

S T A T E O F M I C H I G A N

BOARD OF COMMISSIONERS OF THE COUNTY OF ALLEGAN

January 23, 2014

**TRANSPORTATION—APPROVE OPERATING AND CAPITAL ASSISTANCE
APPLICATIONS FOR FY2015**

BE IT RESOLVED that the Allegan County Board of Commissioners hereby approves the request from the Transportation Department to approve the attached FY2015 Michigan Department of Transportation (MDOT) applications for operating and capital assistance: State Operating of \$366,552 Federal Operating - Section 5311 of \$161,744 Specialized Services Operating of \$106,704, Job Access Reverse Commute of \$102,300; and Capital Section, New Freedom-Mobility Management of \$22,000, Vehicles and Equipment of \$427,000, and

BE IT FURTHER RESOLVED that the Board Chairman and the County Administrator are authorized to sign the necessary documents and MDOT project authorizations, and the Finance Director is authorized to make necessary budget adjustments on behalf of the County.

ATTACHMENTS



ALLEGAN COUNTY
REQUEST FOR ACTION FORM

RFA#: 113-062

Date: 1-10-2014

Request Type Grant Select a Request Type to reveal and complete required form.

Department Requesting Transportation

Submitted By Dan Wedge, Executive Director

Contact Information Dan Wedge Ex. 2902

Name of Grant:

Summary of Grant:
 Seeking approval of the FY2015 annual application to Michigan Department of Transportation. Authorize signature of required documents. The application includes four transit programs: 1.) Regular Transportation Services - Operation and Capital 2.) Job Access Reverse Commute (JARC) - Employment Transportation. 3.) Specialized Services -Senior and Disability Service. 4.) New Freedom - Mobility Management "Senior and Disability Services". All programs above represent a renewal of services. Upon award of attached request, MDOT will send Project Authorizations.

- APPLICATION
- ACCEPTANCE
- New
- Renewal
- Continuation

Amount (Not including local match) \$1,186,300.00

Source of Grant Funds (% of allocation) 100%

Type of Match

- Cash
- Inkind

Amount / Description / Source of Match:

Term of Grant October 1, 2014 to September 30, 2015

Does it involve personnel?

- No
- Yes

Does it involve ongoing Operational Activities (recoverable?)

- No
- Yes

Admin Fees \$0.00

Equipment / Ongoing Costs

Does it effect other operations?

- Yes
- No

Disposition:

RFA#: 113-062

Date: 1-10-2014

Changes in Grant:

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Description

Seeking approval of the FY2015 annual application to Michigan Department of Transportation. Authorize signature of required documents. The application includes four transit programs: 1.) Regular Transportation Services - Operation and Capital 2.) Job Access Reverse Commute (JARC) - Employment Transportation. 3.) Specialized Services -Senior and Disability Service. 4.) New Freedom - Mobility Management "Senior and Disability Services". All programs above represent a renewal of services. Upon award of attached request, MDOT will send Project Authorizations.

Allegan County Transportation MDOT Annual Application FY2015

Program description and funding request

- **Regular Service Operating Request: \$366,552 State \$161,744 Federal \$1,015,000 Total Budget**
This funding is used to provide service to the general public and help supplement transportation for the many agencies with contract fares and also includes Medicaid rides.
(FY2012 - \$414,259 State \$206,460 Federal \$1,120,000 total budget)
(FY2013 - \$402,591 State \$167,360 Federal \$1,050,100 total budget)
(FY2014 - \$402,591 State \$167,360 Federal \$1,050,100 total budget)

- **Specialized Services funding request: \$106,704) Total Budget \$151,204**
This funding is used to provide transportation for persons with disabilities, veterans and seniors in Allegan County. This serves persons attending meal site, medical trips, shopping, and limited out of county rides primarily for medical.
(FY2012 - \$106,704 Total budget \$145,000)
(FY2013 - \$106,704 Total budget \$146,000)
(FY2014 - \$106,704 Total budget \$148,000)

- **Job Access Reverse Commute (JARC) request: \$102,300 Total Budget \$108,800**
These funds are for individuals who are receiving transportation to work and are often outside the normal boundaries or times of public transportation.
(FY2012 - \$93,000 Total budget \$100,000) **(MDOT awarded \$102,300 for FY2012)**
(FY2013 - \$102,300 Total budget \$110,000)
(FY2014 - \$102,300 Total budget \$108,300)

- **New Freedom Mobility Management Request: \$4,400 State \$17,600 Federal \$22,000 Total Budget (FTA Considers Mobility Management a Capital funded project, listed below)**
Allegan County Transportation and Allegan County Senior Services is partnering on the grant to utilize a mobility manager part time to coordinate rides for persons with disabilities and seniors. The Mobility manager coordinates rides between volunteer programs like ACRDC, Allegan County Transportation and any additional options.
(FY2012 - \$4,000 State \$16,000 Federal \$20,000 Total budget)
(FY2013 - \$4,400 State \$17,600 Federal \$22,000 Total budget)
(FY2014 - \$4,000 State \$16,000 Federal \$20,000 Total budget)

- **Capital requests for FY2015**

a) Replacement buses (3 total)	= \$164,400
b) Replacement buses (3 total)	= \$194,600
c) Mobile Column Vehicle Lift	= \$ 46,000
d) Mobility Management (from above)	<u>= \$ 22,000</u>
Total	= \$427,000

**Allegan County - Transportation Services
Capital Requests For FY 2015**

Req. Yr	Program	Item Description/Justification	Federal Amount	State Amount	Local Amount	Total Amount	Action	Status
2015		STP						
Requested:1	Equipment	Desc:Four post mobile column vehicle lift, 48,000 lb total capacity Justn:ACT has space to work on four large busses but only one mobile column vehicle lift. A second lift will enable us to work on more than one large vehicle at a time. Recently while the one lift was down for repairs we were delayed in repairs with out a second lift.	\$36,800	\$9,200	\$0	\$46,000	EXPAND	PRE-REQUESTED
Eligible/Pending:1 Requested:1	Vehicle	Desc:Small Bus, 176" wheelbase, w/ lift, gas engine (Radio & Graphics) Justn:Replace eligible vehicle #50	\$52,000	\$13,000	\$0	\$65,000	REPLACE	PRE-REQUESTED
Sub Total By Program Type			\$88,800	\$22,200	\$0	\$111,000		
2015		SEC 5317-NF						
Requested:1	Mobility Mgt	Desc:This project will continue a central hub for seniors and persons with disabilities who require transportation. Funds used for payroll costs and associated volunteer driver program expense. Justn:This project will continue to reduce duplication by utilizing the existing services at the most cost effective manor. This address the coordination strategy.	\$17,600	\$4,400	\$0	\$22,000		PRE-REQUESTED

**Allegan County - Transportation Services
Capital Requests For FY 2015**

Req. Yr	Program	Item Description/Justification	Federal Amount	State Amount	Local Amount	Total Amount	Action	Status
Sub Total By Program Type			\$17,600	\$4,400	\$0	\$22,000		
2015	SEC 5339 - Bus and Bus Facilities							
Eligible/Pending:2 Requested:2	Vehicle	Desc:Small, Light-Duty Bus, 138" wheelbase, w/ lift, gas engine (Lettering) Justn:Replace eligible vehicles #48, #49,	\$87,680	\$21,920	\$0	\$109,600	REPLACE	PRE-REQUESTED
Eligible/Pending:1 Requested:1	Vehicle	Desc:Small, Light-Duty Bus, 138" wheelbase, w/ lift, gas engine (Lettering) Justn:Request to replace eligible vehicle #41. Repeat of unfunded F 2013 request.	\$43,840	\$10,960	\$0	\$54,800	REPLACE	PRE-REQUESTED
Eligible/Pending:2 Requested:2	Vehicle	Desc:Small Bus, 176" wheelbase, w/ lift, gas engine (Lettering) Justn:Replace eligible vehicles #42, #43	\$103,680	\$25,920	\$0	\$129,600	REPLACE	PRE-REQUESTED
Sub Total By Program Type			\$235,200	\$58,800	\$0	\$294,000		
Sub Total By Request Year			\$341,600	\$85,400	\$0	\$427,000		

