

NOTICE OF MEETING

**Twin Cities Area Transportation Authority
BOARD MEETING
November 24, 2021
12:00 P.M.**

Pursuant to Public Act 228, Sec. 3a. (a), the Twin Cities Area Transportation Authority (TCATA) will hold the TCATA Board meeting for our public conference on WEDNESDAY, November 24, 2021 at 12:00 p.m.

The agenda, public notice and additional information can be found on the web at this address:
<https://www.mywaythere.org/tcatameetings.asp>

Rules regarding public participation are unchanged, and members of the public are invited to participate during the public comment period.

Join Zoom Meeting:

<https://us06web.zoom.us/j/81002287379?pwd=QlpJSGpLZGs5RmtLOElxa2RPVWUwQT09>

Meeting ID: 810 0228 7379

Passcode: 009773

Dial by your location:

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All public meetings held by TCATA are required to be accessible to persons with disabilities under Title II of the Americans with Disabilities Act (ADA). Accommodations are available upon request to persons with disabilities who require alternately formatted materials or auxiliary aids to ensure effective communication and access to public meetings or programs.

For questions about accessibility or to request accommodations, please call 269-927-2268.

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Twin Cities Area Transportation Authority
(269) 927-2268 • Fax (269) 927-2310

275 East Wall Street, P.O. Box 837, Benton Harbor, MI 49023

MEMORANDUM

TO: TCATA Board Members

FROM: Paul Gillespie, Executive Director *PG*

DATE: November 19, 2021

RE: TCATA Monthly Board Meeting

There is a TCATA board meeting scheduled for **Wednesday November 24, 2021, at 12:00 p.m.**

The monthly board meeting will be held on a:

ZOOM CONFERENCE CALL

Please find enclosed a **MEETING NOTICE** with additional information.

If any changes should occur, you will be notified by telephone on Tuesday November 23, 2021, or as soon as possible.

If there are any questions and/or instructions regarding this matter, please contact me at 269-927-2268.



Twin Cities Area Transportation Authority
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275 East Wall Street, P.O. Box 837, Benton Harbor, MI 49023

AGENDA

ROLL CALL – 11/24/21

APPROVAL OF AGENDA

SECRETARY'S REPORT

- 2) General Information – 11/24/21
- 3) Minutes 10/5/21 & 10/27/21

CHAIRMAN'S REPORT

- 1) General Information – 11/24/21

DIRECTOR'S REPORT

- 1) Operation Summary,
Ridership & Farebox – 10/21
- 2) Driver of the Month – 10/21
- 3) General Information – 11/24/21
- 4) Approval of Directors Report – 11/24/21

ACCOUNTANT'S REPORT

- 1) Unpaid Bills Detail – 10/21
- 2) Check Detail – 10/21
- 3) Purchases by Vendor Detail – 10/21
- 4) Petty Cash – 10/21
- 5) Wire Transfer– 10/21
- 6) Trial Balance, Profit loss, Profit and
Loss Budget vs. Actual
& Balance Sheet – 10/21
- 7) Approval of Accountant Report – 11/24/21

OLD BUSINESS

- 1) NONE

NEW BUSINESS

- 1) Revised ADA Policy
- 2) Approval of Lakeland EAP Policy
- 3) Digital Boards
- 4) Notepads for Buses
- 5) TCATA Equipment Sale
- 6) Director Evaluation

PUBLIC COMMENTS

**TWIN CITIES AREA TRANSPORTATION AUTHORITY
DIAL-A-RIDE
SPECIAL MEETING
HELD October 5, 2021**

Board Members Present: Lisa Varrie, Secretary
Jerry Edwards, Trustee
Dorothy Parker, Trustee
Apollonia Williams, Treasurer

Board Members Absent:

Staff Present: Desha King, Grant/Procurement Manager
Shaniqua Smith, Receptionist

Public: Louise Wrege

The meeting was called to order by Ms. Williams

A motion was requested by Mr. Edwards to approve the agenda of 10/5/21 as presented, supported by Ms. Varrie. **MOTION CARRIED**

Nominations for Chairperson included Mr. Edwards and Ms. Williams. Both board members accepted their nomination.

None of the board members voted for Mr. Edwards. Mr. Edwards voted no; Ms. Parker and Ms. Varrie voted yes for Ms. Williams.

Ms. Apollonia Williams is officially the Chairperson for the Twin Cities Area Transportation Authority's Board as of 10/05/21.

There being no further discussions, the special meeting was adjourned by Ms. Williams.

Secretary

Date

dk

**TWIN CITIES AREA TRANSPORTATION AUTHORITY
REGULARLY SCHEDULED
BOARD MEETING
HELD October 27, 2021**

Board Members Present: Ms. Lisa Varrie, Secretary
Ms. Dorthoy Parker, Trustee
Ms. Apollonia Williams, Chairperson

Board Members Absent: Mr. Jerry Edwards, Trustee
Mr. James Childs, Trustee

Staff Present: Mr. Paul Gillespie, Executive Director
Mr. Richard Lee, Operations Manager
Mr. Jan Harper, Interim Finance Director
Ms. Shaniqua Smith, Administrative Assistant

Staff Absent: Ms. Desha King, Assistant Director/Grant Manager

Public: Angel Crayton
Michael Hoylt

The board meeting was called to order by Chairperson Williams.

Agenda: A motion was requested by Ms. Varrie to approve the agenda of 10/27/21 as presented, supported by Ms. Parker. **MOTION CARRIED**

Secretary's Report: **General Information – NONE**

Minutes – A motion was requested by Ms. Varrie to approve the minutes of 9/1/21 and 9/29/21 as presented, supported by Ms. Parker. **MOTION CARRIED**

Chairperson's Report: **General information** – Chairperson Williams had a brief discussion explaining that they have been meeting with Paul Gillespie and the Administration to bring together a solution for our Chain of Command, Job Responsibilities and Policies and Procedures so moving forward we can have a better understanding and healthier work environment.

Chairperson Williams stated that she and Paul agree that these meetings are helpful.

Director's Report: **General information** – Mr. Gillespie presented his report for the month of September 2021.

Operation Summary, Ridership & Fare box – Mr. Gillespie informed the board that the total Demand Response riders for the month of September was 9,253 of these 877 were senior riders and 3,024 were disabled riders, and 201 children, 4,791 regular riders, and Line Haul had 3,832 riders.

1,697.80 gallons of gasoline covering 12,911 miles an average of 7.6 miles per gallon. LP gas we used 5,082.20 gallons covering 27,100 miles an average of 5.3 miles per gallon. Total vehicle hours were 3,181 with an average of 2.9 passengers per vehicle hour.

Mr. Gillespie informed the board that the Ridership Comparison for FY2020 Year was 134,387 passengers on the Demand Response and 55,373 passengers on the Fixed Route. FY2021 Year to Date was 110,572 passengers on the Demand Response and 44,223 passengers on the Fixed Route. Vehicle hours for FY2020 were 44,307 and 40,017 hours for FY2021.

Mr. Gillespie Stated that Ridership is down - 17.42% and Fares are also down -9.30%. The Board was informed that he would like to see our Passenger Vehicle Hours back to being over 3.

Driver of the month – Jimmy King with 829 passengers for the month of September 2021.

Mr. Gillespie informed the Board that he went to a Training Session held in Mount Pleasant which was sponsored by the Michigan Department of Public Transportation which was extremely informative.

Mr. Gillespie stated that TCATA is lacking By-Laws, Policies and Procedures, and Employee Handbooks. We are also needing a Riders Guide and Job Descriptions for everyone in the agency.

Mr. Gillespie informed the Board that he signed up the Agency and received a letter directly from the President Joe Biden and the Secretary of Transportation that went out to all Public Transit Agencies urging them to join this group called the Sustainable Transit for a Healthy Planet. It requires every member to write up their own Climate Action Plan. An application for 2025 was submitted for two electric buses.

Mr. Gillespie informed the Board on two instances that came up in the last month. The first one had to do with the company that is putting in our phone system they had what is called a DDoS Distributed Denial of Service where all service incoming and outgoing was unavailable for three days. We reached out to our IT company and put together a plan to get around that issue should it ever present itself again. New phones will be installed the second week of November.

Mr. Gillespie stated that last Wednesday and Thursday the City was without water it was planned for the Agency to be shut down but the more it was thought about he concluded that we should be open. Dispatchers and Drivers were informed to come in on Thursday.

Mr. Gillespie informed the Board that we had to take several men to dialysis in Niles due to the center here being closed due to no water and it all worked out as planned.

Kim Gallagher from the Southwest Michigan Planning Commission picked the gentlemen up at 9pm from Niles and brought them back to Benton Harbor.

Chairperson Williams stated that we have been discussing Job Descriptions for a while now and asked if we should give ourselves a deadline to get those together.

Mr. Gillespie responded that he would do what he can as we have several things that are due in November from the FTA.

Chairperson Williams responded that since there are four people working in the Administrative Department is everyone working on the same thing.

Mr. Gillespie stated that the Employee Handbook will need the Board to make decisions on what needs to be included in it.

Chairperson Williams stated that she would like to form a committee to get the Employee Handbook started if two members would like to volunteer and get with Ms. Bragg to get a start on the handbook.

Chairperson Williams stated that a time limit of January would be put on starting the Employee Handbook.

Mr. Gillespie stated that he would be able to complete the Employee Handbook by the January Board Meeting

Chairperson Williams stated that the Job Descriptions should be able to be completed by the November meeting. The issue we are having is that no one knows what their responsibility is, and jobs are crossing into other departments. This is important so everyone will know the Chain of Command.

Chairperson Williams asked Mr. Gillespie if he could explain to the Board the Chain of Command since TJ Taylor who was the Assistant Director has now retired and now that position has been split into two.

Mr. Gillespie explained that he went back to the way it was when Wilbert Brown was Executive Director and Bill Purvis was the Assistant Director and TJ Taylor was the Operations Manager. When Wilbert Brown retired Bill Purvis never replaced himself. The Board wanted someone to be assigned the Assistant Director, TJ Taylor was placed as Assistant Director. So now I am the Executive Director, Ms. King is the Assistant Director/Grant Manager and Mr. Lee is the Operations Manager.

Mr. Gillespie stated that Mr. Lee and Ms. King are equal when it comes to their access to me and responsibility. Ms. Smith her position as Administrative Assistant is to help everyone in the office.

Chairperson Williams stated that Mr. Lee should have made the decision of closing and he should not have found out about it the same way as the drivers.

