



CITY COUNCIL AGENDA ITEM

Date: June 19, 2012

To: Michael W. Culpepper, Acting City Manager

From: Mark F. Miller, Director of Economic and Community Development
Tom Darling, Director of Financial Services
Jeff Biegler, Recreation Director

Subject: Municipal Credit and Community Credit Agreement

Background:

Municipal credits are state-authorized funds that are given directly to the Suburban Mobility Authority for Regional Transportation (SMART) to be divided among every city, township and village in Oakland, Wayne and Macomb Counties on a per capita basis. Community credits are a direct result of the SMART millage that provides opt-in communities with additional funds.

Troy's municipal and community credit dollars have been used to support the community based Troy Medi-Go Plus service. Medi-Go Plus provided over 14,000 rides to senior and disabled riders in 2011.

Recommendation:

It is recommended that the City enter into a contract for Municipal and Community Credits with SMART for \$79,648 and \$88,586 respectively. This fund is utilized for transportation service for senior citizens and persons with disabilities.

City Attorney's Review as to Form and Legality

Approved as to Form and Legality:

Lori Grigg Bluhm, City Attorney

EXHIBIT A

SERVICE DESCRIPTION

Definition:

Troy Medi-Go Plus is a nonprofit community organization dedicated to helping Troy senior citizens and adults with disabilities in need of transportation get to medical appointments and other important destinations.

Eligible Users:

Troy residents age 60 and older and Troy residents with disabilities age 18 and older.

Service Details:

Door-to door advance reservation. Call 248-457-1100 up to two weeks in advance for medical appointments. Standing reservations are accepted. Call one week in advance for the Community Center and on Tuesday for Thursday shopping trips.

Fare Structure

\$2 per one way trip and additional donations are encouraged.

Service Mode:

Four vehicles. Two 14-passenger vehicles and two 9-passenger vehicles. All vehicles are wheelchair accessible.

Service Hours:

Monday through Friday from 8:30 a.m. to 4:30 p.m.

Service Area:

11 Mile, Mound, University, and Southfield Roads for medical appointments and work and educational trips. City of Troy for shopping and Troy Community Center.

EXHIBIT B

PROJECT OPERATION BUDGET

COMMUNITY: Troy Medi Go Plus
PROJECT: MUNICIPAL/COMMUNITY CREDIT PROGRAM
FISCAL YEAR 2013 - JULY 1, 2012 THROUGH JUNE 30, 2013

OPERATING EXPENSES:

Administrative Fee (max. is 10% of MC/CC Funds)	\$ -
Driver Wages	\$ 136,400.00
Fringe Benefits	\$ -
Gasoline & Lubricants	\$ 33,000.00
Vehicle Insurance	\$ 21,300.00
Parts, Maintenance Supplies	\$ 10,900.00
Mechanic Wages	\$ -
Fringe Benefits	\$ -
Dispatch Wages	\$ -
Cell phones or other overhead costs	\$ 7,600.00

Sub Total (Operations & Maintenance) **\$ 209,200.00**

PURCHASED SERVICE

Taxi Service	\$ -
Charter Service	\$ -
SMART Bus Tickets	\$ -
SMART Shuttle Service	\$ -
SMART Dial-A-Ride	\$ -

Sub Total (Purchased Services) **\$ -**

CAPITAL EQUIPMENT

(List purchases made with Community Credits)

Computer Equipment	\$ -
Software	\$ -
Vehicle	\$ 12,160.00
Maintenance Equipment	\$ -
Other (Specify)	\$ -

Sub Total (Capital Expenses) **\$ 12,160.00**

TOTAL EXPENSES

\$ 221,360.00

REVENUES:

Municipal Credit Funds	\$ 79,648.00
Community Credit Funds	\$ 88,586.00
Specialized Services Funds	\$ 23,126.00
General Funds	\$ -
Farebox Revenue	\$ 15,000.00
In-Kind Service	\$ -
Special Fares (Contracted Service)	\$ -
Other (Specify) Beaumont Donation	\$ 15,000.00

TOTAL REVENUE: **\$ 221,360.00**

Submitted By:	Title	Date
<u>Daniel Mayville</u>	<u>Treasurer</u>	<u>06/08/12</u>

Note: Total Expenses MUST equal Total REVENUE



Suburban Mobility Authority
for Regional Transportation

Office
Contract Compliance

Equal Employment Opportunity Compliance Report A

Bid / Project Name

Name of Firm **Troy Medi - Go Plus** Employer I.D. Number

Address **3179 Livernois**
Troy, MI 48083

City State Zip

Independent firm, or
 Owned / controlled by: **NON-PROFIT 50163**

Corporate address of parent or affiliated company:

Indicate the appropriate box for your reporting unit (Mark only one box):

<input type="checkbox"/> Consolidated Report	<input type="checkbox"/> Single Establishment Employer Report
<input type="checkbox"/> Headquarters Unit Report	<input type="checkbox"/> Individual Establishment Report (Submit one for each establishment)
<input type="checkbox"/> Special Report	

Business Data

What is the major activity of this establishment (Be specific, i.e., manufacturing steel casings, retail grocer, wholesale plumbing supplies, title insurance)? **Transportation for Seniors &**

Include the specific type of product or type of service provided, as well as the principal business or industrial activity: **adults with disabilities Transportation**

Have all subcontractors been informed of their responsibility to file EEO Compliance Report A? Yes No

Is an Affirmative Action Plan on file with SMART's Office of Contract Compliance? Yes No If no, plan will be submitted by (indicate date):

An Affirmative Action Plan is on file with the following governmental agencies. Please list:

Employment Data Employment at this establishment - Report all permanent, temporary, or part time employees including apprentices and on-the-job trainees. Enter the appropriate figures on ALL lines and in ALL columns. Blank spaces will be considered as zero.

