

**Battle Creek Transit**

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

**(269) 966-3588**

**Urban Medium**

**New Freedom**

**Annual Budgeted**

**2026**

**Total Eligible Expenses: \$509,509**

**Comments: FY2026 New Freedom application for the period of October 1, 2025 through September 30, 2026. Local Match provided by City of Battle Creek General Fund.**

**Battle Creek Transit  
Urban Medium  
New Freedom  
Annual Budgeted  
2026**

**Revenue Schedule Report**

<b>Code</b>	<b>Description</b>	<b>LH</b>	<b>DR</b>	<b>Total</b>
<b>401 :</b>	<b>Farebox Revenue</b>			
40100	Passenger Fares (-)		\$51,482	\$51,482
<b>409 :</b>	<b>Local Revenue</b>			
40910	Local Operating Assistance (-)		\$279,513	\$279,513
<b>413 :</b>	<b>Federal Contracts</b>			
41399	Other Federal Transit Contracts & Reimbursements (Explain in comment field) (MDOT PA 2022-0014/P10)		\$229,995	\$229,995
<b>Total Revenues: \$560,990</b>				

**Battle Creek Transit  
Urban Medium  
New Freedom  
Annual Budgeted  
2026**

**Expense Schedule Report**

<b>Code</b>	<b>Description</b>	<b>LH</b>	<b>DR</b>	<b>Amount</b>
<b>501 :</b>	<b>Labor</b>			
50101	Operators Salaries & Wages (-)		\$195,306	\$195,306
50102	Other Salaries & Wages (-)		\$102,701	\$102,701
<b>502 :</b>	<b>Fringe Benefits</b>			
50200	Fringe Benefits (-)		\$96,501	\$96,501
50210	DC Pensions (-)		\$6,749	\$6,749
50220	DB Pensions (-)		\$54,183	\$54,183
<b>503 :</b>	<b>Services</b>			
50302	Advertising Fees (-)		\$23	\$23
50305	Audit Costs (-)		\$1,290	\$1,290
50399	Other Services (-)		\$32,996	\$32,996
<b>504 :</b>	<b>Materials and Supplies</b>			
50401	Fuel & Lubricants (-)		\$28,394	\$28,394
50402	Tires & Tubes (-)		\$4,325	\$4,325
50499	Other Materials & Supplies (-)		\$21,975	\$21,975
<b>505 :</b>	<b>Utilities</b>			
50500	Utilities (-)		\$6,907	\$6,907
<b>506 :</b>	<b>Insurance</b>			
50603	Liability Insurance (-)		\$7,624	\$7,624
50699	Other Insurance (-)		\$1,217	\$1,217

**Battle Creek Transit  
Urban Medium  
New Freedom  
Annual Budgeted  
2026**

**Expense Schedule Report**

<b>Code</b>	<b>Description</b>	<b>LH</b>	<b>DR</b>	<b>Amount</b>
<b>507 :</b>	<b>Taxes &amp; Fees</b>			
50700	Taxes & Fees (-)		\$25	\$25
<b>509 :</b>	<b>Misc Expenses</b>			
50902	Travel, Meetings & Training (-)		\$298	\$298
50903	Association Dues & Subscriptions (-)		\$1,217	\$1,217
<b>512 :</b>	<b>Operating Leases &amp; Rentals</b>			
51200	Operating Leases & Rentals (-)		\$1,359	\$1,359
<b>513 :</b>	<b>Depreciation</b>			
51300	Depreciation (-)		\$38,802	\$38,802
<b>550 :</b>	<b>Ineligible Expenses</b>			
55000	Ineligible JARC and NF Fares (-)		\$51,482	\$51,482
55007	Ineligible Depreciation (-)		\$38,802	\$38,802
55009	Ineligible Percent of Association Dues (-)		\$147	\$147
55010	Other Ineligible Expense Associated w/Aux. & Nontrans (Explain in comment field) (-)		\$1,952	\$1,952

