Battle Creek Transit

339 West Michigan Ave.
Battle Creek, MI 49037

(269) 966-3588

Urban Medium

Regular Service

Annual Budgeted

2018

Operating Revenue: $368,944

Total Eligible Expenses: $3,704,620

Local Share: $1,338,559

Comments: FY2018 Annual Operating Grant Application for the period October 1, 2017 through September 30, 2018.

Battle Creek Transit
Urban Medium
Regular Service
Annual Budgeted
2018

Revenue Schedule Report

Code	Description	LH	DR	Total
401 :	**Farebox Revenue**			
40100	Passenger Fares (-)	$368,944		$368,944
406 :	**Auxiliary Trans Revenues**			
40615	Advertising (-)	$27,330		$27,330
407 :	**NonTrans Revenues**			
40799	Other NonTrans Revenue (Explain in comment field) (Sale of scrape metal, etc.-)	$4,055		$4,055
409 :	**Local Revenue**			
40910	Local Operating Assistance (-)	$938,230		$938,230
411 :	**State Formula and Contracts**			
41101	State Operating Assistance (-)	$1,330,045		$1,330,045
413 :	**Federal Contracts**			
41302	Federal Section 5307 Operating (operating funds only) (-)	$1,041,016		$1,041,016

Total Revenues: $3,709,620

Battle Creek Transit
Urban Medium
Regular Service
Annual Budgeted
2018

Expense Schedule Report

Code	Description	LH	DR	Amount
501 :	**Labor**			
50101	Operators Salaries & Wages (-)	$1,231,540		$1,231,540
50102	Other Salaries & Wages (-)	$576,335		$576,335
502 :	**Fringe Benefits**			
50200	Fringe Benefits (-)	$736,302		$736,302
50220	DB Pensions (-)	$388,929		$388,929
503 :	**Services**			
50302	Advertising Fees (-)	$9,112		$9,112
50305	Audit Costs (-)	$10,810		$10,810
50399	Other Services (-)	$133,805		$133,805
504 :	**Materials and Supplies**			
50401	Fuel & Lubricants (-)	$189,692		$189,692
50402	Tires & Tubes (-)	$27,486		$27,486
50404	Major Purchases (Explain in comment field) (-Bus parts and building improvements)	$172,545		$172,545
50499	Other Materials & Supplies (-)	$37,882		$37,882
505 :	**Utilities**			
50500	Utilities (-)	$40,011		$40,011
506 :	**Insurance**			
50603	Liability Insurance (-)	$94,217		$94,217
50699	Other Insurance (-)	$39,974		$39,974

Battle Creek Transit
Urban Medium
Regular Service
Annual Budgeted
2018

Expense Schedule Report

Code	Description	LH	DR	Amount
509 :	**Misc Expenses**			
50902	Travel, Meetings & Training (-)	$2,316		$2,316
50903	Association Dues & Subscriptions (-)	$9,712		$9,712
512 :	**Operating Leases & Rentals**			
51200	Operating Leases & Rentals (-)	$10,058		$10,058
513 :	**Depreciation**			
51300	Depreciation (-)	$336,696		$336,696
550 :	**Ineligible Expenses**			
55007	Ineligible Depreciation (-)	$336,696		$336,696
55009	Ineligible Percent of Association Dues (-)	$2,051		$2,051
55010	Other Ineligible Expense Associated w/Aux. & Nontrans (Explain in comment field) (-Sale of scrap metal, etc,)	$4,055		$4,055

Total Expenses: $4,047,422

Total Ineligible Expenses: $342,802

Total Eligible Expenses: $3,704,620

Battle Creek Transit
Urban Medium
Regular Service
Annual Budgeted
2018

Non Financial Schedule Report

Public Service

Code	Description	Weekday LH	Weekday DR	Saturday LH	Saturday DR	Sunday LH	Sunday DR	Total
610	Vehicle Hours	24,918	11,135	3,125	330	0	0	39,508
611	Vehicle Miles	357,276	114,803	43,789	3,465	0	0	519,333
615	Unlinked Passenger Trips - Regular	354,897	2,503	32,271	57	0	0	389,728
616	Unlinked Passenger Trips - Elderly	63,700	11,264	5,793	245	0	0	81,002
617	Unlinked Passenger Trips - Persons w/Disabilities	27,300	11,264	2,483	245		0	41,292
618	Unlinked Passenger Trips - Elderly Persons w/Disabilities	9,100	0	828	0	0	0	9,928
621	Total Line-Haul Unlinked Passenger Trips	454,997	0	41,375	0	0	0	496,372
622	Total Demand-Response Unlinked Passenger Trips	0	25,031	0	547	0	0	25,578
625	Days Operated	255	0	52	0	0	0	307