**Allegan County - Transportation Services
Capital Requests For FY 2015**

Req. Yr	Program	Item Description/Justification	Federal Amount	State Amount	Local Amount	Total Amount	Action	Status
2016	SEC 5339 - Bus and Bus Facilities							
Eligible/Pending:3 Requested:3	Vehicle	Desc:Small, Light-Duty Bus, 138" wheelbase, w/ lift, gas engine (Lettering) Justn:Replace eligible vehicles #19, 20, 21. Ineligible. F 2015 capital request.	\$131,520	\$32,880	\$0	\$164,400	REPLACE	PRE- REQUESTED
Sub Total By Program Type			\$131,520	\$32,880	\$0	\$164,400		
Sub Total By Request Year			\$131,520	\$32,880	\$0	\$164,400		

**Allegan County - Transportation Services
Capital Requests For FY 2015**

Req. Yr	Program	Item Description/Justification	Federal Amount	State Amount	Local Amount	Total Amount	Action	Status
2017	SEC 5339 - Bus and Bus Facilities							
Eligible/Pending:3 Requested:3	Vehicle	Desc:Small Bus, 176" wheelbase, w/ lift, gas engine (Lettering) Justn:Replace vehicles # 22,23, 24. Ineligible. F 2016 request.	\$155,520	\$38,880	\$0	\$194,400	REPLACE	PRE- REQUESTED
Sub Total By Program Type			\$155,520	\$38,880	\$0	\$194,400		
Sub Total By Request Year			\$155,520	\$38,880	\$0	\$194,400		
Grand Total			\$628,640	\$157,160	\$0	\$785,800		

Allegan County - Transportation Services

**750 Airway Drive
Allegan, MI 49010**

(269) 686-4529

Nonurban County

Regular Service

Annual Budgeted

2015

Operating Revenue: \$479,104

Total Eligible Expenses: \$1,010,900

Local Share: \$482,704

Comments: -

Allegan County - Transportation Services
Nonurban County
Regular Service
Annual Budgeted
2015

Revenue Schedule Report

Code	Description	Amount
401 :	Farebox Revenue	
40100	Passenger Fares (-)	\$39,000
40200	Contract Fares (-)	\$440,104
407 :	NonTrans Revenues	
40760	Gains from the Sale of Capital Assets (-)	\$2,500
411 :	State Formula and Contracts	
41101	State Operating Assistance (-)	\$366,552
413 :	Federal Contracts	
41301	Section 5311 Operating (-)	\$161,744
41398	RTAP (-)	\$4,000
414 :	Other Revenue	
41400	Interest Income (-)	\$1,100
Total Revenues: \$1,015,000		

Allegan County - Transportation Services
Nonurban County
Regular Service
Annual Budgeted
2015

Expense Schedule Report

Code	Description	Amount
501 :	Labor	
50101	Operators Salaries & wages (-)	\$272,200
50102	Other Salaries & wages (-)	\$171,345
50103	Dispatchers Salaries & wages (-)	\$89,603
502 :	Fringe Benefits	
50200	Fringe Benefits (-)	\$129,054
503 :	Services	
50302	Advertising Fees (-)	\$2,100
50305	Audit Costs (-)	\$3,500
50399	Other Services (Explain in comment field) (Contracted snow removal, janitorial, RR admin services)	\$26,000
504 :	Materials and Supplies	
50401	Fuel & Lubricants (-)	\$170,000
50402	Tires & Tubes (-)	\$9,500
50499	Other Materials & Supplies (-)	\$18,000
505 :	Utilities	
50500	Utilities (-)	\$27,248
506 :	Insurance	
50603	Liability Insurance (-)	\$12,000
50699	Other Insurance (-)	\$17,000
509 :	Misc Expenses	

Allegan County - Transportation Services
Nonurban County
Regular Service
Annual Budgeted
2015

Expense Schedule Report

Code	Description	Amount
50902	Travel, Meetings & Training (-)	\$6,000
50903	Association Dues & Subscriptions (-)	\$1,450
512 :	Operating Leases & Rentals	
51200	Operating Leases & Rentals (-)	\$60,000
550 :	Ineligible Expenses	
55009	Ineligible Percent of Association Dues (-)	\$100
574 :	Ineligible Expenses	
57402	Ineligible RTAP (-)	\$4,000

Total Expenses: \$1,015,000

Total Ineligible Expenses: \$4,100

Total Eligible Expenses: \$1,010,900

Allegan County - Transportation Services
Nonurban County
Regular Service
Annual Budgeted
2015

Non Financial Schedule Report

Public Service

Code	Description	Weekday DR	Saturday DR	Sunday DR	Total
610	Vehicle Hours	17,000	250	0	17,250
611	Vehicle Miles	450,000	5,000	0	455,000
615	Unlinked Passenger Trips - Regular	10,000	25	0	10,025
616	Unlinked Passenger Trips - Elderly	3,500	25	0	3,525
617	Unlinked Passenger Trips - Persons w/Disabilities	19,000	300	0	19,300
618	Unlinked Passenger Trips - Elderly Persons w/Disabilities	2,400	25	0	2,425
622	Total Demand-Response Unlinked Passenger Trips	34,900	375	0	35,275
625	Days Operated	255	50	0	305

Total Passengers: 35,275

Vehicle Information

Code	Description	Quantity
655	Total Demand-Response Vehicles	24
656	Demand-Response Vehicle w/ Lifts	23
658	Total Transit Vehicles	24

Total Vehicles: 24

Miscellaneous Information

Code	Description	Quantity DR
660	Diesel/Gasoline Gallons Consumed	48,875
661	Total Transit Agency Employees (Full-Time Equivalents)	22
662	Total Revenue Vehicle Operators (Full-Time Equivalents)	17

Allegan County - Transportation Services

**750 Airway Drive
Allegan, MI 49010**

(269) 686-4529

Nonurban County

Job Access

Annual Budgeted

2015

Operating Revenue: \$6,500

Total Eligible Expenses: \$102,300

Local Share: \$6,500

Comments: -

Allegan County - Transportation Services
Nonurban County
Job Access
Annual Budgeted
2015

Revenue Schedule Report

Code	Description	Amount
401 :	Farebox Revenue	
40100	Passenger Fares (-)	\$6,500
411 :	State Formula and Contracts	
41199	<input type="checkbox"/> ther MD <input type="checkbox"/> T/ <input type="checkbox"/> PT Contracts and Reimbursements (Explain in comment field) (50 <input type="checkbox"/> State)	\$51,150
413 :	Federal Contracts	
41399	<input type="checkbox"/> ther Federal Transit Contracts & Reimbursements (Explain in comment field) (50 <input type="checkbox"/> Federal)	\$51,150

Total Revenues: \$108,800

Allegan County - Transportation Services
Nonurban County
Job Access
Annual Budgeted
2015

