

FY 2018 SECTION 5310 BUDGET DATA FORM

INSTRUCTION: Complete and save this form in PTMS

NAME OF APPLICANT (legal organization name)

Community Action Agency of South Central Michigan, Inc.

REVENUE SCHEDULE

FY 2018

Passenger Fares (paid by rider)	\$	
Contract Fares (paid by another organization)		
Local (source) <u>Calhoun County Senior Millage</u>		<u>435,000.00</u>
State (source) <u>MDOT Specialized Services</u>		<u>40,992.00</u>
Federal (source)		
Other (source) <u>Program Income</u>		<u>8,500.00</u>
<u>Foster Grandparent Program</u>		<u>9,000.00</u>
Total Operating Revenue	\$	<u>493,492.00</u>

EXPENSE SCHEDULE

Labor and Fringe Benefits	\$	<u>321,930.00</u>
Services, Materials and Supplies (gas, oil, work performed by another agency)		<u>86,273.00</u>
Casualty and Liability Insurance		<u>22,570.00</u>
Purchased Transportation Service Within Service Area		
Leases and Rentals		
Depreciation and Amortization		<u>2,656.00</u>
All Other		<u>60,063.00</u>
Total Operating Expenses	\$	<u>493,492.00</u>

Note: Expenses may not exceed revenue.

**FY 2018 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 Action Agency of South Central Michigan, 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 Action will provide demand response transportation for senior citizens and persons with disabilities. Service will be provided, Monday through Friday 8 am-5pm and Saturday 8 am-12pm. Rides will be scheduled by telephone reservation.

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 Action Agency of South Central Michigan

Dollar Amount Requested \$40,992.00 ☐ by Mile Estimated Miles 205,000
☐ by Passenger Estimated Passengers 10,072

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 _____

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

Community Action drivers attend monthly meetings which include training and updates for: assisting clients with walkers or in a wheelchair, proper wheel chair securement, operating of the wheelchair lift, securing the occupant, and what to do in the case of an accident or emergency. Drivers are also trained in the proper use of boarding equipment, such as wheelchair straps and lap belts.

SENSITIVITY

Monthly meetings of Community Action drivers include sensitivity training that prepares the drivers to perform their duties while maintaining a respectful attitude towards every client. Drivers are trained to use "People First" language resources, to understand that not every disability is visible, and to treat every client in a respectful manner.

OTHER

Changes and updates to Community Action's Policy and Procedures are discussed in their monthly staff meetings. Community Action's Transportation staff members attend the MASS Transit conference annually, as funding will allow. Community Action's partnering agencies maintain and share a knowledge and training base of the changing needs of their clients and the local and state requirements for the program.

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

NAME AND TITLE

Richard W. Werner
Transit Manager

SIGNATURE

Richard W. Werner

DATE

1/23/17

**Community Action
Capital Requests For FY 2018**

Req. Yr	Program	Item Description/Justification	Federal Amount	State Amount	Local Amount	Total Amount	Action	Status
2018			SEC 5310					
Requested:1	Equipment	<p>Priority:11 Desc:Transportation Dispatch/Maintenance Software and Mobile Data Terminals in the Vehicles to enhance the efficiency of transportation and fleet Operations Justn:The implementation of Transportation specific Dispatch and Maintenance software coupled with Mobile Data Devices that will allow for more efficient schedules, cost effectiveness, vehicle maintenance tracking and better communication with Drivers. It will also allow for more accurate and detailed reporting. This is new and has not been used before for the program.</p>	\$77,339	\$17,847	\$3,966	\$99,152	EXPAND	PRE-REQUESTED

**Community Action
Capital Requests For FY 2018**

Req. Yr	Program	Item Description/Justification	Federal Amount	State Amount	Local Amount	Total Amount	Action	Status
Requested:3	Equipment	<p>Priority:11 Desc:Computers used in all Transportation operations including scheduling, maintenance and communications with all entities.</p> <p>Justn: To replace 3 existing computers to be used solely for Transportation services. Last Purchased 2016. The purchase of three new desk top computer for use will allow for more efficient schedules, vehicle maintenance tracking and better communication with Drivers. It will also allow for more accurate detailed reporting and will pave the way for new dispatch/scheduling software to run more efficiently, making it more cost effective for the program.</p>	\$2,100	\$390	\$510	\$3,000	REPLACE	PRE-REQUESTED
Requested:3	Equipment	<p>Priority:11 Desc:Replace existing office furniture to include 3 desk and 3 chairs</p> <p>Justn:Replace existing office furniture to be used solely for Transportation services.</p> <p>to include 3 desks and 3 chairs. The hours of service setting behind the desk scheduling clients ergonomically will be beneficial reducing fatigue, and stress making staff feel more effective in their work. Last replaced 2001</p>	\$2,323	\$387	\$516	\$3,226	REPLACE	PRE-REQUESTED

