

FY 2017 SPECIALIZED SERVICES BUDGET DATA FORM

INSTRUCTION: Complete and Save this form in PTMS

NAME OF APPLICANT (legal organization name)

Marian E. Burch Adult Day Care and Rehabilitation Center

REVENUE SCHEDULE

FY 2017

Passenger Fares (paid by rider)	\$	24,661.00
Contract Fares (paid by another organization)		98,650.00
Local (source) _____		120,409.00

State (source) <u>Specialized Services</u>		10,640.00

Federal (source) _____		

Other (source) _____		

Total Revenues	\$	254,360.00

EXPENSE SCHEDULE

Labor and Fringe Benefits	\$	146,768.00
Services, Materials and Supplies (gas, oil, work performed by another agency)		62,202.00
Casualty and Liability Insurance		12,840.00
Purchased Transportation Service Within Service Area		
Leases and Rentals		
Depreciation and Amortization		32,550.00
All Other		
Total Operating Expenses	\$	254,360.00

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)

Marian E. Burch Adult Day Care and Rehabilitation Center

REVENUE SCHEDULE

FY 2017

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All Other		
Total Operating Expenses	\$	254,360.00

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)
Marian E. Burch Adult Day Care and Rehabilitation Center

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:

The staff at Marian E. Burch Adult Day Care annually review the Americans with Disabilities Act. This occurred in December 2015.

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

RESPONSE:

The ADA Complaint Policy was reviewed at the December 17, 2015 Advisory Board meeting. No changes were made.

**Marian Burch Center
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:1		Priority: Desc:12-Passenger Van w/ lift Justn:to replace VIN#..0957 Miss Della. Also in FY2016 request	\$37,600	\$9,400	\$0	\$47,000	REPLACE	PRE- REQUESTED
Requested:1	Vehicle	PM note - vehicle eligible due to age not mileage.						
Sub Total By Program Type			\$37,600	\$9,400	\$0	\$47,000		
Sub Total By Request Year			\$37,600	\$9,400	\$0	\$47,000		
Grand Total			\$37,600	\$9,400	\$0	\$47,000		

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) Marian E. Burch Adult Day Care and Rehabilitation Center	
TYPE OF CAPITAL PROJECT Revenue Vehicles	PROJECT DESCRIPTION replacement vehicles
TITLE OF COORDINATED PLAN FROM WHICH PROJECT IS INCLUDED Calhoun County Coordinated Public Transit / Human Service Agency Plan	PAGE NUMBER AND SECTION WHERE THE PROJECT, STRATEGY, ACTIVITY, OR SPECIFIC ACTION IS IDENTIFIED Page 12

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

The vehicles enable Marian E. Burch to continue to provide transportation services to clients in need. The Center provides care for persons over age 18 who cannot remain at home alone during the day while their caregiver works (or attends to other needs). Vehicles are used for morning and afternoon transportation to/from the Center. Replacement vehicles are needed due to the daily wear and tear on the current vehicles.

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.

Community Action Agency and Community Inclusive Recreation also receive 5310 funding in Calhoun County.

Marian E. Burch is able to provide trips that other service providers may not be able to provide because of capacity restraints and service hours due to the times that clients need to travel to/from the Center.

IDENTIFY HOW THE PROJECT WILL BE COORDINATED WITH PUBLIC AND/OR PRIVATE TRANSPORTATION AND SOCIAL SERVICE AGENCIES. PLEASE ALSO IDENTIFY THOSE AGENCIES.

Marian E. Burch Adult Day Care works with several organizations in Calhoun County. For example, funding is provided for client attendance by the Medicaid Waiver program, Area Agency on Aging 3B, Veteran's Administration, and Senior Millage. The Center works with several case managers throughout the County to provide quality care.

PROJECT IMPLEMENTATION PLAN AND TIMELINE

1. Submittal of FY2017 grant application to BC Transit - December 2015
2. LAC to review - January 12, 2016
3. Battle Creek Commission to approve and then forward request to MDOT - January 2016
4. Purchase vehicle - November 2016
5. Delivery of vehicle and vehicle in service - February 2017

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

Mileage, passenger trips, and hours of service are all documented. This data will be tracked for the vehicles in service and compared to other vehicles in the fleet to make sure the vehicle is being used efficiently. A maintenance schedule is followed and PM and MDOT inspections are done according to the maintenance plan.

ADDITIONAL INFORMATION

FY 2017 SECTION 5310 GENERAL INFORMATION FORM

INSTRUCTIONS: Complete and save this form in PTMS

NAME OF APPLICANT (legal organization name)

Marian E. Burch Adult Day Care and Rehabilitation Center

CHECK ONE:

☐ Non-Urbanized Area

☒ Urbanized Area

NAME OF URBANIZED AREA

Battle Creek, Michigan

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)
to be amended for FY2017 per BCATS

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

Adult day care serves physically and mentally challenged persons over age 18 in Calhoun County. The Center is open Monday thru Friday 7:00am - 4:30pm. There are vehicles on the road picking up clients in the morning and taking them home in the afternoon.

