

Battle Creek Transit

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

(269) 966-3588

Urban Medium

Regular Service

Annual Budgeted

2016

Operating Revenue: \$373,329

Total Eligible Expenses: \$3,748,169

Local Share: \$1,299,171

**Comments: FY 2016 Annual Operating Grant Application for the period October 1, 2015 through
September 30, 2016**

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Revenue Schedule Report

Code	Description	LH	DR	Total
401 :	Farebox Revenue			
40100	Passenger Fares (-)	\$373,329		\$373,329
406 :	Auxiliary Trans Revenues			
40615	Advertising (-)	\$31,305		\$31,305
407 :	NonTrans Revenues			
40799	Other NonTrans Revenue (Explain in comment field) (-sale of scrap metal)	\$6,307		\$6,307
409 :	Local Revenue			
40910	Local Operating Assistance (-)	\$888,230		\$888,230
411 :	State Formula and Contracts			
41101	State Operating Assistance (-)	\$1,422,138		\$1,422,138
413 :	Federal Contracts			
41302	Federal Section 5307 Operating (operating funds only) (-)	\$1,026,861		\$1,026,861
Total Revenues: \$3,748,170				

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Expense Schedule Report

Code	Description	LH	DR	Amount
501 : Labor				
50101	Operators Salaries & Wages (-)	\$1,207,662		\$1,207,662
50102	Other Salaries & Wages (-)	\$479,518		\$479,518
502 : Fringe Benefits				
50200	Fringe Benefits (-)	\$539,750		\$539,750
50220	DB Pensions (-)	\$317,729		\$317,729
503 : Services				
50302	Advertising Fees (-)	\$8,187		\$8,187
50305	Audit Costs (-)	\$9,342		\$9,342
50399	Other Services (Explain in comment field) (-)	\$141,687		\$141,687
504 : Materials and Supplies				
50401	Fuel & Lubricants (-)	\$438,946		\$438,946
50402	Tires & Tubes (-)	\$7,308		\$7,308
50404	Major Purchases (Explain in comment field) (-Bus parts & building improvements)	\$306,876		\$306,876
50499	Other Materials & Supplies (-)	\$57,963		\$57,963
505 : Utilities				
50500	Utilities (-)	\$60,961		\$60,961
506 : Insurance				
50603	Liability Insurance (-)	\$119,261		\$119,261
50699	Other Insurance (-)	\$38,454		\$38,454

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Expense Schedule Report

Code	Description	LH	DR	Amount
509 :	Misc Expenses			
50902	Travel, Meetings & Training (-)	\$3,272		\$3,272
50903	Association Dues & Subscriptions (-)	\$9,051		\$9,051
512 :	Operating Leases & Rentals			
51200	Operating Leases & Rentals (-)	\$10,009		\$10,009
513 :	Depreciation			
51300	Depreciation (-)	\$537,790		\$537,790
550 :	Ineligible Expenses			
55007	Ineligible Depreciation (-)	\$537,790		\$537,790
55009	Ineligible Percent of Association Dues (-)	\$1,500		\$1,500
55010	Other Ineligible Expense Associated w/Aux. & Nontrans (Explain in comment field) (-)	\$6,307		\$6,307

Total Expenses: \$4,293,766

Total Ineligible Expenses: \$545,597

Total Eligible Expenses: \$3,748,169

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Non Financial Schedule Report

Public Service

Code	Description	Weekday LH	Weekday DR	Saturday LH	Saturday DR	Sunday LH	Sunday DR	Total
610	Vehicle Hours	25,473	11,551	3,060	348	0	0	40,432
611	Vehicle Miles	378,730	123,200	44,308	3,667	0	0	549,905
615	Unlinked Passenger Trips - Regular	370,747	2,646	35,013	64	0	0	408,470
616	Unlinked Passenger Trips - Elderly	66,544	11,908	6,284	286	0	0	85,022
617	Unlinked Passenger Trips - Persons w/Disabilities	28,519	11,908	2,694	286	0	0	43,407
618	Unlinked Passenger Trips - Elderly Persons w/Disabilities	9,507	0	898	0	0	0	10,405
621	Total Line-Haul Unlinked Passenger Trips	475,317	0	44,889	0	0	0	520,206
622	Total Demand-Response Unlinked Passenger Trips	0	26,462	0	636	0	0	27,098
625	Days Operated	256	0	52	0	0	0	308

Total Passengers: 547,304

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 2016 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 2016. We will be bound by the provisions of this special 5333(b) [former 13(c)] labor warranty for the period of the grant.

(Note: Do not include school bus transportation providers and their unions.)

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 Union (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? Yes No
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 non profit 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>Mobility Transport</u>	_____	None	<input checked="" type="checkbox"/>
<u>City Cab</u>	_____	None	<input checked="" type="checkbox"/>
<u>Centra Care</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"/>
_____	_____	None	<input type="checkbox"/>

TYPED/PRINTED NAME AND TITLE Richard W Werner, Transit Manager	SIGNATURE OF APPLICANT	DATE
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Michigan Department
of Transportation
3076 (10/2014)

FY 2016 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 2016.

NAME OF PERSON AUTHORIZED TO SIGN A CONTRACT OR PROJECT AUTHORIZATION

Rebecca L. Fleury

LEGAL ORGANIZATION NAME *

Battle Creek Transit

TITLE OF AUTHORIZED SIGNER

City Manager

SIGNATURE OF AUTHORIZED SIGNER **

DATE

* 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 2016 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)

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.).

FUTURE TRANSIT OBJECTIVES

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

FY 2016 FTA CERTIFICATIONS AND ASSURANCES

INSTRUCTIONS: Complete and save this form in PTMS, and attach a signed copy 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 2016.

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		

FY 2016 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 Section 5317 funds.

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		

FY 2016 TITLE VI INFORMATION

INSTRUCTIONS: Complete and save this form in PTMS

NAME OF APPLICANT (legal organization name)

Battle Creek Transit

All FTA funds recipients, except for urban agencies that receive all of their FTA funds directly from FTA, must submit the following information that covers the period since your last MDOT application. First-time applicants should submit information for the previous fiscal year.

1. List any active lawsuits or complaints naming the applicant that allege discrimination based on race, color or national origin with respect to service or other transit benefits. The list should include: the date lawsuit or complaint was filed; a summary of the allegation, and the status of the lawsuit or complaint, including whether the parties to the lawsuit have entered into a consent decree.

If none, so state.

RESPONSE:

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

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2. Summarize all civil rights compliance review activities conducted with regard to your transportation program. 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 had two civil rights compliance reviews. First, our title VI Civil Rights policy was submitted to FTA and approved in June, 2013. This policy is in force until June, 2016. Second, Battle Creek Transit had its Federal triennial review in 2013. We did not have any title VI Civil Rights findings.

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

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?

The employees of Battle Creek Transit received a copy of the 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.

FY 2016 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.)

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 _____