**Community Action
Capital Requests For FY 2018**

Req. Yr	Program	Item Description/Justification	Federal Amount	State Amount	Local Amount	Total Amount	Action	Status
Eligible/Pending:1 Requested:1	Vehicle	Priority:1 Desc:15-Passenger Van (Letter/numbering) Justn:Replace CAA137 Which will meet replacement guidelines based on mileage estimated 105,000, and year 2014	\$37,200	\$9,300	\$0	\$46,500	REPLACE	PRE- REQUESTED
Eligible/Pending:1 Requested:1	Vehicle	Priority:1 Desc:Small, Light-Duty Bus, 138" wheelbase, w/ lift, gas engine (Back up beeper, letter/numbering) Justn: To replace CAA138 which will meet all replacement guidelines based on year and mileage. 2014, estimated 105,000	\$49,200	\$12,300	\$0	\$61,500	REPLACE	PRE- REQUESTED
Sub Total By Program Type			\$168,162	\$40,224	\$4,992	\$213,378		
Sub Total By Request Year			\$168,162	\$40,224	\$4,992	\$213,378		
Grand Total			\$168,162	\$40,224	\$4,992	\$213,378		

FY 2018 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)
Community Action of South-Central Michigan

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 current status, nature, name, resolution, and outcome 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:

In order to ensure that the agency policies conform to current ADA Regulations, Community Action staff completed an annual review and updated the Agency Handbook in 2016. The current document was approved by the Board of Directors on 11-28-2016

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

RESPONSE:

No

Michigan Department
Of Transportation
3076 (10/16)

FY 2018 CONTRACT CLAUSES CERTIFICATION

INSTRUCTIONS: Complete, sign and return it to the Michigan Department of Transportation

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 PERSON AUTHORIZED TO SIGN A CONTRACT OR PROJECT AUTHORIZATION

Michelle Williamson

LEGAL ORGANIZATION NAME *

Community Action Agency of South Central Michigan, Inc.

TITLE OF AUTHORIZED SIGNER

SIGNATURE OF AUTHORIZED SIGNER **

DATE

CEO

M Williamson

12/27/16

* 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 2018 SECTION 5310/NEW FREEDOM GENERAL INFORMATION FORM

INSTRUCTIONS: Complete and save this form in PTMS

NAME OF APPLICANT (legal organization name)

Community Action Agency of South Central Michigan, 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)

Community Action will provide demand response transportation for senior citizens and persons with disabilities. Services will be provided, Monday-Friday 8am-5pm and on Saturday 8am-12pm. Rides will be scheduled by telephone reservation.

PROJECTED ANNUAL 5310 RIDERSHIP: 10,000

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

100 Demand-responsive (dial-a-ride)

Fixed-route

Other (specify):

ESTIMATED PERCENTAGE OF RIDERSHIP (%):

10 Elderly

90 Disabled

Other (specify):

ESTIMATED PERCENTAGE OF TOTAL CLIENTS WITHIN THE FOLLOWING GROUPS:

Black

Hispanic

Asian or Pacific Islander

American Indian or Alaska Native

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 2018 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 Action Agency of South Central Michigan, Inc.

The Applicant agrees to comply with the applicable requirements of Categories 1-15 ☒
Those requirements that do not apply to you or your project will not be enforced.

Category	Description
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- | | |
|-----|--|
| 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. | Grants for Buses and Bus Facilities and Low or No Emission Vehicles Deployment Grant Programs. |
| 12. | Seniors and Individuals with Disabilities Programs. |
| 13. | Formula Grants for Rural Areas Program. |
| 14. | Tribal Transit Programs (Public Transportation on Indian Reservations Programs). |
| 15. | 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 the 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.

NAME AND TITLE OF AUTHORIZED OFFICIAL
Michelle Williamson, CEO

SIGNATURE OF AUTHORIZED OFFICIAL

M Williamson

DATE

12/27/16

Michigan Department
Of Transportation
3127 (10/18)

FY 2018 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 Action of South Central Michigan

TYPE OF CAPITAL PROJECT

Revenue Vehicles

PROJECT DESCRIPTION

Vehicle Replacement

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

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

In cooperation with Battle Creek Transit and other transportation service providers, Community Action will provide demand/response, door-to-door transportation services for senior citizens and persons with disabilities in Calhoun County, including rural areas.

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.

The City of Battle Creek provides fee-based, door-to-door, dial-a-ride services called "Tele-Transit, while Community Action's senior/disabled transportation service is donation-based and extends to passengers county-wide

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

Referrals to transportation services are made by agencies such as Battle Creek Transit, 211, Calhoun County Senior Services, Area Agency on Aging Region IIIB, area senior housing complex staff, Kool Family Community Center and the Foster Grandparent Program.

