

## **Operations**

**Subject:** Public Transportation Accessibility Plan Processing


### **Information:**

1. A vehicle shall not be purchased, leased, or rented by an eligible authority or eligible governmental agency after October 1, 1978, with funds made available under Act 51 of the Public Acts of 1951, as amended, which vehicle is used to provide demand actuated service unless the eligible authority or eligible governmental agency has submitted a plan or update to MDOT describing the service to be provided by the demand actuated service to persons 65 years of age or older or individuals with disabilities within the applicable service area and that plan has been approved by MDOT.
2. **LAC:** Local Advisory Council appointed by the Agency to review and comment on the plan or update on issues involving seniors and individuals with disabilities.
3. **Plan:** Written and graphic material to be submitted by an eligible authority or eligible governmental agency to meet the requirements of the Act, including modifications and/or updates.
4. **Rules:** Comprehensive Transportation Funds Administrative Rules which went into effect on May 11, 2000.
5. A plan update must be submitted on the 10e(18) ADA Certification/Vehicle Accessibility Plan Update form by the Agency with the annual public transportation application and when changes described in Number 6 below are made.
6. Additional pages must be attached to the update form describing any changes in:
  - a. Vehicle inventory.
  - b. Current fare structure.
  - c. Service area information.
  - d. Service availability information.
  - e. Service hours/days of operation.
  - f. Number of demand-response vehicles or number of demand-response vehicles accessible or lift-equipped.
  - g. LAC composition.
7. An update is to be reviewed by the LAC. Minutes of the LAC meeting and/or LAC comments regarding the plan must be attached to the update.
8. MDOT must approve or reject a plan or update within 60 calendar days of receipt.
9. Complete plans or updates are considered approved if MDOT rejection is not rendered within 60 calendar days.

**Action Needed:**

The transit agency submits the plan or update to their Office of Passenger Transportation Project Manager according to the requirements of Act 51 of the Public Acts of 1951, Section 10e(18) and the Comprehensive Transportation Fund Administrative Rules.

**Contact:** If you have any questions, please contact your Project Manager.

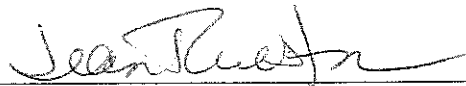
Approved:   
Administrator

2/16/19  
Date

**Action Needed:**

The transit agency submits the plan or update to their Office of Passenger Transportation Project Manager according to the requirements of Act 51 of the Public Acts of 1951, Section 10e(18) and the Comprehensive Transportation Fund Administrative Rules.

**Contact:** If you have any questions, please contact your Project Manager.

Approved:   
Administrator

2/16/19  
Date

**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)

MICHIGAN DEPARTMENT OF TRANSPORTATION

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

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

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

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.)

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**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)

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)

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)

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)

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