

FY 2017 SPECIALIZED SERVICES BUDGET DATA FORM

INSTRUCTION: Complete and Save this form in PTMS

NAME OF APPLICANT (legal organization name)

Community Inclusive Recreation, Inc.

REVENUE SCHEDULE

	FY 2017
Passenger Fares (paid by rider)	\$ 0.00
Contract Fares (paid by another organization)	4,200.00
Local (source) <u>SUMMIT POINTE - CMH</u>	126,700.00
State (source) <u>MDOT Specialized Services</u>	40,992.00
Federal (source)	
Other (source) <u>Grants</u>	20,000.00
<u>Contributions</u>	24,700.00
Total Revenues	\$ 216,592.00

EXPENSE SCHEDULE

Labor and Fringe Benefits	\$ 86,992.00
Services, Materials and Supplies (gas, oil, work performed by another agency)	77,000.00
Casualty and Liability Insurance	13,600.00
Purchased Transportation Service Within Service Area	
Leases and Rentals	
Depreciation and Amortization	39,000.00
All Other	
Total Operating Expenses	\$ 216,592.00

Note: Expense may not exceed revenue

FY 2017 SECTION 5310 BUDGET DATA FORM

INSTRUCTION: Complete and save this form in PTMS

NAME OF APPLICANT (legal organization name)

REVENUE SCHEDULE

FY 2017

Passenger Fares (paid by rider)	\$	0.00
Contract Fares (paid by another organization)		4,200.00
Local (source) <u>Summit Pointe - CMH</u>		126,700.00
State (source) <u>MDOT Specialized Services</u>		40,992.00
Federal (source) _____		
Other (source) <u>Grants</u>		20,000.00
<u>Contributions</u>		24,700.00
Total Revenues	\$	216,592.00

EXPENSE SCHEDULE

Labor and Fringe Benefits	\$	86,992.00
Services, Materials and Supplies (gas, oil, work performed by another agency)		77,000.00
Casualty and Liability Insurance		13,600.00
Purchased Transportation Service Within Service Area		
Leases and Rentals		
		39,000.00
Depreciation and Amortization		
All Other		
Total Operating Expenses	\$	216,592.00

Note: Expenses may not exceed revenue.

FY 2017 ADA COMPLAINT INFORMATION

INSTRUCTIONS: Complete and save this form in PTMS

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)

List any active lawsuits or complaints filed within the last year naming the applicant that alleges discrimination based on Title II and III of the Americans with Disabilities Act of 1990 (ADA), which provides that no entity shall discriminate against an individual with a disability in connection with the provision of transportation service. The law sets forth specific requirements for vehicle and facility accessibility and the provision of service, including access to fixed route bus and complementary paratransit service. Include the status and resolution of any complaints.

If none, so state:

RESPONSE:

NONE

Summarize all ADA compliance review activities conducted with regard to your transportation program, including triennial compliance reviews conducted by FTA and/or MDOT. 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

Have any changes been made to your ADA Complaint Policy? If so, please provide an explanation of changes.

RESPONSE:

NONE

**Community Inclusive Recreation
Capital Requests For FY 2017**

Req. Yr	Program	Item Description/Justification	Federal Amount	State Amount	Local Amount	Total Amount	Action	Status
2017	SEC 5310							
Eligible/Pending:2	Vehicle	Priority:1 Desc:Small, Light-Duty Bus, 138" wheelbase, w/ lift, gas engine Justn:We request to replace #71-5310, which is a 2010 and has 77,552 miles, and #71-5274, which is a 2010 and has 75,433 miles as of December 28, 2015.	\$92,800	\$23,200	\$0	\$116,000	REPLACE	PRE-REQUESTED
Requested:2								
Sub Total By Program Type			\$92,800	\$23,200	\$0	\$116,000		
Sub Total By Request Year			\$92,800	\$23,200	\$0	\$116,000		
Grand Total			\$92,800	\$23,200	\$0	\$116,000		

FY 2017 SECTION 5310 COORDINATED PUBLIC TRANSIT- HUMAN SERVICES TRANSPORTATION PLAN INFORMATION

INSTRUCTIONS: Complete and save this form in PTMS. Complete a separate form for each type of capital request

NAME OF APPLICANT (legal organization name)

Community Inclusive Recreation, Inc.

