



**TRANSIT AUTHORITY**

**SAUGATUCK - DOUGLAS - SAUGATUCK TOWNSHIP**

**100 E Wiley Rd, P.O. Box 649, Douglas, MI 49406**

# **FY 2024 ANNUAL MDOT GRANT APPLICATION**

## **Three Sections:**

- 1. Budget & Capital Requests**
- 2. Vehicle List & Plans**
- 3. General Requirements**

**INTERURBAN TRANSIT AUTHORITY**  
**(January, 2023)**

**FY 2024**

**BUDGET REQUESTS**

**Check List**

- X**   1.   **Resolution of Intent**
- X**   2.   **Operating Request (Proposed Budget)**
- X**   3.   **Capital Budget (2023-2026 Projection)**
- X**   4.   **Public Notice**

**INTERURBAN TRANSIT AUTHORITY**  
(January, 2023)

## FY 2024 RESOLUTION OF INTENT

*The approved resolution of intent to apply for state formula operating assistance for  
fiscal year 2024 under Act 51 of the Public Acts of 1951, as amended.*

WHEREAS, pursuant to Act 51 of the Public Acts of 1951, as amended (Act 51), it is necessary for the  
Interurban Transit Authority (hereby known as THE APPLICANT)  
established under Act 196 to provide a local transportation program for the state fiscal year of 2024 and,  
therefore, apply for state financial assistance under provisions of Act 51; and

WHEREAS, it is necessary for the governing body, to name an official representative for all public  
transportation matters, who is authorized to provide such information as deemed necessary by the State  
Transportation Commission or department for its administration of Act 51; and

WHEREAS, it is necessary to certify that no changes in eligibility documentation have occurred during  
the past state fiscal year; and

WHEREAS, the performance indicators have been reviewed and approved by the governing body.

WHEREAS, THE APPLICATION, has reviewed and approved the proposed balance (surplus) budget,  
and funding sources of estimated federal funds \$ 211,281 estimated state funds \$ 397,978  
estimated local funds \$ 467,370 with total estimated expenses of \$ 1,156,387

(Note: Local funds include fare box and any other local revenue)

NOW THEREFORE, be it resolved that THE APPLICANT hereby makes its intentions known to provide  
public transportation services and to apply for state financial assistance with this annual plan, in accordance  
with Act 51; and

HEREBY, appoints Phyllis Yff, Director as the Transportation Coordinator, for all public  
transportation matters, who is authorized to provide such information as deemed necessary by the State  
Transportation Commission or department for its administration of Act 51 for 2024

I, Marie Muha (Name) Secretary

(Secretary/Clerk) of THE Applicant, having custody of the records and proceedings of THE APPLICANT,  
does hereby certify that I have compared this resolution adopted by THE APPLICANT at the meeting of

January 17, 2023 with the original minutes now on file and of record in the office and that this  
resolution is true and correct.

IN TESTIMONY WHEREOF, I have hereunto set my hand  
and affixed seal of said resolution, this 17  
day of January A.D. 2023

SIGNATURE

**Interurban Transit Authority**  
**FY24 Budget Proposal**  
Non Financial Schedule Report

**FY21 Actual**

	Weekday	Saturday	Sunday	Total
Vehicle Hours	9270	1722	1036	12028
Vehicle Miles	99945	19185	10834	129964
Regular Passengers	19783	9265	4068	33116
Elderly Passengers	6202	1423	786	8411
Pass w/Disabilities	1916	421	255	2592
Elderly Pass w/Disabilities	1689	241	182	2212
Total Passengers	29590	11350	5291	46231
Days Operated	257	52	52	361

Total Demand Res Veh	8
Vehicles w lift	8
Gas - Gallons	21455
Total Employees	11
Total Operators	6

**FY22 Actual**

	Weekday	Saturday	Sunday	Total
Vehicle Hours	10060	1796	1122	12978
Vehicle Miles	125471	22143	12801	160415
Regular Passengers	28106	11870	4179	44155
Elderly Passengers	7061	1578	874	9513
Pass w/Disabilities	1578	264	96	1938
Elderly Pass w/Disabilities	2470	349	240	3059
Total Passengers	39215	14061	5389	58665
System Hours	3077	532	455	4064
Days Operated	260	50	52	362