A motion was requested by Ms. Varrie to approve the Director's Report as presented for the month of September 2021, supported by Ms. Parker. **MOTION CARRIED**

Accountant's Report:

Check Details, Purchases by Vendor Detail & Unpaid Bills – A motion was requested by Ms. Varrie to approve the check detail in the amount of \$109,724.54 for the month of September 2021, supported by Ms. Parker. **MOTION CARRIED**

A motion was requested by Ms. Varrie to approve the Purchases by Vendor in the amount of \$57,822.12 for the month of September 2021, supported by Ms. Parker. **MOTION CARRIED**

A motion was requested by Ms. Varrie to approve the Unpaid Bills Detail in the amount of \$55,338.86 for the month of September 2021, supported by Ms. Parker. **MOTION CARRIED**

Bank Card Activity, Wire Transfers, & Petty Cash – was reviewed 9/21

Trial Balance, Balance Sheet & Profit & Loss – There was no report on the Trial Balance, Balance Sheet, and Profit & Loss for September 2021.

Ms. Varrie stated that Mitchell 1 was listed on the check detail twice for the same amount and she inquired on what that was for.

Mr. Harper responded by saying that it was for maintenance software.

Ms. Varrie asked if it was being used.

Mr. Gillespie stated that it is new and that it is diagnostic software.

Ms. Varrie asked what the CPA firm Hungerford Nichols was brought in for.

Mr. Gillespie responded that a few months earlier it was realized that items were not being reconciled correctly. On the advice of Mr. Harper and Ms. King it would be wise to bring another party in to look over our accounts and get it straightened out before the auditor comes.

Ms. Varrie responded by asking if this was an issue from the current or past accountant.

Mr. Gillespie stated that it was a current issue.

Ms. Varrie asked what the \$4,343.00 invoice from Kotz Sangster Wysocki P.C.

Ms. Varrie and Chairperson Williams asked if the Board could get a copy of the invoice.

Ms. Varrie stated that the attorney works for the board and going forward any contact with the attorney should be brought to either the Board or Chair.

Old Business:

NONE

New Business:

Mr. Gillespie explained to the Board that finding and keeping drivers is already hard but adding the pandemic to the mix, there is a shortage of drivers everywhere. The most effective way to get new employees would be to payout five hundred dollars (\$500.00) to any current TCATA employee that would refer a driver. It would be broken down as half issued after employee completes necessary training and the second half after six (6) months of employment is successfully completed.

Mr. Gillespie stated that the Resolution to Approve Referral Payment and to Pay Training Fees would really encourage others to apply for potential employment and help them with the cost of having to take the test which costs around \$150.00.

Mr. Lee Stated that the Resolution would be a great incentive.

Ms. Varrie inquired if TCATA was still a Felon Friendly employer, depending on the felony.

Mr. Lee stated that TCATA will hire felons depending on the level of the crime.

Mr. Gillespie responded that it would be beneficial to have a policy in the future stating which felonies you could have and still be considered for employment.

Ms. Varrie stated that after the policy is put in place it may be a good idea to reach out to the courthouse and see if they have any leads on clients that may be a good fit for TCATA.

Ms. Varrie stated that Mr. Lee may be the person to cultivate a relationship with the courthouse or probation department.

Mr. Gillespie stated that Ms. Bragg is the HR Manager, Mr. Lee and Ms. Bragg can work together on that.

Chairperson Williams stated that what we are doing now seems to be working and if Mr. Gillespie and Mr. Lee could get together and decide by a case-to-case basis.

Chairperson Williams requested that policy and list of felonies accepted be listed into the Employee Handbook.

A motion was made by Ms. Parker to approve the Resolution to Approve Referral Payment and to Pay Training Fees, Motion supported by Ms. Varrie.

Mr. Gillespie explained to the Board how the Customer Complaint/Customer Service forms were to be used. Forms will be used to track all complaints and even compliments that come into the Agency.

Mr. Gillespie suggested that the Board take a handful of forms and if complaints come to you write them down so they can be addressed properly.

Mr. Gillespie informed the Board that in the next few days a new ADA/Title VI Complaint/Comment form will be added to the MYWAYTHERE website.

Chairperson Williams suggested that a contact person or phone number on who to contact with complaints should be listed at the bottom of the form. Board members should not be taking passenger or employee complaints.

Chairperson Williams suggested that a cell phone be purchased for Mr. Lee so customers can call to place complaints and from there it can be documented by him completing the forms and following up on the complaint.

Mr. Gillespie stated that all employees have these forms and all employees from Call Taker to Administration can take a complaint and sometimes the farthest it will go is the call taker.

Chairperson Williams stated that the complaint form should not be passed around due to confidentiality and for instance a complaint came into an employee on a family member that is an employee it may not go any further.

Chairperson Williams clarified that all passenger complaints should start with Mr. Lee any employee complaints will go to Mr. Gillespie via the Blue Box.

Chairperson Williams stated that in the past we had a Co-Chair who would be responsible to run the meetings in the Chairs absence.

Chairperson Williams commented that she would like to have that roll delegated and asked for any nominees.

Ms. Varrie Nominated Ms. Dorothy Parker as Co-Chair.

Ms. Parker stated that she would except the position.

A motion was made by Ms. Varrie to approve Dorothy Parker as the Co-Chair to Chairperson Williams, Motion supported by Chairperson Williams.

Chairperson Williams stated that a Treasurer needs to be delegated, since Mr. Edwards is absent, and another member has yet to be appointed she asked for it to be tabled until a later date.

Chairperson Williams stated that they are going to delegate a sub-committee for the By-Laws which will include Ms. Parker and herself.

Mr. Gillespie commented that they should reach out to TCATA's Attorney for help with the By-Laws.

Chairperson Williams stated that they will present the By-Laws when they are completed to the attorney for review.

Chairperson Williams commented that the Policies and Procedures have been discussed in other conversations, they need to be down in writing and systems need to be put in place and followed.

Chairperson Williams stated there was something Mr. Edwards wanted to add regarding the Veterans.

Mr. Gillespie responded that Mr. Edwards and he have already had a conversation and that he did not realize the In-Service was going to be held on Veterans Day. Mr. Edwards had expressed that he wanted TCATA to give free rides to veterans.

Mr. Gillespie extended an invitation to the Board that they come to the In-Service, and that it is scheduled for Thursday, November 11th at Harbor Point II in their community room 9:00am until 4:00pm.

Ms. Varrie requested that a schedule of all days TCATA is closed could be brought to dialysis and other centers that the closing may affect their clients so the centers could possibly post or use to reschedule appointments.

Public Comments:

Ms. Angel Crayton commented that she has not personally used Public Transportation but does know people that use the system and was interested in the discussion of the Ridership being down.

Ms. Angel Crayton suggested that a chart be made to see the drop and increase in Ridership, so necessary adjustments can be made.

Ms. Angel Crayton stated that if she were to ride Dial a Ride she would not really know how and asked if we could advertise and be more innovative.

Chairperson Williams suggested if it was possible to have one of our busses out delivering water to the elderly in the community due to the water crisis.

Mr. Gillespie stated that there are rules and restrictions with what the FTA will allow.

Chairperson Williams requested that it to be looked into because the board would like to see TCATA help the city's residents and community a little more.

Ms. Varrie suggested delegating a bus to pick up people from River Terrace, Harbor Towers and take them to a water pick up location with those residents not having to wait an hour since the buses cannot sit that long maybe speaking with commissioners or organizers we can come up with an agreement.

There being no further discussions, Chairperson Williams adjourned the board meeting.

