

If you require assistance accessing this information or require it in an alternative format, contact the Michigan Department of Transportation's (MDOT) Americans with Disabilities Act (ADA) coordinator at www.Michigan.gov/MDOT-ADA.

Michigan Department
of Transportation
3059 (07/2025)

FY20 VEHICLE ACCESSIBILITY PLAN UPDATE

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INSTRUCTION: Complete and return it to Michigan Department of Transportation.

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)					
1. TOTAL D-R FLEET ANTICIPATED FOR APPLICATION YEAR (Including locally funded vehicles)					
2. TOTAL ANTICIPATED D-R FLEET ACCESSIBLE OR LIFT-EQUIPPED (Including locally funded vehicles)					
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 LA.

6. PLEASE INDICATE THE NUMBER OF TIMES PER YEAR THE AGENCY'S LAC MEETS:

ANNUALLY	QUARTERLY	MONTHLY	OTHER
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7. LAC MEMBER LIST (List below the members of your agency LAC. Mail 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	AFFILIATION (Name of organization, if any)
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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	Neither of these groups

2. NAME	AFFILIATION (Name of organization, if any)
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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	Neither of these groups

3. NAME	AFFILIATION (Name of organization, if any)
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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	Neither of these groups

4. NAME	AFFILIATION (Name of organization, if any)
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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	Neither of these groups

5. NAME	AFFILIATION (Name of organization, if any)
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THIS MEMBER REPRESENTS:		
Persons with Disabilities	Persons 65 years and older	Neither of these groups

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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	A user of public transportation	Neither of these groups	
7. NAME	AFFILIATION (Name of organization, if any)		
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