Expense Schedule Report

Code	Description	Amount
501 :	Labor	
50101	Operators Salaries & wages (-)	\$30,050
50102	Other Salaries & wages (-)	\$18,350
50103	Dispatchers Salaries & wages (-)	\$10,250
502 :	Fringe Benefits	
50200	Fringe Benefits (-)	\$13,400
503 :	Services	
50302	Advertising Fees (-)	\$175
50399	Other Services (Explain in comment field) (contracted snow removal, janitorial, RR admin services.)	\$2,900
504 :	Materials and Supplies	
50401	Fuel & Lubricants (-)	\$17,750
50402	Tires & Tubes (-)	\$875
50499	Other Materials & Supplies (Building Maint., bus parts, supplies)	\$1,600
505 :	Utilities	
50500	Utilities (-)	\$2,500
506 :	Insurance	
50603	Liability Insurance (-)	\$1,200
50699	Other Insurance (-)	\$1,850
509 :	Misc Expenses	
50902	Travel, Meetings & Training (-)	\$250

Allegan County - Transportation Services
Nonurban County
Job Access
Annual Budgeted
2015

Expense Schedule Report

Code	Description	Amount
50903	Association Dues & Subscriptions (-)	\$150
512 :	Operating Leases & Rentals	
51200	Operating Leases & Rentals (-)	\$7,500
570 :	Ineligible Expenses	
57099	Other Ineligible Federal/State/Local (Explain in comment field) (JARC cash fares)	\$6,500

Total Expenses: \$108,800

Total Ineligible Expenses: \$6,500

Total Eligible Expenses: \$102,300

Allegan County - Transportation Services
Nonurban County
Job Access
Annual Budgeted
2015

Non Financial Schedule Report

Public Service

Code	Description	Weekday DR	Saturday DR	Sunday DR	Total
610	Vehicle Hours	2,005	0	0	2,005
611	Vehicle Miles	52,500	0	0	52,500
615	Unlinked Passenger Trips - Regular	2,740	0	0	2,740
617	Unlinked Passenger Trips - Persons w/Disabilities	500	0	0	500
618	Unlinked Passenger Trips - Elderly Persons w/Disabilities	100	0	0	100
622	Total Demand-Response Unlinked Passenger Trips	3,340	0	0	3,340
625	Days Operated	255	0	0	255

Total Passengers: 3,340

Vehicle Information

Code	Description	Quantity
655	Total Demand-Response Vehicles	2
656	Demand-Response Vehicle w/ Lifts	2
658	Total Transit Vehicles	2

Total Vehicles: 2

Miscellaneous Information

Code	Description	Quantity DR
660	Diesel/Gasoline Gallons Consumed	5,400
661	Total Transit Agency Employees (Full-Time Equivalents)	2
662	Total Revenue Vehicle Operators (Full-Time Equivalents)	2

Allegan County - Transportation Services

**750 Airway Drive
Allegan, MI 49010**

(269) 686-4529

Nonurban County

Specialized Services/5310

Annual Budgeted

2015

Operating Revenue: \$0

Total Eligible Expenses: \$0

Local Share: \$0

Comments: -

**Allegan County - Transportation Services
 Nonurban County
 Specialized Services/5310
 Annual Budgeted
 2015**

Non Financial Schedule Report

Public Service

Code	Description	Agency	Volunteer	Total
610	Vehicle Hours	3,000	0	3,000
611	Vehicle Miles	90,500	0	90,500
616	Unlinked Passenger Trips - Elderly	1,400	0	1,400
617	Unlinked Passenger Trips - Persons w/Disabilities	1,350	0	1,350
618	Unlinked Passenger Trips - Elderly Persons w/Disabilities	1,750	0	1,750

Total Passengers: 4,500

Vehicle Information

Code	Description	Quantity
655	Total Demand-Response Vehicles	2
656	Demand-Response Vehicle w/ Lifts	2
658	Total Transit Vehicles	2

Total Vehicles: 2

FY 2015 SPECIALIZED SERVICES BUDGET DATA FORM

INSTRUCTION: Complete and Save this form in PTMS

NAME OF APPLICANT (legal organization name)
Allegan County Board of Commissioners

REVENUE SCHEDULE

		FY 2015
Passenger Fares (paid by rider)	\$	4,500.00
Contract Fares (paid by another organization)		
Local (source) <u>Commission on Aging</u>		25,000.00
<u>Retained Earnings</u>		15,000.00
State (source) <u>Specialized Services</u>		106,704.00
Federal (source) _____		
Other (source) _____		
Total Revenues	\$	151,204.00

EXPENSE SCHEDULE

Labor and Fringe Benefits	\$	83,162.00
Services, Materials and Supplies (gas, oil, work performed by another agency)		27,530.00
Casualty and Liability Insurance		5,000.00
Purchased Transportation Service Within Service Area		
Leases and Rentals		10,000.00
Depreciation and Amortization		
All Other		25,512.00
Total Operating Expenses	\$	151,204.00

Note: Expense may not exceed revenue

FY 2015 VEHICLE ACCESSIBILITY PLAN UPDATE

INSTRUCTIONS: Complete and save the form in PTMS

NOTE: To be completed only by agencies providing demand-response (D-R) service with a vehicle(s) obtained with state or federal funds. Report total D-R vehicles used for all programs.

NAME OF APPLICANT (legal organization name)

Allegan County Board of Commissioners

1. TOTAL D-R FLEET ANTICIPATED FOR APPLICATION YEAR
(including locally funded vehicles) 28

2. TOTAL ANTICIPATED D-R FLEET ACCESSIBLE OR LIFT-EQUIPPED
(including locally funded vehicles) 27

3. HAS THE AGENCY MADE ANY CHANGES IN VEHICLE INVENTORY DESCRIBED IN NO. 1 AND NO. 2 ABOVE SINCE THE LAST ACCESSIBILITY PLAN UPDATE WAS SUBMITTED? YES NO
(If "yes", explain changes and reasons for those changes below.)

4. HAS THE AGENCY MADE ANY CHANGES IN THE FOLLOWING SINCE THE LAST ACCESSIBILITY PLAN UPDATE WAS SUBMITTED? (If "yes", please explain changes below.)

A. FARE STRUCTURE YES NO

B. SERVICE AREA INFORMATION YES NO

C. SERVICE AVAILABILITY INFORMATION YES NO

D. SERVICE HOURS/DAYS OF OPERATION YES NO

E. LOCAL ADVISORY COUNCIL COMPOSITION YES NO

5. HAS THE AGENCY MADE ANY OTHER CHANGES IN ITS VEHICLE ACCESSIBILITY PLAN SINCE THE LAST SUBMISSION OF AN ACCESSIBILITY PLAN OR ANNUAL UPDATE? YES NO
(If "yes" please explain changes and reasons for changes below.)

NOTE: The Local Advisory Council (LAC) established by the agency must review and be given opportunity to comment on this Accessibility Plan Update prior to submission with the annual application. Please attach minutes of the LAC, signed by the LAC chairperson or an authorized substitute, indicating LAC review of this form. Also attach a copy of the agency's response to the LAC comments.

6. PLEASE INDICATE THE NUMBER OF TIMES PER YEAR THE AGENCY'S LAC MEETS:

ANNUALLY

QUARTERLY

MONTHLY

OTHER _____

7. LAC MEMBER LIST (List below the members of your agency LAC. Mail a separate page of additional names if necessary.) The list should reflect the membership in the minutes; if not, explain any discrepancies.

NOTE: MDOT Administrative Rule 202 requires that the applicant agency shall establish an LAC composed of a minimum of three members. No LAC member shall be a staff or board member of the applicant agency. The applicant agency shall ensure all of the following: 1) 50% of the LAC membership represents persons who are 65 years of age or older and persons who have disabilities within the service area; 2) the LAC membership includes people who have diverse disabilities and the elderly who are users of public transportation; and 3) the applicant agency has approved at least one member, or 12% of the membership, jointly with the area agency on aging.