Secretary

Date

vb

OPERATION SUMMARY

OCT 2021

7,147,290

PASSENGERS TO DATE

19,701,070

MILES TO DATE

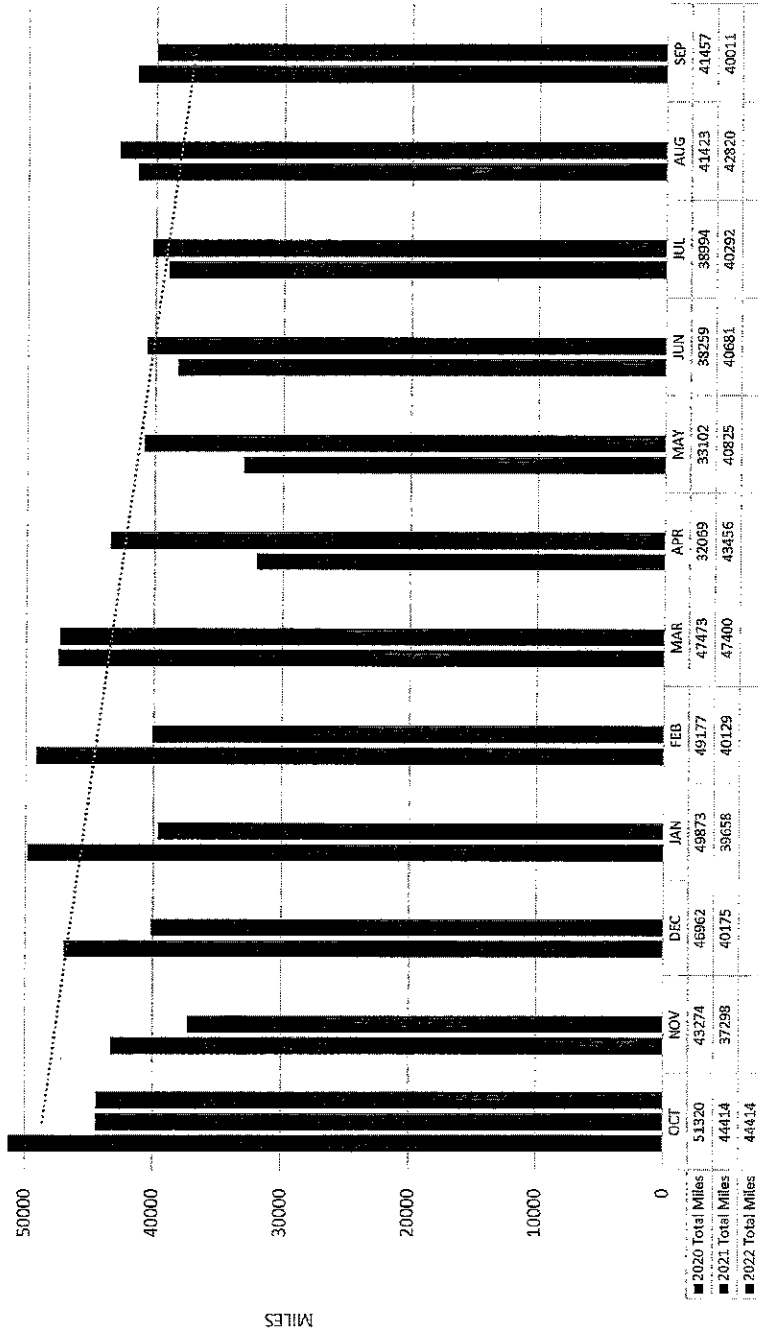
Date	Regula	Senior	Disable	Child	SR Dis	Total	LINE HAUL	VEHICLE DATA			VEHICLE DATA LP			VEH HOURS	PASS/VEH HR	
								FUEL	MILES	%GAL	MILES	FUEL	%GAL			MILES
FRI	217	58	155		9	11	450	214	109.8	530	4.8	243.6	1276	5.2	153	2.9
SAT	147	16	72		6	11	252	114	52.1	379	7.3	94.9	446	4.7	74	3.4
SUN																
TOTAL	364	74	227		15	22	702	328	161.9	909	5.6	338.5	1722	5.1	227	3.1
MON	222	45	113		12	16	408	187	83.2	560	6.7	164.8	1070	6.5	120	3.4
TUE	207	59	143		8	14	431	213	89.1	578	6.5	186.4	1142	6.1	136	3.2
WED	212	44	146		5	25	432	187	65.2	611	9.4	176.1	1239	7.0	137	3.2
THUR	209	40	118		9	13	389	170	101.6	529	5.2	219.5	1208	5.5	143	2.7
FRI	196	47	128		28	18	417	189	86.8	564	6.5	169.2	991	5.9	124	3.4
SAT	81	16	80		4	10	191	90	15.1	409	27.1	82.3	482	5.5	66	2.9
SUN																
TOTAL	1127	251	728		66	96	2268	1036	441.0	3251	7.4	998.3	6102	6.1	726	3.1
MON	241	43	116		4	7	411	165	66.6	525	7.9	258.7	1240	4.8	140	2.9
TUE	199	45	124		12	9	389	168	57.5	534	9.3	222.8	1217	5.5	140	2.8
WED	205	53	114		6	11	389	189	55.9	509	9.1	190.6	997	5.2	114	3.4
THUR	204	18	70		5	297	106	103.6	456	4.4	142.9	989	6.9	124	2.4	
FRI	228	33	100		4	12	377	147	83.7	565	6.8	176.2	997	5.7	133	2.8
SAT	101	15	56		4	5	181	86	25.3	279	11.0	91.9	601	6.5	74	2.4
SUN																
TOTAL	1178	207	580		30	49	2044	841	392.6	2888	7.3	1083.1	6041	5.8	725	2.8
MON	202	50	113		2	11	378	175	57.9	513	8.9	182.2	1118	6.1	131	2.9
TUE	204	46	135		6	15	406	186	94.8	538	5.7	301.3	1097	3.6	136	3.0
WED	194	41	94		10	7	346	157	73.8	402	5.4	182.2	947	5.2	196	1.8
THUR	131	22	83		5	12	253	104	56.9	467	8.2	177.5	830	4.7	97	2.6
FRI	173	40	115		15	10	353	151	89.3	562	6.3	142.5	926	6.5	114	3.1
SAT	85	26	112		1	4	228	120	49.0	454	9.3	57.8	472	8.2	75	3.0
SUN																
TOTAL	989	225	652		39	59	1964	893	421.7	2936	7.0	1043.5	5390	5.2	749	2.6
MON	194	28	81		8	7	318	128	73	524	7.2	147.4	992	6.7	148	2.1
TUE	182	44	114		13	17	370	173	81.7	497	6.1	170.8	928	5.4	122	3.0
WED	208	36	104		2	12	362	150	79.6	547	6.9	202.9	1047	5.2	131	2.8
THUR	187	42	110		6	13	358	156	66.8	501	7.5	203.4	1108	5.4	131	2.7
FRI	168	44	106		12	7	337	158	83.5	536	6.4	255.4	1001	3.9	128	2.6
SAT	79	16	74			5	174	70	45.7	454	9.9	78.8	392	5.0	66	2.6
SUN																
TOTAL	1018	210	589		41	61	1919	835	430.3	3059	7.1	1058.7	5468	5.2	728	2.6
MONTH TOTAL	4676	967	2776		191	287	8897	3933	1847.5	13023	7.0	4522.1	24723	5.5	3155	2.8

375

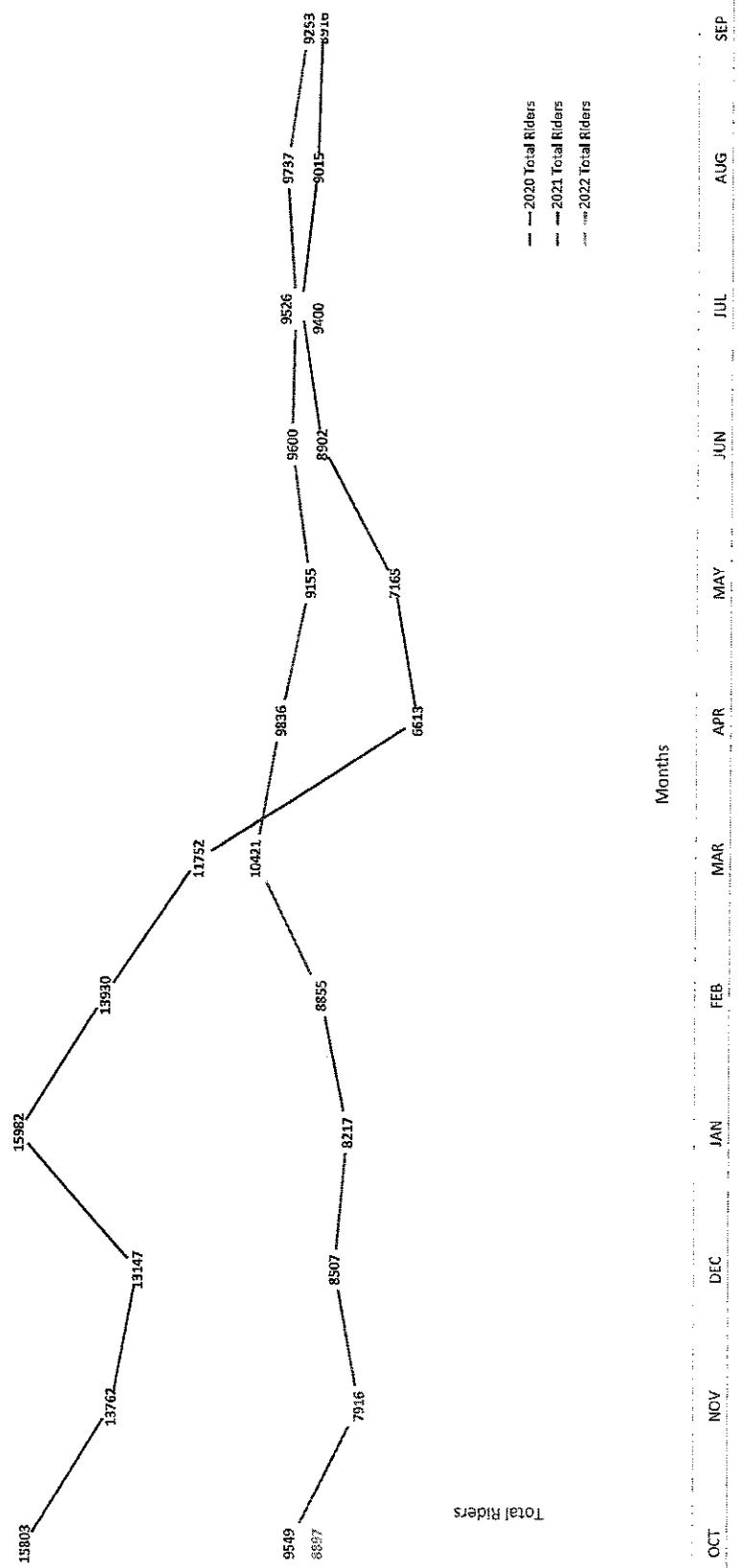
weekday

Total Miles YTD

60000



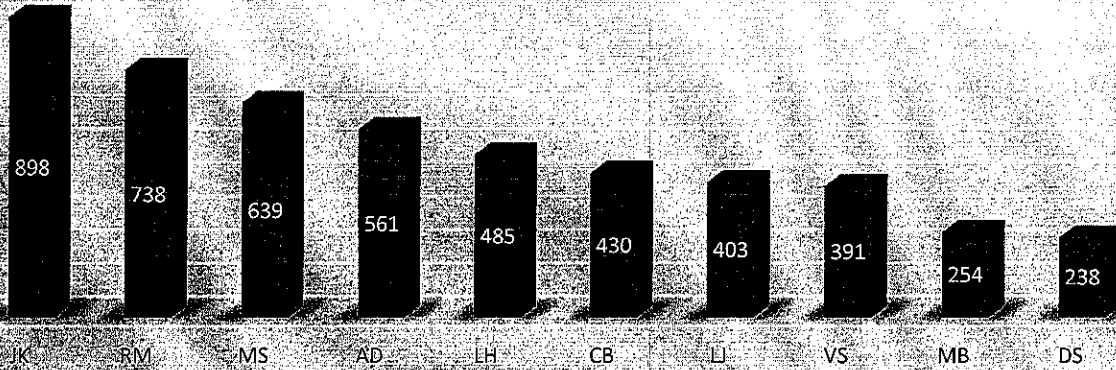
RIDERSHIP COMPARISON YTD



Total Riders

Months

Driver of the Month OCTOBER 2021



1 J. King	898 JK
2 R. McKinney	738 RM
3 M. Simmons	639 MS
4 A. Dwints	561 AD
5 L. Henderson	485 LH
6 C. Bennett	430 CB
7 L. Jones	403 LJ
8 V. Smith	391 VS
9 M. Brown	254 MB
10 D. Sallie	238 DS

TOTAL 5037

Average passenger per month 504

	WEEKDAY	SATURDAY	TOTAL	LAST MONTH
BLUE	1692	215	1907	1721
BLUE JARC	539	92	631	811
RED JARC	998	152	1150	1257
YELLOW	133		133	133
TOTAL LINE HAULS	3362	459	3821	3922
LAST MONTH	3561	361	3922	
Difference	-199	98	-101	

