

**Battle Creek Transit**

**339 West Michigan Ave.  
Battle Creek, MI 49037**

**(269) 966-3588**

**Urban Medium**

**Regular Service**

**Annual Budgeted**

**2017**

**Operating Revenue: \$387,380**

**Total Eligible Expenses: \$3,712,545**

**Local Share: \$1,365,302**

**Comments: FY 2017 Annual Operating Grant Application for the period October 1, 2016 through  
September 30, 2017**

**Battle Creek Transit**  
**Urban Medium**  
**Regular Service**  
**Annual Budgeted**  
**2017**

**Revenue Schedule Report**

Code	Description	LH	DR	Total
<b>401 :</b>	<b>Farebox Revenue</b>			
40100	Passenger Fares (-)	\$387,380		\$387,380
<b>406 :</b>	<b>Auxiliary Trans Revenues</b>			
40615	Advertising (-)	\$33,385		\$33,385
<b>407 :</b>	<b>NonTrans Revenues</b>			
40799	Other NonTrans Revenue (Explain in comment field) (-Sale of scrap metal)	\$6,307		\$6,307
<b>409 :</b>	<b>Local Revenue</b>			
40910	Local Operating Assistance (-)	\$938,230		\$938,230
<b>411 :</b>	<b>State Formula and Contracts</b>			
41101	State Operating Assistance (-)	\$1,325,057		\$1,325,057
<b>413 :</b>	<b>Federal Contracts</b>			
41302	Federal Section 5307 Operating (operating funds only) (-)	\$1,026,861		\$1,026,861
<b>Total Revenues: \$3,717,220</b>				

**Battle Creek Transit**  
**Urban Medium**  
**Regular Service**  
**Annual Budgeted**  
**2017**

**Expense Schedule Report**

<b>Code</b>	<b>Description</b>	<b>LH</b>	<b>DR</b>	<b>Amount</b>
<b>501 :</b>	<b>Labor</b>			
50101	Operators Salaries & Wages (-)	\$1,169,863		\$1,169,863
50102	Other Salaries & Wages (-)	\$513,377		\$513,377
<b>502 :</b>	<b>Fringe Benefits</b>			
50200	Fringe Benefits (-)	\$660,403		\$660,403
50220	DB Pensions (-)	\$358,676		\$358,676
<b>503 :</b>	<b>Services</b>			
50302	Advertising Fees (-)	\$14,077		\$14,077
50305	Audit Costs (-)	\$10,810		\$10,810
50399	Other Services (Explain in comment field) (-)	\$127,142		\$127,142
<b>504 :</b>	<b>Materials and Supplies</b>			
50401	Fuel & Lubricants (-)	\$292,500		\$292,500
50402	Tires & Tubes (-)	\$45,000		\$45,000
50404	Major Purchases (Explain in comment field) (-Bus parts and building improvements)	\$210,285		\$210,285
50499	Other Materials & Supplies (-)	\$58,000		\$58,000
<b>505 :</b>	<b>Utilities</b>			
50500	Utilities (-)	\$52,040		\$52,040
<b>506 :</b>	<b>Insurance</b>			
50603	Liability Insurance (-)	\$125,623		\$125,623
50699	Other Insurance (-)	\$53,299		\$53,299

**Battle Creek Transit**  
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**2017**

**Expense Schedule Report**

<b>Code</b>	<b>Description</b>	<b>LH</b>	<b>DR</b>	<b>Amount</b>
<b>509 :</b>	<b>Misc Expenses</b>			
50902	Travel, Meetings & Training (-)	\$8,000		\$8,000
50903	Association Dues & Subscriptions (-)	\$9,713		\$9,713
<b>512 :</b>	<b>Operating Leases &amp; Rentals</b>			
51200	Operating Leases & Rentals (-)	\$11,436		\$11,436
<b>513 :</b>	<b>Depreciation</b>			
51300	Depreciation (-)	\$416,251		\$416,251
<b>550 :</b>	<b>Ineligible Expenses</b>			
55007	Ineligible Depreciation (-)	\$416,251		\$416,251
55009	Ineligible Percent of Association Dues (-)	\$1,524		\$1,524
55010	Other Ineligible Expense Associated w/Aux. & Nontrans (Explain in comment field) (-Sale of scrap metal)	\$6,175		\$6,175

