

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

BOARD OF COMMISSIONERS OF THE COUNTY OF ALLEGAN

TRANSPORTATION-FY2016 OPERATING & CAPITAL ASSISTANCE APPLICATIONS

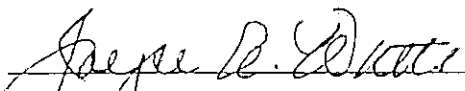
BE IT RESOLVED that the Allegan County Board of Commissioners hereby approves the request from the Transportation Department to approve the attached FY2016 Michigan Department of Transportation (MDOT) applications for operating and capital assistance: State Operating of \$419,727 Federal Operating - Section 5311 of \$184,800, Specialized Services Operating of \$106,704, Job Access Reverse Commute of \$102,300, Capital Section, New Freedom-Mobility Management of \$26,000, Transit vehicles for \$361,500; and

BE IT FURTHER RESOLVED that the County Administrator is authorized to purchase transit vehicles as requested in the application within the scope of the county purchase policy; and

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

Moved by Commissioner Thiele, seconded by Commissioner Jessup to adopt the resolution as presented. Motion carried by roll call vote: Yes - 7 votes. No - 0 votes. Absent - 0 votes.

ATTEST, A TRUE COPY

 \_\_\_\_\_, Clerk-Register  
APPROVED: January 22, 2015

cc: Admin. - Finance - Human Resources - Transportation

# Allegan County Transportation MDOT Annual Application FY2016

## Program description and funding request

- **Regular Service Operating Request: \$419,727 State \$184,800 Federal \$Total Budget \$1,158,500**  
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.  
(FY2013 - \$402,591 State \$167,360 Federal \$1,050,100 Total budget)  
(FY2014 - \$402,591 State \$167,360 Federal \$1,050,100 Total budget)  
(FY2015 - \$366,552 State \$161,744 Federal \$1,015,000 Total budget)
- **Specialized Services funding request: \$106,704 State Total Budget \$155,450**  
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.  
(FY2013 - \$106,704 Total budget \$146,000)  
(FY2014 - \$106,704 Total budget \$148,000)  
(FY2015 - \$106,704 Total budget \$151,204)
- **Job Access Reverse Commute (JARC) request: \$102,300 Total Budget \$108,300**  
These funds are for individuals who are receiving transportation to work and are often outside the normal boundaries or times of public transportation.  
(FY2013 - \$102,300 Total budget \$110,000)  
(FY2014 - \$102,300 Total budget \$108,300)  
(FY2015 - \$102,300 Total budget \$108,800)
- **New Freedom Mobility Management Request: \$26,000 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.  
(FY2013 - \$4,400 State \$17,600 Federal \$22,000 Total budget)  
(FY2014 - \$4,000 State \$16,000 Federal \$20,000 Total budget)  
(FY2015 - \$4,400 State \$17,600 Federal \$26,000 Total budget)
- **Capital requests for FY2016**

a) Replacement buses (3 total)	= \$183,000
b) Replacement buses (3 total)	= \$178,500
c) Mobility Management (from above)	<u>= \$ 26,000</u>
Total	= \$387,500

**Allegan County - Transportation Services  
Capital Requests For FY 2016**

Req. Yr	Program	Item Description/Justification	Federal Amount	State Amount	Local Amount	Total Amount	Action	Status
<b>2016</b>	<b>SEC 5317-NF</b>							
Requested:0	Mobility Mgt	<p>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.</p> <p>Justn:This project will continue to reduce duplication by utilizing the existing services at the most cost effective manor. This address the coordination strategy.</p>	\$20,800	\$5,200	\$0	\$26,000		PRE-REQUESTED
<b>2016</b>	<b>Sub Total By Program Type</b>							
			<b>\$20,800</b>	<b>\$5,200</b>	<b>\$0</b>	<b>\$26,000</b>		
<b>2016</b>	<b>SEC 5339 - Bus and Bus Facilities</b>							
Eligible/Pending:1 Requested:1	Vehicle	<p>Desc:Small Bus, 176" wheelbase, w/ lift, gas engine</p> <p>Justn:Request to replace eligible vehicle #10.</p>	\$48,000	\$12,000	\$0	\$60,000	REPLACE	PRE-REQUESTED
Eligible/Pending:2 Requested:2	Vehicle	<p>Desc:Small Bus, 176" wheelbase, w/ lift, gas engine (cruise control, OEM factory radio, lettering/logo)</p> <p>Justn:Replace eligible vehicles #42, #43</p>	\$98,400	\$24,600	\$0	\$123,000	REPLACE	PRE-REQUESTED

