# MUNICIPAL CREDIT and COMMUNITY CREDIT CONTRACT FOR FY2025

I, <u>Bryan K. Barnett</u>, as the <u>Mayor</u> of **the City of Rochester Hills** (hereinafter, the "Community") hereby apply to SMART and agree to the terms and conditions herein, for the receipt and expenditure of **Municipal Credits** available for the period July 1, 2024 through June 30, 2025 (Section 1 below), and **Community Credits** available for the period July 1, 2024 to June 30, 2025 (Section 2 below); and further agree that the **Municipal and Community Credits Master Agreement** between the parties is incorporated herein by reference. A description of the service the Community shall provide hereunder is set forth in **Exhibit A**, and the operating budget for that service is set forth in **Exhibit B**, both of which are attached hereto and incorporated herein.

1.	The Community agrees to use \$71,412 in Municipal Credit funds as follows:										
(a)	Transfer to Transferee community	Funding of: \$									
(b)	Van/Bus Operations (Including Charter and Taxi services)	At the cost of: \$									
(c)	Services Purchased from SMART (Including Tickets, Shuttle Services/Dial-a-Ride)	At the cost of: \$									
(d)	Services Purchased from Subcontractor  OPC Social & Activity Center  (NAME OF SUBCONTRACTOR) (See attached Subcontractor Service Agreement)	At the cost of: \$ 71,412									
	(See annoted Subseniation Service Engineering)	Total \$71,412									
budge it will such e the ar June 3	t funds made available to SMART through legislative et. In the event that revenue actually received is insufferesult in an equivalent reduction in funding provided event, SMART reserves the right, without notice, to remount of any reduction by the legislature to SMART 30, 2027; all funds not spent by that date will revert by 1951, for expenditure consistent with Michigan law	ficient to support the Legislature's appropriation, d to the Community pursuant to this Contract. In reduce the payment of Municipal Credit funds by . All Municipal Credit funding must be spent by back to SMART pursuant to Michigan Public Act									
2.	The Community agrees to use \$ in Community Cre	edit funds available as follows:									
(a)	Transfer to Transferee Community	Funding of: \$									
(b)	Van/Bus Operations (Including Charter and Taxi services)	At the cost of: \$									

		Total \$
	(NAME OF SUBCONTRACTOR) (See attached Subcontractor Service Agreement)	
(e)	Services Purchased from Subcontractor	At the cost of: \$
(d)	Capital Purchases	At the cost of: \$
(c)	Services Purchased from SMART (Including Tickets, Shuttle Services/Dial-a-Ride)	At the cost of: \$

To the extent that this Contract calls for a payment of funds directly from SMART to a subcontractor, Community hereby acknowledges that it is the party entitled to receive such funds and is affirmatively authorizing and directing SMART to pay such funds directly to the subcontractor on its behalf. Capital purchases permitted with Community Credits are subject to applicable state and federal regulations, and SMART policy, including procurement guidelines. When advantageous, SMART may make procurements directly. Reimbursement for purchases made by Community requires submission of proper documentation to support the purchase (i.e. purchase orders, receiving reports, invoices, etc.). Community Credit dollars available in FY 2025, may be required to serve local employer transportation needs per the coordination requirements set forth in the aforementioned Master Agreement. All Community Credit funds must be spent by June 30, 2029; any funds not spent by that date may revert back to SMART for expenditure consistent with SMART policy.

The Parties acknowledge and agree that this Agreement may be executed by electronic signature, which shall be considered as an original signature for all purposes and shall have the same force and effect as an original signature. The Parties agree that the electronic signatures appearing on this Agreement are the same as handwritten signatures for the purposes of validity, enforceability and admissibility. Without limitation, "electronic signature" shall include faxed versions of an original signature or electronically scanned and transmitted versions (e.g., via pdf) of an original signature.

CITY OF ROCHESTER HILLS

This Agreement shall be binding once signed by both parties.

SUBURBAN MOBILITY AUTHORITY

FOR REGIONAL TRANSPORTA	ATION	
Signature	Signature	
Printed Name	Printed Name	
Title	Title	
Date	Date	

# EXHIBIT A

# PROJECT DESCRIPTION

Overall Project Description (Provide a descriptive narrative):