Total Passengers: 521,950

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)	40	0

Michigan Department
Of Transportation
3093 (10/16)

FY 2018 5333(b) LABOR WARRANTY

INSTRUCTIONS: Complete and save this form in PTMS

Battle Creek, City of _____ is applying for Section 5311, 5311(f),
NAME OF APPLICANT (Legal organization name)
and/or 5339 funding under Federal Transit Law, as amended, for the application year. 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? [x] **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** [x] **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 [ ]
		None [ ]
		None [ ]
		None [ ]

Are there other surface transportation providers in your area? (Note: Do not include school bus transportation providers and their unions.) [x] **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:	Union names:	
Community Action		None [x]
Community Inclusive Recreation		None [x]
Marian Burch Adult Day Care		None [x]
Area Agency on Aging		None [x]
City Cab		None [x]
CentraCare/LifeCare Ambulance		None [x]
Concorde Transportation		None [x]
Courtesy Limousine		None [x]
Indian Trails Inc.		None [x]
Michigan Works		None [x]
CALTRAN/God's Taxi		None [x]
Calhoun County Senior Services		None [x]
Mobility Transport LLC		None [x]
B & W Charters Inc.		None [x]
Greyhound Bus		None [x]
Dean Trailways of Michgan		None [x]

TYPED/PRINTED NAME AND TITLE	SIGNATURE OF APPLICANT	DATE
Richard W. Werner, Transit Manager	Richard W Werner	1/4/17

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

Rebecca L. Fleury Rebecca L. Fleury

LEGAL ORGANIZATION NAME *

TITLE OF AUTHORIZED SIGNER	SIGNATURE OF AUTHORIZED SIGNER **	DATE
City Manager	Rebecca L. Fleury	1/13/17

* 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.

Form Approved
1/13/17
City Attorney

FY 2018 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, City of

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

In April, 2015 the final draft version of the Calhoun County Coordinated Public Transit Human Service Agency Plan was forwarded to Michigan Department of Transportation for review and approval. To this date, approval has not be received.

Since that time, Battle Creek Transit has been involved in several local efforts regarding the possibility of county-wide transportation in the future. Our Transit Manager is participating on a BC Vision steering committee whose purpose is to discuss transportation issues in the area.

Battle Creek Transit has also received 5303 funding to complete a planning study which will focus on fares and services for Battle Creek Transit. Battle Creek Transit plans to include all area stakeholders and citizens in the data collection portion of the study to ensure continued coordination efforts.

Battle Creek Transit holds Local Coordinating Committee / Local Advisory Council meetings on a quarterly basis and holds public hearing for all major projects.

FUTURE TRANSIT OBJECTIVES

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 organizations that serve senior citizens and persons with disabilities in Calhoun County to learn how to apply for State funding to support their transportation programs.

Michigan Department
Of Transportation
3079 (10/16)

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)
Battle Creek, City of

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
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 Perferences.

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 connect with any program administered by FTA.

NAME AND TITLE OF AUTHORIZED OFFICIAL	SIGNATURE OF AUTHORIZED OFFICIAL	DATE
Richard W. Werner, Transit Manager	Richard W Werner	1/4/17

Michigan Department
Of Transportation
3084 (10/16)

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)
Battle Creek, City of

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
Richard W. Werner, Transit Manager	Richard W Werner	1/4/17

FY 2018 TITLE VI INFORMATION

INSTRUCTIONS: Complete and save this form in PTMS

NAME OF APPLICANT (legal organization name)

Battle Creek, City of

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:

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

2. Summarize all Title VI compliance review activties 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 did have it's Triennial review in 2016 however we did not have any deficiencies as a result of the review.

3. When was your last Title VI Program approved by MDOT or FTA? 06/01/13

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.

The Title VI Coordinator retired December 2015. Donna Hutchison, dmhutchison@battlecreekmi.gov, 269-966-3477, is the new coordinator as of December 2015. Battle Creek Transit had submitted an updated Title VI policy in April 2016 for approval but as of August 1, they advised us it was still under review and if changes needed to be made, they would be in contact. No formal acknowledgment/approval has been received to date.

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?

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.

Battle Creek Transit had submitted an updated Title VI policy to the FTA in April, 2016 for approval as the policy was expiring June 1. As of August 1 they advised us it was still under review and if changes needed to be made they would be in contact however no formal acknowledgment of approval of the policy has been received.