Twin Cities Area Transportation Authority

Bill Payment List

October 2021

DATE	NUM	VENDOR	AMOUNT
10101 TCF BANK			
10/06/2021	29320	Barbara Tsaturova	-111.40
10/06/2021	29321	Colonial Life & Accidental Ins. Co	-226.92
10/06/2021	29322	DONNEL KYLE	-148.50
10/06/2021	29323	Kenneth Bragg	-148.50
10/06/2021	29324	MISDU	-1,015.18
10/06/2021	29325	TRANSAMERICA	-655.49
10/06/2021	29326	UNION DUES	-388.80
10/06/2021	29327	Candy Modelewski	-75.00
10/06/2021	29328	MICH GAS	-76.22
10/06/2021	29329	Michael Stoutmiles	-125.00
10/06/2021	29330	Richard Lee	-125.00
10/13/2021	29331	Candy Modelewski	-138.00
10/13/2021	29332	CITY OF BH	-864.51
10/13/2021	29333	Indiana Michigan Power	-1,417.53
10/13/2021	29334	Paul Gillespie	-125.00
10/13/2021	29335	Richard Lee	-138.00
10/13/2021	29336	Southwest Michigan Planning Commission	-22,832.55
10/14/2021	29337	Medicare Premium Collection Center	-594.00
10/18/2021	29338	Michael Stoutmiles	-138.00
10/21/2021	29339	Barbara Tsaturova	-128.11
10/21/2021	29340	Colonial Life & Accidental Ins. Co	-191.12
10/21/2021	29341	MISDU	-1,015.18
10/21/2021	29342	TRANSAMERICA	-562.08
10/27/2021	29343	ADT	-66.15
10/27/2021	29344	ALL CITIES OCCUPATIONAL	-151.00
10/27/2021	29345	AT&T	-352.50
10/27/2021	29346	Auto-Wares Group	-1,047.38
10/27/2021	29347	BEST WAY DISPOSAL	-168.00
10/27/2021	29348	Car Brite Distributors	-145.55
10/27/2021	29349	ComCast	-550.14
10/27/2021	29350	D&S Heavy Duty & Trailer Repair	-7,739.34
10/27/2021	29351	Delta Dental	-1,699.81
10/27/2021	29352	Hanson Beverage Co.	-76.95
10/27/2021	29353	Hungerford Nichols	-9,500.00
10/27/2021	29354	Jordan Automotive Group	-323.56
10/27/2021	29355	KOTZ SANGSTER WYSOCKI P.C.	-4,343.00
10/27/2021	29356	LOUIS GELDER & SONS	-1,393.47
10/27/2021	29357	Mitchell1	-260.00
10/27/2021	29358	O'Reilly Auto Parts	-1,412.59
10/27/2021	29359	Orkin	-106.00
10/27/2021	29360	PARRETT BUSINESS	-26.42
10/27/2021	29361	Priority Health	-21,560.29
10/27/2021	29362	RAPID PRINT	-179.43

Twin Cities Area Transportation Authority

Bill Payment List

October 2021

DATE	NUM	VENDOR	AMOUNT
10/27/2021	29363	SilverScript Insurance Company	-26.20
10/27/2021	29364	Standard Insurance Company	-1,006.84
10/27/2021	29365	STAPLES	-266.90
10/27/2021	29366	TCA-SynerTech, LLC	-1,559.31
10/27/2021	29367	UniFirst Corp. 099	-387.51
10/27/2021	29368	VSP INSURANCE CO.	-428.88
10/27/2021	29369	WSJM Tower Operations	-561.64
Total for 10101 TCF BANK			\$ -86,578.95

Chairpersons Approval

Date

Twin Cities Area Transportation Authority

Vendor Balance Summary

As of October 31, 2021

	TOTAL
ACADEMY TESTING	150.00
ADT	66.15
ALL CITIES OCCUPATIONAL	275.00
ART & IMAGE	85.00
AT&T	352.50
Belle Tire	1,862.28
BEST WAY DISPOSAL	168.00
CITY PLUMBING	68.00
ComCast	557.93
D&S Heavy Duty & Trailer Repair	7,515.26
Delta Dental	1,314.99
GOODYEAR	6.05
Hanson Beverage Co.	61.50
HEI WIRELESS	252.25
Hungerford Nichols	5,000.00
Jordan Automotive Group	622.57
KOTZ SANGSTER WYSOCKI P.C.	881.50
Mich. Transit Pool - DPDTF	16,601.16
Mich. Transit Pool - Liability Trust Fund	32,122.00
MICHIANA SUPPLY	54.39
MICHIGAN PUBLIC TRANSIT	2,176.00
Mitchell1	130.00
O'Reilly Auto Parts	577.11
Orkin	212.00
PARRETT BUSINESS	33.16
PC Trans	7,100.00
Priority Health	16,923.81
Southwest Michigan Planning Commission	13,198.51
Standard Insurance Company	691.82
STAPLES	8.18
TAYLOR RENTAL	102.06
UniFirst Corp. 099	387.51
VSP INSURANCE CO.	392.97
WSJM Tower Operations	561.64
TOTAL	\$110,511.30

Twin Cities Area Transportation Authority

Unpaid Bills

As of October 31, 2021

DATE	TRANSACTION TYPE	NUM	DUE DATE	PAST DUE	AMOUNT	C
ACADEMY TESTING						
10/19/2021	Bill	17643	10/19/2021	32	150.00	
Total for ACADEMY TESTING					\$150.00	
ADT						
10/19/2021	Bill	142361518	11/18/2021	2	66.15	
Total for ADT					\$66.15	
ALL CITIES OCCUPATIONAL						
09/30/2021	Bill	17644	09/30/2021	51	275.00	
Total for ALL CITIES OCCUPATIONAL					\$275.00	
ART & IMAGE						
10/18/2021	Bill	17645	10/18/2021	33	85.00	
Total for ART & IMAGE					\$85.00	
AT&T						
10/01/2021	Bill	17635	10/01/2021	50	352.50	
Total for AT&T					\$352.50	
Belle Tire						
09/30/2021	Bill	17636	09/30/2021	51	186.04	
10/31/2021	Bill	Oct Stmt	10/31/2021	20	1,676.24	
Total for Belle Tire					\$1,862.28	
BEST WAY DISPOSAL						
10/31/2021	Bill	073256	11/25/2021	-5	168.00	
Total for BEST WAY DISPOSAL					\$168.00	
CITY PLUMBING						
10/13/2021	Bill	17634	10/13/2021	38	68.00	
Total for CITY PLUMBING					\$68.00	
ComCast						
10/01/2021	Bill	17625	10/01/2021	50	557.93	
Total for ComCast					\$557.93	
D&S Heavy Duty & Trailer Repair						
10/31/2021	Bill	Oct Stmt	11/24/2021	-4	7,515.26	
Total for D&S Heavy Duty & Trailer Repair					\$7,515.26	
Delta Dental						
10/25/2021	Bill	17641	10/25/2021	26	1,314.99	
Total for Delta Dental					\$1,314.99	
GOODYEAR						
10/08/2021	Bill	Stmt	10/08/2021	43	6.05	
Total for GOODYEAR					\$6.05	
Hanson Beverage Co.						
10/31/2021	Bill	Oct Stmt	10/31/2021	20	61.50	
Total for Hanson Beverage Co.					\$61.50	
HEI WIRELESS						
10/12/2021	Bill	102489	10/12/2021	39	252.25	
Total for HEI WIRELESS					\$252.25	

Twin Cities Area Transportation Authority

Unpaid Bills

As of October 31, 2021

DATE	TRANSACTION TYPE	NUM	DUE DATE	PAST DUE	AMOUNT	C
Total for Jordan Automotive Group					\$622.57	
KOTZ SANGSTER WYSOCKI P.C.						
10/13/2021	Bill	17637	10/13/2021	38	881.50	
Total for KOTZ SANGSTER WYSOCKI P.C.					\$881.50	
Mich. Transit Pool - DPDTF						
517-349-6700						
10/22/2021	Bill		11/21/2021	-1	4,736.16	
10/22/2021	Bill		11/21/2021	-1	11,865.00	
Total for Mich. Transit Pool - DPDTF					\$16,601.16	
Mich. Transit Pool - Liability Trust Fund						
517-349-6700						
10/22/2021	Bill		11/21/2021	-1	15,120.00	
10/22/2021	Bill		11/21/2021	-1	17,002.00	
Total for Mich. Transit Pool - Liability Trust Fund					\$32,122.00	
MICHIANA SUPPLY						
9266159						
10/01/2021	Bill		10/31/2021	20	54.39	
Total for MICHIANA SUPPLY					\$54.39	
MICHIGAN PUBLIC TRANSIT						
10/01/2021	Bill	17633	10/01/2021	50	2,176.00	
Total for MICHIGAN PUBLIC TRANSIT					\$2,176.00	
Mitchell1						
10/25/2021	Bill	1B26643196	11/24/2021	-4	130.00	
Total for Mitchell1					\$130.00	
O'Reilly Auto Parts						
10/28/2021	Bill	Oct Stmt	11/23/2021	-3	577.11	
Total for O'Reilly Auto Parts					\$577.11	
Orkin						
10/04/2021	Bill	17613	10/04/2021	47	106.00	
10/06/2021	Bill	26435261	11/24/2021	-4	106.00	
Total for Orkin					\$212.00	
PARRETT BUSINESS						
10/13/2021	Bill	17638	10/13/2021	38	33.16	
Total for PARRETT BUSINESS					\$33.16	
PC Trans						
10/01/2021	Bill	17626	10/01/2021	50	5,720.00	
10/12/2021	Bill	17627	10/12/2021	39	1,380.00	
Total for PC Trans					\$7,100.00	
Priority Health						
10/13/2021	Bill	17639	10/13/2021	38	16,923.81	
Total for Priority Health					\$16,923.81	
Southwest Michigan Planning Commission						
10/01/2021	Bill	17653	10/01/2021	50	13,198.51	
Total for Southwest Michigan Planning Commission					\$13,198.51	
Standard Insurance Companv						

Twin Cities Area Transportation Authority

Unpaid Bills

As of October 31, 2021

DATE	TRANSACTION TYPE	NUM	DUE DATE	PAST DUE	AMOUNT	C
10/15/2021	Bill	Oct Stmt	11/09/2021	11	8.18	
Total for STAPLES					\$8.18	
TAYLOR RENTAL						
10/01/2021	Bill	17628	10/01/2021	50	102.06	
Total for TAYLOR RENTAL					\$102.06	
UniFirst Corp. 099						
10/25/2021	Bill	Oct Stmt	11/24/2021	-4	387.51	
Total for UniFirst Corp. 099					\$387.51	
VSP INSURANCE CO.						
10/18/2021	Bill	17642	10/18/2021	33	392.97	
Total for VSP INSURANCE CO.					\$392.97	
WSJM Tower Operations 269-925-1111						
10/01/2021	Bill	17629	10/01/2021	50	561.64	
Total for WSJM Tower Operations					\$561.64	
TOTAL					\$110,511.30	