Job Categories	Establishment			Minority Male				Minority Female			
	Total Employees Including Minorities	Total Males Including Minorities	Total Females Including Minorities	Black	Asian Pacific	Amer. Indian	Spanish Amer.	Black	Asian Pacific	Amer. Indian	Spanish Amer.
	Officials /Managers	1	1								
Professionals											
Technicians											
Sales Workers											
Office and Clerical Staff	2		2								
Craftsmen (Skilled)											
Operators (Semi-Skilled)	9		3	1							
Laborers (Unskilled)											
Service Workers											
Journey Workers											
Apprentices											
Total	12	1	4	1							

Employment Data (continued)

Employment at this establishment-Report all permanent, temporary, or part-time employees including apprentices and on-the-job trainees. Enter the appropriate figures.

Job Categories	Current Workforce					Under-utilization		Estimated Number of Vacancies	20____ Goals				Ultimate Goals			
	No. of Employees	Minority		Female		Min.	Fem.		Minority		Female		Minority		Female	
		#	%	#	%				#	%	#	%	Year	%	Year	%
Officials/Managers																
Professionals																
Technicians																
Sales Workers																
Office and Clerical Staff																
Craftsmen (Skilled)																
Operators (Semi. Skilled)																
Laborers (Unskilled)																
Service Workers																
Journey Workers																
Apprentices																
Total																

Certification

Name of authorized official: William R. McFadden Title: Transportation Coordinator
 Signature: [Signature] Date: 6-7-12
 Name of person to contact regarding this report: _____ Title: _____
 Address: _____ City: _____
 State: _____ Zip Code: _____ Area Code: _____ Telephone Number: _____ Ext.: _____

How was information as to race or ethnic group obtained? Visual Survey Employment Records

Do not write below this line. For SMART Only.

Date	Awardable		Signature	Comments
	Yes	No		

ADD 2004-09-01

MUNICIPAL CREDIT and COMMUNITY CREDIT CONTRACT FOR FY 2013

I, Janice Daniels, on behalf of the **City of Troy** apply to SMART for our Municipal and Community Credits for the period of July 1, 2012 through June 30, 2013, and agree that the Municipal and Community Credits Master Agreement, which is incorporated herein by reference, will form part of this agreement. Specific terms, conditions and budgetary projections are set forth in Exhibits A and B as necessary.

Our community agrees to use the **\$79,648** in **Municipal Credit** funds available to us as follows:

(1) Transfer of \$ _____ to _____
TRANSFEEEE COMMUNITY

At the cost of \$ _____

(2) Transportation program operated/administered by the community
(Includes Charters, Van/Bus Program, Taxi Reimbursement)

At the cost of \$ 79,648

(3) Transportation service purchased from SMART
(Includes SMART Tickets/Passes, Shuttle Service, Dial-A-Ride)

At the cost of \$ _____

Municipal Credit Total \$79,648

Pursuant to Act 51, SMART intends to provide Municipal Credit funds under this contract to the extent funds for the program are made available to it by the Michigan Legislature. Municipal Credit funds made available to SMART through legislative appropriation are based on projected revenue estimates. In the event that revenue actually received is insufficient to support the Michigan Legislature's appropriation, it may necessitate a reduction in the amount of funds available to the **City of Troy**. In such event, SMART reserves the right, without notice, to reduce the payment of Municipal Credit funds by the amount of any reduction by the Michigan Legislature to SMART.

Our community agrees to use the **\$88,586** in **Community Credit** funds available to us as follows:

(1) Transfer of \$ _____ to _____
TRANSFeree COMMUNITY

At the cost of \$ _____

(2) Transportation program operated/administered by the community
(Includes Charters, Van/Bus Program, Taxi Reimbursement)

At the cost of \$ 88,586

(3) Transportation service purchased from SMART
(Includes SMART Tickets/Passes, Shuttle Service, Dial-A-Ride)

At the cost of \$ _____

(4) Capital Purchases

At the cost of \$ _____

Community Credit Total \$88,586

Capital purchases permitted with *Community Credits* are subject to applicable state and federal regulations and SMART procurement guidelines. When advantageous, SMART may make procurements directly. Reimbursement for purchases made by a community requires presentation of proper documentation to support the purchase (i.e. purchase orders, receiving reports, invoices, etc.). *Community Credit* dollars, available in FY 2013, may be required to serve local employer transportation needs per the coordination requirements set forth in the aforementioned Master Agreement.

City of Troy

By: _____

Janice Daniels

Dated _____

Its: Mayor

**Suburban Mobility Authority for
Regional Transportation**

Dated _____

By: _____

John C. Hertel, General Manager