

## **REQUIRED TA FORMS FOR SPECIALIZED SERVICES OPERATING ASSISTANCE APPLICATION**

**Note:** The TA forms provided below are only for agencies that have no access to the Public Transportation Management System (PTMS). The agencies with access to PTMS must complete the forms in PTMS. For detailed instructions on how to apply for funding through the FY 2012 annual application, please refer to the FY 2012 Application Instructions for Public Transit Programs Administered by Bureau of Passenger Transportation. The instructions can be found at [www.michigan.gov/mdotptd](http://www.michigan.gov/mdotptd) by clicking on Applications & Forms under Resources. The instructions for TA forms and related requirements are available under Part IV of the instructions.

Please submit all completed forms to your MDOT project manager.

### **Required TA forms:**

- Specialized Services Application
- Budget Data
- Coordination Plan Update
- Service Description
- Title VI and EEO Compliance Application (required only for new applicants and/or applicants that have changed their legal name)



## FY 2012 SPECIALIZED SERVICES BUDGET DATA FORM

NAME OF APPLICANT (entity name in the master agreement)

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### EXPENSE SCHEDULE

**FY 2012**

Labor and Fringe Benefits	\$	
Services, Materials and Supplies (gas, oil, work performed by another agency)		
Casualty and Liability Insurance		
Purchased Transportation Service Within Service Area		
Leases and Rentals		
Depreciation and Amortization		
All Other		
<b>Total Operation Expenses</b>	<b>\$</b>	

### REVENUE SCHEDULE

Passenger Fares (paid by rider)	\$	
Special Fares (paid by another organization)		
Local (list) _____		
_____		
State (list) _____		
_____		
Federal (list) _____		
_____		
Other (list) _____		
_____		
<b>Total Revenues</b>	<b>\$</b>	

## COORDINATION PLAN FOR SPECIALIZED SERVICES

**INSTRUCTIONS:** Submit only one coordination plan update per county or multi-county region.

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NAME OF APPLICANT (entity name in the master agreement)

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- A. DOES YOUR COORDINATION COMMITTEE MEET AT LEAST QUARTERLY?      YES      NO  
If no, describe reasons for not meeting and efforts to establish quarterly meetings

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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.

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C: DESCRIBE PLANNED ACTIVITIES FOR THE NEXT FISCAL YEAR

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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.

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# SPECIALIZED SERVICES SERVICE DESCRIPTION

**INSTRUCTIONS:** Sign and return it to Michigan Department of Transportation

If you have multiple sub-applicants, please provide information for each sub-applicant.

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NAME OF APPLICANT (entity name in the master agreement)/SUB-APPLICANT

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**A. PROVIDE THE FOLLOWING INFORMATION FOR YOUR PROPOSED FY 2012 SERVICE**

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**REGULAR SERVICE/PAID DRIVER**

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DESCRIPTION OF SERVICE AND PROVIDE INFORMATION FOR APPLICANT AND/OR EACH SUB-APPLICANT AS APPLICABLE (service area, schedule, type of service)

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**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 Driver)

If your sub-applicant does not report directly in PTMS, both estimated miles and estimated passengers are required.

**APPLICANT:**

Funds Requested \_\_\_\_\_ by Mile Estimated Miles \_\_\_\_\_  
Funds Requested \_\_\_\_\_ by Passenger Estimated Passengers \_\_\_\_\_

**SUB-APPLICANT(S):**

Name of Sub-Applicant \_\_\_\_\_  
Funds Requested \_\_\_\_\_ ? by Mile Estimated Miles \_\_\_\_\_  
? by Passenger Estimated Passengers \_\_\_\_\_

Name of Sub-Applicant \_\_\_\_\_  
Funds requested \_\_\_\_\_ ? by Mile Estimated Miles \_\_\_\_\_  
? by Passenger Estimated Passengers \_\_\_\_\_

Name of Sub-Applicant \_\_\_\_\_  
Funds Requested \_\_\_\_\_ ? by Mile Estimated Miles \_\_\_\_\_  
? by Passenger Estimated Passengers \_\_\_\_\_

Name of Sub-Applicant \_\_\_\_\_  
Funds requested \_\_\_\_\_ ? by Mile Estimated Miles \_\_\_\_\_  
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Funds Requested \_\_\_\_\_ ? by Mile Estimated Miles \_\_\_\_\_  
? by Passenger Estimated Passengers \_\_\_\_\_