PROJECT IMPLEMENTATION PLAN AND TIMELINE

This is an ongoing program that operates year-round, except on Holidays, Monday through Friday 8am-5pm and Saturday 8am-12pm.

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

Community Action will utilize recipient surveys, a periodic Community Needs Assessment and ride service utilization data to determine if the transportation needs of senior and disabled residents are met.

Projected outcomes for transportation services to seniors and disabled Calhoun County residents include:

Short Term Outcome: Recipients will use senior/disabled transportation services to access health services and opportunities for socialization.

Indicator:

Number of rides provided

Number of ride requests denied

Measurement Tool:

Monthly/Quarterly statistical data

Long Term Outcome: 75 percent of participants will report that the service helped them remain independent.

Indicator:

Number of rides provides to medical and other appointments

Percentage of survey reports of Independence

Measurement Tool:

Participant survey and monthly/quarterly statistical data

ADDITIONAL INFORMATION

Michigan Department
Of Transportation
3127 (10/16)

FY 2018 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 Action of South Central Michigan

TYPE OF CAPITAL PROJECT
Equipment

PROJECT DESCRIPTION
Transportation/Dispatch Vehicle Software and Mobile Devices

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 13, Section 5. bullet 8 Up-to-date and adequately
translated information for Calhoun Co. routes/schedules

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

The implementation of Transportation specific Dispatch and Maintenance software coupled with Mobile Data Devices that will allow for more efficient schedules, cost effectiveness, vehicle maintenance tracking and better communication with Drivers. It will also allow for more accurate and detailed reporting.

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.

The City of Battle Creek provides fee-based, door-to-door, dial-a-ride services called "Tele-Transit, while Community Action's senior/disabled transportation service is donation-based and extends to passengers county-wide

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

Referrals to transportation services are made by agencies such as Battle Creek Transit, 211, Calhoun County Senior Services, Area Agency on Aging Region IIIB, area senior housing complex staff, Kool Family Community Center and the Foster Grandparent Program.

PROJECT IMPLEMENTATION PLAN AND TIMELINE

This is an ongoing program that operates year-round, except on Holidays, Monday through Friday 8am-5pm and Saturday 8am-12pm.

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

Community Action will utilize recipient surveys, a periodic Community Needs Assessment and ride service utilization data to determine if the transportation needs of senior and disabled residents are met.

Projected outcomes for transportation services to seniors and disabled Calhoun County residents include:

Short Term Outcome: Recipients will use senior/disabled transportation services to access health services and opportunities for socialization.

Indicator:

Number of rides provided

Number of ride requests denied

Measurement Tool:

Monthly/Quarterly statistical data

Long Term Outcome: 75 percent of participants will report that the service helped them remain independent.

Indicator:

Number of rides provides to medical and other appointments

Percentage of survey reports of independence

Measurement Tool:

Participant survey and monthly/quarterly statistical data

ADDITIONAL INFORMATION

Michigan Department
Of Transportation
3127 (10/16)

FY 2018 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 Action of South Central Michigan

TYPE OF CAPITAL PROJECT
Equipment

PROJECT DESCRIPTION
Computers

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 11 section 4. bullet 6. Page 13, Section 5. bullet
8, 9

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

The purchase of three new desk top computer for use will allow for more efficient schedules, vehicle maintenance tracking and better communication with Drivers. It will also allow for more accurate detailed reporting and will pave the way for new dispatch/scheduling software to run more efficiently, making it more cost effective for the program. Last replaced 2016

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.

The City of Battle Creek provides fee-based, door-to-door, dial-a-ride services called "Tele-Transit, while Community Action's senior/disabled transportation service is donation-based and extends to passengers county-wide

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

Referrals to transportation services are made by agencies such as Battle Creek Transit, 211, Calhoun County Senior Services, Area Agency on Aging Region IIIB, area senior housing complex staff, Kool Family Community Center and the Foster Grandparent Program.

PROJECT IMPLEMENTATION PLAN AND TIMELINE

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

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Projected outcomes for transportation services to seniors and disabled Calhoun County residents include:

Short Term Outcome: Recipients will use senior/disabled transportation services to access health services and opportunities for socialization.

Indicator:

Number of rides provided

Number of ride requests denied

Measurement Tool:

Monthly/Quarterly statistical data

Long Term Outcome: 75 percent of participants will report that the service helped them remain independent.

Indicator:

Number of rides provides to medical and other appointments

Percentage of survey reports of independence

Measurement Tool:

Participant survey and monthly/quarterly statistical data

ADDITIONAL INFORMATION

Michigan Department
Of Transportation
3127 (10/16)

FY 2018 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 Action of South Central Michigan

TYPE OF CAPITAL PROJECT

Equipment

PROJECT DESCRIPTION

Replace Office Furniture

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 8 Community Action Hours of service sitting at a desk scheduling approx. 40,000 trips. Page 15, bullet 2

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

Replace 3 desks and 3 chairs that are old and worn. Hours of service sitting at a desk scheduling clients, ergonomically will be beneficial reducing fatigue, and stress, making staff feel more effective in their work. Last replaced 2001

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.