**Allegan County - Transportation Services  
Capital Requests For FY 2016**

Req. Yr	Program	Item Description/Justification	Federal Amount	State Amount	Local Amount	Total Amount	Action	Status
Eligible/Pending:3 Requested:3	Vehicle	Desc:Small Bus, 158" wheelbase, w/ lift, gas engine (Cruise Control, OEM factory radio, lettering/logo) Justn:Replace eligible vehicles #19, 20, 21. PM: Vehicles eligible in 2015	\$142,800	\$35,700	\$0	\$178,500	REPLACE	PRE-REQUESTED
<b>Sub Total By Program Type</b>			<b>\$289,200</b>	<b>\$72,300</b>	<b>\$0</b>	<b>\$361,500</b>		
<b>Sub Total By Request Year</b>			<b>\$310,000</b>	<b>\$77,500</b>	<b>\$0</b>	<b>\$387,500</b>		

**Allegan County - Transportation Services  
Capital Requests For FY 2016**

Req. Yr	Program	Item Description/Justification	Federal Amount	State Amount	Local Amount	Total Amount	Action	Status
<b>2017</b>	<b>SEC 5339 - Bus and Bus Facilities</b>							
Eligible/Pending:3	Vehicle	Desc:Small Bus, 176" wheelbase, w/ lift, gas engine (Cruise Control, OEM factory radio, lettering/logo) Justn:Replace vehicles # 22,23, 24.	\$147,600	\$36,900	\$0	\$184,500	REPLACE	PRE-REQUESTED
Requested:3								
		<b>Sub Total By Program Type</b>	<b>\$147,600</b>	<b>\$36,900</b>	<b>\$0</b>	<b>\$184,500</b>		
		<b>Sub Total By Request Year</b>	<b>\$147,600</b>	<b>\$36,900</b>	<b>\$0</b>	<b>\$184,500</b>		

**Allegan County - Transportation Services  
Capital Requests For FY 2016**

Req. Yr	Program	Item Description/Justification	Federal Amount	State Amount	Local Amount	Total Amount	Action	Status
<b>2018</b>	<b>SEC 5339 - Bus and Bus Facilities</b>							
Eligible/Pending:3 Requested:3	Vehicle	Desc:Small Bus, 176" wheelbase, w/ lift, gas engine (cruise control, OEM factory radio, lettering/logo) Justn:Replace bus #25,26, & 27	\$147,600	\$36,900	\$0	\$184,500	REPLACE	PRE-REQUESTED
	<b>Sub Total By Program Type</b>		<b>\$147,600</b>	<b>\$36,900</b>	<b>\$0</b>	<b>\$184,500</b>		
	<b>Sub Total By Request Year</b>		<b>\$147,600</b>	<b>\$36,900</b>	<b>\$0</b>	<b>\$184,500</b>		
	<b>Grand Total</b>		<b>\$605,200</b>	<b>\$151,300</b>	<b>\$0</b>	<b>\$756,500</b>		

**Allegan County - Transportation Services**

**750 Airway Drive  
Allegan, MI 49010**

**(269) 686-4529**

**Nonurban County**

**Regular Service**

**Annual Budgeted**

**2016**

**Operating Revenue: \$73,000**

**Total Eligible Expenses: \$1,155,000**

**Local Share: \$549,973**

**Comments: -**

**Allegan County - Transportation Services**  
**Nonurban County**  
**Regular Service**  
**Annual Budgeted**  
**2016**

