




500 West Big Beaver
Troy, MI 48084
troymi.gov

CITY COUNCIL AGENDA ITEM

Date: January 21, 2025

To: Frank Nastasi, City Manager 

From: Robert J. Bruner, Deputy City Manager
Kurt Bovensiep, Public Works Director
Ashely Tebedo, Administrative Services Manager

Subject: Enhanced Mobility of Seniors and Individuals with Disabilities Section 5310 Application

History

The Enhanced Mobility of Seniors and Individuals with Disabilities program (Section 5310), administered by the Federal Transit Administration (FTA), supports transportation services aimed to improve the mobility of seniors and those with disabilities by removing barriers to transportation services. The Regional Transit Authority (RTA) is the designated recipient of Section 5310 funds apportioned by FTA to the Detroit urbanized areas, which includes Oakland County and subsequently Troy. This call for projects includes request for vehicle replacement. The Suburban Mobility Authority for Regional Transportation (SMART) acts as a pass-through agency for funding awarded under this program.

The Transportation Division oversees the Troy RYDE (Reach Your Destination Easily) program. Troy RYDE provides free transportation to Troy residents that are 60+ or adults 18+ with disabilities. Troy RYDE is available for medical appointments, shopping, employment, and recreational activities and vehicles are wheelchair accessible. Troy RYDE is funded through the City of Troy's general fund, SMART Community Credits, and SMART Specialized Service Credits. These contracts are approved by City Council annually.

Through the 5310 application, Troy is requesting the replacement of five (5) buses. In 2021, Troy applied and was granted replacement of two vehicles, one van that was received in 2024, and a bus that is anticipated to be received in 2025. This call for projects has approximately \$11.6 million available in funding for Fiscal Year 2025 and Fiscal Year 2026. Troy's vehicles are eligible for replacement in FY 2026. The RTA will not issue another call for projects until Fiscal Year 2027. If approved, Troy would likely receive vehicles in FY 27 or FY 28.

Currently, Troy RYDE leases all vehicles from SMART. With exception of the van replaced in 2024 and the bus scheduled for replacement this year, the rest of the Troy RYDE fleet has been in service since 2019 and all have over 120,000 miles. These vehicles are maintained by Troy's Fleet Division rather than SMART to ensure maintenance and service issues on older buses cause as little service disruption as possible. Many times, SMART is unable to provide a loaner vehicle or repair buses in a timeframe that would not cause significant disruption to the more than 20,000 rides provided annually.



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If approved, the new buses would allow Troy RYDE to continue providing safe and reliable transportation.

Applications are due February 10th, 2025 and final review of application is expected in the spring of 2025.

Financial

Through the 5310 application, Troy is requesting the replacement of five (5) buses (\$850,000). The FTA requires a state/local match to access federal funds. Capital projects are funded at an 80% federal share with a 20% state/local match. The match for these projects is provided by the Michigan Department of Transportation (MDOT) resulting in no necessary contribution from the City of Troy.

Recommendation

It is recommended that the City apply for five (5) replacement vehicles through the Enhanced Mobility of Seniors and Individuals with Disabilities Section 5310 call for projects for FY 2026.

MOBILITY ALL PROGRAM

Connecting Communities Empowering Lives

ENHANCED MOBILITY OF SENIORS AND INDIVIDUALS WITH DISABILITIES SECTION 5310 APPLICATION

Program Information, Eligibility, and Instructions

Program Information

The Enhanced Mobility of Seniors and Individuals with Disabilities program (Section 5310), administered by the Federal Transit Administration (FTA), supports transportation services planned, designed, and carried out to address the specific needs of older adults and people with disabilities. The RTA is the designated recipient of Section 5310 funds apportioned by FTA to the Detroit and Ann Arbor urbanized areas (UZAs). As the designated recipient, the RTA is responsible for administering Section 5310 funds in those areas, which make up part of the RTA region of Wayne, Oakland, Macomb, and Washtenaw counties.

There is approximately \$11.6 million dollars available for this call for projects for Fiscal Years 2025 and 2026. The RTA will not issue another call for projects until Fiscal Year (FY) 2027.

Eligibility

Please consult the [2024 FTA Section 5310 Enhanced Mobility of Seniors and Individuals with Disabilities Program Guidance and Application Instructions](#) to review the specific eligibility requirements prior to beginning this application.

