



CITY of NOVI CITY COUNCIL

www.cityofnovi.org

Agenda Item E
October 22, 2007

SUBJECT: Approval of the 2008 Suburban Mobility Authority for Regional Transportation (S.M.A.R.T.)
Municipal Credit Funds Resolution and Contract in the amount of \$44,713

SUBMITTING DEPARTMENT: Parks, Recreation & Forestry

CITY MANAGER APPROVAL: *PWA for CJP*

EXPENDITURE REQUIRED	\$139,000 (offset by \$44,713 credit)
AMOUNT BUDGETED	\$139,000
APPROPRIATION REQUIRED	
LINE ITEM NUMBER	208-695-00-960-565 (taxi service) 208-695-00-960-557 (senior van program)

BACKGROUND INFORMATION:

The City of Novi is eligible to receive \$44,713 in Municipal Credit Funds for 2008. We utilize these funds to support the Senior Van transportation service for Novi senior residents age 55 and over, physically and mentally challenged non-senior residents and the subsidized taxi program. The total \$44,713 of Municipal Credit funding will be distributed in the following manner: Novi Senior Van Program - \$24, 713 and subsidized Taxi Program - \$20,000.

RECOMMENDED ACTION: Approval of the 2008 Suburban Mobility Authority for Regional Transportation (S.M.A.R.T.) Municipal Credit Funds Resolution and Contract in the amount of \$44,713

	1	2	Y	N
Mayor Landry				
Mayor Pro Tem Capello				
Council Member Gatt				
Council Member Margolis				

	1	2	Y	N
Council Member Mutch				
Council Member Nagy				
Council Member Paul				



SMART MUNICIPAL CREDIT PROGRAM RESOLUTION

WHEREAS, the City of Novi is desirous of maintaining the existing Suburban Mobility Authority for Regional Transportation (S.M.A.R.T.) Municipal Credit Program, and

WHEREAS, this program provides an essential service to senior citizens and handicapped individuals.

NOW, THEREFORE, BE IT RESOLVED that the Novi City Council hereby requests the 2008 Municipal Credit funding from Suburban Mobility Authority for Regional Transportation (S.M.A.R.T.), in the amount of \$44,713, and

BE IT FUTHER RESOLVED that funding be distributed in the following manner:

Subsidized Taxicab Program	\$20,000
Novi Senior Van Program	<u>\$24,713</u>
Total	\$44,713 (less SMART administration fees)

Certification

I hereby certify that the foregoing is a true and complete copy of a Resolution adopted by the City Council of the City of Novi at a Regular Meeting held the 22nd day of October, 2007.

Maryanne Cornelius, City Clerk

CITY COUNCIL

Mayor
David B. Landry

Mayor Pro Tem
Kim Capello

Bob Gatt

Terry K. Margolis

Andrew Mutch

Toni Nagy

Lynne Paul

City Manager
Clay J. Pearson

City Clerk
Maryanne Cornelius

City of Novi Senior Center

25075 Meadowbrook Rd.
Novi, MI 48375
(248) 347-0414
(248) 347-0490 Fax
www.ci.novi.mi.us



EXHIBIT B

PROJECT OPERATING BUDGET

Municipality: City of Novi

PROJECT: Novi Senior Transit & Subsidized Taxi

Contract Period: FY 2007/2008

Account No: 48233

OPERATING EXPENSES:

Administrative Fee (10% max. of MC & CC funds)		
Driver Wages	<u>71,250</u>	
Fringe Benefits	<u>0</u>	
Gasoline & Lubricants	<u>14,730</u>	
Vehicle Insurance	<u>0</u>	
Parts, Maintenance Supplies	<u>13,000</u>	
Mechanics Wages	<u>0</u>	
Fringe Benefits	<u>0</u>	
Dispatch Wages	<u>20,020</u>	
Other (Specify)		
Sub-Total (Operations & Maintenance)		
<u>Purchased Service</u>		<u>119,000</u>
Taxi Service	<u>20,000</u>	
Charter Service	<u>0</u>	
SMART Bus Tickets	<u>0</u>	
SMART Shuttle Service	<u>0</u>	
SMART Dial-A-Ride	<u>0</u>	
SUB-TOTAL		<u>20,000</u>