**Revenue Schedule Report**

Code	Description	Amount
<b>401 :</b>	<b>Farebox Revenue</b>	
40100	Passenger Fares (-)	\$73,000
<b>409 :</b>	<b>Local Service Contract</b>	
40950	Local Service Contract/Local Source (-)	\$475,873
<b>411 :</b>	<b>State Formula and Contracts</b>	
41101	State Operating Assistance (-)	\$419,727
<b>413 :</b>	<b>Federal Contracts</b>	
41301	Section 5311 Operating (-)	\$184,800
41399	Other Federal Transit Contracts & Reimbursements (Explain in comment field) (-)	\$4,000
<b>414 :</b>	<b>Other Revenue</b>	
41400	Interest Income (-)	\$1,100

**Total Revenues: \$1,158,500**



**Allegan County - Transportation Services**  
**Nonurban County**  
**Regular Service**  
**Annual Budgeted**  
**2016**

**Expense Schedule Report**

Code	Description	Amount
<b>501 :</b>	<b>Labor</b>	
50101	Operators Salaries & Wages (-)	\$337,349
50102	Other Salaries & Wages (-)	\$203,098
50103	Dispatchers' Salaries & Wages (-)	\$99,554
<b>502 :</b>	<b>Fringe Benefits</b>	
50200	Fringe Benefits (-)	\$153,498
<b>503 :</b>	<b>Services</b>	
50302	Advertising Fees (-)	\$1,500
50305	Audit Costs (-)	\$2,000
50399	Other Services (Explain in comment field) (contracted snow removal, janitorial, contractor admin services)	\$35,927
<b>504 :</b>	<b>Materials and Supplies</b>	
50401	Fuel & Lubricants (-)	\$173,477
50402	Tires & Tubes (-)	\$6,000
50499	Other Materials & Supplies (Building Maintenance, vehicle parts, supplies)	\$27,000
<b>505 :</b>	<b>Utilities</b>	
50500	Utilities (-)	\$38,218
<b>506 :</b>	<b>Insurance</b>	
50603	Liability Insurance (-)	\$9,500
50699	Other Insurance (-)	\$30,536
<b>509 :</b>	<b>Misc Expenses</b>	

**Allegan County - Transportation Services**  
**Nonurban County**  
**Regular Service**  
**Annual Budgeted**  
**2016**

**Expense Schedule Report**

<b>Code</b>	<b>Description</b>	<b>Amount</b>
50902	Travel, Meetings & Training (-)	\$7,500
50903	Association Dues & Subscriptions (-)	\$2,250
512 :	Operating Leases & Rentals	
51200	Operating Leases & Rentals (-)	\$31,693
550 :	Ineligible Expenses	
55009	Ineligible Percent of Association Dues (-)	\$100
574 :	Ineligible Expenses	
57402	Ineligible RTAP (-)	\$4,000

**Total Expenses: \$1,159,100**

**Total Ineligible Expenses: \$4,100**

**Total Eligible Expenses: \$1,155,000**

**Allegan County - Transportation Services**  
**Nonurban County**  
**Regular Service**  
**Annual Budgeted**  
**2016**

**Non Financial Schedule Report**

**Public Service**

Code	Description	Weekday DR	Saturday DR	Sunday DR	Total
610	Vehicle Hours	18,000	250	0	18,250
611	Vehicle Miles	480,000	6,500	0	486,500
615	Unlinked Passenger Trips - Regular	12,250	25	0	12,275
616	Unlinked Passenger Trips - Elderly	3,200	0	0	3,200
617	Unlinked Passenger Trips - Persons w/Disabilities	17,750	275	0	18,025
618	Unlinked Passenger Trips - Elderly Persons w/Disabilities	2,450	25	0	2,475
622	Total Demand-Response Unlinked Passenger Trips	35,650	325	0	35,975
625	Days Operated	255	50	0	305

**Total Passengers: 35,975**

**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	52,000
661	Total Transit Agency Employees (Full-Time Equivalents)	23
662	Total Revenue Vehicle Operators (Full-Time Equivalents)	18