TYPE OF CAPITAL PROJECT

Revenue Vehicles

PROJECT DESCRIPTION

REPLACEMENT OF TWO 2010 VEHICLES

TITLE OF COORDINATED PLAN FROM WHICH PROJECT
IS INCLUDED

COORDINATED PUBLIC TRANSIT-HUMAN
SERVICES TRANSPORTATION PLAN

PAGE NUMBER AND SECTION WHERE THE PROJECT, STRATEGY,
ACTIVITY, OR SPECIFIC ACTION IS IDENTIFIED

Assist with transportation services for special needs
and elderly within Calhoun County, pg. 12

HOW DOES PROJECT ADDRESS AN IDENTIFIED SERVICE GAP OR TRANSPORTATION COORDINATION?

THIS PROJECT WILL ALLOW COMMUNITY INCLUSIVE RECREATION TO CONTINUE TO PROVIDE ACCESSIBLE DOOR-TO-DOOR TRANSPORTATION FOR OUR PARTICIPANTS, WHO ARE PEOPLE WITH PHYSICAL AND MENTAL DISABILITIES, TO RECEIVE INCLUSIVE PROGRAMMING AND TO ENGAGE IN COMMUNITY OPPORTUNITIES.

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. PLEASE ALSO IDENTIFY THOSE AGENCIES.

COMMUNITY INCLUSIVE RECREATION PARTNERS WITH OTHER AGENCIES ON DEMAND TO PROVIDE ACCESSIBLE TRANSPORTATION TO THE VULNERABLE POPULATION LISTED ABOVE. EACH PARTNER SERVES IN A SUPPLEMENTAL ROLE TO THE LOCAL MUNICIPAL TRANSIT AGENCY AND VARIES ON AREAS OF SERVICE AND NEED. COMMUNITY INCLUSIVE RECREATION IS ALSO AVAILABLE TO TRANSPORT PASSENGERS FOR OTHER AGENCIES SERVING THE SAME POPULATION.

PROJECT IMPLEMENTATION PLAN AND TIMELINE

2017 PENDING APPROVAL

IDENTIFY PERFORMANCE MEASURES TO BE USED IN TRACKING EFFECTIVENESS OF THE PROJECT AND YOUR PLAN FOR MONITORING AND EVALUATING THIS PROJECT.

COMMUNITY INCLUSIVE RECREATION WILL IDENTIFY THE EFFECTIVENESS OF ITS TRANSPORTATION SERVICES BY TRACKING THE NUMBER OF PARTICIPANTS SERVED AND MILEAGE INCURRED TO ENSURE THAT THE ORGANIZATION IS MAXIMIZING THE TRANSPORTATION FLEET. THE DATA COLLECTED WILL BE COMPARED TO DATA FROM THE PREVIOUS TWO YEARS.

ADDITIONAL INFORMATION

FY 2017 SECTION 5310 GENERAL INFORMATION FORM

INSTRUCTIONS: Complete and save this form in PTMS

NAME OF APPLICANT (legal organization name)

Community Inclusive Recreation, Inc.

CHECK ONE:

☐ Non-Urbanized Area

☒ Urbanized Area

NAME OF URBANIZED AREA
Battle Creek

Transportation Improvement Program (TIP) has been developed for this area and this project is included in the annual element (for agencies within a Metropolitan Planning Organization) (Attach proof of TIP approval) Yes ☒ No ☐ (If "No", please explain below)

SERVICES PROVIDED BY APPLICANT (including how 5310 vehicles will be used, service area, days and hours of operation, and reservation requirements)

CIR PROVIDES ACCESSIBLE TRANSPORTATION TO OVER 60 COMMUNITY-BASED RECREATION, SOCIAL, ART, AND HEALTH AND WELLNESS PROGRAMS IN CALHOUN COUNTY, WHICH RUN MONDAY THROUGH SATURDAY AT VARIOUS TIMES THROUGHOUT THE DAY, WITH MOST OCCURRING BETWEEN 9:00 A.M. AND 8:00 P.M.

PROJECTED ANNUAL 5310 RIDERSHIP: 12,600

TYPE OF SERVICE TO BE PROVIDED (% OF USE):

100 Demand-responsive (dial-a-ride)

Fixed-route

Other (specify):

ESTIMATED PERCENTAGE OF RIDERSHIP (%):

25 Elderly

60 Disabled

15 Other (specify) IMPOVERISHED

ESTIMATED PERCENTAGE OF TOTAL CLIENTS WITHIN THE FOLLOWING GROUPS:

10 Black

10 Hispanic

2 Asian or Pacific Islander

1 American Indian or Alaska Native

2 Multiracial

SPECIFIC CLIENTELE CATEGORY:

☒ Elderly

☒ Physically Disabled

☒ Mentally Disabled

☒ Other (specify): IMPOVERISHED

VEHICLES ARE INTENDED TO:

☒ Replace existing vehicles

☐ Expand existing service

☐ Start new service

CHECK 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.

