

FY 2009 ADA CERTIFICATION/VEHICLE ACCESSIBILITY PLAN UPDATE

SECTION A. ADA CERTIFICATION

The CITY OF MIDLAND DIAL-A-RIDE certifies its demand-response (D-R) services offered to individuals with disabilities, including persons 65 years of age or older, and users of wheelchairs, is equivalent to the level and quality of service offered to individuals without disabilities. Such service, when viewed in its entirety, is provided in the most integrated setting feasible and is equivalent with respect to:

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| (1) Response time; | (5) Restrictions on trip purpose; |
| (2) Fares; | (6) Availability of information and reservation capability; and |
| (3) Geographic service area; | (7) Constraints on capacity or service availability. |
| (4) Hours and days of service; | |

SECTION B. VEHICLE ACCESSIBILITY PLAN UPDATE (NOTE: To be completed only by agencies providing demand-response (D-R) service with a vehicle(s) obtained with state or federal monies.)

1. TOTAL D-R FLEET PLANNED FOR FY 2009 <u>15</u> VEHICLES	2. TOTAL D-R FLEET ACCESSIBLE OR LIFT-EQUIPPED <u>14</u> VEHICLES
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3. HAS THE AGENCY MADE ANY CHANGES IN VEHICLE INVENTORY DESCRIBED IN NO. 1 AND NO. 2 ABOVE SINCE THE LAST ACCESSIBILITY PLAN AMENDMENT WAS SUBMITTED? YES NO
(If "yes", explain changes and reasons for those changes below.)

WE KEPT A BUS AFTER WE RECEIVED THE REPLACEMENT UNIT TO SERVE AS A BACK UP IN THE EVENT THAT WE HAVE BUSES OUT OF SERVICE FOR MAINTENANCE.

4. HAS THE AGENCY MADE ANY CHANGES IN THE FOLLOWING SINCE THE LAST ACCESSIBILITY PLAN AMENDMENT WAS SUBMITTED: (If "yes", please explain changes below).

A. FARE STRUCTURE <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	B. SERVICE AREA INFORMATION <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
C. SERVICE AVAILABILITY INFORMATION <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	D. SERVICE TIME PERIOD <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
E. LOCAL ADVISORY COUNCIL COMPOSITION <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	

5. OTHER CHANGES. HAS THE AGENCY MADE ANY OTHER CHANGES IN ITS VEHICLE ACCESSIBILITY PLAN SINCE THE LAST SUBMISSION OF AN ACCESSIBILITY PLAN OR ANNUAL AMENDMENT? YES NO
(If "yes" please explain changes and reasons for changes below)

NOTE: The Local Advisory Council established by the agency must review and be given opportunity to comment upon this Accessibility Plan Amendment prior to submission with the annual application. Please mail to MDOT, minutes of the LAC, signed by an LAC member, that reflect LAC review of this form. Also mail a copy of the agency written response to LAC comments.

6. PLEASE INDICATE THE NUMBER OF TIMES PER YEAR THE AGENCY'S LAC MEETS:

ANNUALLY QUARTERLY MONTHLY OTHER _____