Instructions

Applicants may submit no more than one application for the 2025-26 CFP using the fillable form below, which may include up to one (1) project for each of the four (4) request types. Only one project may be submitted for each request type (e.g., applicants may only submit one request for operating funds; if requesting operating funding for 2025 and 2026, request enough funding to cover both years). If requesting funds for a vehicle, the standard pricing information can be found at <https://www.michigan.gov/mdot/-/media/Project/Web-sites/MDOT/Travel/Mobility/Public-Transportation/Applications/File/Application-Instructions-Public-Transit-Programs-Estimated-Vehicle-Prices.pdf>. The applicant is responsible for obtaining a quote to determine the estimated cost of any capital item that differs from those that are listed. For any questions about filling out the application, contact info@rtamichigan.org.

The deadline to submit a completed application is **5:00 p.m. February 10, 2025**, applications received after this deadline will not be considered in the current funding round. Applications must be submitted by email with all required attachments (as separate files, do not merge) to info@rtamichigan.org or [online](#). The completed application PDF must be saved and submitted with the title "5310 Application - organization name.pdf" with your organization's name. Information necessary to complete the application includes:

1. Applicant Information
2. Service Information
3. Project Information (as applicable)
 - a. Capital - Vehicles (Replacement or New/Expanded Service)
 - b. Mobility Management

- c. Other Capital (Software/Hardware/Facilities/Shop Equipment/Pedestrian Improvements)
- d. Operating
- 4. Project Benefit
- 5. Performance Measures

Regardless of how many projects are included in the application, applicants must fill out all fields, except those marked as "(If Applicable)".

Applicants should complete the checklist below to ensure that they have supplied all materials required for a complete submittal. Applications lacking the attachments below may be deemed ineligible.

For applicants who are *NOT* direct recipients, and are applying as a subrecipient to DDOT, SMART or TheRide, please include a letter of support from either DDOT, SMART or TheRide as your federal sponsor.

For applicants providing a letter of match funding commitment, this commitment must include proof of funds for the local match, such as bank statements, commitment letters, approved budget documents, or resolutions from governing bodies, clearly demonstrating the availability and allocation of the required funds.

Required Submittal Package Checklist

Completed application (this PDF)	Transportation program budget
Letter of support from federal sponsor	Additional letters of support
Letter of match funding commitment (optional: projects with non-MDOT match only)	Vehicle inventory (optional: Capital – Vehicles only - see Appendix A)

Request Type (check all that apply)

Capital - Vehicles	Mobility Management
Other Capital	Operating

1. Applicant Information

Contact Information			
Legal Name of Applicant or Organization			UEI Number
Contact Person			
Address	City	State	ZIP
Telephone		E-Mail Address	
Website			

Entity Type

Area

Ann Arbor

City of Detroit

Suburban Detroit (Detroit UZA outside the City of Detroit)

Service Area and Transportation

What is your organization's service area (please provide specific municipal [city/township] names and zip codes)?

Describe transportation services currently provided by your organization (e.g., service offered; hours of operation; fares; booking processes):

Identify your organization's current vehicle inventory:

Vans	Vans w/ Lifts/Ramps	Minivans	Minivans w/ Lifts/Ramps
Buses	Buses w/ Lifts/Ramps	Cutaways	Cutaways w/Lifts/Ramps

How do people learn about your transportation program? What type of outreach is done for this program?

Ridership

What is your service area population (provide data source/year)?

	Number	Data Source	Year
Service Area Population			
Older Adults (60+ Years of Age)			
Persons with Disabilities			

How many unlinked customer trips did you provide in the last five full calendar years?

	2020	2021	2022	2023	2024
Unlinked Passenger Trips - All					
Unlinked Passenger Trips - Older Adults					
Unlinked Passenger Trips - Persons with Disabilities					

5310 Experience

Has your agency received vehicles from either DDOT, RTA, SMART, or TheRide before?
Yes No

Has your agency successfully received/spent operating dollars from either DDOT, RTA, SMART, or TheRide before?
Yes No

Over what period of time (in years), has your agency carried out a project similar to the one(s) described in this application? How many similar projects has your agency been involved in?

If your organization has received Section 5310 funds in the past, how do you measure your transportation program's effectiveness and what performance measures are used? (i.e., annual rides or trips provided, vehicle miles of service, cost per ride, cost per mile etc.). Please provide recent data to describe.

If your organization has received Section 5310 funds in the past, are there unspent funds from those grants? If so, please describe when the unspent funds were awarded to your organization and why they are unspent?

Capability

Describe your organization's experience, knowledge, technical and administrative ability, and financial capacity to successfully and efficiently manage federal grants.