Name of Sub-Applicant \_\_\_\_\_  
Funds requested \_\_\_\_\_ ? by Mile Estimated Miles \_\_\_\_\_  
? by Passenger Estimated Passengers \_\_\_\_\_

Name of Sub-Applicant \_\_\_\_\_  
Funds Requested \_\_\_\_\_ ? by Mile Estimated Miles \_\_\_\_\_  
? by Passenger Estimated Passengers \_\_\_\_\_

Name of Sub-Applicant \_\_\_\_\_  
Funds Requested \_\_\_\_\_ ? by Mile Estimated Miles \_\_\_\_\_  
? by Passenger Estimated Passengers \_\_\_\_\_

Name of Sub-Applicant \_\_\_\_\_  
Funds Requested \_\_\_\_\_ ? by Mile Estimated Miles \_\_\_\_\_  
? by Passenger Estimated Passengers \_\_\_\_\_

Name of Sub-Applicant \_\_\_\_\_  
Funds requested \_\_\_\_\_ ? by Mile Estimated Miles \_\_\_\_\_  
? by Passenger Estimated Passengers \_\_\_\_\_

**VOLUNTEER DRIVER SERVICE**

DESCRIPTION OF SERVICE AND PROVIDE INFORMATION FOR APPLICANT AND/OR EACH SUB-APPLICANT AS APPLICABLE (service area, schedule, type of service)

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

**APPLICANT:**

Funds Requested \_\_\_\_\_ by Mile Estimated Miles \_\_\_\_\_  
Funds Requested \_\_\_\_\_ by Passenger Estimated Passengers \_\_\_\_\_

**SUB-APPLICANT(S):**

Name of Sub-Applicant \_\_\_\_\_  
Funds Requested \_\_\_\_\_ ? by Mile Estimated Miles \_\_\_\_\_  
? by Passenger Estimated Passengers \_\_\_\_\_

Name of Sub-Applicant \_\_\_\_\_  
Funds requested \_\_\_\_\_ ? by Mile Estimated Miles \_\_\_\_\_  
? by Passenger Estimated Passengers \_\_\_\_\_

Name of Sub-Applicant \_\_\_\_\_  
Funds Requested \_\_\_\_\_ ? by Mile Estimated Miles \_\_\_\_\_  
? by Passenger Estimated Passengers \_\_\_\_\_

Name of Sub-Applicant \_\_\_\_\_  
Funds requested \_\_\_\_\_ ? by Mile Estimated Miles \_\_\_\_\_  
? by Passenger Estimated Passengers \_\_\_\_\_

Name of Sub-Applicant \_\_\_\_\_  
Funds Requested \_\_\_\_\_ ? by Mile Estimated Miles \_\_\_\_\_  
? by Passenger Estimated Passengers \_\_\_\_\_

Name of Sub-Applicant \_\_\_\_\_  
Funds Requested \_\_\_\_\_ ? by Mile Estimated Miles \_\_\_\_\_  
? by Passenger Estimated Passengers \_\_\_\_\_

Name of Sub-Applicant \_\_\_\_\_  
Funds requested \_\_\_\_\_ ? by Mile Estimated Miles \_\_\_\_\_  
? by Passenger Estimated Passengers \_\_\_\_\_

Name of Sub-Applicant \_\_\_\_\_  
Funds Requested \_\_\_\_\_ ? by Mile Estimated Miles \_\_\_\_\_  
? by Passenger Estimated Passengers \_\_\_\_\_

Name of Sub-Applicant \_\_\_\_\_  
Funds Requested \_\_\_\_\_ ? by Mile Estimated Miles \_\_\_\_\_  
? by Passenger Estimated Passengers \_\_\_\_\_

Name of Sub-Applicant \_\_\_\_\_  
Funds requested \_\_\_\_\_ ? by Mile Estimated Miles \_\_\_\_\_  
? by Passenger Estimated Passengers \_\_\_\_\_

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**B. DESCRIBE TRAINING EFFORTS. PROVIDE INFORMATION FOR APPLICANT AND/OR EACH EACH SUB-APPLICANT AS APPLICABLE**

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BOARDING EQUIPMENT/ASSISTANCE

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SENSITIVITY

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OTHER

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NAME AND TITLE

SIGNATURE

DATE

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**SUB-RECIPIENT APPLICATION FOR CERTIFICATION OF  
TITLE VI AND EEO COMPLIANCE AND ASSURANCES**

Title VI of the Civil Rights Act of 1964, related statutes and regulations provide that no person shall on the grounds of race, color, national origin, gender, age, or disability, be excluded from participation in, be denied the benefits of, or otherwise be subjected to discrimination under any program or activity receiving federal financial assistance. The Civil Rights Restoration Act of 1987 amended Title VI to specify that entire institutions receiving Federal funds, whether schools, colleges, government entities, or private employers must comply with Federal civil rights laws, rather than just the particular programs or activities that receive federal funds.