1. CHAIRPERSON'S NAME Keith Behm	AFFILIATION (Name of organization, if any) None
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THIS MEMBER REPRESENTS:		
<input type="checkbox"/> Persons with Disabilities	<input checked="" type="checkbox"/> Persons 65 years and older	<input type="checkbox"/> Neither of these groups

THIS MEMBER IS:		
<input type="checkbox"/> Jointly appointed by an area agency on aging	<input type="checkbox"/> A user of public transportation	<input checked="" type="checkbox"/> Neither of these groups

2. NAME Tom Czerwinski	AFFILIATION (Name of organization, if any) Area Agency on Aging
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THIS MEMBER REPRESENTS:		
<input type="checkbox"/> Persons with Disabilities	<input checked="" type="checkbox"/> Persons 65 years and older	<input type="checkbox"/> Neither of these groups

THIS MEMBER IS:		
<input checked="" type="checkbox"/> Jointly appointed by an area agency on aging	<input type="checkbox"/> A user of public transportation	<input type="checkbox"/> Neither of these groups

3. NAME Joan McCarn	AFFILIATION (Name of organization, if any) None
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THIS MEMBER REPRESENTS:		
<input type="checkbox"/> Persons with Disabilities	<input checked="" type="checkbox"/> Persons 65 years and older	<input type="checkbox"/> Neither of these groups

THIS MEMBER IS:		
<input type="checkbox"/> Jointly appointed by an area agency on aging	<input checked="" type="checkbox"/> A user of public transportation	<input type="checkbox"/> Neither of these groups

4. NAME Marianne "Cookie" Guiloil	AFFILIATION (Name of organization, if any) None
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THIS MEMBER REPRESENTS:		
<input checked="" type="checkbox"/> Persons with Disabilities	<input checked="" type="checkbox"/> Persons 65 years and older	<input type="checkbox"/> Neither of these groups

THIS MEMBER IS:		
<input type="checkbox"/> Jointly appointed by an area agency on aging	<input checked="" type="checkbox"/> A user of public transportation	<input type="checkbox"/> Neither of these groups

5. NAME Karyn Webber-Swanson	AFFILIATION (Name of organization, if any) Allegan County Michigan Works
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THIS MEMBER REPRESENTS:		
<input type="checkbox"/> Persons with Disabilities	<input type="checkbox"/> Persons 65 years and older	<input checked="" type="checkbox"/> Neither of these groups

THIS MEMBER IS:		
<input type="checkbox"/> Jointly appointed by an area agency on aging	<input type="checkbox"/> A user of public transportation	<input checked="" type="checkbox"/> Neither of these groups

6. NAME Janet VanDyk	AFFILIATION (Name of organization, if any) Allegan County Resource Development Committee
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THIS MEMBER REPRESENTS:		
<input checked="" type="checkbox"/> Persons with Disabilities	<input checked="" type="checkbox"/> Persons 65 years and older	<input type="checkbox"/> Neither of these groups

THIS MEMBER IS:		
<input type="checkbox"/> Jointly appointed by an area agency on aging	<input type="checkbox"/> A user of public transportation	<input checked="" type="checkbox"/> Neither of these groups

7. NAME Stacy Trowbridge	AFFILIATION (Name of organization, if any) Disability Network/Lakeshore
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THIS MEMBER REPRESENTS:		
<input checked="" type="checkbox"/> Persons with Disabilities	<input checked="" type="checkbox"/> Persons 65 years and older	<input type="checkbox"/> Neither of these groups

THIS MEMBER IS:		
<input type="checkbox"/> Jointly appointed by an area agency on aging	<input type="checkbox"/> A user of public transportation	<input checked="" type="checkbox"/> Neither of these groups

8. NAME	AFFILIATION (Name of organization, if any)
----------------	--

THIS MEMBER REPRESENTS:		
<input type="checkbox"/> Persons with Disabilities	<input type="checkbox"/> Persons 65 years and older	<input type="checkbox"/> Neither of these groups

THIS MEMBER IS:		
<input type="checkbox"/> Jointly appointed by an area agency on aging	<input type="checkbox"/> A user of public transportation	<input type="checkbox"/> Neither of these groups

9. NAME	AFFILIATION (Name of organization, if any)
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THIS MEMBER REPRESENTS:		
<input type="checkbox"/> Persons with Disabilities	<input type="checkbox"/> Persons 65 years and older	<input type="checkbox"/> Neither of these groups

THIS MEMBER IS:		
<input type="checkbox"/> Jointly appointed by an area agency on aging	<input type="checkbox"/> A user of public transportation	<input type="checkbox"/> Neither of these groups

10. NAME	AFFILIATION (Name of organization, if any)
THIS MEMBER REPRESENTS:	
<input type="checkbox"/> Persons with Disabilities	<input type="checkbox"/> Persons 65 years and older
<input type="checkbox"/> Neither of these groups	
THIS MEMBER IS:	
<input type="checkbox"/> Jointly appointed by an area agency on aging	<input type="checkbox"/> A user of public transportation
<input type="checkbox"/> Neither of these groups	
11. NAME	AFFILIATION (Name of organization, if any)
THIS MEMBER REPRESENTS:	
<input type="checkbox"/> Persons with Disabilities	<input type="checkbox"/> Persons 65 years and older
<input type="checkbox"/> Neither of these groups	
THIS MEMBER IS:	
<input type="checkbox"/> Jointly appointed by an area agency on aging	<input type="checkbox"/> A user of public transportation
<input type="checkbox"/> Neither of these groups	
12. NAME	AFFILIATION (Name of organization, if any)
THIS MEMBER REPRESENTS:	
<input type="checkbox"/> Persons with Disabilities	<input type="checkbox"/> Persons 65 years and older
<input type="checkbox"/> Neither of these groups	
THIS MEMBER IS;	
<input type="checkbox"/> Jointly appointed by an area agency on aging	<input type="checkbox"/> A user of public transportation
<input type="checkbox"/> Neither of these groups	
13. NAME	AFFILIATION (Name of organization, if any)
THIS MEMBER REPRESENTS:	
<input type="checkbox"/> Persons with Disabilities	<input type="checkbox"/> Persons 65 years and older
<input type="checkbox"/> Neither of these groups	
THIS MEMBER IS	
<input type="checkbox"/> Jointly appointed by an area agency on aging	<input type="checkbox"/> A user of public transportation
<input type="checkbox"/> Neither of these groups	
14. NAME	AFFILIATION (Name of organization, if any)
THIS MEMBER REPRESENTS:	
<input type="checkbox"/> Persons with Disabilities	<input type="checkbox"/> Persons 65 years and older
<input type="checkbox"/> Neither of these groups	
THIS MEMBER IS	
<input type="checkbox"/> Jointly appointed by an area agency on aging	<input type="checkbox"/> A user of public transportation
<input type="checkbox"/> Neither of these groups	
15. NAME	AFFILIATION (Name of organization, if any)
THIS MEMBER REPRESENTS:	
<input type="checkbox"/> Persons with Disabilities	<input type="checkbox"/> Persons 65 years and older
<input type="checkbox"/> Neither of these groups	
THIS MEMBER IS:	
<input type="checkbox"/> Jointly appointed by an area agency on aging	<input type="checkbox"/> A user of public transportation
<input type="checkbox"/> Neither of these groups	
16. NAME	AFFILIATION (Name of organization, if any)
THIS MEMBER REPRESENTS;	
<input type="checkbox"/> Persons with Disabilities	<input type="checkbox"/> Persons 65 years and older
<input type="checkbox"/> Neither of these groups	
THIS MEMBER IS:	
<input type="checkbox"/> Jointly appointed by an area agency on aging	<input type="checkbox"/> A user of public transportation
<input type="checkbox"/> Neither of these groups	
17. NAME	AFFILIATION (Name of organization, if any)
THIS MEMBER REPRESENTS:	
<input type="checkbox"/> Persons with Disabilities	<input type="checkbox"/> Persons 65 years and older
<input type="checkbox"/> Neither of these groups	
THIS MEMBER IS:	
<input type="checkbox"/> Jointly appointed by an area agency on aging	<input type="checkbox"/> A user of public transportation
<input type="checkbox"/> Neither of these groups	
18. NAME	AFFILIATION (Name of organization, if any)
THIS MEMBER REPRESENTS:	
<input type="checkbox"/> Persons with Disabilities	<input type="checkbox"/> Persons 65 years and older
<input type="checkbox"/> Neither of these groups	
THIS MEMBER IS:	
<input type="checkbox"/> Jointly appointed by an area agency on aging	<input type="checkbox"/> A user of public transportation
<input type="checkbox"/> Neither of these groups	
19. NAME	AFFILIATION (Name of organization, if any)
THIS MEMBER REPRESENTS:	
<input type="checkbox"/> Persons with Disabilities	<input type="checkbox"/> Persons 65 years and older
<input type="checkbox"/> Neither of these groups	
THIS MEMBER IS:	
<input type="checkbox"/> Jointly appointed by an area agency on aging	<input type="checkbox"/> A user of public transportation
<input type="checkbox"/> Neither of these groups	

