

Battle Creek Transit

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

(269) 966-3588

Urban Medium

Regular Service

Annual Budgeted

2026

Total Eligible Expenses: \$4,599,913

Comments: FY2026 Annual operating Grant Application for the period of October 1, 2025 through September 30, 2026 Budget variance is due to prior year expenses reflecting reduced service and budgeted year expenses reflecting full service levels.

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Revenue Schedule Report

Code	Description	LH	DR	Total
401 :	Farebox Revenue			
40100	Passenger Fares (-)	\$422,133		\$422,133
406 :	Auxiliary Trans Revenues			
40615	Advertising (-)	\$40,000		\$40,000
407 :	NonTrans Revenues			
40799	Other NonTrans Revenue (Explain in comment field) (Scrap metal, ID Cards)	\$1,479		\$1,479
409 :	Local Revenue			
40910	Local Operating Assistance (-)	\$1,165,331		\$1,165,331
411 :	State Formula and Contracts			
41101	State Operating Assistance (-)	\$1,407,090		\$1,407,090
413 :	Federal Contracts			
41302	Federal Section 5307 Operating (operating funds only) (-)	\$1,991,634		\$1,991,634
Total Revenues: \$5,027,667				

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Expense Schedule Report

Code	Description	LH	DR	Amount
501 :	Labor			
50101	Operators Salaries & Wages (-)	\$1,601,438		\$1,601,438
50102	Other Salaries & Wages (-)	\$842,111		\$842,111
502 :	Fringe Benefits			
50200	Fringe Benefits (-)	\$791,276		\$791,276
50210	DC Pensions (-)	\$55,342		\$55,342
50220	DB Pensions (-)	\$444,279		\$444,279
50250	DB Other Post Employment Benefit (-)	\$190		\$190
503 :	Services			
50305	Audit Costs (-)	\$10,579		\$10,579
50399	Other Services (-)	\$270,554		\$270,554
504 :	Materials and Supplies			
50401	Fuel & Lubricants (-)	\$232,819		\$232,819
50402	Tires & Tubes (-)	\$35,460		\$35,460
50499	Other Materials & Supplies (-)	\$180,185		\$180,185
505 :	Utilities			
50500	Utilities (-)	\$56,632		\$56,632
506 :	Insurance			
50603	Liability Insurance (-)	\$62,513		\$62,513
50699	Other Insurance (-)	\$9,975		\$9,975

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Expense Schedule Report

Code	Description	LH	DR	Amount
507 :	Taxes & Fees			
50700	Taxes & Fees (-)	\$207		\$207
509 :	Misc Expenses			
50902	Travel, Meetings & Training (-)	\$2,444		\$2,444
50903	Association Dues & Subscriptions (-)	\$9,980		\$9,980
512 :	Operating Leases & Rentals			
51200	Operating Leases & Rentals (-)	\$11,139		\$11,139
513 :	Depreciation			
51300	Depreciation (-)	\$318,162		\$318,162
550 :	Ineligible Expenses			
55007	Ineligible Depreciation (-)	\$318,162		\$318,162
55009	Ineligible Percent of Association Dues (-)	\$1,205		\$1,205
55010	Other Ineligible Expense Associated w/Aux. & Nontrans (Explain in comment field) (-)	\$16,005		\$16,005

Total Expenses: \$4,935,285

Total Ineligible Expenses: \$335,372

Total Eligible Expenses: \$4,599,913

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Non Financial Schedule Report

Public Service

Code	Description	Quantity LH	Quantity DR	Total
610	Vehicle Hours	27,471	4,127	31,598
611	Vehicle Miles	401,724	50,564	452,288
615	Unlinked Passenger Trips - Regular	180,907	998	181,905
616	Unlinked Passenger Trips - Elderly	26,958	4,231	31,189
617	Unlinked Passenger Trips - Persons w/Disabilities	9,945	4,231	14,176
618	Unlinked Passenger Trips - Elderly Persons w/Disabilities	4,639	499	5,138
621	Total Line-Haul Unlinked Passenger Trips	222,449	0	222,449
622	Total Demand-Response Unlinked Passenger Trips	0	9,959	9,959
625	Days Operated	255	255	510