**Total Expenses: \$601,892**

**Total Ineligible Expenses: \$92,383**

**Total Eligible Expenses: \$509,509**

**Battle Creek Transit  
Urban Medium  
New Freedom  
Annual Budgeted  
2026**

**Non Financial Schedule Report**

**Public Service**

Code	Description	Quantity LH	Quantity DR	Total
610	Vehicle Hours	0	1,121	1,121
611	Vehicle Miles	0	8,746	8,746
615	Unlinked Passenger Trips - Regular	0	25	25
616	Unlinked Passenger Trips - Elderly	0	142	142
617	Unlinked Passenger Trips - Persons w/Disabilities	0	142	142
618	Unlinked Passenger Trips - Elderly Persons w/Disabilities	0	17	17
622	Total Demand-Response Unlinked Passenger Trips	0	326	326
625	Days Operated	0	257	257

**Total Passengers: 326**

**Vehicle Information**

Code	Description	Quantity
655	Total Demand-Response Vehicles	2
656	Demand-Response Vehicle w/ Lifts	2
658	Total Transit Vehicles	2

**Total Vehicles: 2**

**Miscellaneous Information**

Code	Description	Quantity LH	Quantity DR
661	Total Transit Agency Employees (Full-Time Equivalents)	0	44
662	Total Revenue Vehicle Operators (Full-Time Equivalents)	0	28

## 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 CERTIFICATION OF LOCAL MATCH

**Name of Applicant (legal organization name)**

Battle Creek, City of

certifies that local funds in the amount of \$ 229,995

are available to match federal Section 5317 New Freedom (NF) grant funds should they be awarded. **Farebox cannot be used as local match for NF, and must be backed out as ineligible under expense code 55000 in your OAR.** In the box below, please provide a breakdown of the source and amount of local funds. Please indicate if it is in-kind contribution or cash. For in-kind contributions, please indicate the types of services that will be provided and how you determined the value. Please refer to the Revenue & Expense Manual for an explanation of in-kind contributions.

City of Battle Creek General Fund

(Expenses require overmatch since we are not requesting an expansion of NF Operating, only continuation)

## 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 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 SECTION 5310/NEW FREEDOM  
GENERAL INFORMATION FORM

Name Of Applicant (legal organization name)

Battle Creek, City of

Check One :

☒ Urbanized Area    ☐ Non Urbanized Area

Name of urbanized area

Battle Creek Area

Is your agency within a metropolitan planning organization (MPO)?

☒ Yes    ☐ No

Has the project been included in the transportation improvement program (TIP) for this area?

☒ Yes    ☐ No

Services Provided by applicant (including how 5310 vehicles will be used, service area, days and hours of operation, and reservation requirements)

Mobility Management activities and late night/weekend transportation services.

Projected Annual 5310 Ridership

12,482

Estimated Percentage of Ridership(%)

Elderly  %    Disabled  %    Other  %

Specify Other

General Public

Vehicles are intended to:

☐ Replace Existing Vehicles    ☐ Expand Existing Service    ☐ Start New Service

Select One:

☐ Attached are letters of support from each public and private transit and paratransit operator in the proposed service area indicating that he or she does not, and is not intending to, offer similar service in the same area; or proof of a good faith effort made in obtaining letters of support if an operator will not respond.

☒ A public notice has been published (attach a copy of published public notice in PTMS).