Total Demand Res Veh	8
Vehicles w lift	8
Gas - Gallons	17879
Propane	1237
Total Employees	12
Total Operators	7

**FY23 Budget (90% 2019 except hours)**

	Weekday	Saturday	Sunday	Total
Vehicle Hours	9270	1722	1036	12028
Vehicle Miles	106503	21168	12734	140405
Regular Passengers	26731	13076	4131	43938
Elderly Passengers	6358	1616	952	8925
Pass w/Disabilities	2867	339	253	3460
Elderly Pass w/Disabilities	2057	356	289	2702
Total Passengers	38012	15387	5625	59025
System Hours	3067	572	429	4068
Days Operated	255	53	53	361

Total Demand Res Veh	8
Vehicles w lift	8
Gas - Gallons	12000
Propane Gallons	6000
Total Employees	12
Total Operators	8

**FY24 Proposed Budget FY22+20% except hours (12%)**

	Weekday	Saturday	Sunday	Total
Vehicle Hours	11106	1926	1514	14546
Vehicle Miles	150565	26572	15361	192498
Regular Passengers	33727	14244	5015	52986
Elderly Passengers	8473	1894	1049	11416
Pass w/Disabilities	1894	317	115	2326
Elderly Pass w/Disabilities	2964	419	288	3671
Total Passengers	47058	16873	6467	70399
System Hours	3317	532	455	4304
Days Operated	258	52	53	363

Total Demand Res Veh	8
Vehicles w lift	8
Gas - Gallons	16000
Propane Gallons	4000
Total Employees	13
Total Operators	9

## **PUBLIC NOTICE**

### **INTERURBAN TRANSIT AUTHORITY PROPOSED STATE AND FEDERAL APPLICATION FOR OPERATING AND CAPITAL ASSISTANCE**

All citizens are advised that the Interurban Transit Authority has prepared an application for State of Michigan financial assistance for fiscal year 2024 as required under Act 51 of the Public Acts of 1951, as amended, and for federal assistance as required under the federal transit laws, as amended.

The Interurban Transit Authority is requesting a total of \$ 1,039,789 through the following funding programs:

Program	Description	Total Amount
State Operating		\$397,978
Federal 5311 Operating		\$205,781
Federal 5339 Capital		\$436,030
	\$199,030 for Replacement Bus	
	\$52,000 for Replacement Office Equipment and Furniture	
	\$5000 for A&E Services for Facility Upgrades	
	\$180,000 for Building Addition and remodeling	

The Interurban Transit Authority ensures that the level and quality of transportation service is provided without regard to race, color, or national origin in accordance with Title VI of the Civil Rights Act of 1964. For more information regarding our Title VI obligations or to file a complaint please contact us at the address given below.

The proposed application is on file at the Interurban Transit Authority, 100 Wiley Road, Douglas, Michigan, and may be reviewed during a 30-day period (January 26 through February 27, 2023), between the hours of 7 a.m. and 6 p.m.

Written comments regarding the application and/or written requests for a public hearing to review the application must be received by February 28, 2023. Should a hearing be requested, notice of the scheduled date, time, and location will be provided at least 10 days in advance.

Submittals should be sent to the Interurban Transit Authority, P.O. Box 649, Douglas, Michigan, 49406, or via e-mail to [pyff@saugatuckinterurban.org](mailto:pyff@saugatuckinterurban.org).

**FY 2024**

## **VEHICLE LISTING & PLANS**

### **Check List**

- X**     1.   **Vehicle Inventory Schedule**
- X**     2.   **Vehicle Accessibility Plan**
- X**     3.   **Service Coordination Plan**