Twin Cities Area Transportation Authority
(269) 927-2268 • Fax (269) 927-2310

275 East Wall Street, P.O. Box 837, Benton Harbor, MI 49023

TCF AUTOMATIC CLEARING HOUSE

DATE	FUEL	PRICE PER/GL	TOTAL AMOUNT
10/1/2021	CRYSTAL FLASH PROPANE	1.42	\$ 793.68
10/4/2021	CRYSTAL FLASH PROPANE	1.42	\$ 1,116.72
10/8/2021	CRYSTAL FLASH PROPANE	1.42	\$ 806.50
10/11/2021	CRYSTAL FLASH PROPANE	1.42	\$ 1,088.65
10/15/2021	CRYSTAL FLASH PROPANE	1.42	\$ 766.46
10/18/2021	CRYSTAL FLASH PROPANE	1.42	\$ 1,233.86
10/22/2021	CRYSTAL FLASH PROPANE	1.42	\$ 777.71
10/25/2021	CRYSTAL FLASH PROPANE	1.42	\$ 1,032.51
10/29/2021	CRYSTAL FLASH PROPANE	1.42	\$ 868.91

Total \$ 8,485.00



Twin Cities Area Transportation Authority
(269) 927-2268 • Fax (269) 927-2310

275 East Wall Street, P.O. Box 837, Benton Harbor, MI 49023

PETTY CASH

Prepared by: Chalexis Tyson-Bradley

DATE	DESCRIPTION OF ITEMS	Debit	Credit	Balance
1-Oct	Balance			\$ 196.64
19-Oct	Postage	\$ 0.58		\$ 196.06
27-Oct	Postage	\$ 10.00		\$ 186.06
				\$ 186.06
				\$ 186.06
				\$ 186.06
				\$ 186.06
				\$ 186.06
				\$ 186.06

Gas	
Farebox	\$ -
Ofc supplies	
Admin supplies	\$ 10.58
Maint supplies	\$ -
Admin Meeting	\$ -
Total	\$ 10.58

ADA AND PARATRANSIT
POLICIES AND PROCEDURES

TWIN CITIES AREA TRANSPORTATION AUTHORITY
275 EAST WALL STREET
BENTON HARBOR, MICHIGAN 49022

CONTACT PERSON: Veronica Bragg, ADA Coordinator

Email: office@tcatabus.org

Office: 269-927-2268

Dispatch: 269-927-4461

Special ADA Scheduling Number: 269-934-9589

Fax: 269-927-2310

Board Approval Date _____

Board Chair Signature _____

This Plan is written as required by Federal Regulation 49 CFR 37.135

INTRODUCTION

The Twin Cities Area Transportation Authority (TCATA) is a public transit agency serving the Benton Harbor-Saint Joseph-Fairplain Michigan urbanized area. We provide fixed route, demand response, and complementary ADA Paratransit services. The Authority was started in 1974 and is supported through Federal and State grants, farebox revenue, and local share provided by a property tax millage paid by the people of Benton Harbor. TCATA receives funding as a small urban agency serving urbanized areas greater than 50,000 people through the Federal Transit Administration program 49 USC 5307.

The provision of transportation services to people with disabilities is governed by the Americans with Disabilities Act of 1990. (49 CFR 37) The ADA requires, in part, that *“No entity shall discriminate against an individual with a disability in connection with the provision of transportation service.”*

Any public transit authority operating a fixed route transportation service that is required to provide complementary paratransit service is required to develop a paratransit plan. (49 CFR 37.135)

ADDITIONAL ONLINE INFORMATION

TCATA maintains an online resource with extensive information about our ADA and paratransit services including paratransit rider application, service area map, and policies and procedures information.

It can be found at: <https://www.mywaythere.org/paratransit.asp>

SERVICE AREA AND DESCRIPTION OF FIXED ROUTES

Under the ADA, TCATA shall provide complementary paratransit service to origins and destinations within corridors with a width of three-fourths of a mile on each side of each fixed route. The corridor shall include an area with a three-fourths of a mile radius at the ends of each fixed route. Service is origin to destination, or door-to-door. Regular TCATA demand response service is curb to curb.

TCATA currently operates three fixed routes that operate six days a week, excluding Sunday. The Red Line is a one-way loop route that begins at TCATA headquarters at 275 E Wall St Benton Harbor and travels to St. Joseph, Lakeland Hospital, Meijers Stevensville, and returns to TCATA via I-94 and Benton Harbor city streets. The Blue Line is a one-way loop that starts at TCATA and winds through Benton Harbor streets to the shopping area in Benton Township with stops that include Intercare, Walmart, Meijers, and River Terrace apartments. The Yellow Route is linear route that travels in both directions from TCATA with stops at Benton Manor, KPEP, the Boys and Girls Club, and Intercare.

TCATA provides ADA complementary paratransit service to individuals needing to be picked up at origins within $\frac{3}{4}$ of a mile from these fixed routes.

(See appendix A for a map of fixed routes and ADA service territory.)

ELIGIBILITY

Eligibility for the TCATA paratransit program is defined as follows:

(1) Any individual with a disability who is unable, as the result of a physical or mental impairment (including a vision impairment), and without the assistance of another individual (except the operator of a wheelchair lift or other boarding assistance device), to board, ride, or disembark from any vehicle on the system which is readily accessible to and usable individuals with disabilities.

(2) Any individual with a disability who needs the assistance of a wheelchair lift or other boarding assistance device and is able, with such assistance, to board, ride

and disembark from any vehicle which is readily accessible to and usable by individuals with disabilities if the individual wants to travel on a route on the system during the hours of operation of the system at a time, or within a reasonable period of such time, when such a vehicle is not being used to provide designated public transportation on the route.

(3) Any individual with a disability who has a specific impairment-related condition which prevents such individual from traveling to a boarding location or from a disembarking location on such system.

Individuals accompanying an ADA paratransit eligible individual shall be provided service as follows:

(1) One other individual accompanying the ADA paratransit eligible individual shall be provided service –

(i) If the ADA paratransit eligible individual is traveling with a personal care attendant, the entity shall provide service to one other individual in addition to the attendant who is accompanying the eligible individual;

(ii) A family member or friend is regarded as a person accompanying the eligible individual, and not as a personal care attendant, unless the family member or friend registered is acting in the capacity of a personal care attendant;

(2) Additional individuals accompanying the ADA paratransit eligible individual shall be provided service, provided that space is available for them on the paratransit vehicle carrying the ADA paratransit eligible individual and that transportation of the additional individuals will not result in a denial of service to ADA paratransit eligible individuals;

(3) In order to be considered as “accompanying” the eligible individual for purposes of this paragraph (f), the other individual(s) shall have the same origin and destination as the eligible individual.

To determine eligibility, TCATA asks you to designate the health care or human services professional that is most familiar with your “ability to travel”. The person

you designate could be a doctor, physical or occupational therapist, or an agency professional who is very familiar with your mobility. TCATA may contact that person to verify your mobility limitations. If, by a date 21 days following the submission of a complete application, TCATA has not made a determination of eligibility, the applicant shall be treated as eligible and provided service until and unless TCATA denies the application. Certification will expire after a five year time period. Two months prior to the end of that five year period, TCATA will notify you and provide you with a Certification Renewal form.

(See appendix B or website for ADA Paratransit Application Form)

APPEALS PROCESS

When TCATA receives your completed application, it will be reviewed for eligibility. You will be notified within 21 days if your application is approved, approved with conditions, or denied. If your application is approved with conditions or not approved, you have a right to appeal and have an opportunity to provide additional information for reconsideration.

FARES

All customers on the paratransit service are required to pay the exact fare to receive service. The exact fare per trip can be a cash one-way fare, punch card, token, or prepaid by an agency. The fare shall not exceed half the fare that would be charged on TCATA's fixed route system. Personal care attendants ride free. Companions pay the same fare as the eligible paratransit rider.

(See appendix C or website for fare structure and service hours.)

HOURS OF SERVICE

The ADA requires that complementary paratransit service shall be available throughout the same hours and days as TCATA regular fixed route service.

TCATA provides ADA paratransit service during the same hours and days as the fixed route service. Paratransit service will also follow any abbreviated schedule as defined by the fixed service schedule of holidays or emergency closings. The service hours will expand or contract if the fixed route days or hours of service are changed.

(See appendix C or website for service hours.)

RESERVATIONS

The ADA requires that TCATA schedule service at least one day in advance, negotiates a time no more than one hour before or after the requested time, and that the dispatch office is open within our normal business hours. Depending on availability, TCATA may be able to provide rides scheduled on the same day as the requested service.

The TCATA dispatch office will operate at a minimum within the normal business hours of the agency. These hours are 6 a.m. to 6 p.m. Monday through Friday. Customers can call up to fourteen days in advance to reserve a ride. The normal dispatch number for TCATA is (269) 927-2268. A special ADA/Paratransit dispatch number may also be used at (269) 934-9589.

NO SHOW POLICY

The ADA allows a public transit agency to establish an administrative process to suspend, for a reasonable period, the provision of complementary paratransit service to ADA eligible individuals who establish a pattern or practice of missing scheduled trips.

These following guidelines and consequences are hereby established concerning no shows:

- Passengers should be prepared to board the vehicle up to five minutes prior to and thirty minutes after the scheduled pickup time.
- Passengers are responsible for being prepared for departure at the time agreed upon between TCATA and the passenger during scheduling.
- Drivers are not responsible for the preparation of passengers for trips.
- Repeated failure to comply by a passenger may result in suspension of services.
- TCATA management is responsible for monitoring and enforcing this policy.

SUBSCRIPTION POLICY

Subscription service may not absorb more than 50% of the number of trips in any given time of day, unless there is excess non-subscription capacity.

There are no trip purpose restrictions or prioritization considered in applying for subscription service. Subscriptions are reviewed on a regular basis to maximize productivity and efficiency.

Subscriptions may be cancelled on designated holidays or emergency closings. Passengers who make the same trip on the same day and at the same time at least once a week for thirty days may request a subscription service.

VISITOR POLICY

The ADA requires public transit agencies that provide complementary paratransit service to make the service available to visitors. For purposes of this section, a visitor is defined as an individual with disabilities who does not reside in the jurisdiction served by TCATA.

TCATA will treat as eligible for its complementary paratransit service all visitors who present documentation that they are ADA paratransit eligible in the jurisdiction in which they reside. With respect to individuals who do not present such documentation, TCATA may require the documentation of the individual's place of residence and, if the individual's disability is not apparent, of his or her disability. TCATA provides paratransit service to individuals with disabilities who qualify as visitors. TCATA accepts as a certification by such individuals that they are unable to use fixed route transit.

TCATA will make the service to a visitor required by this section available for any combination of 21 days during any 365 day period beginning with the visitor's first use of the service during such 365 day period. TCATA will not require a visitor to apply for or receive eligibility certification from TCATA before receiving complementary paratransit service.