PROJECTED ANNUAL 5310 RIDERSHIP: 19,200

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

 Demand-responsive (dial-a-ride)

 Fixed-route

100 Other (specify): modified fixed rate/week schedule

ESTIMATED PERCENTAGE OF RIDERSHIP (%):

85 Elderly

100 Disabled

 Other (specify)

ESTIMATED PERCENTAGE OF TOTAL CLIENTS WITHIN THE FOLLOWING GROUPS:

17 Black

5 Hispanic

0 Asian or Pacific Islander

0 American Indian or Alaska Native

0 Multiracial

SPECIFIC CLIENTELE CATEGORY:

☒ Elderly

☒ Physically Disabled

☒ Mentally Disabled

☐ Other (specify):

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

Marian E. Burch Adult Day Care and Rehabilitation Center

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)

The Center provides transportation to and from the Center throughout Calhoun County. Over 95% of the clients utilize the transportation. Transportation is an essential part of our program. Clients would be unable to attend if we did not offer transportation.

The Marian E. Burch Adult Day Care Center is designed to provide medical and rehabilitation services to clients 18 years or older with physical or mental disabilities. Restorative therapy, nursing medical monitoring, dietary, and personal care needs are readily available due to the linkage with the Calhoun County Medical Care Facility.

The Center specializes in care for adults who are suffering from a variety of diagnoses such as: Alzheimer's disease; Parkinson's; stroke; head injuries; Multiple Sclerosis; Cerebral Palsy; and social isolation. The use of Adult Day Care not only meets the medical needs of individuals but also the psychosocial needs. One very important aspect of using Adult Day Care services is the opportunity for social stimulation and interaction with others.

During the day, the participant will engage in a wide variety of activities plus physical, speech, and occupational therapies if needed. A noon meal and morning and afternoon snacks are provided. Personal care services are an important feature at the Center. The Center is able to handle skilled care clients who have special needs such as tube feedings and necessary injections. All of these services allow for the client to have multiple needs met during his or her visit to the Center.

Socialization and recreational activities include, but are not limited to: music; basic exercises; outings; arts and crafts; gardening; table games; cooking club; Bible study; jeopardy; crochet club; entertainment; charades; cards; bowling; and karaoke.

The Center's work with the client population includes listening to and observing clients and caregivers to identify areas needing intervention for both physical and emotional changes. Communication is open and flows freely along the lines of caregivers, staff, director, licensed nurse, physicians, case managers and legal guardians.

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 Marian E. Burch Adult Day Care and Rehabilitation Center
 Dollar Amount Requested \$10,640.00 ☐ by Mile Estimated Miles 106,000
☒ by Passenger Estimated Passengers 19,200

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 _____

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

BOARDING EQUIPMENT/ASSISTANCE

At the Marian E. Burch Adult Day Care Center, clients that are unable to use the steps are loaded/unloaded using the wheelchair lift with staff assistance.

Those clients using the steps are also assisted by staff.

All drivers are CDL or Chauffer licensed. All drivers are CPR trained. Several drivers are also certified nurse aides.

SENSITIVITY

Transportation services are available to all participants at the Center, including persons with disabilities. Vehicles are lift-equipped for safety of individuals.

OTHER

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

NAME AND TITLE

SIGNATURE

DATE

Richard W. Jensen Transit Manager Richard W. Jensen 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)

Marian E. Burch Adult Day Care and Rehabilitation Center

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:

In June 2015, Title VI notices were updated to include contact information for receiving information and filing a complaint. Updated notices posted in vehicles, on website, and posted publicly in facility.

3. When was your last Title VI Program approved by MDOT or FTA? 04/18/14

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.

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.

n/a

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?

n/a

c. What is the number or percentage of LEP or EJ populations affected by the project and/or service change?

n/a

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?

Drivers annually receive a copy of the Title VI brochure. They sign off that they have received and reviewed this brochure.

Title VI policy was reviewed and approved at the Center's December 17, 2015 Advisory Board meeting.

Updated Title VI statements were posted in all vehicles, website and in facility.

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)

Marian E. Burch Adult Day Care and Rehabilitation Center

1. TOTAL D-R FLEET ANTICIPATED FOR APPLICATION YEAR
(including locally funded vehicles) 8

2. TOTAL ANTICIPATED D-R FLEET ACCESSIBLE OR LIFT-EQUIPPED
(including locally funded vehicles) 7

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.)

FY2013 VIN#3879 (Big Jim) was replaced by VIN #2917 (Miss JoJo)

FY2013 VIN #1570 being replaced (in the process of ordering)

FY2015 VIN#8975 (Miss Elly) and VIN #6112 (Miss Emma) approved to be replaced

FY2016 and FY2017 VIN #0957 requested replacement

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	

VOLUNTEER DRIVER SERVICE

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

N/A

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 _____

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Estimated Passengers _____

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

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

Donna J. Mahoney

LEGAL ORGANIZATION NAME *

Marian E. Burch Adult Day Care and Rehabilitation Center

TITLE OF AUTHORIZED SIGNER

SIGNATURE OF AUTHORIZED SIGNER **

DATE

Administrator

Donna Mahoney Adm

12/23/15

* 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)
Marian E. Burch Adult Day Care and Rehabilitation Center

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
Donna J. Mahoney, Administrator

SIGNATURE OF AUTHORIZED OFFICIAL

Donna Mahoney

DATE

12/23/15

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)

Marian E. Burch Adult Day Care and Rehabilitation Center

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

Donna J. Mahoney, Administrator

SIGNATURE OF AUTHORIZED OFFICIAL

Donna Mahoney Admin

DATE

12/23/15