OR

☒ A public notice has been published (attach a copy of published public notice in PTMS).

FY 2017 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.

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

Community Inclusive Recreation, Inc.

A. PROVIDE THE FOLLOWING INFORMATION FOR YOUR PROPOSED SERVICE

REGULAR SERVICE/PAID DRIVER

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

COMMUNITY INCLUSIVE RECREATION (CIR) PROVIDES DOOR-TO-DOOR ACCESSIBLE TRANSPORTATION TO PARTICIPANTS IN OUR PROGRAMS. TRANSPORTATION IS ON A FIRST COME, FIRST SERVE BASIS DEPENDING ON THE ORDER OF REGISTRATIONS RECEIVED WITH TRANSPORTATION REQUESTS. THERE IS NO CHARGE FOR TRANSPORTATION TO AND FROM OUR PROGRAMS. OUR VEHICLES ARE SCHEDULED BASED ON ACTIVITIES PLANNED FOR OUR FALL/WINTER AND SPRING/SUMMER PROGRAMMING CALENDARS. CURRENTLY, WE OFFER OVER 60 PROGRAMS ON AN ANNUAL BASIS. OUR PROGRAMS ARE INCLUSIVE AND DESIGNED TO PROVIDE OUR PARTICIPANTS WITH OPPORTUNITIES TO GAIN SOCIAL, LEISURE, HEALTH AND WELLNESS, AND ART-BASED SKILL-BUILDING IN ORDER TO FOSTER INDEPENDENCE AND TO BUILD COMMUNITY CONNECTIONS. TRANSPORTATION IS PROVIDED TYPICALLY BETWEEN 7:00 A.M. AND 10:00 P.M. WITH ACTIVITIES BEING BOTH ONGOING AND ONE-TIME EVENTS, SUCH AS FIELD TRIPS AND CONCERTS.

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 _____ ☐ by Mile Estimated Miles _____
 Dollar Amount Requested _____ ☐ by Passenger Estimated Passengers _____

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 COMMUNITY INCLUSIVE RECREATION
 Dollar Amount Requested \$40,992.00 ☒ by Mile Estimated Miles 43,500
☐ by Passenger Estimated Passengers 12,600

Name of Sub-Applicant _____
 Dollar Amount Requested _____ ☐ by Mile Estimated Miles _____
☐ by Passenger Estimated Passengers _____

Name of Sub-Applicant _____
 Dollar Amount Requested _____ ☐ by Mile Estimated Miles _____
☐ by Passenger Estimated Passengers _____

Name of Sub-Applicant _____
 Dollar Amount Requested _____ ☐ by Mile Estimated Miles _____
☐ by Passenger Estimated Passengers _____

Name of Sub-Applicant _____
 Dollar Amount Requested _____ ☐ by Mile Estimated Miles _____
☐ by Passenger Estimated Passengers _____

Name of Sub-Applicant _____
 Dollar Amount Requested _____ ☐ by Mile Estimated Miles _____
☐ by Passenger Estimated Passengers _____

Name of Sub-Applicant _____
 Dollar Amount Requested _____ ☐ by Mile Estimated Miles _____
☐ by Passenger Estimated Passengers _____

Name of Sub-Applicant _____
 Dollar Amount Requested _____ ☐ by Mile Estimated Miles _____
☐ by Passenger Estimated Passengers _____

Name of Sub-Applicant _____
 Dollar Amount Requested _____ ☐ by Mile Estimated Miles _____
☐ by Passenger Estimated Passengers _____

Name of Sub-Applicant _____
 Dollar Amount Requested _____ ☐ by Mile Estimated Miles _____
☐ 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 _____

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

BOARDING EQUIPMENT/ASSISTANCE

DRIVERS RECEIVE TRAINING IN THE FOLLOWING:

TYPES OF SPECIAL ACCOMMODATIONS

VEHICLE SPECIFIC ORIENTATION, INCLUDING TIE DOWNS AND LIFTS

VEHICLE SAFETY AND SAFE DRIVING TECHNIQUES

LIFE SUPPORT TRANSPORT, INCLUDING OXYGEN TANK TRANSPORT

CPR/FIRST AID

ALL PASSENGERS WITH MOBILITY ISSUES RECEIVE PHYSICAL ASSISTANCE WHEN APPROPRIATE

SENSITIVITY

ALL DRIVERS ARE TRAINED IN PEOPLE FIRST LANGUAGE

RECIPIENT RIGHTS

PERSON CENTERED PLANNING

NONVIOLENT CRISIS INTERVENTION

LIMITED ENGLISH PROFICIENCY

TITLE VI

NO SMOKING POLICY

OTHER

THE SIGNATURE BELOW CERTIFIES THAT THE COORDINATION COMMITTEE HAS REVIEWED AND AGREED ON THE ABOVE FUNDING ALLOCATION.