The City of Battle Creek provides fee-based, door-to-door, dial-a-ride services called "Tele-Transit, while Community Action's senior/disabled transportation service is donation-based and extends to passengers county-wide

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

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PROJECT IMPLEMENTATION PLAN AND TIMELINE

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

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Measurement Tool:

Monthly/Quarterly statistical data

Long Term Outcome: 75 percent of participants will report that the service helped them remain independent.

Indicator:

Number of rides provided to medical and other appointments

Percentage of survey reports of independence

Measurement Tool:

Participant survey and monthly/quarterly statistical data

ADDITIONAL INFORMATION

FY 2018 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 Action Agency of South Central Michigan, 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 insurance on file that meets the insurance requirements on 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.

NAME AND TITLE OF AUTHORIZED OFFICIAL	SIGNATURE OF AUTHORIZED OFFICIAL	DATE
Michelle Williamson, CEO	<i>M Williamson</i>	12/27/16

FY 2018 TITLE VI INFORMATION

INSTRUCTIONS: Complete and save this form in PTMS

page 1 of 2

NAME OF APPLICANT (legal organization name)

Community Action Agency of South Central Michigan, 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; as ummary 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 November 2013 Community Action staff began the process of updating the agency's Title VI Program Plan document. The document revisions followed the "Title VI Program Template for Transit Agency" that was supplied by MDOT. Community Action staff worked with the MDOT/OPT Project Manager who provided review of changes and suggestions for the final document. The revised plan, which was approved by MDOT, received Community Action's Board of Directors approval on February 24, 2014.

In a letter dated April 11, 2014 Community Action received notification that the Vehicle Accessibility Plan Update for FY 2015 had been reviewed and approved by the Michigan State Office of Transportation.

3. When was your last Title VI Program approved by MDOT or FTA? 04/11/14

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.

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?

Training is provided so that drivers are able to provide respectful service, while meeting the needs of the clients regardless of race, color, nationality etc. Monthly staff meetings include discussions of appropriate customer service techniques.

FY 2018 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 Action Agency of South Central Michigan, 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.)

For fiscal year 2017 The fifth bus has been ordered. Anticipated receipt date within 150 days.

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 Michele McGowen	AFFILIATION (Name of organization, if any) Disability Network
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 person with disabilities	
2. NAME Jerry Sigourney	AFFILIATION (Name of organization, if any)
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)
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 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)
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	
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15. NAME	AFFILIATION (Name of organization, if any)
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Capital Requests for TIP

Charles Asher

Thu 12/22/2016 10:31 AM

To: Andrew Tilma <tilmaa@bcatsmpo.org>;

Cc: Teri Maisner <terim@caascsm.org>; Sharon Whittemore <sharonw@caascsm.org>;

Hi Andrew- We are requesting the following for 2017 & 2018 as 5310 Capital Requests. Will you see that they are entered into the TIP. Thanks.

2017

- Transportation & Maintenance Dispatch Software & Mobile Data Terminals for all vehicles
- 3-Desk Top Computers
- Replace existing office furniture with 3- Desks & 3- Chairs

2018

- 1- 15 Passenger Van to replace CAA137
- 1-Light Duty Bus w/lift & 138" wheel base to replace CAA138

CommunityAction

Charles Asher

Director of Programs

175 Main Street

Battle Creek, MI 49014

Phone : (269) 441-1336

Fax :

Dedicated to helping people achieve and maintain independence.

Community Action | www.caascsm.org | [Community Action Facebook](#)

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CommunityAction

ADMINISTRATIVE OFFICES
175 Main Street • PO Box 1026 • Battle Creek, MI 49016
Tel: (269) 965-7766

TOLL FREE: (877) 422-2726

WEBSITE: www.caascsm.org

December 27, 2016

Donna Hutchinson
City of Battle Creek Transit

Please find enclosed Community Action's MDOT 2018 application materials which include:

- Specialized Service Description
- Capital Request detail documents from PTMS
- ADA Compliant Information
- Budget form 5310
- Contract Clauses Certification
- FTA Certification and Assurances
- FY 2015 section 5310 General Information Form
- Section 5310 Coordinated Plan information form
- State Certification and Assurances
- Title VI Information
- Vehicle Accessibility Plan
- Copy of email notification to BCATS

Public Notice of Application will be published soon with a January 1-31 viewing time. Please let us know when a copy of the FY 2018 Specialized Services application is available, so that we may make it available for viewing at our agency.

If you need further documentation or if I can be of any assistance, contact me at 441-1613 or terim@caascsm.org.

Teri Maisner
Grants and Compliance Manager