

Name Of Applicant (legal organization name)

MDOT Agency

is applying for Section 5311, 5311(f), and/or 5339 funding under Federal Transit Law, as amended, for the application year. We will be bound by the provisions of this special 5333(b) [former 13(c)] labor warranty for the period of the grant.

Does a union represent the applicant's employees?

Yes No

List union representation (only staff that has duties connected to the transit operation)

Union Name: Teamsters Local 214

Does agency use a third party transportation provider?

Yes No

Are there other surface transportation providers in your area?

Yes No

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

Indicate 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 :	Indian Trails	Union Names:		None	<input checked="" type="checkbox"/>
Provider :	All City Cab	Union Names:		None	<input checked="" type="checkbox"/>
Provider :	Cadillac Taxi	Union Names:		None	<input checked="" type="checkbox"/>
Provider :	Q and F Cab, LLC	Union Names:		None	<input checked="" type="checkbox"/>
Provider :	Good Guys Taxi	Union Names:		None	<input checked="" type="checkbox"/>

FY 2022 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.

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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 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 2022 CONTRACT CLAUSES CERTIFICATION

Certification 1

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

enter name

Legal Organization Name

MDOT Agency

Title Of Authorized Signer

Signature Of Authorized Signer ** (See Below)

Date

Executive Director

01/15/2021

* 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.

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The Applicant agrees to comply with the applicable requirements of categories below. *
Those requirements that do not apply to you or your project will not be enforced.

<u>Categories</u>	<u>Descriptions</u>
01.	Certifications and Assurances Required of Every Applicant.
02.	Public Transportation Agency Safety Plans.
03.	Tax Liability and Felony Convictions.
04.	Lobbying.
05.	Private Sector Protections.
06.	Transit Asset Management Plan.
07.	Rolling Stock Buy America Reviews and Bus Testing.
08.	Formula Grants for Rural Areas.
09.	Grants for Buses and Bus Facilities and Low or No Emission Vehicle Deployment Grant Programs.
10.	Enhanced Mobility of Seniors and Individuals with Disabilities Programs.
11.	Alcohol and Controlled Substances Testing.
12.	Demand Responsive Service.
13.	Interest and Financing Costs.
14.	Construction 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 connection with any program administered by FTA.

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Project Name

Job Access Reverse Commute 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 request in PTMS.

Job access operating and reverse commute operating

Expansion Continuation

Amount Of FEDERAL Funds Requested For The Project Amount Of STATE Funds Requested For The Project Total Funding: \$

79,966	79,966	159,932
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Project Description

Provide Service Monday through Friday after 5pm to ensure commuters can get home from their place of employment and provides service on Saturday from 9am-5pm. Addition of routes in am and pm to accommodate commuters during the work day.

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

Service in place since November 2016, continuation of service in FY 2022 and beyond..N/A

Additional Information

N/A

This form is required for all agencies applying for Regular Services, Section 5311 JARC, Section 5310, and/or New Freedom projects.

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

- 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 insurance on file that meets the insurance requirements in exhibit a of your master agreement with the Michigan Department of Transportation.

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.

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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.

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

Please summarize 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 finding and recommendations.

Triennial Review performed December 11, 2018. No issues found.

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

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?

Annual training and quarterly updates at staff meetings.

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.

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

29

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

29

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.)

No

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

A. Fare structure No

B. Service area information No

C. Service availability information No

D. Service Hours/days of operation No

E. Local advisory council membership No

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

No

6. How frequently does the agency's LAC meet?

Annually

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

1. CHAIRPERSON'S NAME

enter name

Affiliation (Name of organization, if any)

Wexford County Council on Aging

This member represents

Persons 65 years and older

This member is

Jointly appointed by an area

2. NAME

enter name

Affiliation (Name of organization, if any)

Disability Network

This member represents

Persons with Disabilities

This member is

A Person with Disabilities

3. NAME

enter name

Affiliation (Name of organization, if any)

Public Transit User

This member represents

Persons 65 years and older

This member is

Age 65 or older

A user of public transportation

4. NAME

Affiliation (Name of organization, if any)

This member represents

This member is