**If you need assistance completing this form or additional information, please contact us by phone at (517) 373-0980, Fax (517) 373-6457 or TDD/TTY through the Michigan Relay Center at (800) 649-3777.**

COMPANY/ORGANIZATION NAME	TELEPHONE NUMBER	
STREET ADDRESS	FAX NUMBER	
P.O. BOX	CITY	
COUNTY	STATE	ZIP CODE

**Recipients of federal financial assistance must comply with the following procedures for monitoring and ensuring non-discrimination in any program, service, or activity, as required by 23 CFR Appendix A of part 230 Special Provisions.**

1. Sub-recipient must establish an Equal Opportunity Policy. Sub-recipient must accept as their operating policy the following: It is the policy of this Company to assure that applicants are employed, and that employees are treated during employment without regard to their race, religion, gender, color, or national origin. Such action shall include: employment, upgrading, demotion, or transfer; recruitment or recruitment advertising; layoff or termination; rates of pay or other forms of compensation; and selection for training, including apprenticeship pre-apprenticeship, and/or on-the-job training.
2. Sub-recipient must designate and make known to MDOT an Equal Opportunity Officer. The individual appointed must be capable of effectively administering and promoting an active program of equal employment opportunity and must be assigned adequate authority and responsibility to do so.
3. The sub-recipient equal opportunity policy must be disseminated to all staff members authorized to hire, supervise, promote, and discharge employees, or who recommend such action. To ensure that the policy is known, periodic meetings of supervisory and personnel office employees must be conducted not less than once every six months.
4. All employees, prospective employees and potential sources of employees should be advised of the sub-recipients equal opportunity policy. Notices and posters setting forth the employer's equal opportunity policy must be placed in areas readily accessible to the aforementioned. The employer's/contractor's equal employment opportunity and the procedures to implement the policy must be brought to the attention of employees by means of meetings, employee handbooks, or other appropriate means.
5. When advertising for employees, the sub-recipients must include, in all advertisements for employees the notation: "An Equal Opportunity Employer." All such advertisements must be published in newspapers or other publications having a large circulation among minority groups in the area from which the project work force would normally be derived.
6. Sub-recipients must establish a process to investigate all complaints of alleged discrimination and take appropriate corrective action, including a method to inform all complainants of their avenues of appeal. Complainants should be advised of their right to file a complaint with governmental agencies (i.e., the State recipient, the Federal agency providing funds to the state recipient, the Department of Civil Rights, the Department of Justice, etc.).

**A copy of 23 CFR Appendix A to Subpart A of Part 230 Special Provisions is available upon request. It provides specific information regarding equal employment opportunity responsibilities.**

**NAME AND TITLE OF THE EQUAL EMPLOYMENT OFFICER (this individual must be capable of effectively administering and promoting an active equal opportunity program and is assigned adequate authority and responsibility to carry out these duties.)**

NAME (Please Print)	COMPANY/ORGANIZATION TITLE (Please Print)
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I certify that I will abide by the equal employment opportunity requirements outlined in this application. I also understand the provisions of Title VI and related statutes. This certification is also my assurance that I will not discriminate on the grounds of race, color, national origin, gender, age, or disability.

AUTHORIZED CORPORATE OR ORGANIZATIONAL OFFICER	TITLE	DATE
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**NOTE: You must notify MDOT within 45 days if any of the information you provided on this application changes.**

**Please return this application to:**

**Cheryl Hudson, EEO Officer**  
**Michigan Department of Transportation**  
**425 W. Ottawa Street**  
**Lansing, Michigan 48933**  
**(517) 373-0980**  
[HudsonC1@michigan.gov](mailto:HudsonC1@michigan.gov)

**Do not write in this area below**

<b>Do not write in this area below</b>	
APPROVAL	DATE