**Total Expenses: \$4,136,495**

**Total Ineligible Expenses: \$423,950**

**Total Eligible Expenses: \$3,712,545**

**Battle Creek Transit  
Urban Medium  
Regular Service  
Annual Budgeted  
2017**

**Non Financial Schedule Report**

**Public Service**

Code	Description	Weekday LH	Weekday DR	Saturday LH	Saturday DR	Sunday LH	Sunday DR	Total
610	Vehicle Hours	25,632	11,536	3,058	316	0	0	40,542
611	Vehicle Miles	366,400	119,310	43,028	3,178	0	0	531,916
615	Unlinked Passenger Trips - Regular	378,150	2,691	35,816	55	0	0	416,712
616	Unlinked Passenger Trips - Elderly	67,873	12,109	6,428	249	0	0	86,659
617	Unlinked Passenger Trips - Persons w/Disabilities	29,088	12,109	2,756	249	0	0	44,202
618	Unlinked Passenger Trips - Elderly Persons w/Disabilities	9,696	0	919	0	0	0	10,615
621	Total Line-Haul Unlinked Passenger Trips	484,807	0	45,919	0	0	0	530,726
622	Total Demand-Response Unlinked Passenger Trips	0	26,909	0	553	0	0	27,462
625	Days Operated	255	0	51	0	0	0	306

**Total Passengers: 558,188**

**Vehicle Information**

Code	Description	Quantity
653	Total Line-Haul Vehicles	14
654	Line-Haul Vehicle w/ Lifts	14
655	Total Demand-Response Vehicles	7
656	Demand-Response Vehicle w/ Lifts	7
658	Total Transit Vehicles	21

**Total Vehicles: 21**

**Miscellaneous Information**

Code	Description	Quantity LH	Quantity DR
601	Number of Routes (Line Haul Only)	8	0
602	Total Route Miles (Line Haul Only)	83	0
661	Total Transit Agency Employees (Full-Time Equivalents)	42	0

### FY 2017 5333(b) LABOR WARRANTY

INSTRUCTIONS: Complete and save this form in PTMS

Battle Creek Transit \_\_\_\_\_ is applying for Section 5311, 5311(f),  
*NAME OF APPLICANT (Legal organization name)*  
and/or 5339 funding under Federal Transit Law, as amended, for fiscal year 2017. We will be bound by the provisions of this  
special 5333(b) [former 13(c)] labor warranty for the period of the grant.

Does a union represent the applicant's employees?  Yes  No  
If yes, list union representation below. (Only staff that has duties connected to the transit operation)

Union Names: Amalgamated Transit Union (ATU)  
Service Employees International (SEIU)  
Battle Creek Supervisors Association (BCSA)  
\_\_\_\_\_

Does agency use a third party transportation provider?  Yes  No  
If Yes, indicate third party transportation provider and their union representation provider or none. (Agency hired by  
the applicant to perform public transportation services)

Third Party: _____	Union names: _____	None	<input type="checkbox"/>
_____	_____	None	<input type="checkbox"/>
_____	_____	None	<input type="checkbox"/>
_____	_____	None	<input type="checkbox"/>

Are there other surface transportation providers in your area? (Note: Do not include school bus transportation  
providers and their unions.)  Yes  No If additional space is needed, please attach a separate sheet in PTMS.  
If yes, indicate other surface transportation providers and their union representation or none. (Providers serving the  
general public, including public agencies, private providers, and/or nonprofit providers and their unions in your jurisdictional area)

Provider: <u>Community Action</u>	Union names: _____	None	<input checked="" type="checkbox"/>
<u>Community Inclusive Recreation</u>	_____	None	<input checked="" type="checkbox"/>
<u>Marian Burch Adult Day Care</u>	_____	None	<input checked="" type="checkbox"/>
<u>Area Agency on Aging</u>	_____	None	<input checked="" type="checkbox"/>
<u>City Cab</u>	_____	None	<input checked="" type="checkbox"/>
<u>Centra Care</u>	_____	None	<input checked="" type="checkbox"/>
<u>Concorde Transportation</u>	_____	None	<input checked="" type="checkbox"/>
_____	_____	None	<input type="checkbox"/>
_____	_____	None	<input type="checkbox"/>
_____	_____	None	<input type="checkbox"/>
_____	_____	None	<input type="checkbox"/>
_____	_____	None	<input type="checkbox"/>
_____	_____	None	<input type="checkbox"/>
_____	_____	None	<input type="checkbox"/>
_____	_____	None	<input type="checkbox"/>
_____	_____	None	<input type="checkbox"/>