CAPITAL EQUIPMENT:

(Only list purchases to be made with Community Credits)

Computer Equipment	<u>0</u>	
Software	<u>0</u>	
Vehicle	<u>0</u>	
Maintenance Equipment	<u>0</u>	
Other (Specify)	<u>0</u>	
Sub-Total		
<u>TOTAL EXPENSES:</u>		<u>139,000</u>

REVENUES:

Municipal Credit Funds	<u>44,713</u>
Community Credit Funds	<u>0</u>
Specialized Services Funds	<u>0</u>
General Fund	<u>51,287</u>
Farebox Revenue	<u>18,000</u>
In-Kind Service	<u>0</u>
Special Fares (Contracted Service)	<u>0</u>
Other (Specify) CDBG	<u>25,000</u>

TOTAL REVENUE:

139,000

(Note: Total Expenses must equal Total Revenues)

Submitted By:

Title:

Date:

Rachel Zagaroli *RZ*

Senior Services Manager

October 2, 2007

MUNICIPAL CREDIT CONTRACT FOR FY 2008

I, David Landry, on behalf of the **City of Novi** apply to Suburban Mobility Authority for Regional Transportation (SMART) for our municipal credits for the period of July 1, 2007 to June 30, 2008, and agree that the Municipal Credit/Community Credit Master Contract, which is incorporated herein, by reference, will form part of this agreement.

Our community agrees to use the \$44,713 in **Municipal Credit** funds available to us as follows:

(1) Transfer \$ _____ 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 \$ 44,713

Total \$ 44,713

Exhibits A and B as completed are attached hereto and made a part hereof.

City of Novi

By: _____
David Landry

Date: _____

Its: Mayor

Suburban Mobility Authority for Regional Transportation

Date: _____

By: _____
Hayes W. Jones
General Manager

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(Includes Charters, Van/Bus Program, Taxi Reimbursement)

At the cost of \$ 44,713

Total \$ 44,713

Exhibits A and B as completed are attached hereto and made a part hereof.

City of Novi

By: _____
David Landry

Date: _____

Its: Mayor

Suburban Mobility Authority for Regional Transportation

Date: _____

By: _____
Hayes W. Jones
General Manager

Exhibit A

SUBSIDIZED TAXI SERVICE

DESCRIPTION

The Novi Municipal Credit Funded Taxi Subsidy Program allows seniors age 55 and up, as well as handicapped non-seniors, to have more affordable transportation. The City contracts with the local taxi provider to provide the rides for \$4.00 one-way payment from the rider. The cab company bills the City for the remaining \$5.00 cost of the one-way ride. The City's portion is funded with Municipal Credit dollars. In addition, the City issues identification cards without charge to Novi senior residents, as well as non-senior handicapped persons. The identification card indicates the rider's eligibility for the subsidized program.

SERVICE AREA

Subsidized rides are provided to senior and handicapped residents anywhere within the City of Novi. Rides may cross City boundaries; however, regular rates apply outside of the City limits.

SERVICE HOURS

The subsidized cab service shall provide subsidized taxi service to the passengers 24 hours a day, 7 days per week when needed.

ELIGIBLE USER

All senior residents age 55 and over are eligible to participate, as well as non-senior handicapped persons. Handicapped riders must be approved by the Novi Parks, Recreation & Forestry department. Dependent children 10 and under are eligible to ride free with approved adult participant providing it is from the same pick-up and destination. When a handicapped person travels with a spouse or attendant, such spouse or attendant shall ride without charge.

FARE STRUCTURE

Riders pay \$4.00 for each one-way ride within the City of Novi. Regular cab rates apply after crossing City boundaries. The City reimburses the cab company \$5.00 per rider. Dependent children 10 and under ride free with approved, "card carrying" rider from same pick-up to same destination.