RTA requests that you provide supporting financial documentation regarding your transportation program. What type of financial documentation has been included with this application? Please check all that apply

Transportation Program Budget (required)

Audited Financials

Other:

3. Project Information

Please complete the information inclusive of *all* projects included in your application before proceeding to detail the relevant individual projects in sections 3a-3d.

Note: as specified in instructions, all applications shall include a letter of funding commitment for match funds that are not to be provided by MDOT (e.g., for Mobility Management, Operating and over-matched projects).

Budget				
Year 1 (FY2025)				
	Total Amount Requested	Federal Amount (80%)	State/Local Match Amount (20%)	Match Source
Capital - Vehicles				
Mobility Management				
Other Capital				
	Total Amount Requested	Federal Amount (50%)	Local Match Amount (50%)	Match Source
Operating				
Year 2 (FY2026)				
	Total Amount Requested	Federal Amount (80%)	State/Local Match Amount (20%)	Match Source
Capital - Vehicles				
Mobility Management				
Other Capital				
	Total Amount Requested	Federal Amount (50%)	Local Match Amount (50%)	Match Source
Operating				

For Vehicles, Mobility Management, and Other Capital requests, please indicate your organization's priority for the timing in receiving funding:

- Funding priority is Year 1 funding
- Funding priority is Year 2 funding
- Funding priority is 50% Year 1 funding, and 50% Year 2 funding

For Operating requests, please indicate your organization's priority for the timing in receiving funding:

- Funding priority is Year 1 funding
- Funding priority is Year 2 funding
- Funding priority is 50% Year 1 funding, and 50% Year 2 funding

Project Description

Briefly describe your overall application/project [include a description of all projects, each in its own paragraph(s)].

Please describe your plan and schedule for implementing the proposed project. Attach additional pages to the submittal email if necessary.

3a. Capital - Vehicles (If Applicable)

Select anticipated use(s) of vehicle(s):

Continue existing service(s) Expand current service(s) Offer new service(s)

How many vehicles are you requesting (*note: in addition to filling out this information, you must complete the inventory sheet, see Appendix A*)

Replacement:

New/Expansion:

For Replacement Request Only:

Local, DDOT, SMART, or TheRide Vehicle Number	VIN	Condition of Vehicle Being Replaced		
		Good	Fair	Poor

How would this project improve mobility or eliminate transportation barriers for seniors or people with disabilities (e.g., increase opportunities beyond ADA requirements; improve access to fixed route service, increase alternatives to public transportation)?

Describe how you are prepared to implement a potential grant award and estimate when new vehicle(s) would be in service:

3b. Mobility Management (If Applicable)

Select anticipated use(s) of investment:

Continue existing service(s) Expand current service(s) Offer new service(s)

How will your project address gaps in providing mobility and scheduling information and/or trip planning tools to the target population or other potential riders beyond existing customers? If it does not, it does not qualify as mobility management (for instance, continuing a call center that serves existing customers should be an operational request).

Describe the associated project costs (e.g., mobility manager or travel training personnel costs, coordinating technology, other eligible supporting costs):

Describe how you are prepared to implement a potential grant award and estimate when your mobility management service would be available:

3c. Other Capital - Software/Hardware/Facilities/Shop Equipment/Pedestrian Improvements (If Applicable)

Select anticipated use(s) of investment:

Continue existing service(s) Expand current service(s) Offer new service(s)

Select the type of Other Capital requested (select only one):

Software Hardware Facilities Shop Equipment Pedestrian Improvements

Briefly describe your Other Capital request (e.g., quantity, purpose) and your plan for procuring and deploying the Other Capital request:

How would this project improve mobility or eliminate transportation barriers for older adults or people with disabilities (e.g., increase opportunities beyond ADA requirements; improve access to fixed route service, increase alternatives to public transportation)?

For Software/Hardware/Shop Equipment purchases, explain how the use of this equipment would improve service and how it complements other services that your organization or other providers offer:

For Facilities and Pedestrian improvements, please identify how the project benefits will be allocated to the target population:

Describe how you are prepared to implement a potential grant award and estimate when new equipment, etc. would be in service:

3d. Operating (If Applicable)

Select anticipated use(s) of investment:

Continue existing service(s) Expand current service(s) Offer new service(s)

Describe the Operating project, the anticipated riders served, and operating area. *Note: this shall not be used to replace other available funding:*

How does this Operating project improve mobility or eliminate transportation barriers for older adults or people with disabilities? In particular, explain how this proposed project/service goes beyond what is required by ADA, improves fixed route service, or offers a new alternative to public transportation for older adults or people with disabilities.