TYPED/PRINTED NAME AND TITLE  
Richard W. Werner, Transit Manager

SIGNATURE OF APPLICANT  


DATE  
4/25/16

Michigan Department  
of Transportation  
3076 (10/15)

## 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

Rebecca L. Fleury

LEGAL ORGANIZATION NAME \*

Battle Creek Transit

TITLE OF AUTHORIZED SIGNER

SIGNATURE OF AUTHORIZED SIGNER \*\*

DATE

City Manager

\* 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 COORDINATION PLAN FOR LOCAL BUS OPERATING ASSISTANCE

**INSTRUCTIONS:** Complete and save this form in PTMS

All agencies applying for Local Bus Operating Assistance must submit a coordination plan. (If an agency also is applying for Specialized Services Operating Assistance, only the Specialized Services coordination plan is required.)

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 no disparate impact on groups protected by Title VI of the Civil Rights Act of 1964 and related statutes and regulations.

NAME OF APPLICANT (legal organization name)

Battle Creek Transit

## TRANSIT PROVIDER/PURCHASER AND COORDINATION EFFORTS

List all transit providers/purchasers in your area. Describe efforts for coordinating transit services with each of these agencies, including any purchase of service arrangements, training, maintenance, and dispatching services, etc. Also include a description of the process used to ensure coordination efforts are being pursued (i.e., LAC meetings, public hearings, etc.).

Providers in our area include:

Area Agency on Aging	Community Action (CA)
Community Inclusive Recreation (CIR)	B & W Charters Inc.
Marian E. Burch Adult Day Care & Rehabilitation Center	City Cab
Courtesy Limousine	Greyhound Bus Lines
Indian Trails Inc.	Dean Trailways of Michigan
LifeCare Ambulance Service	Mobility Transport LLC
CALTRAN/God's Taxi	Dial-A-Ride / Marshall
Calhoun County Senior Services	Concorde Transportation
Battle Creek Area Transportation Study	Goodwill
Calhoun County Department of Human Services	Disability Network
JONAH	Michigan Works
Salvation Army	Centra Care
Summit Pointe (Community Mental Health)	

In November 2014, Battle Creek Transit sent a letter to the above listed transportation/human service providers within Calhoun County soliciting agency input for the Calhoun County Coordinated Public Transit Human Service Agency Plan. The survey information requested included description of services being provided as well as goals, strategies, and potential projects along with any current gaps in service that they could identify. Information was also posted on the City of Battle Creek Website, Battle Creek Transit's social media page, downtown transfer station shelters, and Battle Creek Transit's vehicles soliciting public input on gaps in transportation in Calhoun County as well as potential goals, strategies, and projects. We then followed up with respondents and provided them with the listing of potential projects submitted and requested that they prioritize these within short-term, mid-term, and long-term status.

All information received from agencies and public participants, as well as 2010 Census Data was then compiled into a draft plan. In March 2015, the draft plan was sent to the agencies and public individuals who had responded to the survey requesting that final comments on the overall plan be submitted by March 27, 2015. Only one response on how the process should proceed in the future was received and it indicated they felt it was not necessary to meet annually but maybe email annual updates instead. They suggested that participants should handle the projects they can do on their own first and then maybe partner with other entities or companies in order to facilitate the projects that require assistance.

In April 2015 participating individuals were notified that the final draft plan was viewable on the City of Battle Creek's Transit's website ([www.battlecreekmi.gov](http://www.battlecreekmi.gov)), or for those without internet access, a copy was provided to them. The final draft version was forwarded to Michigan Department of Transportation on April 23, 2015 for review and approval.