SHARED RIDES

Riders are encouraged to share the cab rides and when 2 persons share a ride from the same pick-up to the same destination, the cost will be a total of \$4.00, with the City reimbursing \$5.00. When 3 or 4 persons are picked up at the same location and taken to the same destination, the cost will be a total of \$4.00 from the riders with the City reimbursing \$10.00

SERVICE LEVEL

This is a demand/response service. There are no advance reservations required.

SERVICE MODE

Riders are transported in regular automobile owned by the cab company.

Exhibit C

NOVI SENIOR TRANSPORTATION SYSTEM

DESCRIPTION

The City of Novi Senior Transit System is an "advance reservation" transportation service for seniors and disabled non-seniors provided by the City of Novi Parks, Recreation and Forestry Department. Transportation is provided to destinations, such as doctor appointments, grocery, banks, malls, as well as numerous other facilities. Particular emphasis is placed on transporting riders to the senior citizen center, as well as other City sponsored events. The City promotes the program through the Parks, Recreation & Forestry brochure, as well as flyers, community presentations, etc.

SERVICE AREA

Service is available to residents for trips within the City of Novi boundaries, as well as up to 10 miles outside the City for medical appointments only. In some cases, the medical facility may be located just outside the 10 mile radius and consideration will be given to include those special requests, if timing is appropriate.

SERVICE HOURS

The daily service operates Monday through Friday, from 8:00am-4:00pm, Monday, Wednesday, and Friday evening, 4:00 pm – 9:00 pm. and Saturday, 9:00 am. – 2:00 pm. All rides must be scheduled a minimum of 48 hours in advance with the Scheduling Clerk. Clients are asked to schedule rides between the hours of 8:00am and 2:00pm daily by calling (248) 735-5617.

Riders should allow some flexibility in their appointment scheduling to account for traffic, construction and weather conditions. We may be up to 15 minutes early or late, depending on the conditions.

ELIGIBLE USER

All Novi residents, age 55 and above, are eligible for the service, as well as disabled non-seniors approved by the Novi Parks, Recreation and Forestry Department. The highest priority is given to seniors who have no other form of transportation. Persons needing special assistance should notify the dispatcher when making their appointment.

FARE STRUCTURE

Fees within the City are \$2.00 one-way and \$4.00 one-way outside the City limits. Passengers give their donation to the driver and fare punch card is also available to passengers. Rides are available to those with income restrictions.

SERVICE LEVEL

Potential riders must call the Scheduling Clerk a minimum of 48 hours in advance. No reservations may be made with the driver.

SERVICE MODE

The program utilizes a 14-passenger van, 2-8 passenger vans with lift and two wheelchair lockdowns, 1 – 4 passenger mini van, 1 – 7 passenger mini van and 1 city pool cars for a total of 6 vehicles. Note: We do not provide wheelchairs, nor can we accommodate all types of motorized chairs, due to limitations of our lifts.

Suburban Mobility Authority for Regional Transportation

Equal Employment Opportunity Compliance Report A

Page 1 of 2

Office Contract Compliance

Bid / Project Name: RFP for Seasonal Grounds Maintenance, Control No. 05-0951

Name of Firm City of Novi Employer I.D. Number 38-6032551

Address 45175 W 10 Mile Rd

City Novi State MI Zip 48328

Independent firm or Owned & controlled by Independent firm

Corporate address of parent / affiliate company n/a

Mark the appropriate box for your reporting unit (Mark only one box)	Consolidated Report <input checked="" type="checkbox"/>	Single Establishment Employer Report
	Headquarters Unit Report	Individual Establishment Report (Submit one for each establishment)
	Special Report	

Business Data

What is the major activity of this establishment (Be specific, i.e., manufacturing steel casings, retail grocer, wholesale plumbing supplies, Local Government)

Include the specific type of product or type of service provided, and the principal business or industrial activity: Municipal Services

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 Plan will be submitted by (date)

An Affirmative Action Plan is on file with the following Governmental agencies. Please list: US Dept of Justice

