

Battle Creek Transit

339 West Michigan Ave.

Battle Creek, MI 49037

(269) 966-3588

Urban Medium

Specialized Services/5310

Annual Budgeted

2018

Operating Revenue: \$0

Total Eligible Expenses: \$0

Local Share: \$0

Comments: FY2018 Annual Specialized Services application covering the period October 1, 2017 to September 30, 2018.

Battle Creek Transit
Urban Medium
Specialized Services/5310
Annual Budgeted
2018

Non Financial Schedule Report

Public Service

Code	Description	Agency	Volunteer	Total
610	Vehicle Hours	36,792	0	36,792
611	Vehicle Miles	354,500	0	354,500
615	Unlinked Passenger Trips - Regular	628	0	628
616	Unlinked Passenger Trips - Elderly	9,463	0	9,463
617	Unlinked Passenger Trips - Persons w/Disabilities	17,419	0	17,419
618	Unlinked Passenger Trips - Elderly Persons w/Disabilities	14,362	0	14,362

Total Passengers: 41,872

Vehicle Information

Code	Description	Quantity
655	Total Demand-Response Vehicles	16
656	Demand-Response Vehicle w/ Lifts	10
658	Total Transit Vehicles	16

Total Vehicles: 16

**FY 2018 SPECIALIZED SERVICES
BUDGET DATA FORM**
INSTRUCTION: Complete and Save this form in PTMS.

NAME OF APPLICANT (legal organization name)
Battle Creek, City of

REVENUE SCHEDULE

FY 2018

Passenger Fares (paid by rider)	\$	
Contract Fares (paid by another organization)	\$	
Local (source)	\$	
	\$	
State (source) Specialized Services	\$	92,624.00
	\$	
Federal (source)	\$	
	\$	
Other (source)	\$	
	\$	
	\$	
Total Operating Revenue	\$	92,624.00

EXPENSE SCHEDULE

Labor and Fringe Benefits	\$	64,836.00
Services, Materials and Supplies (gas, oil, work performed by another agency)	\$	17,599.00
Casualty and Liability Insurance	\$	2,315.00
Purchased Transportation Service Within Service Area	\$	
Leases and Rentals	\$	
Depreciation and Amortization	\$	
All Other	\$	7,874.00
Total Operating Revenue	\$	92,624.00

Note: Expense may not exceed revenue

Michigan Department
Of Transportation
3081 (10/16)

FY 2018 COORDINATION PLAN FOR SPECIALIZED SERVICES

INSTRUCTIONS: Complete and save this form in PTMS.
Submit only one coordination plan update per county or multi-county region.

NAME OF APPLICANT (legal organization name)

Battle Creek, City of

A. DOES YOUR COORDINATION COMMITTEE MEET AT LEAST QUARTERLY? ☒ YES ☐ NO

If no, describe reasons for not meeting and efforts to establish quarterly meetings.

B. PLEASE IDENTIFY BASIC RESPONSIBILITIES OF THE COORDINATION COMMITTEE, LOOK AT THE FOLLOWING EXAMPLES OF ACTIVITIES, AND PROVIDE A BRIEF NARRATIVE OF THOSE ACTIVITIES OR MAJOR ACCOMPLISHMENTS YOU ACHIEVED DURING THE PREVIOUS FISCAL YEAR. Example of Activities: communication events; obtaining customer input; designated leadership roles; coordination of client rides; develop specific goals and objectives; clearinghouse; central dispatch; joint driver training programs; shared maintenance; review performance; and review and adjust budgets.

The Local Coordinating Committee (LCC) adopted a quarterly meeting schedule. The LCC votes specifically to allocate Specialized Services funds to area human services agencies. Battle Creek Transit refers riders to other agencies that it is not able to provide.

C. DESCRIBE PLANNED ACTIVITIES FOR THE NEXT FISCAL YEAR.

Battle Creek Transit's primary object is always to maintain as much of it's current services with on-going budget challenges. Battle Creek Transit will be conducting a Planning Study to focus on fares and services.

D. Organizations must ensure that the level and quality of service will be provided without regard to race, color, or national origin and that there is not a disparate impact on groups protected by Title VI of the Civil Rights Act of 1964 and related statutes and regulations. This is especially important if the same service has been provided for several years and demographic changes may have occurred in your community or if service changes have been made. PLEASE DESCRIBE YOUR EFFORTS TO COMPLY WITH THIS REQUIREMENT.

Battle Creek Transit's Title VI Plan, which includes an updated LEP plan, was reviewed by the Department of Transportation Federal Administration Region V and found to be in compliance with FTA's Title VI Circular 4702-1B. The program was approved until July, 2016. Battle Creek Transit submitted an updated Title VI Plan April, 2016 and as of August 1 FTA had advised us it was still under review and if changes needed to be made, they would be in contact. As of this date, no formal acknowledgment of approval of the policy has been received. Battle Creek Transit continues its outreach efforts to community by providing schedules, route maps, and website information in Spanish.

COORDINATION COMMITTEE PARTICIPATION (List the people who have participated and the agency they represent.)

[illegible]

**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

Battle Creek, City of

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)

Specialized Services for senior citizens and persons with disabilities in Calhoun County. Services under the FY2018 Specialized Services program are currently provided by the following agencies. 1) Community Action, 2) Community Inclusive Recreation, and Marian E. Burch Adult Day Care Center. These agencies provide medical, social, employment, shopping, and recreational trips. All agencies are reimbursed on a per passenger basis. All agencies utilize paid drivers and agency vehicles are funded under Section 5310 programs.

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 354,500
 Dollar Amount Requested \$92,564.00 ☒ by Passenger Estimated Passengers 41,872

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 Community Action

Dollar Amount Requested \$40,995.00 ☐ by Mile Estimated Miles 205,000
☒ by Passenger Estimated Passengers 10,072

Name of Sub-Applicant Marian E Burch Adult Day Care

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 _____

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 _____

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

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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 Inclusive Recreation: Drivers receive training in the following: types of accommodations, vehicle specific orientation (including tie downs and lifts), vehicle safety and safe driving techniques, lift support transport (including oxygen tank transport), and CPR/first aid. All passengers with mobility issues receive physical assistance when appropriate.

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

Marian E Burch Adult Day Care: At the Marian E. Burch Adult Day Care and Rehabilitation Center, clients that are unable to use the steps are loaded/unloaded using the wheelchair lift with staff assistance. Clients using the steps are also assisted by staff. All drivers are CDL or Chauffeur licensed. All drivers are CPR trained. Several drivers are also certified nurses aides.

SENSITIVITY


Community Inclusive Recreation: All drivers are trained in people first language, recipient rights, person centered planning, non-violent crisis intervention, limited English proficiency, Title VI, and no-smoking policy.

Community Action: Monthly meetings of Community Action drivers include sensitivity training that prepares the drivers to perform their duties while maintaining 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.

Marian E. Burch Adult Day Care: 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. Werner, Transit Manager		1/4/17