**INTERURBAN TRANSIT AUTHORITY**  
(January, 2023)

**Michigan Public Transit Facts  
Vehicle Listing Report**

Interurban Transit Authority											
Vehicle Identification Number (VIN)	State ID	Local ID	Status	Type	Seat Qty.	Lift Qty.	Year	Mileage	Repl. Req.	Repl. Fund	Vehicle Length (in feet)
1FDFE4FS4EDA18251	71-5865	27	ASSIGNED	LghtDty-Culaway	16	2	2014	195,419	2020	2020	24
1FDFE4FS4KDC71467	71-6913	33	ASSIGNED	LghtDty-Culaway	14	1	2020	42,953	—	—	24
1FDFE4FS6KDC71468	71-6914	32	ASSIGNED	LghtDty-Culaway	14	1	2020	69,519	—	—	24
1FDFE4FS8KDC17220	71-6446	30	ASSIGNED	LghtDty-Culaway	14	1	2019	111,697	—	—	22
1FDFE4FS9HDC22211	71-6212	28	ASSIGNED	LghtDty-Culaway	10	1	2017	140,577	2024	—	24
1FDRE4FS8KDC17221	71-6440	31	ASSIGNED	LghtDty-Culaway	14	1	2019	100,108	—	—	22
1FDVU4X82LKB75724	71-7039	34	ASSIGNED	Full Size Van	14	1	2021	28,832	—	—	21
1FDVU4X84LKB75725	71-7040	35	ASSIGNED	Full Size Van	14	1	2021	21,369	—	—	21



## **TRANSIT AUTHORITY**

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### **Accessibility Plan**

#### **1. Purpose**

This accessibility plan is submitted in compliance with Section 10e(18) of the Michigan Transportation Fund Act (MCL 247.660e) (hereinafter "the Act") and the official administrative rules for administration of Michigan's Comprehensive Transportation Fund. The purpose of this accessibility plan is to describe the demand-response service provided by Interurban Transit Authority to senior persons and individuals with disabilities. This accessibility plan demonstrates it is the policy of Interurban Transit Authority to comply with the following requirements of Section 10e(18):

- A. That demand-response service is provided to persons 62 years of age or older and individuals with disabilities residing in Interurban Transit Authority's entire service area. (See attached map defining the service area.)
- B. That as a minimum, demand response service is provided to persons 62 years of age or older and individuals with disabilities during the same hours as service is provided to all other persons in Interurban Transit Authority's service area.
- C. That the average time required for demand response service to persons 62 years and older and individuals with disabilities, from the initiation of a service request to arrival at the destination, is equal to the average time period required for demand response service provided to all other persons in Interurban Transit Authority's service area.
- D. That Interurban Transit Authority has established a Local Advisory Council with not less than 50 percent of its membership representing persons 62 years of age or older and individuals with disabilities in Interurban Transit Authority's service area. At least one member (or 12 percent of membership) has been appointed jointly with the area agency on aging. The Local Advisory Council has had an opportunity to review and comment on this plan before its submission to the Michigan Department of Transportation. (See attached Interurban Transit Authority LAC minutes)

All rules cited below refer to the official administrative rules for the administration of the Comprehensive Transportation Fund. These rules are found in the Michigan Administrative Code, beginning at Rule 241.4101, et seq.

#### **2. Definition of Senior and Individual with a Disability - Rule 201 (2) (c)**

As used in this Accessibility Plan

1. LAC Chairperson Name Sherry Owens

**AFFILIATION** Allegan County Senior & Veteran Services

This Member is a:

- |  |  |
|--|--|
| <input type="checkbox"/> Person with Disabilities    | <input type="checkbox"/> Jointly appointed by the area agency on aging |
| <input type="checkbox"/> Person 62 years and older   | <input type="checkbox"/> A user of public transportation               |
| <input type="checkbox"/> Neither of the above groups | <input checked="" type="checkbox"/> Neither of the above               |
| <input type="checkbox"/> Represents one of the above |  |

2. Kendrick Heinlein

**AFFILIATION** Area Agency on Aging

- |   |   |
|---|---|
| <input type="checkbox"/> Person with Disabilities               | <input checked="" type="checkbox"/> Jointly appointed by the area agency on aging |
| <input type="checkbox"/> Person 62 years and older              | <input type="checkbox"/> A user of public transportation                          |
| <input type="checkbox"/> Neither of the above groups            | <input type="checkbox"/> Neither of the above                                     |
| <input checked="" type="checkbox"/> Represents one of the above |   |

3. Linda Escott

**AFFILIATION** None

This Member is a:

- |  |  |
|--|--|
| <input checked="" type="checkbox"/> Person with Disabilities | <input type="checkbox"/> Jointly appointed by the area agency on aging |
| <input type="checkbox"/> Person 62 years and older           | <input checked="" type="checkbox"/> A user of public transportation    |
| <input type="checkbox"/> Neither of the above groups         | <input type="checkbox"/> Neither of the above                          |
| <input type="checkbox"/> Represents one of the above         |  |

