

FY 2016 CERTIFICATION OF LOCAL MATCH

INSTRUCTIONS: Complete and save this form in PTMS

_____ certifies that local funds
NAME OF APPLICANT (legal organization name)

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.

NAME	TITLE
SIGNATURE	DATE

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)

PROJECT NAME

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.

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

PROJECT DESCRIPTION

PROJECT NEEDS/GOALS AND OBJECTIVES

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

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

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

TITLE OF COORDINATED PLAN FROM WHICH PROJECT IS DERIVED	SPECIFIC STRATEGY PROJECT RELATES TO: PAGE NUMBER AND SECTION WHERE THE SPECIFIC STRATEGY IS STATED
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HOW DOES PROJECT ADDRESS THE IDENTIFIED STRATEGY?

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

ADDITIONAL INFORMATION

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

ADDITIONAL INFORMATION

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.

1. CHAIRPERSON'S NAME	AFFILIATION (Name of organization, if any)	
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THIS MEMBER REPRESENTS: Persons with Disabilities	Persons 65 years and older	Neither of these groups
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THIS MEMBER IS: Jointly appointed by an area agency on aging Age 65 or older	A user of public transportation A person with disabilities	None of these groups
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2. NAME	AFFILIATION (Name of organization, if any)	
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THIS MEMBER REPRESENTS: Persons with Disabilities	Persons 65 years and older	Neither of these groups
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THIS MEMBER IS: Jointly appointed by an area agency on aging Age 65 or older	A user of public transportation A persons with disabilities	None of these groups
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3. NAME	AFFILIATION (Name of organization, if any)	
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THIS MEMBER REPRESENTS: Persons with Disabilities	Persons 65 years and older	Neither of these groups
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THIS MEMBER IS: Jointly appointed by an area agency on aging Age 65 or older	A user of public transportation A persons with disabilities	None of these groups
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4. NAME	AFFILIATION (Name of organization, if any)	
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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 Age 65 or older	A user of public transportation A persons with disabilities	None of these groups
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5. NAME	AFFILIATION (Name of organization, if any)	
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THIS MEMBER REPRESENTS: Persons with Disabilities	Persons 65 years and older	Neither of these groups
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THIS MEMBER IS: Jointly appointed by an area agency on aging Age 65 or older	A user of public transportation A persons with disabilities	None of these groups
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6. NAME	AFFILIATION (Name of organization, if any)	
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THIS MEMBER REPRESENTS: Persons with Disabilities	Persons 65 years and older	Neither of these groups
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THIS MEMBER IS: Jointly appointed by an area agency on aging Age 65 or older	A user of public transportation A persons with disabilities	None of these groups
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7. NAME	AFFILIATION (Name of organization, if any)	
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THIS MEMBER REPRESENTS: Persons with Disabilities	Persons 65 years and older	Neither of these groups
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THIS MEMBER IS: Jointly appointed by an area agency on aging Age 65 or older	A user of public transportation A persons with disabilities	None of these groups
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8. NAME	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 Age 65 or older	A user of public transportation A persons with disabilities	None of these groups
9. NAME	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 Age 65 or older	A user of public transportation A person with disabilities	None of these groups
10. NAME	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 Age 65 or older	A user of public transportation A persons with disabilities	None of these groups
11. NAME	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 Age 65 or older	A user of public transportation A persons with disabilities	None of these groups
12. NAME	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 Age 65 or older	A user of public transportation A persons with disabilities	None of these groups
13. NAME	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 Age 65 or older	A user of public transportation A persons with disabilities	None of these groups
14. NAME	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 Age 65 or older	A user of public transportation A persons with disabilities	None of these groups
15. NAME	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 Age 65 or older	A user of public transportation A persons with disabilities	None of these groups

FY 2016 TITLE VI INFORMATION

INSTRUCTIONS: Complete and save this form in PTMS

NAME OF APPLICANT (legal organization name)

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:

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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:

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

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?

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

LEGAL ORGANIZATION NAME

TITLE OF AUTHORIZED SIGNER	SIGNATURE OF AUTHORIZED SIGNER	DATE
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* 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 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)

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

SIGNATURE OF AUTHORIZED OFFICIAL

DATE

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)

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
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