**Project 1**

**Name Of Applicant (legal organization name)**

Battle Creek, City of

**Project Name**

Mobility Management

**Category of project (e.g., New Freedom operating: New Freedom capital such as bus, equipment, marketing, planning, and/or mobility management). You must also submit capital and/or operating request in PTMS.**

Mobility Management

☐ Expansion ☒ Continuation

**Amount of FEDERAL funds  
requested for the project**

70,000

**Amount of STATE funds  
requested for the project**

17,500

**Local Match (If other than  
capital)**

**Total funding \$**

87,500

**Source of local match funds for operating (be specific - identify each source and \$ amount).**

N/A

**General area served:**

- ☒ An urbanized area with population between 50,000 and 199,999  
☐ A non-urbanized area with population below 50,000

**Is this project in a tip:**

- ☒ Yes  
☐ No

**Estimated number of rides (one way trips) to be provided for individuals with disabilities as a result of the new freedom project**

2,640

**Project description**

Enhance/expand transp building on existing MM model focusing on coordinating services w/providers through centralized dispatch. With service area include communities that lacked access to transp, it emphasizes importance of outreach/education. The mobility mgr works w/organizations serving vulnerable/underserved populations ensuring equitable access to transp. Activities include travel training/planning, personalized assistance to riders, conduct targeted outreach/education campaigns.

**Title of coordinated plan from which project is derived**

Coordinated Public Transit -- Human Services  
Transportation Plan - Michigan Planning Region 3

**Specific strategy project relates to: page number and section where the specific strategy is stated**

Chapter 7-10 Regional Mobility Management Efforts -  
2nd Paragraph

**How does project address the identified strategy?**

BCT established a mobility manager position in 2020 that coordinated & facilitated transportation & mobility options for the community. However, it was noted that many residents are unaware of the transportation services available to them regionally and the need for expanded marketing of transportation services was identified. Therefore, this strategy recommends an increased education campaign through an expanded mobility management effort, especially if we will be providing countywide service.

**Are there multiple providers for this project/service?**

☐ NO ☒ YES If yes, please describe how the project/service provides for the coordination among the various providers

While there are other transportation providers in the area, nobody is currently coordinating efforts between them. Additionally, Calhoun County was the only county in the region that didn't have a countywide model and/or mobility manager to assist in coordinating countywide efforts. Each transportation provider currently serves limited populations with limited resources but has the capacity to serve additional rides in the area.

**Project implementation plan and timeline**

This is a continuation project for Mobility Management. The mobility management activities are already in place and require continuation funding to continue. This funding would continue the activities through September 30, 2026. The New Freedom operating assistance provides funding for non-ADA demand response services after fixed route hours have ended. The operating period for this project is October 1, 2025 through September 30, 2026.

Additional information

**Name Of Applicant (legal organization name)**

Battle Creek, City of

**Project Name**

Demand Response Operating

**Category of project (e.g., New Freedom operating: New Freedom capital such as bus, equipment, marketing, planning, and/or mobility management). You must also submit capital and/or operating request in PTMS.**

New Freedom Operating

☐ Expansion ☒ Continuation

**Amount of FEDERAL funds requested for the project**

229,995

**Amount of STATE funds requested for the project**

**Local Match (If other than capital)**

229,995

**Total funding \$**

459,990

**Source of local match funds for operating (be specific - identify each source and \$ amount).**

City of Battle Creek General Fund

(OAR reflects actual estimated expenses which includes an overmatch of local funds)

**General area served:**

- ☒ An urbanized area with population between 50,000 and 199,999  
☐ A non-urbanized area with population below 50,000

**Is this project in a tip:**

- ☒ Yes  
☐ No

**Estimated number of rides (one way trips) to be provided for individuals with disabilities as a result of the new freedom project**

12,482

**Project description**

This is a continuation of New Freedom Operating. This funding would continue through September 30, 2026. The New Freedom operating assistance provides funding for non-ADA demand response services after fixed route hours have ended. The operating period for this project is October 1, 2025 through September 30, 2026.

**Title of coordinated plan from which project is derived**

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Additional information



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?**

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

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**1. CHAIRPERSON'S NAME**

Paul Ecklund

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

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**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 is**Jointly 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 is**A 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 is**Member of the public

---

**5. NAME**

Charles Asher

**Affiliation (Name of organization, if any)** None

---

**This member represents**

Persons 65 years and older

---

**This member is**Age 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**

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