Michigan Department
Of Transportation
3059 (10/16)

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)

Battle Creek, City of

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.)

Battle Creek Transit replaced vehicle #154 with vehicle #163 which is a 2016 Eldorado ATF220 Cutaway.

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 McGowen

AFFILIATION (Name of organization, if any)
Disability Network

THIS MEMBER REPRESENTS:
- [X] Persons with Disabilities
- [X] Persons 65 years and older
- [ ] Neither of these groups

THIS MEMBER IS:
- [X] Jointly appointed by an area agency on aging
- [ ] Age 65 or older
- [ ] A user of public transportation
- [ ] A person with disabilities
- [ ] None of these groups

2. NAME
Jerry Sigourney

AFFILIATION (Name of organization, if any)

THIS MEMBER REPRESENTS:
- [X] Persons with Disabilities
- [ ] Persons 65 years and older
- [ ] Neither of these groups

THIS MEMBER IS:
- [ ] Jointly appointed by an area agency on aging
- [ ] Age 65 or older
- [X] A user of public transportation
- [X] A persons with disabilities
- [ ] None of these groups

3. NAME
Mark Woodford

AFFILIATION (Name of organization, if any)

THIS MEMBER REPRESENTS:
- [X] Persons with Disabilities
- [ ] Persons 65 years and older
- [ ] Neither of these groups

THIS MEMBER IS;
- [ ] Jointly appointed by an area agency on aging
- [X] Age 65 or older
- [X] A user of public transportation
- [X] A persons with disabilities
- [ ] None of these groups

4. NAME
Dawn Nichols

AFFILIATION (Name of organization, if any)

THIS MEMBER REPRESENTS:
- [X] Persons with Disabilities
- [X] Persons 65 years and older
- [ ] Neither of these groups

THIS MEMBER IS:
- [X] Jointly appointed by an area agency on aging
- [ ] Age 65 or older
- [ ] A user of public transportation
- [ ] A persons with disabilities
- [ ] None of these groups

5. NAME

AFFILIATION (Name of organization, if any)

THIS MEMBER REPRESENTS:
- [ ] Persons with Disabilities
- [ ] Persons 65 years and older
- [ ] Neither of these groups

THIS MEMBER IS;
- [ ] Jointly appointed by an area agency on aging
- [ ] Age 65 or older
- [ ] A user of public transportation
- [ ] A persons with disabilities
- [ ] None of these groups

6. NAME

AFFILIATION (Name of organization, if any)

THIS MEMBER REPRESENTS:
- [ ] Persons with Disabilities
- [ ] Persons 65 years and older
- [ ] Neither of these groups

THIS MEMBER IS:
- [ ] Jointly appointed by an area agency on aging
- [ ] Age 65 or older
- [ ] A user of public transportation
- [ ] A persons with disabilities
- [ ] None of these groups

7. NAME

AFFILIATION (Name of organization, if any)

THIS MEMBER REPRESENTS:
- [ ] Persons with Disabilities
- [ ] Persons 65 years and older
- [ ] Neither of these groups

THIS MEMBER IS;
- [ ] Jointly appointed by an area agency on aging
- [ ] Age 65 or older
- [ ] A user of public transportation
- [ ] A persons with disabilities
- [ ] None of these groups

8. NAME | AFFILIATION (Name of organization, if any)

THIS MEMBER REPRESENTS:
☐ Persons with Disabilities ☐ Persons 65 years and older ☐ Neither of these groups

THIS MEMBER IS;
☐ Jointly appointed by an area agency on aging ☐ A user of public transportation ☐ None of these groups
☐ Age 65 or older ☐ A persons with disabilities

9. NAME | AFFILIATION (Name of organization. if any)

THIS MEMBER REPRESENTS:
☐ Persons with Disabilities ☐ Persons 65 years and older ☐ Neither of these groups

THIS MEMBER IS:
☐ Jointly appointed by an area agency on aging ☐ A user of public transportation ☐ None of these groups
☐ Age 65 or older ☐ A person with disabilities

10. NAME | AFFILIATION (Name of organization, if any)

THIS MEMBER REPRESENTS:
☐ Persons with Disabilities ☐ Persons 65 years and older ☐ Neither of these groups

THIS MEMBER IS:
☐ Jointly appointed by an area agency on aging ☐ A user of public transportation ☐ None of these groups
☐ Age 65 or older ☐ A persons with disabilities

11. NAME | AFFILIATION (Name of organization, if any)

THIS MEMBER REPRESENTS:
☐ Persons with Disabilities ☐ Persons 65 years and older ☐ Neither of these groups