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**FUTURE TRANSIT OBJECTIVES**

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Describe your future objectives regarding coordination/consolidation of transit services:

Battle Creek Transit will continue to post notices of the Local Advisory Council and Local Coordinating Committee meetings on our website and in our downtown shelters to encourage public attendance. In addition, every April we will send a letter to private transportation providers informing them that a notice will be posted in the local newspaper and on our website regarding Battle Creek Transit's Draft Program of Projects and the public participation process. In November of each year, Battle Creek Transit publishes a notice regarding the planning workshop held in December where Michigan Department of Transportation provides the opportunity for eligible, qualified non-profit organization that serve senior citizens and persons with disabilities in Calhoun County to learn how to apply for State funding to support their transportation programs.

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## 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.

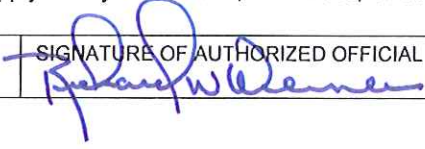
NAME OF APPLICANT (Legal organization name)  
Battle Creek Transit

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 Richard W. Werner, Transit Manager	SIGNATURE OF AUTHORIZED OFFICIAL 	DATE 1/25/16
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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)  
Battle Creek Transit

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
Richard W. Werner, Transit Manager		1/25/16

**FY 2017 TITLE VI INFORMATION**  
INSTRUCTIONS: Complete and save this form in PTMS

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NAME OF APPLICANT (legal organization name)

Battle Creek Transit

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**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.**

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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:**

Battle Creek Transit has not had any lawsuits or complaints during the reporting period.

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- 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:**

Battle Creek Transit has not had any lawsuits or complaints during the reporting period.

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3. When was your last Title VI Program approved by MDOT or FTA?

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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.

Donna Hutchison, Grants Program Administrator, email: dmhutchison@battlecreekmi.gov, phone: (269) 966-3477

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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?

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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?

The employees of Battle Creek transit received a copy of the updated Title VI Civil Rights policy and had the opportunity to discuss it during one-on-one training sessions. We also handed out and discussed a copy of the City's Non-Discrimination policy at the same time.

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# 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)

Battle Creek Transit

1. TOTAL D-R FLEET ANTICIPATED FOR APPLICATION YEAR  
(including locally funded vehicles) 7

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.)

We replaced 2 vehicles with new propane vehicles. Both vehicles are accessible and lift equipped.

The vehicles replaced were vehicles 155 & 156 - 2007 E-450's. They were replaced with vehicles 161 & 162 which were both 2015 E450 Propane Eldorado AEROTECH vehicles.

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 <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	B. SERVICE AREA INFORMATION <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
C. SERVICE AVAILABILITY INFORMATION <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	D. SERVICE HOURS/DAYS OF OPERATION <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO

E. LOCAL ADVISORY COUNCIL COMPOSITION  YES  NO

Yes. One member removed.

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.

<b>1. CHAIRPERSON'S NAME</b> 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	
<b>2. NAME</b> 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	
<b>3. NAME</b> 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	
<b>4. NAME</b> 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	
<b>5. NAME</b>	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	
<b>6. NAME</b>	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	
<b>7. NAME</b>	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	

<b>8. NAME</b>	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"/> Age 65 or older	<input type="checkbox"/> A persons with disabilities
<input type="checkbox"/> None of these groups	
<b>9. NAME</b>	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"/> Age 65 or older	<input type="checkbox"/> A person with disabilities
<input type="checkbox"/> None of these groups	
<b>10. NAME</b>	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"/> Age 65 or older	<input type="checkbox"/> A persons with disabilities
<input type="checkbox"/> None of these groups	
<b>11. NAME</b>	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"/> Age 65 or older	<input type="checkbox"/> A persons with disabilities
<input type="checkbox"/> None of these groups	
<b>12. NAME</b>	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"/> Age 65 or older	<input type="checkbox"/> A persons with disabilities
<input type="checkbox"/> None of these groups	
<b>13. NAME</b>	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"/> Age 65 or older	<input type="checkbox"/> A persons with disabilities
<input type="checkbox"/> None of these groups	
<b>14. NAME</b>	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"/> Age 65 or older	<input type="checkbox"/> A persons with disabilities
<input type="checkbox"/> None of these groups	
<b>15. NAME</b>	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"/> Age 65 or older	<input type="checkbox"/> A persons with disabilities
<input type="checkbox"/> None of these groups	



## 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.*

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NAME OF APPLICANT (legal organization name)  
Battle Creek Transit

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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:**

No