4. Holly Harvey

**AFFILIATION** Disability Network/Lakeshore

This Member is a:

- |   |  |
|---|--|
| <input type="checkbox"/> Person with Disabilities               | <input type="checkbox"/> Jointly appointed by the area agency on aging |
| <input type="checkbox"/> Person 62 years and older              | <input type="checkbox"/> A user of public transportation               |
| <input type="checkbox"/> Neither of the above groups            | <input checked="" type="checkbox"/> Neither of the above               |
| <input checked="" type="checkbox"/> Represents one of the above |  |

5. Norma MacDonald

**AFFILIATION** Allegan County Senior & Veteran Services

This Member is a:

- |   |  |
|---|--|
| <input type="checkbox"/> Person with Disabilities             | <input type="checkbox"/> Jointly appointed by the area agency on aging |
| <input checked="" type="checkbox"/> Person 62 years and older | <input checked="" type="checkbox"/> A user of public transportation    |
| <input type="checkbox"/> Neither of the above groups          | <input type="checkbox"/> Neither of the above                          |
| <input type="checkbox"/> Represents one of the above          |  |

6. Roger Bird

**AFFILIATION** The Arc of Allegan County

This Member is a:

- |   |  |
|---|--|
| <input type="checkbox"/> Person with Disabilities               | <input type="checkbox"/> Jointly appointed by the area agency on aging |
| <input type="checkbox"/> Person 62 years and older              | <input type="checkbox"/> A user of public transportation               |
| <input type="checkbox"/> Neither of the above groups            | <input checked="" type="checkbox"/> Neither of the above               |
| <input checked="" type="checkbox"/> Represents one of the above |  |

Interurban Transit Authority's fare structure that is in use for seniors, individuals with disabilities, and the general public for demand response and fixed route service is as follows:

	General Public	Seniors/Disabled
Demand Response	\$1.00	\$.50

#### **10. Map and Narrative Description of Service Area – Rule 201 (2) (f)**

For demand-response service, Interurban Transit Authority's Service Area is: Saugatuck Township including the cities of Saugatuck and Douglas. Northern border: 136<sup>th</sup>, Southern Border: M-89 (124<sup>th</sup> Street), Eastern Border: 60<sup>th</sup> Street, Western Border: Lakeshore Drive. This is approximately 30 square miles.

Refer to the attached map of Interurban Transit Authority's service area, depicting Interurban Transit Authority's service area and routes.

#### **11. Service Schedule – Rule 201 (2) (g)**

Interurban Transit Authority's current service schedules, including hours of day and days per week for demand response service is as follows: Monday through Friday – 7am to 6pm, Saturday 9am to 6pm, Sunday 9am to 4pm.

#### **12. Schedules in Alternative Formats – Rule 201 (2) (h)**

Interurban Transit Authority has made arrangements to produce copies of its current service schedule in an alternative format that can be utilized by persons who are blind or have other disabilities.

#### **13. Vehicle Availability On Other Than Regular Service Hours and Days – Rule 201 (2) (i)**

Interurban Transit Authority does not make demand-response service vehicles available for use during hours or days other than regular service hours and days. Interurban Transit Authority confirms that accessible transit vehicles are available for use by the senior and individuals with disabilities to the same extent as the general public.

#### **14. Advance Requests for Demand Actuated Service – Rule 201 (2) (j)**

Interurban Transit Authority does not require that seniors, people with disabilities, and the general public must make an advance request to obtain demand response service.

#### **15. Constraints on Capacity and Restrictions on Trip Purpose – Rule 201 (2) (k)**

Interurban Transit Authority provides service to all customers with no constraints on capacity and no restrictions on trip purpose.

#### **16. Local Advisory Council Comments on this Plan – Rule 201(2) (m)**

## FY 2024 COORDINATION PLAN FOR LOCAL BUS OPERATING ASSISTANCE

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)**

Interurban Transit Authority

### TRANSIT PROVIDER/PURCHASER AND COORDINATION EFFORTS

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.)

Our immediate service area contains no other service providers except the local school district. The county wide public transit service, Allegan County Transportation, provides some service to individuals in our service area needing medical transportation out of our service area. Interurban, Allegan County Transportation, Area Agencies, and local residents meet 2-4 times per year to share information about our offered services.