**Allegan County - Transportation Services**

**750 Airway Drive  
Allegan, MI 49010**

**(269) 686-4529**

**Nonurban County**

**Job Access**

**Annual Budgeted**

**2016**

**Operating Revenue: \$6,000**

**Total Eligible Expenses: \$102,300**

**Local Share: \$6,000**

**Comments: -**

**Allegan County - Transportation Services**  
**Nonurban County**  
**Job Access**  
**Annual Budgeted**  
**2016**

**Revenue Schedule Report**

<b>Code</b>	<b>Description</b>	<b>Amount</b>
<b>401 :</b>	<b>Farebox Revenue</b>	
40100	Passenger Fares (-)	\$6,000
<b>411 :</b>	<b>State Formula and Contracts</b>	
41199	Other MDOT/OPT Contracts and Reimbursements (Explain in comment field) (State JARC 50%)	\$51,150
<b>413 :</b>	<b>Federal Contracts</b>	
41399	Other Federal Transit Contracts & Reimbursements (Explain in comment field) (Federal JARC 50%)	\$51,150

**Total Revenues: \$108,300**

**Allegan County - Transportation Services**  
**Nonurban County**  
**Job Access**  
**Annual Budgeted**  
**2016**

**Expense Schedule Report**

Code	Description	Amount
<b>501 :</b>	<b>Labor</b>	
50101	Operators Salaries & Wages (-)	\$32,500
50102	Other Salaries & Wages (-)	\$19,000
50103	Dispatchers' Salaries & Wages (-)	\$9,800
<b>502 :</b>	<b>Fringe Benefits</b>	
50200	Fringe Benefits (-)	\$13,670
<b>503 :</b>	<b>Services</b>	
50302	Advertising Fees (-)	\$150
50399	Other Services (Explain in comment field) (-)	\$3,000
<b>504 :</b>	<b>Materials and Supplies</b>	
50401	Fuel & Lubricants (-)	\$17,000
50402	Tires & Tubes (-)	\$600
50499	Other Materials & Supplies (-)	\$3,000
<b>505 :</b>	<b>Utilities</b>	
50500	Utilities (-)	\$3,200
<b>506 :</b>	<b>Insurance</b>	
50603	Liability Insurance (-)	\$400
50699	Other Insurance (-)	\$2,000
<b>509 :</b>	<b>Misc Expenses</b>	
50902	Travel, Meetings & Training (-)	\$500

**Allegan County - Transportation Services**  
**Nonurban County**  
**Job Access**  
**Annual Budgeted**  
**2016**

**Expense Schedule Report**

<b>Code</b>	<b>Description</b>	<b>Amount</b>
50903	Association Dues & Subscriptions (-)	\$200
512 :	Operating Leases & Rentals	
51200	Operating Leases & Rentals (-)	\$3,280
550 :	Ineligible Expenses	
55000	Ineligible JARC and NF Fares (-)	\$6,000

**Total Expenses: \$108,300**

**Total Ineligible Expenses: \$6,000**

**Total Eligible Expenses: \$102,300**

**Allegan County - Transportation Services**  
**Nonurban County**  
**Job Access**  
**Annual Budgeted**  
**2016**

**Non Financial Schedule Report**

**Public Service**

Code	Description	Weekday DR	Saturday DR	Sunday DR	Total
610	Vehicle Hours	2,100	0	0	2,100
611	Vehicle Miles	48,250	0	0	48,250
615	Unlinked Passenger Trips - Regular	2,650	0	0	2,650
617	Unlinked Passenger Trips - Persons w/Disabiliities	475	0	0	475
618	Unlinked Passenger Trips - Elderly Persons w/Disabilities	100	0	0	100
622	Total Demand-Response Unlinked Passenger Trips	3,225	0	0	3,225
625	Days Operated	256	0	0	256

**Total Passengers: 3,225**

**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	4,800
661	Total Transit Agency Employees (Full-Time Equivalents)	2
662	Total Revenue Vehicle Operators (Full-Time Equivalents)	2



## FY 2016 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 2016
Passenger Fares (paid by rider)	\$	4,246.00
Contract Fares (paid by another organization)		
Local (source) <u>Commission on Aging</u>		25,000.00
<u>Retained Earnings</u>		19,500.00
State (source) <u>Specialized Services</u>		106,704.00
Federal (source)		
Other (source)		
<b>Total Revenues</b>	<b>\$</b>	<b>155,450.00</b>