Total Passengers: 232,408

Vehicle Information

Code	Description	Quantity
653	Total Line-Haul Vehicles	13
654	Line-Haul Vehicle w/ Lifts	13
655	Total Demand-Response Vehicles	7
656	Demand-Response Vehicle w/ Lifts	7
658	Total Transit Vehicles	20

Total Vehicles: 20

Miscellaneous Information

Code	Description	Quantity LH	Quantity DR
661	Total Transit Agency Employees (Full-Time Equivalents)	41	41
662	Total Revenue Vehicle Operators (Full-Time Equivalents)	26	26

Name Of Applicant (legal organization name)

Battle Creek, City of

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

List union representation (only staff that has duties connected to the transit operation)

Union Name: Amalgamated Transit Union (ATU)

Union Name: Battle Creek Supervisors Association (BCSA)

Union Name: Service Employees International SEIU

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 :	Marian E Burch	Union Names:		None	<input checked="" type="checkbox"/>
Provider :	Community Action	Union Names:		None	<input checked="" type="checkbox"/>
Provider :	Community Inclusive Recre	Union Names:		None	<input checked="" type="checkbox"/>
Provider :		Union Names:		None	<input type="checkbox"/>
Provider :		Union Names:		None	<input type="checkbox"/>

FY 2026 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)

Battle Creek, City of

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

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 2026 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

Ted E. Dearing

Legal Organization Name

Battle Creek, City of

Title Of Authorized Signer

Signature Of Authorized Signer ** (See Below)

Date

Interim City Manager

01/22/2025

Governing Board Chair Information ***:

Name*

Mark Behnke, Mayor

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

269-966-3311

Email*

markbehnke@aol.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.

FY 2026 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)

Battle Creek, City of

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.)

The City of Battle Creek / Battle Creek Transit houses the County's Mobility Manager who coordinates services amongst providers in our area. The City hosts the LAC and LCC meetings for transit agencies in our area. The Mobility Manager provides training services, ADA assessments, and travel training for Battle Creek Transit and other area agencies as requested. Battle Creek additionally provides/hosts the public meetings for transportation agencies in the area.

Most recently, the City led the coordination of the creation of the TACC (Transit Authority of Calhoun County) which includes the cities of Marshall, Albion, Springfield, and Battle Creek with the successful passing of a millage in November of 2024. The City will be working with the TACC on the transfer of designation for State and Federal funding and the TACC will submit applications to receive funding directly once the transfer has taken place.

FUTURE TRANSIT OBJECTIVES

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

The City will continue to work with area transportation agencies along with the TACC to ensure that transit services are provided. This will help grow the system size to cover the 4 cities within the County and consolidate services within the County. In the meantime, the City continues to contract with the City of Marshall to provide administrative services.

FY 2026 FTA CERTIFICATIONS AND ASSURANCES

Name Of Applicant (legal organization name)

Battle Creek, City of

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 2026 RESOLUTION OF INTENT

The approved resolution of intent to apply for state formula operating assistance for fiscal year 2026 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 (hereby known as THE APPLICANT) established under Act to provide a local transportation program for the state fiscal year of 2026 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 \$ estimated state funds \$ estimated local funds \$ with total estimated expenses of \$

(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 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 2026

I, (Name)

(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

, 20 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 , this day of A.D 20

SIGNATURE

This form is required for all agencies applying for Regular Services, Section 5311 JARC, Section 5310, and/or New Freedom projects.