**FY 2024**

## **GENERAL REQUIREMENTS**

### **Check List**

- X**   1. **Federal & State Certifications**
- X**   2. **Labor Warranty**
- X**   3. **Title VI & ADA Information**

**INTERURBAN TRANSIT AUTHORITY**  
(January, 2023)

## FY 2024 FTA CERTIFICATIONS AND ASSURANCES

Name Of Applicant (legal organization name)

Interurban Transit Authority

The Applicant agrees to comply with the applicable requirements of categories below. \*☒

Those requirements that do not apply to you or your project will not be enforced.

<u>Categories</u>	<u>Descriptions</u>
01.	Certifications and Assurances Required of Every Applicant.
02.	Public Transportation Agency Safety Plans.
03.	Tax Liability and Felony Convictions.
04.	Lobbying.
05.	Private Sector Protections.
06.	Transit Asset Management Plan.
07.	Rolling Stock Buy America Reviews and Bus Testing.
08.	Formula Grants for Rural Areas.
09.	Grants for Buses and Bus Facilities and Low or No Emission Vehicle Deployment Grant Programs.
10.	Enhanced Mobility of Seniors and Individuals with Disabilities Programs.
11.	Alcohol and Controlled Substances Testing.
12.	Demand Responsive Service.
13.	Interest and Financing Costs.
14.	Emergency Relief Program.

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 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 connection with any program administered by FTA.

## FY 2024 CONTRACT CLAUSES CERTIFICATION

Certification 1

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 The Person Authorized To Sign A Contract Or Project Authorization**

Phyllis Yff

**Legal Organization Name**

Interurban Transit Authority

**Title Of Authorized Signer**

**Signature Of Authorized Signer \*\* (See Below)      Date**

Executive Director

**Governing Board Chair Information \*\*\*:**

**Name\***

Tarue Pullen

**Phone\* (###)###-####**

269-857-4665

**Email\***

taruep@yahoo.com

\* 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.

\*\*\* Chair of the governing board having supervisory powers over your agency.

Name Of Applicant (legal organization name)

Interurban Transit Authority

is applying for Section 5311, 5311(f), 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?

☐ Yes ☒ No

Does agency use a third party transportation provider?

☐ Yes ☒ No

Are there other surface transportation providers in your area?

☒ Yes ☐ No

Note: Do not include school bus transportation providers and their unions  
Indicate public transit-providers and their union representation or none.

Provider :	Allegan County Transporta	Union Names:		None	<input checked="" type="checkbox"/>
Provider :	Macatawa Area Express	Union Names:		None	<input checked="" type="checkbox"/>
Provider :		Union Names:		None	<input type="checkbox"/>
Provider :		Union Names:		None	<input type="checkbox"/>
Provider :		Union Names:		None	<input type="checkbox"/>

## FY 2024 ADA COMPLAINT INFORMATION

*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)**

Interurban Transit Authority

**Has the agency been named in any lawsuits or complaints in the last year which allege an individual was discriminated against or denied full participation in transportation based on disability.**

☐ Yes ☒ No

**In the last year, have you had ADA compliance review conducted on your transportation program as part of an overall FTA or MDOT Compliance Review?**

☐ Yes ☒ No

**Have any changes been made to your ADA Complaint Policy?**

☒ Yes ☐ No

Please provide an explanation of changes.

Added Reasonable modification details. Board approved October 2022

**If your agency is operating inaccessible revenue vehicles, is equivalent service\* being offered to riders?**

**\*Equivalent service means that all riders, including wheelchair users, must be provided with the same level of service.**

☒ Yes ☐ No

## FY 2024 TITLE VI INFORMATION

Name Of Applicant (legal organization name)

Interurban Transit Authority

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. Are there 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?

☐ Yes ☒ No

2. Have you had any Title VI compliance review activities conducted with regard to your transportation program, including triennial compliance reviews conducted by FTA and/or MDOT?

☐ Yes ☒ No

3. When was your last title VI program approved by MDOT or FTA  MM/DD/YYYY

4. Has your Title VI Coordinator/EEO Officer changed during the reporting period or since your last Title VI Plan was approved?

☐ Yes ☒ No

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

☐ Yes ☒ No

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?

Annual Title VI training during staff meetings.