If your Operating project provides rides or vouchers, please provide an estimated number of annual rides (one-way trips) to be provided as a result of this project.

Describe how you are prepared to implement a potential grant award and estimate when your Operating project would be available:

Please describe local support for this project. For example, are other local organizations involved in the proposed project? Do you have letters of support from local organizations? Was this project identified as a local priority as a result of public outreach? Is your organization providing more than the required local share of funding for the project? Submit additional documentation if desired.

Sustainability

Is funding available to support the project after the end of the 5310 grant period? If so, what is the source of that funding?

Other

Please provide any additional comments

5. Performance Measures

Please describe how your organization plans to collect information to monitor *all* projects in your application.

Performance Measures
<p>Please describe how your organization will monitor project success, quality control and/or customer satisfaction related to implementing the proposed project. Include in your description measurable indicators that you propose to use (i.e., annual rides or trips provided, vehicle miles of service, cost per ride and/or cost per mile etc.).</p>

Certification of Application

I do hereby certify this Enhanced Mobility of Seniors and Individuals with Disabilities Section 5310 Application to the Regional Transit Authority of Southeast Michigan (RTA).

Name

Email

Date

Title

Organization Name

Signature



Buhl Building • 535 Griswold Street, Suite 600 • Detroit, MI 48226 • (313) 223-2100

1/13/2025

Dear Regional Transit Authority of Southeast Michigan:

This letter serves as SMART’s commitment to act as a pass-through entity for any FTA Section 5310 funding that is awarded under the 2025 5310 Call for Projects for the project(s) included in an application submitted by the following agencies:

Macomb	Wayne	Oakland
Clinton Township	Allen Park	Angel's Place
Fraser	Belleville	Auburn Hills
Harrison Township	Brownstown Township	Berkley
Interfaith Volunteer Caregivers	Dearborn	Birmingham Area Senior Coordinating Council d/b/a NEXT
Macomb Community Action	Dearborn Heights	Bloomfield Township
Mt. Clemens	Downriver Community Conference	Brandon Township
Recreation Authority of Roseville and Eastpointe (RARE)	Ecorse	Catholic Charities of Southeastern Michigan (Oakland & Macomb)
Richmond Lenox EMS	Golden Services	City of Troy
Shelby Township	Grosse Ile	Clawson
St. Clair Shores	Lincoln Park	Family Living Center
STAR Transportation	Livonia	Farmington Hills
Sterling Heights	Melvindale	Ferndale
Warren	Nankin Transit Commission	Freedom Road Transportation Authority
	Northville	Freedom Work Opportunities
	Programs to Educate All Cyclists	Hazel Park
	Pointe Area Assisted Transportation Services	Huntington Woods
	Redford Township	Independence Township
	River Rouge	JARC
	Romulus	Jewish Family Services
	Southgate	Gesher Human Services formerly JVS
	Sumpter Township	Madison Heights
	Taylor	New Gateways
	Trenton	North Oakland Transportation Authority (NOTA)
	Van Buren Township	Oak Park
	Wyandotte	Oakland Community Health Network
		Older Person's Commission (OPC)
		Royal Oak
		Royal Oak Township
		Southfield
		West Bloomfield Township
		Western Oakland Transportation Authority (WOTA)

If you have any questions, please contact me at iholme@smartbus.org or 313-223-2161.

Sincerely,

Ian Holme
Manager of Transit Asset Management & Capital Planning



Transportation

Public Works Director - Kurt Bovensiep

Administrative Services Manager - Ashely Tebedo

Department Description

Troy R.Y.D.E. (Reach Your Destination Easily) provides transportation to Troy residents that are 60+ and adults 18+ with disabilities. The services offered by the Transportation Division are free to use for Troy residents that meet ridership guidelines.