### EXPENSE SCHEDULE

Labor and Fringe Benefits	\$	105,000.00
Services, Materials and Supplies (gas, oil, work performed by another agency)		28,000.00
Casualty and Liability Insurance		4,700.00
Purchased Transportation Service Within Service Area		
Leases and Rentals		5,750.00
Depreciation and Amortization		
All Other		12,000.00
<b>Total Operating Expenses</b>	<b>\$</b>	<b>155,450.00</b>

**Note: Expense may not exceed revenue**

**Allegan County - Transportation Services**

**750 Airway Drive  
Allegan, MI 49010**

**(269) 686-4529**

**Nonurban County**

**Specialized Services/5310**

**Annual Budgeted**

**2016**

**Operating Revenue: \$0**

**Total Eligible Expenses: \$0**

**Local Share: \$0**

**Comments: -**

**Allegan County - Transportation Services**  
**Nonurban County**  
**Specialized Services/5310**  
**Annual Budgeted**  
**2016**

**Non Financial Schedule Report**

**Public Service**

<b>Code</b>	<b>Description</b>	<b>Agency</b>	<b>Volunteer</b>	<b>Total</b>
610	Vehicle Hours	2,950	0	2,950
611	Vehicle Miles	90,500	0	90,500
616	Unlinked Passenger Trips - Elderly	2,500	0	2,500
617	Unlinked Passenger Trips - Persons w/Disabilities	800	0	800
618	Unlinked Passenger Trips - Elderly Persons w/Disabilities	2,800	0	2,800

**Total Passengers: 6,100**

**Vehicle Information**

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

**Total Vehicles: 2**

# FY 2016 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.

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NAME OF APPLICANT (legal organization name)

Allegan County Board of Commissioners

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## TRANSIT PROVIDER/PURCHASER AND COORDINATION EFFORTS

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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 service area are listed below:

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

DHS - Department 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

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

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

ACRDC - Coordination of services for transit dependent senior clients

Evergreen Commons - Coordination of services for transit dependent clients

Coordination efforts are conducted through regularly held Specialized Services/LAC meetings with agencies discussing the needs of individuals within the service area. Also, individual agency meetings are held to address any specific needs of their clients and/or change in service levels.

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**FUTURE TRANSIT OBJECTIVES**

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

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

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## FY 2016 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)  
Allegan County Board of Commissioners

PROJECT NAME  
Job Access Operating

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.  
Job Access Operating

CONTINUATION       NEW/EXPANSION      TOTAL DOLLAR AMOUNT AREQUEST FOR PROJECT

SPECIFIC AREA TO BE SERVED  
 CITY(IES)       COUNTY(IES) (name of county) Allegan       REGION       OTHER. If other, describe \_\_\_\_\_

TOTAL POPULATION OF AREA TO BE SERVED 111,408	TOTAL NUMBER OF INDIVIDUALS AT OR BELOW PROVERTY LEVEL 14,037
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TOTAL NUMBER OF EMPLOYERS TARGETED (For Reverse Commute only)	LOCATION OF TARGETED JOB SITES (for Reverse Commute only)
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For census information go to: <http://factfinder.census.gov>

### PROJECT DESCRIPTION

The Job Access Reverse Commute project provides expanded access to employment transportation, Monday through Friday (6:00 am to 5:00 pm), to any employment site within our service area. The plan is to provide a total of 2,100 additional hours of employment related transit services and 3,350 employment related trips in FY2016. This is over and above the regular service availability.

### PROJECT NEEDS/GOALS AND OBJECTIVES

The project will provide county residents expanded transportation access to employment.

### PROGRAM OUTREACH

ACT works closely with the local Michigan Works Agency providing transportation for their clients. Also, coordination with the local court system will allow parolees to meet program requirements directed toward employment.

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PLEASE DESCRIBE THE SUCCESS OF THIS EXISTING PROJECT/SERVICE

This service has enabled transit dependent employment seekers to obtain employment that would otherwise not be available. JARC has allowed ACT to add service to areas outside of ACT's regular service times. This service has also provided options for persons to maintain current employment.