Name of Applicant (legal organization name)

Battle Creek, City of

THE APPLICANT AGREES TO COMPLY WITH THE APPLICABLE REQUIREMENTS SELECTED BELOW:

- This organization has the necessary operational lifts on its vehicles as required by Act 51, [Section 10e
A. (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 insurance on file that meets the insurance requirements in exhibit a of your master agreement with the Michigan Department of Transportation. ☒

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 Of Applicant (legal organization name)

Battle Creek, City of

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

Please summarize 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 finding and recommendations.

The City of Battle Creek had a triennial review in 2023. There were no deficiencies noted in the triennial review.

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

a. Provide a brief description of these projects/service changes.

Service reductions included: hours of service, days of service, frequency of service.

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?

Service reductions went through the public participation process which included a public meeting, a public comment period, a public hearing, and approval by the City Commission.

c. What is the number or percentage of LEP or EJ populations affected by the project and/or service change

<5%

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?

Employees are trained at hire and refresher training is provided every 2-3 years. ISpeak cards were updated in 2023.

FY 2026 VEHICLE ACCESSIBILITY PLAN UPDATE

NOTICE: The Local Advisory Council(LAC) must review and be given the opportunity to comment on this Vehicle Accessibility Plan (VAP). Please attach the signed minutes of the LAC meeting at which this VAP was discussed.

Name Of Applicant (legal organization name)

Battle Creek, City of

1. Total D-R Fleet anticipated for application year (including locally funded vehicles)

15

2.Total Anticipated D-R Fleet Accessible or lift-equipped (including locally funded vehicles)

15

2a. If your agency is operating inaccessible revenue vehicles, is equivalent service being offered to riders?

No

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?

(If "yes" explain changes and reasons for those changes below.)

Yes

Explain changes and reasons for those changes

BCT disposed of 3 cutaways since our last application which met their useful life. In addition, we added 6 mini vans. 4 were for our Demand Response and 2 were for our BCGo ride share program plus we are anticipating 4 additional in 2026.

4. Has the agency made any changes in the following since the last accessibility plan update was submitted?

- | | |
|---|----|
| A. Fare structure | No |
| B. Service area information | No |
| C. Service availability information | No |
| D. Service Hours/days of operation | No |
| E. Local advisory council membership | No |

5. Has the agency made any other changes in its vehicle accessibility plan since last submission of an accessibility plan or annual update?

No

6. How frequently does the agency's LAC meet?

Quarterly

7. LAC MEMBER LIST (List below the members of your agency LAC. Attach a separate page of additional names if necessary.)

NOTICE: The Local Advisory Council (LAC) must review and be given the opportunity to comment on this Vehicle Accessibility Plan (VAP). Please attach the signed minutes of the LAC meeting at which this VAP was discussed and approved.

NOTE: MDOT Administrative Rule 202 requires that the applicant agency shall establish a 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.

Does the list of members reflect the membership in the minutes?

Yes

1. CHAIRPERSON'S NAME

Paul Ecklund

Affiliation (Name of organization, if any) Disability Network Southwest MI

This member represents

Persons with Disabilities

This member is

A user of public transportation

A Person with Disabilities

2. NAME

Paulette Porter

Affiliation (Name of organization, if any) CareWell (Area Agency on Aging)

This member represents

Persons 65 years and older

This member isJointly appointed by an area agency on aging

3. NAME

Henrietta McLaughlin

Affiliation (Name of organization, if any) SummitPointe

This member represents

Persons with Disabilities

This member isA user of public transportation

4. NAME

Kara Beer

Affiliation (Name of organization, if any) Chamber of Commerce

This member represents

Person without disability and not over 65 years of age

This member isMember of the public

5. NAME

Charles Asher

Affiliation (Name of organization, if any) None

This member represents

Persons 65 years and older

This member isAge 65 or older

6. NAME

Christena Smith

Affiliation (Name of organization, if any) None

This member represents

Person without disability and not over 65 years of age

This member is

A user of public transportation

A Person with Disabilities

7. NAME

Affiliation (Name of organization, if any)

This member represents

Person without disability and not over 65 years of age

This member is