SERVICE QUALITY

TCATA will be guided in its provision of ADA Paratransit service *by 49 CFR Part 37 - TRANSPORTATION SERVICES FOR INDIVIDUALS WITH DISABILITIES (ADA) and FTA C 4710.1 Americans with Disabilities Act : Guidance.*

Paratransit means comparable transportation service required by the ADA for individuals with disabilities who are unable to use fixed route transportation systems.

The ADA requires that each public entity operating a fixed route system shall provide paratransit or other special service to individuals with disabilities that is comparable to the level of service provided to individuals without disabilities who use the fixed route system.

Highlights of TCATA ADA Paratransit Service:

Origin to destination service

“Origin-to-destination service means providing service from a passenger’s origin to the passenger’s destination. A provider may provide ADA complementary paratransit in a curb-to-curb or door-to-door mode. When an ADA paratransit operator chooses curb-to-curb as its primary means of providing service, it must provide assistance to those passengers who need assistance beyond the curb in order to use the service unless such assistance would result in a fundamental alteration or direct threat” (§ 37.3). “Except as provided in this section, complementary paratransit service for ADA paratransit eligible persons shall be origin-to-destination service” (§ 37.129(a)).

Hours of service

TCATA’s complementary paratransit service is available throughout the same hours and days as our fixed route service.

Service Territory

TCATA provides complementary paratransit service to origins and destinations within corridors with a width of three-fourths of a mile on each side of each

fixed route. The corridor shall include an area with a three-fourths of a mile radius at the ends of each fixed route.

Trip reservations and response time

TCATA schedules and provides paratransit service to any ADA paratransit eligible person at any requested time on a particular day in response to a request for service made the previous day. Reservations may be taken by reservation agents or by mechanical means.

Fares

TCATA ADA Paratransit fares are no more than half the regular fixed route fare.

Trip Purpose

TCATA does not impose restrictions or priorities based on trip purpose. TCATA does not limit the availability of complementary paratransit service to ADA paratransit eligible individuals by any of the following: (1) Restrictions on the number of trips an individual will be provided; (2) Waiting lists for access to the service.




APPENDIX A

Twin Cities Area Transportation Authority (TCATA) Fixed Routes

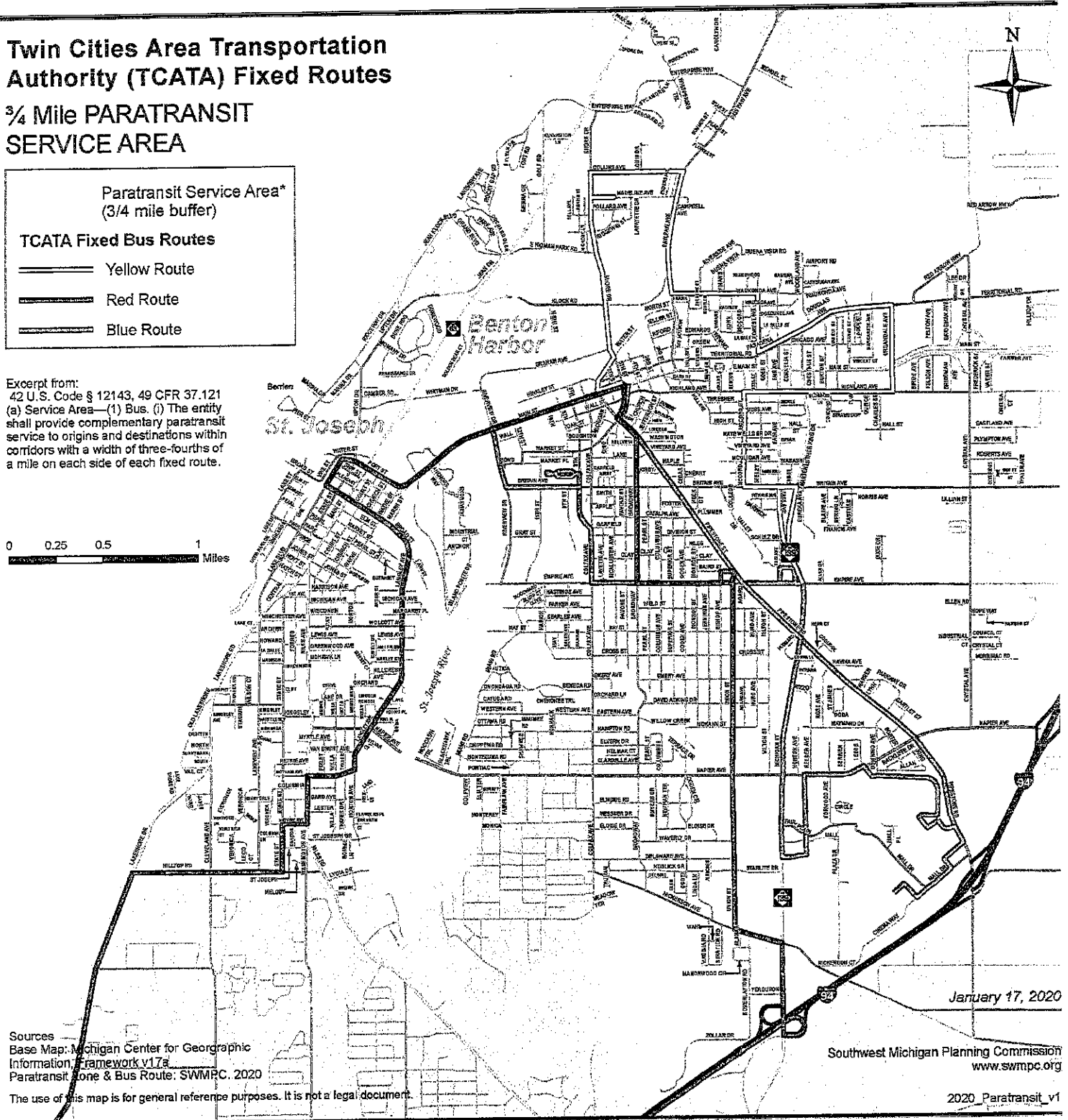
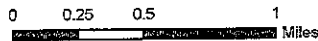
3/4 Mile PARATRANSIT SERVICE AREA

Paratransit Service Area*
(3/4 mile buffer)

TCATA Fixed Bus Routes

-  Yellow Route
-  Red Route
-  Blue Route

Excerpt from:
42 U.S. Code § 12143, 49 CFR 37.121
(a) Service Area—(1) Bus. (i) The entity shall provide complementary paratransit service to origins and destinations within corridors with a width of three-fourths of a mile on each side of each fixed route.



January 17, 2020

Sources
Base Map: Michigan Center for Geographic Information, Framework v17s
Paratransit Zone & Bus Route: SWMPC, 2020

Southwest Michigan Planning Commission
www.swmpc.org

The use of this map is for general reference purposes. It is not a legal document.

2020_Paratransit_v1

APPENDIX B

ADA Complementary Paratransit Application Form

TWIN CITIES AREA TRANSPORTATION AUTHORITY

275 E. WALL ST.
BENTON HARBOR, MI 49022

ADA Complementary Paratransit Application

Name _____ Birth Date ____/____/____

Home Phone _____ Cell Phone _____

Address _____ Number _____
Street Apt #
State Zip Code City

Mailing Address (if different than above)

_____ Number _____
Street Apt #
State Zip Code City

E-Mail

FOR OFFICE USE ONLY			
Alternate Format	N T B L P E	Certification	C U T
Applic. Rec'd.	_____	Mob Device	_____
Determination Due	_____	Expiration	_____
Med. Ref. Req.	_____	Letter Sent	_____
Med. Ref. Rec'd.	_____	Jurisdiction	_____
ID #	_____		
Disability Type	_____		
Disability Description	_____		
PCA?	Yes	No	

Address _____

(1)

Do you manage your own affairs and deal with your own mail? Yes No

If no, to whom should important correspondence be mailed?

Name _____ Relationship _____

Address _____ City _____

Number

Street

Apt #

Phone(____)

State

Zip Code

Emergency Contact: This is a person who is authorized to make day-to-day and/or emergency decisions regarding service for the applicant. (In most cases this will be a provider or family member)

Name _____ Relationship _____

Home Phone (____) _____ Cell Phone (____) _____

(2)

Introductions and Instructions

Twin Cities Area Transportation Authority (TCATA) is **your** public transit system. Our mission is to provide the community with public transportation services that are dependable, convenient, safe, cost effective, and **accessible for all**.

TCATA provides three transportation services: Demand Response (door- to-door), Fixed Route bus service, and a paratransit service for individuals who are unable to use the Fixed Route bus system some or all of the time (6am-10pm).

In order to determine whether you are eligible for TCATA paratransit service, we need to know if there is any part of the regular accessible bus system you cannot use due to your disability. Eligibility is not based on the disability itself, but on how it prevents you from using the regular accessible bus routes. It is possible for you to be eligible for some trips, but not others. If this is the case, you will be paratransit eligible *with conditions*, the conditions being the circumstances preventing your use of the accessible bus system.

ADA paratransit eligible individuals fall into one of the following definitions:

- Any individual with a disability who is unable, as the result of a physical or mental health or psychiatric disability (including a visual disability), to board, ride, or disembark from a fixed-route vehicle on TCATA.
- Any individual with a disability who needs the assistance of a wheelchair lift or other boarding assistance device and is able, with such assistance, to board, ride, or disembark from any vehicle, and one is not available on the route.
- Any individual with a disability who has a specific disability-related condition which prevents the individual from traveling to a boarding location or from a disembarking location served by the fixed-route system.

This application will help TCATA determine whether you qualify for paratransit service according to the criteria noted above. Return your completed application to: **Twin Cities Area**

Transportation Authority, 275 E. Wall St., Benton Harbor, MI 49022; you will need to apply postage. Completed applications can also be **faxed** to TCATA at **269-927-2310**.

The enclosed Physician or Agency Professional Verification form asks you to designate the health care or human service professional that is most familiar with your "ability to travel." The person you designate could be a doctor, physical or occupational therapist, human service professional (such as a social worker), who is very familiar with your mobility. TCATA may contact that person to verify your mobility limitations. (3)

If approved, your certification will be for a 3-year time period. Two months prior to the end of that 3-year period, you will be notified and provided with a Certification Renewal form.

When TCATA receives your **completed** application, it will be reviewed for eligibility. You will be notified within 21 days if your application is approved, approved with conditions, or denied. If your application is approved with conditions or not approved, you have the right to appeal and have an opportunity to provide additional information for reconsideration. You will receive the appeal process with your letter.

If you have any questions about this form or need it provided in a different format, please call TCATA at (269) 927-2268.