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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.

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

ACT provides limited public transit services and coordinates services with the local Michigan Works agency, the Department of Human Services, Community Mental Health, the Commission of Aging, and ACRDC to reduce duplication of service.

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PROJECT IMPLEMENTATION PLAN AND TIMELINE

The operating assistance project will be implemented when funding becomes available for the period of October 1, 2016 to September 2017.

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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 the number of employment trips and employers served. We are planning to meet or exceed our average past results. It is estimated that in 2016 ACT will provide 3, 350 trips to 45-50 active employers within our service area.

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ADDITIONAL INFORMATION

ACT has had 14 years of prior successful Job Access/Reverse Commute (JARC) grants. We were one of the first ten projects implemented by MDOT back in the year 2000. This pilot project resulted in the start up of ACT.

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**FY 2016 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 request in PTMS.

New Freedom Mobility Management

<input checked="" type="checkbox"/> CONTINUATION	AMOUNT OF FEDERAL FUNDS REQUESTED FOR THE PROJECT \$26,000.00	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

111,408

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

250

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

4,250

PROJECT DESCRIPTION

Allegan County Transportation (ACT) and the Allegan County Department of Senior and Veteran Services (ACDSS) will collaborate to provide transportation to seniors and persons with disabilities as a direct service of Allegan County through a combination of transportation sources. One ACDSS staff (Mobility Manager) is funded part time working approximately 20 hours per week to coordinate client transportation needs utilizing all available sources of transportation.

PROJECT NEEDS/GOALS AND OBJECTIVES

ACDSS staff will perform a brief intake assessment to determine client acuity. Based on that information, transportation can be arranged through several different sources that range from an accessible bus, volunteer drivers who pick up/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 project)

Program information will be available at all congregate meal sites, local churches, senior centers, senior housing facilities, and disability organizations. Additional outreach efforts will continue to be explored to increase client usage of the program and increase the number of volunteer drivers.



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

The program has expanded available transportation options for persons with disabilities (PWD). Persons with disabilities are now able to use a volunteer driver, when needed, at a more cost effective rate. Both PWD 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 continues efforts to expand.

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**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 PROJECT 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?

The project will and has reduced 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

The 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 management staff will benefit from both software systems at no additional licensing costs.

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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 use 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.

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**PROJECT IMPLEMENTATION PLAN AND TIMELINE**

Based on the continued program success, the Mobility Management staff will continue to develop increased coordination and further expand the volunteer driver pool.

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**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 the 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.

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**ADDITIONAL INFORMATION**

By holding a Volunteer Appreciation Day, we ensure all volunteer drivers receive driver safety training, vehicles undergo safety inspections, and all available agencies come together to collaborate 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 2014 driver safety training was provided by the Allegan County Sheriff Department's head trainer and was a huge success.

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## FY 2016 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**

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

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- 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 meets quarterly to insure coordination of services within the county. This committee and the LAC hold annual public hearings to gain input from the community for the transportation services provided locally. Allegan County Transportation coordinates services with the local Michigan Works agency, Department of Human Services, Allegan County Senior Services, ACRDC, and several area nursing homes. Typical meeting discussion includes program updates from each agency, methods to increase service, increase number of volunteer transportation drivers, 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 continued expansion of volunteer transportation within the county. Work will also continue to implement parts of the five year strategic plan for 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 have changed very little, ACT and other service agencies continue to experience an increasing demand for accessible transportation. The Specialized Services Committee monitors the distribution of service on a regular basis.

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# FY 2016 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.

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

Allegan County Board of Commissioners

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**A. PROVIDE THE FOLLOWING INFORMATION FOR YOUR PROPOSED FY 2016 SERVICE**

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**REGULAR SERVICE/PAID DRIVER**

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

Service Area: Allegan County and out of county medical.

Type of Service: Reservation service.