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			
	GRAND TOTAL Employees	Total Male	Total Female	Black	Asian Pacific	Amer. Indian	Spanish Amer.	Black	Asian Pacific	Amer. Indian	Spanish Amer.
	Officials / Managers	23	13	10	0	0	0	0	0	0	0
Professionals	28	15	13	0	0	0	0	1	0	0	0
Technicians	39	25	14	0	0	1	0	0	0	0	0
Sales Workers <u>PROTECTIVE SVCS</u>	84	76	8	1	1	0	1	0	0	0	0
Office / Clerical Staff	42	1	41	0	0	0	0	0	0	0	0
Craftsmen (Skilled)	23	23	0	0	0	0	0	0	0	0	0
Operators (Semi-Skilled) <u>PARA-PROFESSIONAL</u>	25	3	22	0	0	0	0	0	0	0	0
Laborers (Unskilled)	0	0	0	0	0	0	0	0	0	0	0
Service Workers	16	15	1	0	0	0	0	0	0	0	0
Journey Workers	0	0	0	0	0	0	0	0	0	0	0
Apprentices	137	52	76	0	0	0	1	1	1	0	3
Total	403	219	184	1	1	1	2	2	1	0	3

ACORD CERTIFICATE OF LIABILITY INSURANCE

PRODUCER
Municipal Insurance Alliance
1700 Opdyke Court
Auburn Hills, MI 48326

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW.

INSURED City of Novi

45175 West Ten Mile Road
Novi, MI 48375

INSURERS AFFORDING COVERAGE	NAIC#
INSURER A: U.B. Specialty Insurance Company	
INSURER B:	
INSURER C:	
INSURER D:	
INSURER E:	

COVERAGES

THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES, AGGREGATE LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSTR ADDL LTR INSRD	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YYYY)	POLICY EXPIRATION DATE (MM/DD/YYYY)	LIMITS
A X	GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMSMADE <input checked="" type="checkbox"/> OCCUR GENL AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC	PKG80110059	7-1-07	7-1-08	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 50,000 MED EXP (Any one person) \$ 10,000 PERSONAL & ADV INJURY \$ included GENERAL AGGREGATE \$ 1,000,000 PRODUCTS-COMP/OP AGG \$ included
A	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input checked="" type="checkbox"/> ALL OWNED AUTOS <input checked="" type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS	PKG80110059	7-1-07	7-1-08	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
	GARAGE LIABILITY <input type="checkbox"/> ANY AUTO				AUTO ONLY - EA ACCIDENT \$ OTHER THAN AUTO ONLY: EA ACC \$ AGG \$
A	EXCESS UMBRELLA LIABILITY <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMSMADE DEDUCTIBLE <input checked="" type="checkbox"/> RETENTION \$ 10,000	PKG80110059	7-1-07	7-1-08	EACH OCCURRENCE \$ 9,000,000 AGGREGATE \$ 9,000,000 \$ \$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? If yes, describe under SPECIAL PROVISIONS below OTHER				WCB STATUTORY LIMITS OTHER \$ EL EACH ACCIDENT \$ EL DISEASE - EA EMPLOYEE \$ EL DISEASE - POLICY LIMIT \$
A	Auto Physical Damage	PKG80110059	7-1-07	7-1-08	\$ 250 Comprehensive \$ 1,000 Collision

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES / EXCLUSIONS ADDED BY ENDORSEMENT / SPECIAL PROVISIONS
 S.M.A.R.T. is considered an additional insured with respects to vehicles provided to the City of Novi.

CERTIFICATE HOLDER
 S.M.A.R.T.
 First National Bank Building
 660 Woodward Avenue, Suite 950
 Detroit, Michigan 48226-3515

CANCELLATION
 SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING INSURER WILL ENDEAVOR TO MAIL 30 DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT FAILURE TO DO SO SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE INSURER, ITS AGENTS OR REPRESENTATIVES.
 AUTHORIZED REPRESENTATIVE
[Signature]