The information obtained in this certification process will only be used by TCATA for the provision of ADA complementary paratransit service. Information will only be shared with other transit providers to facilitate your travel in their operating areas, should you so desire. This information will not be provided to any other person or agency and will be kept strictly confidential.

Please be sure to complete all parts of this application; applications cannot be processed unless all questions are completed. Be sure to complete the front cover with the applicant's personal information.

Applicant Questionnaire

Do you need this application and future written information provided in a different format?

_____ Yes _____ No

If Yes, specify below or call **(269) 927-2268**.

_____ Large Print _____ Braille Print _____ Audio

Other _____ Email _____

If No, please continue

(4)

Contact Information

Name _____ Birth Date ____/____/____

Home Phone _____ Cell Phone _____

Address _____ Number
Street Apt #

_____ City
State Zip Code

Mailing Address (if different than above)

_____ Number
Street Apt #

_____ City
State Zip Code

E-Mail Address _____

Do you manage your own affairs and deal with your own mail? Yes No

If no, to whom should important correspondence be mailed?

Name _____ Relationship _____

Address _____ City _____
Number Street Apt #

_____ Phone (____) _____ State
Zip Code

Emergency Contact: This is a person who is authorized to make day-to-day and/or emergency decisions regarding service for the applicant. (In most cases this will be a provider or family member)

Name _____ Relationship _____

Home Phone (____) _____ Cell Phone (____) _____

(5)

FIXED-ROUTE SERVICE

Please answer the following questions:

Do you currently use Fixed Route TCATA buses?

_____ **Yes** (*Checking yes will not disqualify you from receiving paratransit services*).

_____ **No** (*If no, answer next question*):

If No, which of the following limit your ability to use fixed-route buses (check all that apply):

- _____ Physical disability
- _____ Visual disability
- _____ Developmental disability
- _____ Mental health/psychiatric disability
- _____ Other (indicate) _____

What would help you ride the fixed-route buses? (Check all that apply):

- _____ Knowing more about fixed-route buses.
- _____ Learning to travel in the community.
- _____ A lift or ramp (accessible bus).
- _____ Communications aid
- _____ Other (indicate) _____

Can you follow written or oral instructions to use the fixed-route buses? (check all that apply):

- _____ Yes, always
- _____ Yes, sometimes
- _____ No
- _____ I do not know, because I have never tried it.
- _____ I get too confused and might get lost.
- _____ I probably could with training.
- _____ Other (indicate) _____

Do you know where to get on/off the bus? (Check all that apply):

- Yes, always
- Yes, sometimes
- No
- I get confused or cannot remember where I am going.
- I do not know where my bus stop is located.
- I can if the driver calls out the stops.
- I probably could with training.
- Other (indicate) _____

Does the weather ever keep you from using fixed-route buses?

Yes. (Tell us how the weather keeps you from using fixed-route buses):

- No
- I do not know.

Does any of the following keeps you from using the fixed-route buses? (Check all that apply):

There are no sidewalks (Please tell us where)

The sidewalks are not accessible or safe (Please tell us where)

My mobility aid will not fit on the lift.

I cannot steady myself when the lift is moving.

I do not feel secure on the lift.

I probably could with training.

Other (indicate) _____

Please explain as completely as possible how your disability prevents you from boarding, riding and exiting a regular fixed route bus.

How would you best describe your disability or condition as it impacts your transportation needs?

Permanent Deteriorating Changeable Temporary

If temporary, until what date _____

Are there other effects of your disability or condition that we need to be aware of in order to provide you with appropriate service?

Which of these aids or equipment do you usually use to help you get where you need to go?

Cane Manual Wheelchair Personal Care Attendant
 White Cane Electric Wheelchair Power Scooter
 Crutches Walker Other _____
 Oxygen Service Animal None

Do you need a wheelchair accessible/lift equipped vehicle?

Yes No

If you use a manual or powered wheelchair or scooter, is it more than 30 inches wide, more than 48 inches long, or does it, when in use, weigh more than 600 pounds? Yes No

Do you ever need the assistance of another person to be able to travel?

Yes No Sometimes

If Yes, when do you need help?

Getting to/from vehicle

___ Getting to the bus stop

___ Getting on or off the bus

___ Getting on or off the vehicle

___ Help while I ride the bus

___ Help to get to where I am going once I am off the bus

___ Other (indicate) _____

What is the longest distance you can walk/travel on level ground without the assistance of another person? (Example 370 feet = 1 block)

Is there any other information not covered in this application that you would like TCATA to consider when reviewing your eligibility for paratransit services?

PHYSICIAN OR AGENCY PROFESSIONAL AUTHORIZATION

Please provide the name, address and contact information for your health care providers who can verify the information contained in this application.

Name _____

Address _____

City, State, Zip _____

Phone () _____ Fax Number _____

Name _____

Address _____

City, State, Zip _____

Phone _____ Fax Number _____

I certify that the information I gave in this application is true and correct. Falsification of information may result in denial of service. I understand all healthcare information will be kept confidential except as needed for verification. Only the information required to provide services I request will be disclosed to those who perform those services. I have read and agree to comply with the policies and procedures set forth by Twin Cities Area Transportation Authority.

Applicant Signature _____ Date _____

(If Applicant is a minor or incapable of signing this application, please complete page 5)

CERTIFICATION OF APPLICANT

If someone has completed this application other than the person applying for certification, that person must complete the following:

I certify that the information provided in this application is true and correct based upon my knowledge of the applicant's health condition or disability.

I certify that the information provided in this application is true and correct based upon information given to me by the applicant.

Signature _____ Date _____

Print Name _____ Daytime Phone _____

Address _____

Relationship to Applicant _____

Return completed application form to:

Twin Cities Area Transportation Authority

Attn: Veronica Bragg

275 E. Wall St.

Benton Harbor, MI 49022

Fax #: 269-927-2310

If you have any questions regarding completing this application form, the process for becoming certified, or need help completing the application, please contact our Office Manager:

Veronica Bragg

at: (269) 927-2268.

APPENDIX C

FARE STRUCTURE AND SERVICE HOURS

**APPENDIX C
SERVICE HOURS**

	Fixed Route	Demand Response
Weekday	6:00 A.M. to 10:00 P.M.	6:00 A.M to 6:00 P.M.
Weekend	8:00 A.M. to 10:00 P.M.	8:00 A.M. to 4:00 P.M.

FARE STRUCTURE

Demand Response			Royalton Township		
Benton Harbor		Others	Benton Harbor		Others
Regular	\$2.00	\$3.00	Regular	\$4.50	\$6.00
Senior	\$2.00	\$3.00	Senior	\$2.25	\$3.00
Disabled	\$2.00	\$3.00	Disabled	\$2.25	\$3.00
ADA Eligible	\$2.00	\$3.00	ADA Eligible	\$2.00	\$3.00
Children 1-11	\$2.00	\$3.00	Children 1-11	\$2.00	\$2.50

FIXED ROUTE SERVICE

Regular	\$1.00
Seniors	.50
Disabled	.50
ADA Eligible	.50
Children 1-11	.50

PROFESSIONAL SERVICES AGREEMENT

THIS PROFESSIONAL SERVICES AGREEMENT is made effective as of the date of full signature hereof ("**Effective Date**"), by and between **TWIN CITIES AREA TRANSPORTATION AUTHORITY** ("**Company**"), located at 275 E. Wall Street, Benton Harbor, Michigan 49023 and **LAKELAND REGIONAL HEALTH SYSTEM, by and through its Employee Assistance Program** ("**Lakeland EAP**"), a Michigan nonprofit corporation, whose address is 1234 Napier, Saint Joseph, Michigan 49085 and as of the Effective Date shall supersede and replace all prior agreements entered into by the parties for the professional services defined herein.

WHEREAS, Company desires to arrange for certain counseling services for its employees and employees' family members, which it has determined will benefit its employees and will further Company's goals and strategic objectives; and

WHEREAS, Lakeland EAP, through its employed counselor(s), desires to provide Company with such professional services, pursuant to the terms and conditions set forth below; and

WHEREAS, Company and Lakeland EAP desire to enter into an agreement whereby Company will engage Lakeland EAP to provide certain counseling services to Company's employees and employees' families pursuant to the terms and conditions set forth below.

NOW, THEREFORE, in consideration of the mutual covenants as contained herein, the parties agree as follows:

DEFINITIONS

1. "Counseling Services": shall mean such services as are customarily provided for work related problems, chemical dependency, mental health problems, marital problems, family problems, and all personal problems for which counseling has proven beneficial. Counseling Services will be provided in-person or virtually.
2. "Employee(s)": shall mean all employees designated by the Company to participate in the program.
- 3.. "Employee Family Member(s)": shall mean the Employee's significant other, all unmarried dependents up to 26 years of age, and any person (i.e. parent or in-law) living in the Employee's household participating in a joint Counseling Session with the Employee. An Employee's dependent children (natural born or legally adopted) who are physically or mentally disabled, regardless of age, may remain eligible by submission of proof that they remain dependents solely because of their physical or mental disability. Their disability must have started before 26 years of age.

AGREEMENT

1. Obligations of Lakeland EAP:

- a) Appointment and Duties. Company hereby appoints Lakeland EAP, through its employed counselor(s) ("**Counselor**") to render Counseling Services described in the attached Exhibit A to an Employee and/or Employee Family Member. Lakeland EAP represents and warrants that each Counselor providing services hereunder shall be licensed as required by the State of Michigan to provide Counseling services. Company shall not have the right

to direct Counselor to make or omit any act that conflicts with such Counselor's independent, professional judgment, experience or the terms of this Agreement. Counselor shall render Counseling Services in accordance with the applicable standard of care.