FY 2015 COORDINATION PLAN FOR LOCAL BUS OPERATING ASSISTANCE

INSTRUCTIONS: Complete and save this form in PTMS

All agencies applying for Local Bus Operating Assistance must submit a coordination plan. (If an agency also is applying for Specialized Services Operating Assistance, only the Specialized Services coordination plan is required.)

Organizations must ensure that the level and quality of service will be provided without regard to race, color or national origin and that there is no disparate impact on groups protected by Title VI of the Civil Rights Act of 1964 and related statutes and regulations.

NAME OF APPLICANT (legal organization name)

Allegan County Board of Commissioners

TRANSIT PROVIDER/PURCHASER AND COORDINATION EFFORTS

List all transit providers/purchasers in your area. Describe efforts for coordinating transit services with each of these agencies, including any purchase of service arrangements, training, maintenance, and dispatching services, etc. Also include a description of the process used to ensure coordination efforts are being pursued (i.e., LAC meetings, public hearings, etc.).

Transit purchasers within our area are listed below

ACS-T- Allegan County Michigan Works - Contract in place for transport of employment service clients

Dept of Human Services - Agreement in place for transport of special needs clients

Red Cross - Coordination of services for transit dependent clients

Allegan County Medical Care Facility - Agreement in place for transport of special needs residents

Allegan County Community Mental Health - Contract in place for services of transit dependent and special needs clients

Allegan County Senior Services - Coordination of services for transit dependent senior clients

ACRDC - Coordination of services for transit dependent senior clients

Coordination efforts are conducted through regularly held meetings with all agencies concerned discussing the needs of individuals within the area

FUTURE TRANSIT OBJECTIVES

Describe your future objectives regarding coordination/consolidation of transit services:

ACT will continue to implement items from the new five year plan ACT will continue to seek Board of Commissioners support for a future county wide transit millage ACT will support Mobility Management services for seniors and persons with disabilities increase awareness of local transit needs and improve public transportation service county wide

FY 2015 COORDINATION PLAN FOR SPECIALIZED SERVICES

INSTRUCTIONS: Complete and save this form in PTMS. Submit only one coordination plan update per county or multi-county region

NAME OF APPLICANT (legal organization name)
Allegan County Board of Commissioners

- A. DOES YOUR COORDINATION COMMITTEE MEET AT LEAST QUARTERLY? YES NO
If no, describe reasons for not meeting and efforts to establish quarterly meetings.

-
- B. PLEASE IDENTIFY BASIC RESPONSIBILITIES OF THE COORDINATION COMMITTEE, LOOK AT THE FOLLOWING EXAMPLES OF ACTIVITIES, AND PROVIDE A BRIEF NARRATIVE OF THOSE ACTIVITIES OR MAJOR ACCOMPLISHMENTS YOU ACHIEVED DURING THE PREVIOUS FISCAL YEAR. Example of Activities: communication events; obtaining customer input; designated leadership roles; coordination of client rides; develop specific goals and objectives; clearinghouse; central dispatch; joint driver training programs; shared maintenance; review performance; and review and adjust budgets.

The Allegan County Specialized Services Committee and the LAC hold annual public hearings to gain input from the community for the transportation services provided locally. This committee meets quarterly to insure coordination of services within the county. Allegan County Transportation (ACT) coordinates services with the local Michigan Works agency, Department of Human Services, Allegan County Senior Services, ACRDC, and several nursing homes. Typical meeting discussion includes program updates from each agency, methods to increase service, areas experiencing increases/decreases, etc.

-
- C. DESCRIBE PLANNED ACTIVITIES FOR THE NEXT FISCAL YEAR

The Allegan County Specialized Services Committee will continue to meet quarterly. Methods to increase service will again be a major focus along with expansion of volunteer transportation within the county. Work will continue to implement parts of the five year strategic plan for the public transit county wide.

-
- D. Organizations must ensure that the level and quality of service will be provided without regard to race, color, or national origin and that there is not a disparate impact on groups protected by Title VI of the Civil Rights Act of 1964 and related statutes and regulations. This is especially important if the same service has been provided for several years and demographic changes may have occurred in your community or if service changes have been made. PLEASE DESCRIBE YOUR EFFORTS TO COMPLY WITH THIS REQUIREMENT.

Although county demographics do not appear to have changed, ACT and other agencies continue to experience an increasing demand for accessible transportation. The Specialized Services Committee monitors distribution of service on a regular basis.

FY 2015 PROJECT SUMMARY – JARC ACTIVITIES (SECTION 5311)

INSTRUCTIONS: Complete a separate project summary for each capital and operating project
Complete and save this form in PTMS

NAME OF APPLICANT (legal organization name)

PROJECT NAME

CATEGORY OF PROJECT (e.g., Job Access operating and/or Reverse Commute operating; Job Access capital and/or Reverse Commute capital such as bus, equipment, marketing, planning, and/or mobility management). You must also submit capital and /or operating requests in PTMS.

<input checked="" type="checkbox"/> CONTINUATION	<input type="checkbox"/> NEW/EXPANSION	TOTAL DOLLAR AMOUNT AREQUEST FOR PROJECT
SPECIFIC AREA TO BE SERVED		
<input type="checkbox"/> CITY(IES) <input type="checkbox"/> COUNTY(IES) (name of county) <u>Allegan</u> <input type="checkbox"/> REGION <input type="checkbox"/> OTHER. If other, describe _____		
TOTAL POPULATION OF AREA TO BE SERVED 111,408	TOTAL NUMBER OF INDIVIDUALS AT OR BELOW PROVERTY LEVEL	
TOTAL NUMBER OF EMPLOYERS TARGETED (For Reverse Commute only)	LOCATION OF TARGETED JOB SITES (for Reverse Commute only)	

For census information go to: <http://factfinder.census.gov>

PROJECT DESCRIPTION

PROJECT NEEDS/GOALS AND OBJECTIVES

PROGRAM OUTREACH

Allegan County Transportation works closely with the local Michigan Works Agency. Also, coordination with the local court system will allow parolees to meet program requirements directed toward employment.

PLEASE DESCRIBE THE SUCCESS OF THIS EXISTING PROJECT/SERVICE

ARE THERE MULTIPLE PROVIDERS FOR THIS PROJECT /SERVICE?

- NO YES, If yes, please describe how the project/service provides for the coordination among the various providers.