NAME AND TITLE

SIGNATURE

DATE

Richard Underwood Transit Manager

Richard Underwood

1/25/16

FY 2017 TITLE VI INFORMATION

INSTRUCTIONS: Complete and save this form in PTMS

page 1 of 2

NAME OF APPLICANT (legal organization name)

Community Inclusive Recreation, Inc.

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:

None

- 2 Summarize all Title VI compliance review activities conducted **with regard to your transportation program, including triennial compliance reviews conducted by FTA and/or MDOT**. 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 finding and recommendations.

If none, so state.

RESPONSE:

None

3. When was your last Title VI Program approved by MDOT or FTA? 06/07/14

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.

JONATHAN BEAL
jbeal@cirfun.com
269-968-8249 ext. 11

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?

ALL NEW HIRES ARE REQUIRED TO PARTICIPATE IN CULTURAL SENSITIVITY TRAINING, INCLUDING GUIDANCE ON WORKING WITH PROGRAM PARTICIPANTS WITH LIMITED ENGLISH PROFICIENCY.

FY 2017 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)

Community Inclusive Recreation, Inc.

1. TOTAL D-R FLEET ANTICIPATED FOR APPLICATION YEAR
(including locally funded vehicles) 5

2. TOTAL ANTICIPATED D-R FLEET ACCESSIBLE OR LIFT-EQUIPPED
(including locally funded vehicles) 5

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.)

FY 2016 PROPOSAL REQUESTED AN EXPANSION OF CIR'S FLEET, WHICH HAS SINCE BEEN CORRECTED TO A REPLACEMENT OF #71-4629, VIN 1GBE5V1207F401807

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.

1. CHAIRPERSON'S NAME MICHELLE MCGOWAN	AFFILIATION (Name of organization, if any) DISABILITY NETWORK
THIS MEMBER REPRESENTS: <input type="checkbox"/> Persons with Disabilities <input checked="" type="checkbox"/> Persons 65 years and older <input type="checkbox"/> Neither of these groups	
THIS MEMBER IS: <input checked="" 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	
2. NAME JERRY SIGOURNEY	AFFILIATION (Name of organization, if any) LAC
THIS MEMBER REPRESENTS: <input checked="" 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 checked="" type="checkbox"/> A user of public transportation <input type="checkbox"/> None of these groups <input type="checkbox"/> Age 65 or older <input checked="" type="checkbox"/> A persons with disabilities	
3. NAME MARK WOODFORD	AFFILIATION (Name of organization, if any) LAC
THIS MEMBER REPRESENTS: <input checked="" type="checkbox"/> Persons with Disabilities <input checked="" 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 checked="" type="checkbox"/> A user of public transportation <input type="checkbox"/> None of these groups <input checked="" type="checkbox"/> Age 65 or older <input checked="" type="checkbox"/> A persons with disabilities	
4. NAME DAWN NICHOLS	AFFILIATION (Name of organization, if any) SUMMIT POINTE
THIS MEMBER REPRESENTS: <input checked="" type="checkbox"/> Persons with Disabilities <input checked="" type="checkbox"/> Persons 65 years and older <input type="checkbox"/> Neither of these groups	
THIS MEMBER IS: <input checked="" 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	
5. NAME	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	
6. NAME	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	
7. NAME	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	

8. NAME	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
9. NAME	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
10. NAME	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
11. NAME	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
12. NAME	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
13. NAME	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
14. NAME	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
15. NAME	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

FY 2017 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 2017.

NAME OF PERSON AUTHORIZED TO SIGN A CONTRACT OR PROJECT AUTHORIZATION

Chad K. Kyger

LEGAL ORGANIZATION NAME *

Community Inclusive Recreation, Inc.

TITLE OF AUTHORIZED SIGNER

SIGNATURE OF AUTHORIZED SIGNER **

DATE

Board Chair

12/30/15

* 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.

FY 2017 FTA CERTIFICATIONS AND ASSURANCES

INSTRUCTIONS: Complete and save this form 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)
Community Inclusive Recreation, Inc.

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 2017.

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 Chad K. Kyger, Board Chair	SIGNATURE OF AUTHORIZED OFFICIAL 	DATE 12/30/15
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FY 2017 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 New Freedom projects.

NAME OF APPLICANT (legal organization name)
Community Inclusive Recreation, Inc.

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
Chad K. Kyger, Board Chair		12/30/15