- b) Upon request, Lakeland EAP will provide a representative to meet with the Company's Employees to explain and answer any questions concerning Counseling Services. The Company will provide to its Employees an Employee Assistance Program policy statement giving a positive endorsement of the Program. A quarterly Newsletter will be produced for distribution to Employees.
- c) Time Devoted to Counseling Services. During the term of this Agreement, Counselor(s) shall be available to Employee(s) and Employee Family Member(s) 24 hours per day, 7 days per week as set forth in the Lakeland EAP brochure provided to Company for distribution to its Employee(s).
- d) Reporting Relationship. For purposes of Counseling Services provided under the terms of this Agreement and the scheduling thereof, Counselor or designated leadership from Lakeland EAP shall communicate and coordinate with Company.
- e) Corporate Compliance. Company understands that Lakeland Regional Health System has in place a Code of Excellence ("**Code**"), the goal of which is to ensure that all applicable federal, state, and local laws and regulations are followed. The Code includes a commitment to uphold a high standard of ethical and legal business practices and to prevent misconduct. Through the implementation of this Agreement, each party acknowledges the commitment to compliance and agrees to conduct all transactions which occur pursuant to this Agreement in accordance with all applicable federal, state and local laws and regulations. Any material violations of applicable law will be considered a breach of this Agreement. In addition, pursuant to the federal Deficit Reduction Act of 2005, Lakeland Regional is required to provide contractors with information about the federal and state laws regarding false claims, penalties and whistleblower rights and protections under such laws. Lakeland Regional Health System has also implemented a policy to detect, address and prevent issues of fraud, waste and abuse. This policy, the Code, and information regarding Lakeland Regional Health System's Compliance Program shall be accessed by Company on Lakeland Regional Health System's online supplier portal at <http://www.spectrumhealth.org/for-suppliers>, or Lakeland EAP will provide a hard copy upon written request from Company. It is Lakeland Regional Health System's expectation that Company will educate all Company employees and contractors who work on matters related to this Agreement on such policy, the Code, and other applicable requirements.
- f) Compliance with Laws, Bylaws and Other Requirements. All Counseling Services provided by Lakeland EAP pursuant to this Agreement shall conform to, as now in effect and which may from time to time be amended or enacted: (i) all applicable federal, state, and local government laws, rules and regulations; and (ii) all rules, regulations, policies and standards of Lakeland Regional Health System to the extent not judged by Counselor to be in conflict with Lakeland EAP's own written policies or procedures.
- g) Billing Rights. It is acknowledged and agreed by the parties that no charge or fee will be provided or invoiced directly to any Employee or Employee Family Member by Lakeland EAP or Counselor.

- h) Record Retention/Access. The parties agree that all records will be maintained by Lakeland EAP in accordance with applicable law and that all records generated pursuant to this Agreement are and will remain the property of Lakeland EAP, subject to applicable law.

2. Obligations of Company:

- a) As compensation for Counseling Services provided hereunder, Company agrees to pay Lakeland EAP the sum of Forty-Five and 00/100 Dollars (\$45.00) per Employee, per year. The number of Company Employees shall be provided in writing by Company to Lakeland EAP as of the Effective Date of this Agreement and annually thereafter upon annual renewal of this Agreement. Payments shall be paid by Company to Lakeland EAP within thirty (30) days of the Effective Date and each renewal date thereafter.
- b) Company will provide space and resources to support and facilitate the provision of on-site Counseling Services; and
- c) Company will advise Lakeland EAP on trends and developments, which may impact the provision of Counseling Services.

3. Term:

- a) Term of Agreement. This Agreement is effective as of the Effective Date for a term of one (1) year and shall automatically renew for additional one-year terms thereafter, unless earlier terminated as provided below.
- b) Termination. This Agreement may be terminated by either party with or without cause on thirty (30) days prior written notice to the other party.

4. General Provisions:

- a) Independent Contractor. In the performance of services to be rendered pursuant to this Agreement, it is mutually understood and agreed that Lakeland EAP and its Counselor(s) shall be at all times acting and performing as an independent contractor. Nothing in this Agreement is intended to create an employer/employee relationship or a joint venture relationship between the parties. The parties agree that Lakeland EAP nor its Counselor(s) are eligible for any compensation, fringe benefits, pension, workers' compensation, sickness or health insurance benefits, or other similar benefits accorded employees of Company. The parties agree that Company will not withhold on behalf of Lakeland EAP any sums for income tax, unemployment insurance, social security, or any other withholding pursuant to any law or requirement of any governmental body.
- b) HIPAA. In conjunction with each party's obligations under this Agreement, each party hereby agrees to comply in all material respects with the health care information privacy provisions of the Health Insurance Portability and Accountability Act of 1996 and all regulations promulgated thereunder ("HIPAA"), as well as all policies, procedures and practices of the other party relating to HIPAA privacy, confidentiality and security of patients' health information, to the extent not in conflict with the party's own written policies or procedures.

- c) Insurance. During the term of this Agreement, Lakeland EAP, at its own expense, shall maintain (i) Worker's Compensation Insurance at statutory limits, (ii) Commercial General Liability Insurance of not less than \$1,000,000 per occurrence/\$3,000,000 annual aggregate, and (iii) Professional Liability Insurance of not less than \$1,000,000 per occurrence/\$3,000,000 annual aggregate covering Counseling Services provided hereunder. During the term of this Agreement, Company, at its sole expense, shall maintain Commercial General Liability Insurance of not less than \$1,000,000 per occurrence/\$3,000,000 annual aggregate covering Company and its Employees. Both parties shall provide the other evidence of the above coverages upon request and shall notify the other party upon any material reduction in scope or limits of coverage of any insurance required herein.

- d) Access to Records. In the event that the Secretary of Health and Human Services or the Comptroller General of the United States or their representatives determine that this Agreement is a contract described in Section 1961(v)(1)(l) of the Social Security Act, Lakeland EAP agrees that until the expiration of four (4) years after the furnishing of such Counseling Services pursuant to this Agreement, it shall make available, upon written request, to the United States Secretary of Health and Human Services or to the Comptroller General of the United States, or any of their duly authorized representatives, this Agreement and any books, documents, and records of Lakeland EAP that are necessary to certify the nature and extent of the costs incurred.

- e) Information Security Documentation. Upon request, Lakeland EAP agrees to provide high-level information security program documentation to the Company upon Company's request, but no more than once annually. This documentation will summarize Lakeland's information security program components, including general security controls that are in place to protect the confidentiality, security and availability of Company's confidential information, if any. This overview will be limited to the components that are relevant to information that is stored or processed by Lakeland and is directly relevant to and associated with the scope of the services provided by Lakeland under the terms of this Agreement.

- f) Amendment. No amendment of this Agreement will be effective unless it is in writing and signed by the parties. All such amendments will be attached to this Agreement and will become a part of this Agreement.

- g) Confidentiality. All information concerning Employees and Employee Family Members who take advantage of the Program shall be kept confidential. Lakeland EAP and its Counselor(s) shall not release any confidential information to the Company or any other party, except under the following conditions:
 - (i) Information authorized to be disclosed by a written release signed by the applicable Employee or Employee Family Member, or his or her legal representative;
 - (ii) Information necessary to perform the obligations of Lakeland EAP or its Counselor(s), under this Agreement;
 - (iii) Information required to be disclosed by legal process, Court Order, or government laws or regulations; or
 - (iv) Information necessary to be disclosed in order to refer an Employee or Employee Family Member to another community resource, care provider, or counselor; or
 - (v) Circumstance that rises to the level of a duty to warn regarding safety and potential harm.

- h) Assignment. Company may not assign its rights and obligations under this Agreement without Lakeland EAP's written consent, which consent shall not be unreasonably withheld.
- i) No Third Party Rights. This Agreement is intended solely for the mutual benefit of the parties to the Agreement. There is no intention, express or otherwise, to create any rights or interests for any party or person other than Company and Lakeland EAP.
- j) Notices. Any notices required or permitted under the terms of this Agreement shall be in writing and shall be deemed to have been given if: (i) sent by certified or registered mail, return receipt requested, with adequate postage; (ii) sent by means of an express delivery services if it obtains a receipt to confirm delivery; and/or (iii) sent by facsimile if such facsimile transmission permits confirmation to the facsimile number of the receiving party.

IF TO LAKELAND EAP:

Lakeland Regional Health System
Attn: Employee Assistance Program
3888 Niles Road
Saint Joseph, Michigan 49085

WITH A COPY TO:

Lakeland Regional Health System
Attn: Legal Department
1234 Napier
Saint Joseph, MI 49085

IF TO COMPANY:

Twin Cities Area Transportation Authority
Attn: _____
275 E. Wall Street
Benton Harbor, MI 49023

- k) Entire Agreement. This Agreement constitutes the entire agreement between the parties with regard to the Counseling Services and all prior discussion, agreements, and understandings related to these Counseling Services, whether verbal or in writing, are hereby superseded and replaced by this Agreement.
- l) Indemnification. Each party shall indemnify, defend and hold harmless the other party and its respective affiliates, officers, directors, administrators, Board Members, employees, and agents, as applicable from and against any and all claims, counter-claims, suits, debts, demands, actions, judgments, liens, costs, expenses, damages, and liabilities, including reasonable attorney's fees and reasonable expert witness fees arising in whole or in part out of the negligent acts or willful misconduct of the other party or its employees or agents, under this Agreement, except to the extent such claim, counter-claim, suit, debt, demand, action, judgment, lien, cost, expense, damage, and/or liability arises in whole or in part out of the negligent acts or willful misconduct of the other party, or its employees or agents. The parties will notify each other by certified mail, return receipt requested, immediately upon actual knowledge of any claim, suit, action, or proceeding which is or appears to be related to the Counseling Services performed pursuant to this Agreement. This paragraph shall survive the expiration or earlier termination of this Agreement.

- m) Governing Law. This Agreement shall be governed by and construed under the laws of the State of Michigan.

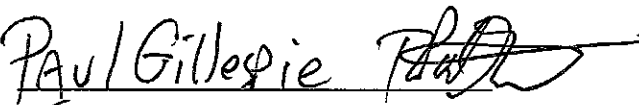
- n) Execution. This Agreement may be executed in two or more counterparts (including by means of e-mailed signature pages), each of which will be deemed an original, and all of which together will constitute one and the same instrument. Photocopies and other reproductions of this executed original (with reproduced signatures) will be deemed original counterparts of this Agreement.

IN WITNESS WHEREOF, the parties have signed this Agreement on the date(s) set forth above.

LAKELAND REGIONAL HEALTH SYSTEM

TWIN CITIES AREA TRANSPORTATION
AUTHORITY

By: _____

By: Paul Gillespie 

Its: _____

Its: Executive Director

Date: _____

Date: 10-12-2021

**EXHIBIT A
SERVICES**

Lakeland EAP agrees to provide Counseling Services to Employee(s) and Employee Family Member(s), as follows:

- A. Employee and supervisory training/orientation of Lakeland Employee Assistance Services;
- B. Initial contact with a Counselor to assess the problem, limited to one (1) visit via in person or virtual Counseling Services;
- C. Up to two (2), one-hour presentations on mutually agreed upon topics that supports the employee's wellbeing or work performance
- D. Short-term Counseling Services, limited to the initial assessment appointment and up to five (5) additional visits, via in-person or virtual Counseling Services, per year, per problem, for each Employee or Employee Family Member who requests and/or requires Counseling Services;
- E. Referral to an appropriate community resource if long-term counseling is deemed appropriate by Counselor;
- F. Manager and Human Resource Referrals for job performance services as described in the Company's procedures;
- G. Traumatic stress debriefing services provided by Lakeland Counselors, as requested.
- H. 24-Hour Crisis Hotline to reach an EAP counselor for mental health emergencies.