IDENTIFY HOW THE PROJECT WILL BE COORDINATED WITH PUBLIC AND/OR PRIVATE TRANSPORTATION AND SOCIAL SERVICE AGENCIES AND IDENTIFY THOSE AGENCIES

PROJECT IMPLEMENTATION PLAN AND TIMELINE

IDENTIFY PERFORMANCE MEASURES TO BE USED IN TRACKING EFFECTIVENESS OF THE PROJECT AND YOUR PLAN FOR MONITORING AND EVALUATING THIS PROJECT. INCLUDE NUMBER OF ESTIMATED TARGETED JOBS AND UNLINKED PASSENGER TRIPS.

Allegan County Transportation regularly tracks numbers of employment trips and employers served. We will be seeking to meet our average past numbers. It is estimated that in 2013 Allegan County Transportation will have provided 3,340 trips and serve 45 active employers.

ADDITIONAL INFORMATION

FY 2015 PROJECT SUMMARY – NEW FREEDOM (SECTION 5317)

**INSTRUCTIONS: Complete a separate project summary for each capital and operating project
Complete and save the form in PTMS**

NAME OF APPLICANT (legal organization name)
Allegan County Board of Commissioners

PROJECT NAME
Allegan County Mobility Management

CATEGORY OF PROJECT (e.g., New Freedom operating; New Freedom capital such as bus, equipment, marketing, planning, and/or mobility management). You must also submit capital and/or operating requests in PTMS.
New Freedom Mobility Management

<input checked="" type="checkbox"/> CONTINUATION	AMOUNT OF FEDERAL FUNDS REQUESTED FOR THE PROJECT □□□□□□□□	LOCAL MATCH (If other than capital)
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SOURCE OF LOCAL MATCH FUNDS FOR OPERATING (be specific – identify each source and \$ amount)

WAS THIS SERVICE OFFERED/AVAILABLE PRIOR TO AUGUST 10, 2005? Yes No

FOR APPLICANTS WITH PARATRANSIT SERVICE, EXPLAIN HOW THIS PROPOSED PROJECT/SERVICE GOES BEYOND WHAT IS REQUIRED BY ADA?

GENERAL AREA SERVED: An urbanized area with population between 50,000 and 199,999
 A non-urbanized area with population below 50,000

SPECIFIC AREA TO BE SERVED CITY(IES) COUNTY(IES) REGION OTHER. If other, describe _____

TOTAL POPULATION OF AREA TO BE SERVED

□□□□□□

ESTIMATED NUMBER OF INDIVIDUALS WITH DISABILITIES TO BE SERVED BY THIS PROJECT

□□□

ESTIMATED NUMBER OF RIDES (one way trips) TO BE PROVIDED FOR INDIVIDUALS WITH DISABILITIES AS A RESULT OF THE NEW FREEDOM PROJECT

Tom Czerwinski

PROJECT DESCRIPTION

Allegan County Transportation and the Allegan County Department of Senior and Veteran Services will collaborate to provide specialized transportation to seniors and persons with disabilities as a direct service of Allegan County through a combination of transportation services. One central transportation coordinator is funded as a part time county employee working approximately 20 hours per week. This position will coordinate transportation utilizing all available modes of transportation.

PROJECT NEEDS/GOALS AND OBJECTIVES

A part time transportation coordinator will perform a brief intake assessment to determine client acuity. Based on that information, transportation can be arranged through several different options that range from a handicap accessible bus, volunteer drivers who pick up and drop off, a companion who assists the client with shopping and other needs. Additionally, to maximize cost effectiveness, pre-scheduled trips will be arranged whenever possible on a weekly or monthly basis that allow multiple clients.

PROGRAM OUTREACH (include letter(s) of support for new projects)

Program information will be available at all congregational meal sites, local churches, senior centers, senior housing facilities and disability organizations.

IF THIS IS A CONTINUATION PROJECT, PLEASE DESCRIBE THE SUCCESS OF THE PROJECT/SERVICE

The program has expanded options for persons with disabilities. Both W and seniors are being matched to cost effective ride options. All modes of transportation are monitored for equitable distribution of service. Community wide the volunteer driver pool has been expanded.

RELATIONSHIP OF PROJECT TO COORDINATED PUBLIC TRANSIT-HUMAN SERVICES TRANSPORTATION PLAN

TITLE OF COORDINATED PLAN FROM WHICH PROJECT IS DERIVED Allegan County Area Wide Coordinated Public Transit Human Service Plan	SPECIFIC STRATEGY PROJCT RELATES TO: PAGE NUMBER AND SECTION WHERE THE SPECIFIC STRATEGY IS STATED Point 7 - Ensure effective mobility management Page 6. Transportation Service Plan
---	---

HOW DOES PROJECT ADDRESS THE IDENTIFIED STRATEGY?

This project will reduce duplication by utilizing the existing services in the most effective manner. This will address the coordination strategy identified.

ARE THERE MULTIPLE PROVIDERS FOR THIS PROJECT/SERVICE?

- NO
- YES, If yes, please describe how the project/service provides for the coordination among the various providers

This project is a joint collaboration between ACT and ACDSS. Each office possesses software that is essential to the success of this project. ACT has scheduling software that is specific to transportation. ACDSS has software that is intake/assessment specific and allows the client to enter the system via internet or through referrals from service agencies receiving information on a myriad of services available to seniors throughout Allegan County. This system matches client need with contracted service providers and minimizes duplication of services from one program to another. Since both entities are county departments, the Mobility Manager will benefit from both software systems at no additional licensing costs.

IDENTIFY HOW THE PROJECT WILL BE COORDINATED WITH PUBLIC AND/OR PRIVATE TRANSPORTATION AND SOCIAL SERVICE AGENCIES AND IDENTIFY THOSE AGENCIES.

- The following transportation options will be used to provide transportation depending on client acuity.
1. ACT bus - This is a 10-20 passenger bus equipped with a lift. These buses are currently in sue with established service areas throughout the county. Clients who live near the existing routes can utilize this mode of transportation for shopping, meal sites, and other needs. This is the most cost effective mode of transportation and will be the first choice whenever possible.
 2. Specialized Transportation - This uses the same type of bus listed above , however these are prearranged rides to a specific destination (in most cases, medical appointments), some of which are outside the county. The client is dropped off at their destination and picked up at a later time. This is more expensive but will be utilized when appropriate. Every attempt will be made to coordinate multiple clients into one trip (such as dialysis patients

PROJECT IMPLEMENTATION PLAN AND TIMELINE

Based on the success from 2011-2013, the Mobility Manager will continue to develop increased coordination and further expand the volunteer driver pool.

IDENTIFY PERFORMANCE MEASURES TO BE USED IN TRACKING EFFECTIVENESS OF THE PROJECT AND YOUR PLAN FOR MONITORING AND EVALUATING THIS PROJECT.

At regular monthly intervals, clients, who have received transportation services, will receive a direct telephone call to take part in a quality survey. The client will be asked a series of questions regarding the service they are receiving. The results of surveys will be presented to the Commission on Aging, the Specialized Services Transportation Committee, and the local LAC. Comments will be used to refine the project and identify any needs not met.

ADDITIONAL INFORMATION

By holding a Volunteer Driver Appreciation Day, we ensure all volunteer drivers receive driver safety training, vehicles undergo safety inspections, and all available agencies come together to create synergy and identify additional ways to partner with each other (i.e. drivers may wish to have additional hours that could be supplemented through a partner agency).

FY 2015 SPECIALIZED SERVICES SERVICE DESCRIPTION

INSTRUCTIONS: Complete and save this form in PTMS

If you have multiple sub-applicants, please provide information for each sub-applicant.