Department Functions

- Provides prompt and reliable transportation services to Troy residents
- Offers rides for medical appointments, shopping, employment, recreational activities, salon appointments, and other community locations
- Operates within the borders of Auburn Road (north), Twelve Mile Rd (south), Mound Road (east), and Southfield/Adams (west)
- Schedules and coordinates appointments between seven busses that are leased from Suburban Mobility Authority for Regional Transportation (SMART)
- Provides transportation to dialysis appointments on holidays
- Offers door-to-door service to all passengers
- Uses busses and vans that are ADA accessible and are equipped with wheelchair lifts and ramps
- Works in partnership with SMART to provide transportation services and receives funding from the Specialized Services and Municipal and Community Credits programs

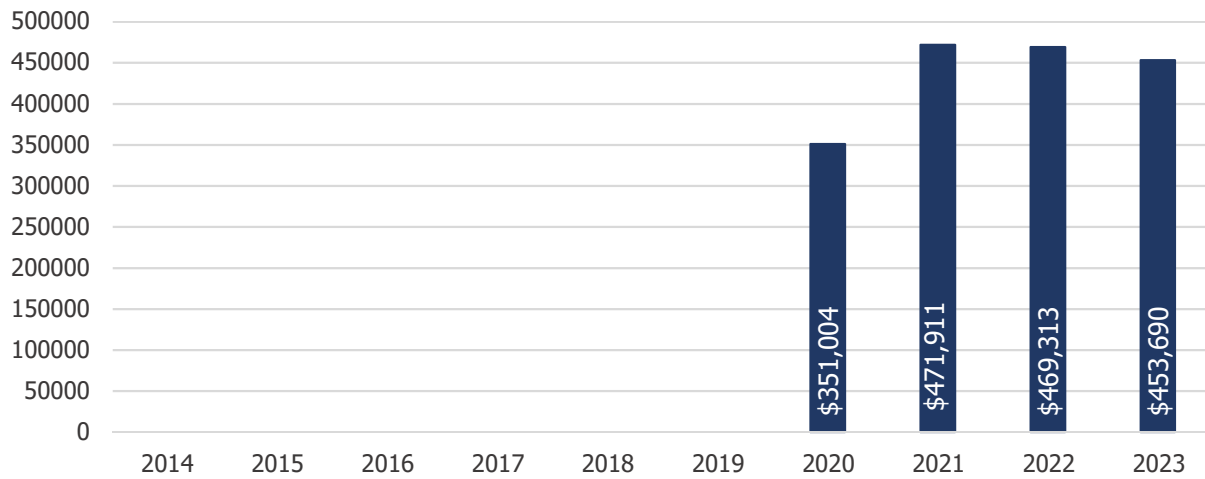
Performance Indicators

PERFORMANCE INDICATOR	2021/22 ACTUAL	2022/23 ACTUAL	2023/24 PROJECTED	2024/25 BUDGET
Number of Miles	134,563	139,526	145,000	150,000
Passengers: Elderly	9,513	7,382	8,000	8,250
Passengers: Persons w/ Disability	7,702	9,305	9,200	9,250
Passengers: Elderly Persons w/ Disability	1,397	1,968	2,050	2,050
Total Number of Rides	18,612	18,385	19,250	19,550

Transportation

PERSONNEL SUMMARY	2022 BUDGET		2023 BUDGET		2024 BUDGET		2025 BUDGET	
	Full Time	Part Time	Full Time	Part Time	Full Time	Part Time	Full Time	Part Time
Troy R.Y.D.E.	2	4.5	2.1	5.7	2	6.6	2	6.4
Total Department	2	4.5	2.1	5.7	2	6.6	2	6.4

Operating Budget History



**General Fund
Public Works/Transportation**

Transportation

	2022 Actual Amount	2023 Actual Amount	2024 Estimated Amount	2024 Amended Budget	2025 Proposed	% Change	2026 Proposed	2027 Proposed
Fund: 101 General Fund								
Expenditures								
Department: 596 Transportation								
Business Unit: 596 Shuttle Services								
Other Service Charges	-	331	-	-	355	0.00%	360	370
Business Unit Total: Shuttle Services	-	\$ 331	-	-	\$ 355	0.00%	\$ 360	\$ 370
Business Unit: 598 Senior/Special Transportation								
Personal Services	319,166	308,386	456,930	447,410	477,510	6.73%	491,710	506,450
Supplies	11,807	7,486	8,930	11,500	11,500	0.00%	11,500	11,500
Other Service Charges	138,339	137,487	150,150	147,345	163,200	10.76%	166,410	172,120
Business Unit Total: Senior/Special Transportation	\$ 469,313	\$ 453,359	\$ 616,010	\$ 606,255	\$ 652,210	7.58%	\$ 669,620	\$ 690,070
Department Total: Transportation	\$ 469,313	\$ 453,690	\$ 616,010	\$ 606,255	\$ 652,565	7.64%	\$ 669,980	\$ 690,440

Suspension and Debarment Certification

On behalf of your Agency, you certify that:

- a. It will comply and facilitate compliance with U.S. DOT regulations, "Nonprocurement Suspension and Debarment," 2 CFR part 1200, which adopts and supplements the U.S. Office of Management and Budget (U.S. OMB) "Guidelines to Agencies on Government wide Debarment and Suspension (Nonprocurement)," 2 CFR part 180.
- b. To the best of its knowledge and belief, that its Principals and Subrecipients at the first tier:
 - (1) Are eligible to participate in covered transactions of any federal department or agency and are not presently:
 - (a) Debarred,
 - (b) Suspended,
 - (c) Proposed for debarment,
 - (d) Declared ineligible,
 - (e) Voluntarily excluded, or
 - (f) Disqualified.
 - (2) Within a three-year period preceding its latest application or proposal, its management has not been convicted of or had a civil judgment rendered against any of them for:
 - (a) Commission of fraud or a criminal offense in connection with obtaining, attempting to obtain, or performing a public (federal, state, or local) transaction, or contract under a public transaction,
 - (b) Violation of any federal or state antitrust statute, or
 - (c) Commission of embezzlement, theft, forgery, bribery, falsification or destruction of records, making any false statement, or receiving stolen property.
 - (3) It is not presently indicted for or otherwise criminally or civilly charged by a governmental entity (federal, state, or local) with commission of any of the offenses listed in the preceding subsection b(2) of this Certification.
 - (4) It has not had one or more public transactions (federal, state, or local) terminated for cause or default within a three-year period preceding this Certification.
 - (5) If, at a later time, it receives any information that contradicts the preceding statements of subsections a or b of this Category 01.F Certification, it will promptly provide that information to FTA.
 - (6) It will treat each lower tier contract or subcontract under its Award as a covered lower tier contract for purposes of 2 CFR part 1200 and 2 CFR part 180 if it:
 - (a) Equals or exceeds \$25,000,
 - (b) Is for audit services, or
 - (c) Requires the consent of a federal official.
 - (7) It will require that each covered lower tier contractor and subcontractor:
 - (a) Comply and facilitate compliance with the federal requirements of 2 CFR parts 180 and 1200, and
 - (b) Assure that each lower tier participant in its Award is not presently declared by any federal department or agency to be:
 - 1 Debarred from participation in any federally assisted Award,
 - 2 Suspended from participation in any federally assisted Award,
 - 3 Proposed for debarment from participation in any federally assisted Award,
 - 4 Declared ineligible to participate in any federally assisted Award,
 - 5 Voluntarily excluded from participation in any federally assisted Award, or
 - 6 Disqualified from participation in any federally assisted Award.
- c. It will provide a written explanation if it or any of its principals, including any of its first tier Subrecipients or its Third Party Participants at a lower tier, is unable to certify compliance with the preceding statements

Name (Print) _____ Signature Ashely Tebedo Date _____

APPLICANT QUESTIONNAIRE

AGENCY: City of Troy

DATE: 1/17/2025

SELECT ONLY ONE			
Years in Business	10 years or more	Between 5 - 9 years	Less than 5 years
	X		

SELECT ALL THAT APPLY & FILL IN REQUESTED DETAILS					
Funding Type(s) Applied For In Current Application	Vehicle(s)	Capital Items, not including vehicles	Operating	Mobility Management	
	X				
Prior Experience with SMART	Prior recipient of JARC, New Freedom, or Section 5310 Funding From SMART		Current or Prior Recipient of Other Funding Types from SMART (check all that apply)		
	Vehicle(s)	Operating and/or Mobility Management Funding	X	Municipal Credits (MC)	No Prior Funding From SMART
			X	Community Credits (CC)	
			X	Specialized Services (SS)	
				Name Other(s):	
X					
Audit Report	Has annual Single Audit	Has annual Independent Financial Audit	Name Other Financial Audit Type	No Financial Audit	
	X	X	SMART MC/CC AUDIT		
Last period audited:	6/30/24	7/1/23-6/30/24	4/2021 - 3/2024		
Other Federal Funding	Please describe prior or current Other Federal Funding your agency receives. Include approximate number of years the funding has been received and total awards.				
Accounting System	Please name/describe your current accounting software used to record financial transactions. If none, please describe how grant expenditures and revenues will be maintained.				
	New World Systems				

The above questions have been answered truthfully and to the best of my knowledge.

NAME: Ashely Tebedo

TITLE: Administrative Services Manager

EMAIL/PHONE: Ashely.Tebedo@troymi.gov | 248.524.1754