

FY 2020 ADA COMPLAINT INFORMATION

You must retain copies of complaints for at least one year and a summary of all complaints for at least five years.

Name Of Applicant (legal organization name)

MDOT Agency

Has the agency been named in any lawsuits or complaints in the last year which allege an individual was discriminated against or denied full participation in transportation based on disability?

Yes No

In the last year, have you had an ADA compliance review conducted on your transportation program as part of an overall FTA or MDOT Compliance Review?

Yes No

Have any changes been made to your ADA Complaint Policy?

Yes No

FY 2020 CERTIFICATION OF LOCAL MATCH

Name Of Applicant (legal organization name)

MDOT Agency

certifies that local funds in the amount of \$

are available to match federal Section 5317 New Freedom (NF) grant funds should they be awarded to this applicant.

Farebox cannot be used as local match for NF, and must be backed out as ineligible under expense code 55000 in your OAR. Following is a breakdown of the source and amount of local funds. Please indicate if it is in-kind contribution or cash. For in-kind contributions, please indicate the types of services that will be provided and how you determined the value.

LOCAL MATCH IS PAID BY EVERGREEN COMMONS SENIOR DAY PROGRAM

I acknowledge that I have reviewed a copy of the Contract Clauses. 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 the application year.

Name Of The Person Authorized To Sign A Contract Or Project Authorization

Legal Organization Name

Title Of Authorized Signer

Signature Of Authorized Signer ** (See Below)

Date

.....

**** If the organization has a master agreement with MDOT, the organization name must match the name as it appears on the master agreement and 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 and authorized signer at any time by completing a signature resolution.**

Name Of Applicant (legal organization name)

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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.



Categories

Descriptions

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. Grants for Buses and Bus Facilities and Low or No Emission Vehicles Deployment Grant Programs.
12. Seniors and Individuals with Disabilities Programs.
13. Formula Grants for Rural Areas Program.
14. Tribal Transit Programs (Public Transportation on Indian Reservations Programs).
15. Hiring Preferences

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 application year.

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.

FY 2020 SECTION 5310/NEW FREEDOM
GENERAL INFORMATION

Name Of Applicant (legal organization name)

MDOT Agency

Check One :

- Urbanized Area Non Urbanized Area

Name of urbanized area

e.g., MUSKEGON

Is your agency within a metropolitan planning organization (MPO)?

- Yes No

Has the project been included in the transportation improvement program (TIP) for this area?

- Yes No

Services Provided by applicant (including how 5310 vehicles will be used, service area, days and hours of operation, and reservation requirements)

PIONEER RESOURCES PROVIDES TRANSPORTATION SERVICES FOR INDIVIDUALS WITH DISABILITIES AND SENIORS TO WORK AND COMMUNITY BASED SUPPORT SERVICES. THESE DESTINATIONS INCLUDE: MEDICAL APPOINTMENTS, CONGREGATE MEAL SITES AND WORK SITES THROUGHOUT THE COUNTY OF MUSKEGON. HOURS OF OPERATION ARE 6AM TO 6PM, MONDAY THROUGH FRIDAY.

Estimated Percentage of Ridership(%)

Elderly % Disabled % Other %

Specify Other

Vehicles are intended to:

- Replace Existing Vehicles Expand Existing Service Start New Service

Select One:

- Attached are letters of support from each public and private transit and paratransit operator in the proposed service area indicating that he or she does not, and is not intending to, offer similar service in the same area; or proof of a good faith effort made in obtaining letters of support if an operator will not respond.
- A public notice has been published (attach a copy of published public notice in PTMS).

Project 1

Name Of Applicant (legal organization name)

MDOT Agency

Project Name

TRANSPORTATION FOR SENIORS

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 CAPITAL

- Expansion Continuation

Amount of FEDERAL funds requested for the project	Amount of STATE funds requested for the project	Local Match (If other than capital)	Total funding \$
4,000	1,000		5,000

Source of local match funds for operating (be specific - identify each source and \$ amount).

NONE

General area served:

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

Is this project in a tip:

- Yes
 No

Project description

MOBILITY MANAGEMENT ACTIVITIES: SUPPORT FOR SHORT TERM MANAGEMENT IN ORDER TO PLAN AND IMPLEMENT COORDINATED AND NEW SERVICES ACROSS COUNTIES, PROMOTION OF THE ACCESS TO TRANSPORTATION AVAILABILITY THROUGH UPDATES TO THE LAKESHORE RIDELINK WEBSITE, ROUTEMATCH, PARTICIPATING WITH LOCAL SERVICE AGENCIES TO DEVELOP RELATIONSHIPS TO IDENTIFY TRANSIT GAPS

Title of coordinated plan from which project is derived

e.g., OTTAWA COUNTY PUBLIC TRANSIT
HUMAN SERVICE PLAN

**Specific strategy project relates to: page number
and section where the specific strategy is stated**

PAGE 3, CONTINUE FUNDING FOR ALL EXISTING
SERVICES, IDENTIFIED STRATEGIES

How does project address the identified strategy?