Schedule: Available for request five days a week, 6:00 am - 5:00 pm (Limited Evening Service)

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**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	<u>\$106,704.00</u>	<input checked="" type="checkbox"/> by Mile	Estimated Miles	<u>89,000</u>
Dollar Amount Requested	_____	<input type="checkbox"/> by Passenger	Estimated Passengers	<u>5,500</u>

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 \_\_\_\_\_  
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 \_\_\_\_\_

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

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

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BOARDING EQUIPMENT/ASSISTANCE

Annually all bus drivers receive updated training for the drug/alcohol policies, First Aid and Fire Safety, and CRP. 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, and blood borne pathogens/universal precautions training. 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.

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SENSITIVITY

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

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OTHER

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

**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		1/22/15



## FY 2016 TITLE VI INFORMATION

**INSTRUCTIONS: Complete and save this form in PTMS**

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NAME OF APPLICANT (legal organization name)

Allegan County Board of Commissioners

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**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.**

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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

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3. When was your last Title VI Program approved by MDOT?

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4. 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.

---

5. 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?

---

6. 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.

ACT posts the Title VI requirements in visible sight within the facility for all staff to see, also each revenue vehicle has a sticker attached indicating Title VI requirements. Any future brochures/pamphlets printed will also contain Title VI requirements.

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# FY 2016 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. Attach 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.

<b>1. CHAIRPERSON'S NAME</b> Keith Behm	AFFILIATION (Name of organization, if any) None
--	--

THIS MEMBER REPRESENTS:  
 Persons with Disabilities       Persons 65 years and older       Neither of these groups

THIS MEMBER IS:  
 Jointly appointed by an area agency on aging       A user of public transportation       None of these groups  
 Age 65 or older       A person with disabilities

<b>2. NAME</b> Pat Broadhurst	AFFILIATION (Name of organization, if any) None
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THIS MEMBER REPRESENTS:  
 Persons with Disabilities       Persons 65 years and older       Neither of these groups

THIS MEMBER IS:  
 Jointly appointed by an area agency on aging       A user of public transportation       None of these groups  
 Age 65 or older       A persons with disabilities

<b>3. NAME</b> Janet VanDyk	AFFILIATION (Name of organization, if any) Allegan County Resource Development Committee
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THIS MEMBER REPRESENTS:  
 Persons with Disabilities       Persons 65 years and older       Neither of these groups

THIS MEMBER IS:  
 Jointly appointed by an area agency on aging       A user of public transportation       None of these groups  
 Age 65 or older       A persons with disabilities

<b>4. NAME</b> Marianne "Cookie" Guilfoil	AFFILIATION (Name of organization, if any) None
--	--

THIS MEMBER REPRESENTS:  
 Persons with Disabilities       Persons 65 years and older       Neither of these groups

THIS MEMBER IS:  
 Jointly appointed by an area agency on aging       A user of public transportation       None of these groups  
 Age 65 or older       A persons with disabilities

<b>5. NAME</b> Sherry Owens	AFFILIATION (Name of organization, if any) Allegan County Senior Services
--------------------------------	--

THIS MEMBER REPRESENTS:  
 Persons with Disabilities       Persons 65 years and older       Neither of these groups

THIS MEMBER IS:  
 Jointly appointed by an area agency on aging       A user of public transportation       None of these groups  
 Age 65 or older       A persons with disabilities

<b>6. NAME</b> Tom Czerwinski	AFFILIATION (Name of organization, if any) Area Agency on Aging
----------------------------------	--

THIS MEMBER REPRESENTS:  
 Persons with Disabilities       Persons 65 years and older       Neither of these groups

THIS MEMBER IS:  
 Jointly appointed by an area agency on aging       A user of public transportation       None of these groups  
 Age 65 or older       A persons with disabilities

<b>7. NAME</b>	AFFILIATION (Name of organization, if any)
----------------	--

THIS MEMBER REPRESENTS:  
 Persons with Disabilities       Persons 65 years and older       Neither of these groups

THIS MEMBER IS:  
 Jointly appointed by an area agency on aging       A user of public transportation       None of these groups  
 Age 65 or older       A persons with disabilities

