26/18

Name of authorized representative: _____

Authorized representative signature: _____

Date of authorized representative's certification, acknowledgement and representation: _____