NAME OF APPLICANT (legal organization name)/SUB-APPLICANT

Allegan County Board of Commissioners

A. PROVIDE THE FOLLOWING INFORMATION FOR YOUR PROPOSED FY 2015 SERVICE

REGULAR SERVICE/PAID DRIVER

DESCRIPTION OF SERVICE AND INFORMATION FOR APPLICANT AND/OR EACH SUB-APPLICANT AS APPLICABLE (service area, schedule, type of service)

NOTE: Available funding for the area will be the same as the current fiscal year. Funds may be redistributed among subrecipients by agreement of the Coordination Committee.

MDOT CONTINUATION FUNDS REQUESTED BY APPLICANT AND METHOD OF REIMBURSEMENT (PER MILE OR PER PASSENGER). PROVIDE INFORMATION FOR APPLICANT AND/OR EACH SUB-APPLICANT AS APPLICABLE (**do not list volunteer drivers**).

APPLICANT:

Dollar Amount Requested	<input checked="" type="checkbox"/> by Mile	Estimated Miles
Dollar Amount Requested	<input type="checkbox"/> by Passenger	Estimated Passengers

If your sub-applicant does not submit a budgeted Specialized Services Operating Assistance Report in PTMS, both estimated miles and estimated passengers are required. The estimated miles and passengers should reflect the service level of each sub-applicant regardless what is funded.

SUB-APPLICANT(S):

Name of Sub-Applicant		
Dollar Amount Requested	<input type="checkbox"/> by Mile	Estimated Miles
	<input type="checkbox"/> by Passenger	Estimated Passengers

Name of Sub-Applicant		
Dollar Amount Requested	<input type="checkbox"/> by Mile	Estimated Miles
	<input type="checkbox"/> by Passenger	Estimated Passengers

Name of Sub-Applicant		
Dollar Amount Requested	<input type="checkbox"/> by Mile	Estimated Miles
	<input type="checkbox"/> by Passenger	Estimated Passengers

Name of Sub-Applicant		
Dollar Amount Requested	<input type="checkbox"/> by Mile	Estimated Miles
	<input type="checkbox"/> by Passenger	Estimated Passengers

Name of Sub-Applicant		
Dollar Amount Requested	<input type="checkbox"/> by Mile	Estimated Miles
	<input type="checkbox"/> by Passenger	Estimated Passengers

Name of Sub-Applicant		
Dollar Amount Requested	<input type="checkbox"/> by Mile	Estimated Miles
	<input type="checkbox"/> by Passenger	Estimated Passengers

Name of Sub-Applicant		
Dollar Amount Requested	<input type="checkbox"/> by Mile	Estimated Miles
	<input type="checkbox"/> by Passenger	Estimated Passengers

Name of Sub-Applicant		
Dollar Amount Requested	<input type="checkbox"/> by Mile	Estimated Miles
	<input type="checkbox"/> by Passenger	Estimated Passengers

Name of Sub-Applicant	_____		
Dollar Amount Requested	_____	<input type="checkbox"/> by Mile	Estimated Miles _____
		<input type="checkbox"/> by Passenger	Estimated Passengers _____

Name of Sub-Applicant	_____		
Dollar Amount Requested	_____	<input type="checkbox"/> by Mile	Estimated Miles _____
		<input type="checkbox"/> by Passenger	Estimated Passengers _____

VOLUNTEER DRIVER SERVICE

DESCRIPTION OF SERVICE AND INFORMATION FOR APPLICANT AND/OR EACH SUB-APPLICANT AS APPLICABLE (service area, schedule, type of service)

MDOT CONTINUATION FUNDS REQUESTED BY APPLICANT. REIMBURSED BASED ON MILES ONLY. PROVIDE INFORMATION FOR APPLICANT AND/OR EACH SUB-APPLICANT AS APPLICABLE.

Enter both estimated miles and passengers. The estimated miles and passengers should reflect the service level of each sub-applicant regardless what is funded.

APPLICANT:

Dollar Amount Requested by Mile Estimated Miles
Estimated Passengers

SUB-APPLICANT(S):

Name of Sub-Applicant
Dollar Amount Requested by Mile Estimated Miles
Estimated Passengers

Name of Sub-Applicant
Dollar Amount Requested by Mile Estimated Miles
Estimated Passengers

Name of Sub-Applicant
Dollar Amount Requested by Mile Estimated Miles
Estimated Passengers

Name of Sub-Applicant
Dollar Amount Requested by Mile Estimated Miles
Estimated Passengers

Name of Sub-Applicant
Dollar Amount Requested by Mile Estimated Miles
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Name of Sub-Applicant
Dollar Amount Requested by Mile Estimated Miles
Estimated Passengers

Name of Sub-Applicant
Dollar Amount Requested by Mile Estimated Miles
Estimated Passengers

Name of Sub-Applicant
Dollar Amount Requested by Mile Estimated Miles
Estimated Passengers

Name of Sub-Applicant _____
Dollar Amount Requested _____ by Mile Estimated Miles _____
Estimated Passengers _____

Name of Sub-Applicant _____
Dollar Amount Requested _____ by Mile Estimated Miles _____
Estimated Passengers _____

B. DESCRIBE TRAINING EFFORTS FOR AGENCY STAFF AND VOLUNTEER DRIVERS. PROVIDE INFORMATION FOR APPLICANT AND/OR EACH SUB-APPLICANT AS APPLICABLE.

BOARDING EQUIPMENT/ASSISTANCE

Annually all bus drivers and volunteer drivers, receive updated training for the drug/alcohol policies, First Aid and Fire Safety. All staff are thoroughly screened prior to hire. In addition to the application interview process, this screening includes a police record check, a drug test, a physical test, and verification of records with the Michigan Department of Motor Vehicles. CDL training and pre-trip inspections are requirements of the driving program. Training includes a vehicle safety/defensive driving training module, hazardous material (right to know) instructions, radio communication training module, wheelchair transportation training (as needed), and blood borne pathogens/universal precautions training (as needed). Annually all bus drivers will receive training on lift operations and how to properly strap and secure wheelchairs and their riders; also the appropriate ways to assist riders getting into and off of the bus. We provide door to door service to persons with a disability as needed.

Sensitivity

Bus drivers receive Recipient Rights and sensitivity training annually, which helps the drivers to be sensitive to the needs of clients with disabilities.

OTHER

Mechanic qualifications include: State Certified Master Mechanic, ASE training and certification, and vehicle/maintenance seminars.

In addition, ACT works with several local agencies (including Allegan County Community Mental Health, Michigan Works, and Michigan Dept. of Human Services) to reduce duplication of service.

THE SIGNATURE BELOW CERTIFIES THAT THE COORDINATION COMMITTEE HAS REVIEWED AND AGREED ON THE ABOVE FUNDING ALLOCATION.

NAME AND TITLE	SIGNATURE	DATE
Dan Wedge, Executive Director		

FY 2015 TITLE VI INFORMATION

INSTRUCTIONS: Complete and save this form in PTMS

NAME OF APPLICANT (legal organization name)

Allegan County Board of Commissioners

All FTA funds recipients, except for urban agencies that receive all of their FTA funds directly from FTA, must submit the following information that covers the period since your last MDOT application. First-time applicants should submit information for the previous fiscal year.

1. List any active lawsuits or complaints naming the applicant that allege discrimination based on race, color or national origin **with respect to service or other transit benefits**. The list should include: the date lawsuit or complaint was filed; a summary of the allegation, and the status of the lawsuit or complaint, including whether the parties to the lawsuit have entered into a consent decree.

If none, so state.

RESPONSE:

None

-
2. Summarize all civil rights compliance review activities conducted **with regard to your transportation program**. The summary should include: the purpose or reason for the review; the name of the agency or organization that performed the review; the findings and recommendations of the review; and a report on the status and/or disposition of such findings and recommendations.