THIS MEMBER IS;
☐ Jointly appointed by an area agency on aging ☐ A user of public transportation ☐ None of these groups
☐ Age 65 or older ☐ A persons with disabilities

12. NAME | AFFILIATION (Name of organization, if any)

THIS MEMBER REPRESENTS:
☐ Persons with Disabilities ☐ Persons 65 years and older ☐ Neither of these groups

THIS MEMBER IS:
☐ Jointly appointed by an area agency on aging ☐ A user of public transportation ☐ None of these groups
☐ Age 65 or older ☐ A persons with disabilities

13. NAME | AFFILIATION (Name of organization, if any)

THIS MEMBER REPRESENTS:
☐ Persons with Disabilities ☐ Persons 65 years and older ☐ Neither of these groups

THIS MEMBER IS;
☐ Jointly appointed by an area agency on aging ☐ A user of public transportation ☐ None of these groups
☐ Age 65 or older ☐ A persons with disabilities

14. NAME | AFFILIATION (Name of organization, if any)

THIS MEMBER REPRESENTS:
☐ Persons with Disabilities ☐ Persons 65 years and older ☐ Neither of these groups

THIS MEMBER IS:
☐ Jointly appointed by an area agency on aging ☐ A user of public transportation ☐ None of these groups
☐ Age 65 or older ☐ A persons with disabilities

15. NAME | AFFILIATION (Name of organization, if any)

THIS MEMBER REPRESENTS:
☐ Persons with Disabilities ☐ Persons 65 years and older ☐ Neither of these groups

THIS MEMBER IS;
☐ Jointly appointed by an area agency on aging ☐ A user of public transportation ☐ None of these groups
☐ Age 65 or older ☐ A persons with disabilities

Michigan Department
Of Transportation
3175 (10/16)

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)
Battle Creek, City of

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:

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

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:

Battle Creek Transit received it's Triennial review during 2016. ADA was an area addressed with 2 deficiencies. 1) ADA Complementary Paratransit Service deficiencies and 2) Insufficient no-show policy. As a result of these deficiencies, Battle Creek Transit has 1) developed a written visitor's policy explaining all aspects of the policy and 2) developed, publicized, and distributed updated information which reflected the elimination of the no-show policy for all ADA paratransit riders.

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

RESPONSE:

Battle Creek Transit has updated it's Tele-Transit Rider's Guide and website to more accurately reflect the ADA Complaint Procedure.

Battle Creek Transit
Capital Requests For FY 2018

Req. Yr	Program	Item Description/Justification	Federal Amount	State Amount	Local Amount	Total Amount	Action	Status
2018	**SEC 5311(f)-Intercity**							
Requested:1	Facility	Desc:The roof replacement at the ITC would consist of 1) removing the existing roofing from the shingled roof section and inspect / replace any rotted decking, 3) replacing shingled section with ice guard, felt, ridge vents, ridge caps, and drip edge, 4) remove existing roofing from flat roof sections and inspect / replace any rotted decking 5) replace with roofing membrane, drip edge, and wall cap 6) removal and disposal of all waste. Justn:The Intermodal Transportation Center is in need of a roof replacement however local funding is not available to cover the full cost. It was indicated to us that there were funding available from 5311(f) that could potentially cover the whole project. Based on information we have gathered, the cost of the project would be roughly $125,000. Battle Creek Transit will submit a request for local capital improvement plan funding, if the project is not able to be funded 100% from 5311(f) funds. This is not in the TIP yet but will be submitted with the next process period.	$0	$125,000	$0	$125,000	REPLACE	PRE-REQUESTED
		Sub Total By Program Type	**$0**	**$125,000**	**$0**	**$125,000**		
2018	**SEC 5339 - Bus and Bus Facilities**							

Battle Creek Transit
Capital Requests For FY 2018

Req. Yr	Program	Item Description/Justification	Federal Amount	State Amount	Local Amount	Total Amount	Action	Status
Requested:1	Vehicle	Desc: Justn:In an effort to begin replacing our aging fleet, Battle Creek Transit is looking to build funds for the purpose of purchasing a refurbished 35 foot Gillig low-floor bus. This is not in the TIP yet but will be submitted with the next process period.	$91,660	$22,915	$0	$114,575	REHAB5YR	PRE-REQUESTED
		Sub Total By Program Type	**$91,660**	**$22,915**	**$0**	**$114,575**		
		Sub Total By Request Year	**$91,660**	**$147,915**	**$0**	**$239,575**		
		Grand Total	**$91,660**	**$147,915**	**$0**	**$239,575**		