THIS TRANSPORTATION IS ABOVE AND BEYOND THE ADA REQUIREMENTS FOR SENIORS WITH
DISABILITIES WITHIN OTTAWA COUNTY

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

Project implementation plan and timeline

e.g., OTTAWA COUNTY PUBLIC TRANSIT HUMAN SERVICE PLAN

Name Of Applicant (legal organization name)

MDOT Agency

Project Name

TRANSPORTATION FOR SENIORS WITH DISABILITIES

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 OPERATING

- Expansion
- Continuation

Amount of FEDERAL funds requested for the project	Amount of STATE funds requested for the project	Local Match (If other than capital)	Total funding \$
79,530		79,530	159,060

Source of local match funds for operating(be specific - identify each source and \$ amount).

EVERGREEN COMMONS

General area served:

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

- Is this project in a tip:
- Yes
 - No

Project description

PIONEER PARTNERS WITH EVERGREEN COMMONS TO PROVIDE TRANSPORTATION TO SENIORS WITH DISABILITIES SO THEY MAY CONTINUE TO INDEPENDENTLY LIVE IN THEIR OWN HOMES

Title of coordinated plan from which project is derived

e.g., OTTAWA COUNTY PUBLIC TRANSIT
HUMAN SERVICE PLAN

**Specific strategy project relates to: page number
and section where the specific strategy is stated**

PAGE 3, CONTINUE FUNDING FOR ALL EXISTING
SERVICES, IDENTIFIED STRATEGIES

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THIS TRANSPORTATION IS ABOVE AND BEYOND THE ADA REQUIREMENTS FOR SENIORS WITH
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NO YES If yes, please describe how the project/service provides for the coordination among the
various providers

Project implementation plan and timeline

e.g., OTTAWA COUNTY PUBLIC TRANSIT HUMAN SERVICE PLAN

FY 2020 CERTIFICATION OF LOCAL MATCH

Name Of Applicant (legal organization name)

MDOT Agency

certifies that local funds in the amount of \$ 79,530

are available to match federal Section 5317 New Freedom (NF) grant funds should they be awarded to this applicant.

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LOCAL MATCH IS PAID BY EVERGREEN COMMONS SENIOR DAY PROGRAM

Name Of Applicant (legal organization name)

MDOT Agency

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. Are there 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?

Yes No

2. Have you had any title vi compliance review activities conducted with regard to your transportation program, including triennial compliance reviews conducted by fta and/or mdot?

Yes No

3. When was your last title VI program approved by MDOT or FTA MM/DD/YYYY

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

Yes No

Please provide the name and contact information for the new coordinator/EEO Officer

Enter info here.

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

Yes No

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?

ALL DRIVERS ARE TRAINED ANNUALLY REGARDING THEIR ROLES AND RESPONSIBILITIES. DRIVERS RECEIVE A COPY OF THE TITLE VI PLAN AND IT IS ALSO POSTED IN ALL VEHICLES AND THE BUILDING AS WELL AS OUR WEBSITE

NOTICE: The Local Advisory Council(LAC) must review and be given the opportunity to comment on this Vehicle Accessibility Plan (VAP). Please attach the signed minutes of the LAC meeting at which this VAP was discussed and approved.

Name Of Applicant (legal organization name)

MDOT Agency

1. Total D-R Fleet anticipated for application year (including locally funded vehicles)

63

2.Total Anticipated D-R Fleet Accessible or lift-equipped (including locally funded vehicles)

61

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?

(If "yes" explain changes and reasons for those changes below.)

Yes No

Explain changes and reasons for those changes

buses were retired and purchased

4.Has the agency made any changes in the following since the last accessibility plan update was submitted?

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 membership Yes No

5.Has the agency made any other changes in its vehicle accessibility plan since last submission of an accessibility plan or annual update?

Yes No

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.)

NOTICE: The Local Advisory Council (LAC) must review and be given the opportunity to comment on this Vehicle Accessibility Plan (VAP). Please attach the signed minutes of the LAC meeting at which this VAP was discussed and approved.

NOTE: MDOT Administrative Rule 202 requires that the applicant agency shall establish a 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.

Does the list of members reflect the membership in the minutes?

Yes No

1. CHAIR PERSON'S NAME

Affiliation (Name of organization, if any)

enter name

SENIOR RESOURCES

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

2. NAME

Affiliation (Name of organization, if any)

enter name

DAVITA DIALYSIS

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

3. NAME

Affiliation (Name of organization, if any)

enter name

DISABILITY NETWORK OF WEST MICHIGAN

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

4. NAME

Affiliation (Name of organization, if any)

enter name

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