If none, so state.

RESPONSE:

None

3. Has your Title VI Coordinator/EEO Officer changed during the reporting period or since your last Title VI Plan was approved?

NO YES If yes, please provide the name and contact information for the new coordinator/EEO Officer.

4. Has your organization had any projects and/or service change that have Title VI, Limited English Proficiency (LEP), or Environmental Justice (EJ) impacts? Service change includes service expansion/ reduction, route and/or hour changes, etc. If yes, please complete the following items: NO YES

a. Provide a brief description of these projects/service changes.

b. What did you do to ensure that populations affected by the project and/or service change had meaningful access to and involvement in the development process?

c. What is the number or percentage of LEP or EJ populations affected by the project and/or service change?

5. During this reporting period, how were your employees educated about Title VI and their responsibility to ensure non-discrimination in any of your programs, services, or activities?

Annually all bus drivers receive Recipient Rights and Sensitivity Training which helps the drivers to be sensitive to the needs of clients with disabilities and to be fully Title VI compliant.

FY 2015 CONTRACT CLAUSES CERTIFICATION

INSTRUCTIONS: Complete and save this form in PTMS, and attach a signed copy in PTMS

I acknowledge that I have reviewed a copy of the [Contract Clauses](#) dated October 1, 2013. I understand that the nature of the project will determine which requirements of the contract clauses apply and I will comply with all applicable clauses for all FTA-funded contracts for FY 2015.

NAME OF PERSON AUTHORIZED TO SIGN A CONTRACT OR PROJECT AUTHORIZATION

Mark DeYoung

LEGAL ORGANIZATION NAME *

Allegan County Board of Commissioners

TITLE OF AUTHORIZED SIGNER

Board Chair

SIGNATURE OF AUTHORIZED SIGNER **

DATE

01/23/14

* If the organization has a master agreement with MDOT, **the organization name must match the name as it appears on the master agreement.** Organizations with multiple contracts must submit multiple contract clauses certifications.

** If the organization has a master agreement with MDOT, the signature must be the same as the authorized signer of the master agreement or an individual with legal authority to sign a project authorization for the organization. Your agency can change, add or remove an authorized signer at any time by completing a signature resolution.

FY 2015 STATE CERTIFICATIONS AND ASSURANCES

INSTRUCTION: Complete and save this form in PTMS

This form is required for all agencies applying for Regular Services, Section 5311 JARC, Section 5310, and/or Section 5317 funds.

NAME OF APPLICANT (legal organization name)
Allegan County Board of Commissioners

THE APPLICANT AGREES TO COMPLY WITH THE APPLICABLE REQUIREMENTS SELECTED BELOW:

A. This organization has the necessary operational lifts on its vehicles as required by Act 51, [Section 10e(17) and 10e(18)] of the Public Acts of 1951, as amended, and the Americans with Disabilities Act of 1990. The organization also certifies that the lifts are maintained and cycled on a regularly scheduled basis.



B. This organization has proof of vehicle insurance on file.



The applicant affirms the truthfulness and accuracy of the certifications and assurances it has made in statements submitted herein with this document. The truthfulness and accuracy of this document will enable the applicant to receive state funding.

NAME AND TITLE OF AUTHORIZED OFFICIAL	SIGNATURE OF AUTHORIZED OFFICIAL	DATE
Mark DeYoung, Board Chair		01/23/14

FY 2015 FTA CERTIFICATIONS AND ASSURANCES

INSTRUCTIONS: Complete and save this form in PTMS

This form is required for all agencies applying for FTA funds, except for urban agencies that receive all of their FTA funds directly from FTA. For details, review the current [Certification and Assurances for FTA Assistance](#).

NAME OF APPLICANT (Legal organization name)
Allegan County Board of Commissioners

The Applicant agrees to comply with the applicable requirements of Groups 1-15
Those requirements that do not apply to you or your project will not be enforced.

<u>Group</u>	<u>Description</u>
01.	Required Certifications and Assurance for Each Applicant.
02.	Lobbying.
03.	Private Sector Protections.
04.	Procurement and Procurement System.
05.	Rolling Stock Reviews and Bus Testing.
06.	Demand Responsive Service.
07.	Intelligent Transportation Systems.
08.	Interest and Finance Costs and Leasing Costs.
09.	Transit Asset Management and Agency Safety Plans.
10.	Alcohol and Controlled Substances Testing.
11.	Bus/Bus Facilities Program.
12.	Urbanized Area Formula Programs and Job Access and Reverse Commute (JARC) Program.
13.	Seniors/Elderly/Individuals with Disabilities Programs and New Freedom Program.
14.	Rural/Other than Urbanized Areas/Appalachian Development/Over-the-Road Bus Accessibility Programs.
15.	Public Transportation on Indian Reservations and "Tribal Transit Programs."

FTA and MDOT intend that the certifications and assurances the Applicant has selected on this form should apply, as required, to each project for which the Applicant seeks FTA assistance during fiscal year 2015.

The Applicant affirms the truthfulness and accuracy of the certifications and assurances it has made in the statements submitted herein with this document, and acknowledges that the provisions of the program Fraud Civil Remedies Act of 1986, as amended, 31 U.S.C. 3801 et seq., and implemented by DOT regulations, "Program Fraud Civil Remedies," 49 CFR part 31 apply to any certification, assurance, or submission made to FTA. The criminal fraud provisions of 18 U.S. C. 1001 may apply to any certification, assurance, or submission made in connect with any program administered by FTA.

NAME AND TITLE OF AUTHORIZED OFFICIAL Mark DeYoung, Board Chair	SIGNATURE OF AUTHORIZED OFFICIAL	DATE 1/23/14
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FY 2015 5333(b) LABOR WARRANTY

INSTRUCTIONS: Complete and save this form in PTMS

Allegan County Board of Commissioners _____ is applying for Section 5311, 5311(f),
NAME OF APPLICANT (Legal organization name)
and/or 5339 funding under Federal Transit Law, as amended, for fiscal year 2015. We will be bound by the provisions of this
special 5333(b) [former 13(c)] labor warranty for the period of the grant.

(Note: Do not include school bus transportation providers and their unions.)

Does a union represent the applicants employees? Yes No
If yes, list union representation below. (Only staff that has duties connected to the transit operation)

Union: _____

Does agency use a third party transportation provider? Yes No
If Yes, indicate third party transportation provider and their union representation provider or none. (Agency hired by the applicant to perform public transportation services)

Third Party: _____	Union: _____	None	<input checked="" type="checkbox"/>
_____	_____	None	<input type="checkbox"/>
_____	_____	None	<input type="checkbox"/>
_____	_____	None	<input type="checkbox"/>
_____	_____	None	<input type="checkbox"/>
_____	_____	None	<input type="checkbox"/>
_____	_____	None	<input type="checkbox"/>

Are there other surface transportation providers in your area? Yes No
If yes, indicate other surface transportation providers and their union representation or none. (Providers serving the general public, including public agencies, private providers, and/or non profit providers and their unions in your jurisdictional area)

Provider: <u>Interurban</u>	Union: _____	None	<input checked="" type="checkbox"/>
<u>Maataa Area Press</u>	_____	None	<input checked="" type="checkbox"/>
_____	_____	None	<input type="checkbox"/>
_____	_____	None	<input type="checkbox"/>
_____	_____	None	<input type="checkbox"/>
_____	_____	None	<input type="checkbox"/>
_____	_____	None	<input type="checkbox"/>

TYPED/PRINTED NAME AND TITLE Dan Edge, Executive Director	SIGNATURE OF APPLICANT	DATE 1/23/14
--	------------------------	-----------------