<b>8. NAME</b>	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"/> None of these groups
<input type="checkbox"/> Age 65 or older	<input type="checkbox"/> A persons with disabilities	
<b>9. NAME</b>	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"/> None of these groups
<input type="checkbox"/> Age 65 or older	<input type="checkbox"/> A person with disabilities	
<b>10. NAME</b>	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"/> None of these groups
<input type="checkbox"/> Age 65 or older	<input type="checkbox"/> A persons with disabilities	
<b>11. NAME</b>	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"/> None of these groups
<input type="checkbox"/> Age 65 or older	<input type="checkbox"/> A persons with disabilities	
<b>12. NAME</b>	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"/> None of these groups
<input type="checkbox"/> Age 65 or older	<input type="checkbox"/> A persons with disabilities	
<b>13. NAME</b>	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"/> None of these groups
<input type="checkbox"/> Age 65 or older	<input type="checkbox"/> A persons with disabilities	
<b>14. NAME</b>	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"/> None of these groups
<input type="checkbox"/> Age 65 or older	<input type="checkbox"/> A persons with disabilities	
<b>15. NAME</b>	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"/> None of these groups
<input type="checkbox"/> Age 65 or older	<input type="checkbox"/> A persons with disabilities	

Michigan Department  
of Transportation  
3076 (10/2014)

## FY 2016 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, 2014. 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 2016.

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

01/22/15

\* 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.

Michigan Department  
Of Transportation  
3079 (10/14)

## FY 2016 FTA CERTIFICATIONS AND ASSURANCES

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

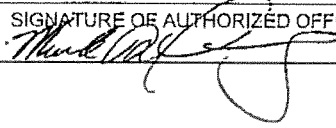
The Applicant agrees to comply with the applicable requirements of Groups 1-14   
Those requirements that do not apply to you or your project will not be enforced.

<u>Group</u>	<u>Description</u>
01.	Required Certifications and Assurance for Each Applicant.
02.	Lobbying.
03.	Procurement and Procurement Systems.
04.	Private Sector Protection.
05.	Rolling Stock Reviews and Bus Testing.
06.	Demand Responsive Service.
07.	Intelligent Transportation Systems.
08.	Interest and Financing Costs and Acquisition of Capital Assets by Lease.
09.	Transit Asset Management Plan and Public Transportation Agency Safety Plan.
10.	Alcohol and Controlled Substances Testing.
11.	Bus and Bus Facilities Formula Grants Program and Bus and Bus-Related Equipment and Facilities Grant Program (Discretionary).
12.	Seniors/Elderly/Individuals with Disabilities/New Freedom Programs.
13.	Rural/Other Than Urbanized Areas Programs.
14.	Tribal Transit Programs (Public Transportation on Indian Reservations 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 2016.

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  
1/22/15

### FY 2016 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 2016. 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 applicant's employees?**  Yes  No  
**If yes, list union representation below. (Only staff that has duties connected to the transit operation)**

Union Names: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**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: <u>Ride Right LLC</u>	Union names: _____	None	<input checked="" 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 names: _____	None	<input checked="" type="checkbox"/>
<u>Macatawa Area Express</u>	<u>ATU Local 836 - drivers</u>	None	<input 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"/>
_____	_____	None	<input 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"/>

TYPED/PRINTED NAME AND TITLE Dan Wedge, Executive Director	SIGNATURE OF APPLICANT 	DATE 1/22/15
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**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 receive updated training for the drug/alcohol policies, First Aid and Fire Safety, and CRP. 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, and blood borne pathogens/universal precautions training. 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.

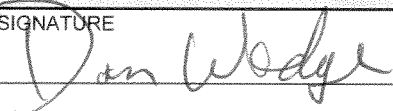
SENSITIVITY

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.

**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		1/22/15

Michigan Department  
of Transportation  
3084 (10/14)

## FY 2016 STATE CERTIFICATIONS AND ASSURANCES

INSTRUCTION: Complete and save this form in PTMS

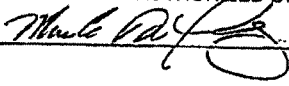
This form is required for all agencies applying for Regular Services, Section 5311 JARC, Section 5310, and/or Section 5317 funds.

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		01/22/15