	Service Area (Provide geographic boundaries):
	ary geographic boundaries includes the cities of Rochester, Rochester Hills, and Oakland Township.
medi	ces are also provided to Oakland University and the Troy Beaumont Hospital. In addition, services for cal appointments are provided with 8 to 10 miles of the primary geographic area. And farther working our community partners SMART, NOTA, and WOTA
	Service Times (Provide days and hours of service):
Mond	lay – Friday 7:00 am to 8:00 pm. Saturday 9:00 am – 4:00 pm
Those	Eligible User Groups (Users eligible to use the service): e adults aged 55+ and well as those under 55 who are disabled with a doctor's note.
Requi	Fare Structure: (Cost to use service) ired fare = \$2.00 each way.
	Service Mode (Describe the amount and type of vehicles available, and whether they are wheelchair lift-equipped):  IART minibuses (cutaways) wheelchair and lift equipped (10 seats and 2 wheelchairs max)  ART owned Ford Transit Vans wheelchair and lift equipped (4 seats and 2 wheelchairs max)
T KINI	C owned (county funds) Dodge Promaster Vans (wheelchair and lift equipped ( 4 seats and 2 wheelchairs)  C owned (county funds) Dodge minivans (wheelchair and lift equipped (4 seats and 2 wheelchairs max)
	when (county funds) Douge minivans (wheelenan and intequipped (4 seats and 2 wheelenans max)

#### **EXHIBIT B**

#### **PROJECT OPERATING BUDGET**

Municipality: City of Rochester Hills

Contract Period: July 1, 2024 through June 30, 2025

Account Number: 48242

OPER	ATING	<b>EXPENSES:</b>
	<i>-</i> \           \	

Administrative Wages/Salary: (All employees other than drivers and dispatchers)

(10% max. of MC & CC funds)\$181,100Driver Wages\$853,400Fringe Benefits\$253,200Gasoline & Lubricants\$219,500Vehicle Insurance\$144,500Parts, Maintenance Supplies\$152,100

Mechanic Wages \$0 Fringe Benefits \$0

Dispatch Wages \$100,000

Other (Building, communications

Software, IT, FTA drug testing) \$327,900

Sub-Total (Operating Expenses) \$2,231,700

## **PURCHASED SERVICE:**

Taxi Service \$0
Charter Service \$0
SMART Bus Tickets \$0
SMART Shuttle Service \$0
SMART Dial-A-Ride \$0
Other (on-demand contractor) \$160,000

Sub-Total (Purchased Service) \$160,000

#### **CAPITAL EQUIPMENT:**

(Only list purchases to be made with Community Credits)

Computer Equipment \$0
Software \$0
Vehicle \$208,000
Maintenance Equipment \$0
Other (Building Improvements) \$605,500

Sub-Total (Capital Equipment) \$813,500

TOTAL EXPENSES Operating

Expenses, Purchased Service, and

Capital Equipment:

\$3,205,200

## **EXHIBIT B, continued (Page 2)**

## **REVENUES**:

Municipal Credit Funds	71412
Community Credit Funds	
Specialized Services Funds	\$22,200
General Funds	\$90,200
Farebox Revenue	
In-Kind Service	
Special Fares (Contracted Service)	
Other (County millage, additional	\$3,201,388
Municipal credits, donations)	

## **TOTAL REVENUE:**

\$3,205,200

(Note: TOTAL EXPENSES must equal TOTAL REVENUE)

# **Suburban Mobility Authority for Regional Transportation**

# **EEO COMPLIANCE REPORT A**

## COMMUNITY PARTNERSHIP FORM

Agency/Community Information								
Program Type: Community Partnership Program (CPP) $\square$ Specialized Service $\square$ New Freedom $\square$ JARC $\square$ 5310 $\square$								
Name of Agency/Community:								
Address:								
City:	State:		Zip:					
Agency/Community Data								
1) Has your agency/communit	y completed in excess of \$1,000,000 in							
DOT federally-funded contr	acts from SMART in the past year?		Yes □ No □					
2) Does your agency/commun	ity employ over fifty (50) transit related en	nployees?	Yes □ No □					
If the answers to the previous	two questions were both "Yes", Please for	rward						
your agency's/community's Affirmative Action plan to the address below:								
Buhl Building								
535 Griswold Street, Suite 600								
Detroit, MI 48226								
Attn: EEO Coordinator								
Have all subcontractors been i	Have all subcontractors been informed of their responsibility to file an EEO Compliance Report A form? Yes□No□N/A□							
Drug and Alcohol Testing Program Requirements								
Does your agency/community	have a DOT Drug and Alcohol testing prog	ram for						
Safety-sensitive employees? (Vehicle operators, dispatchers, mechanics and armed security)  Yes  N								
Name of drug and alcohol testi	ng manager?	Title:						
Phone Number:	Ext:	Email:						
Please Proceed to Employment Data Section on Back								

# **Suburban Mobility Authority for Regional Transportation**

# **EEO COMPLIANCE REPORT A**

### **COMMUNITY PARTNERSHIP FORM**

### **Employment Data**

Report <u>ONLY</u> employees directly involved in the operation of your non-emergency transportation program. Including permanent, temporary, or part-time employees. Enter the appropriate figures in the spaces below relating to each employee's race and gender.

temporary, or part	-time e	ilipioy	ees. Ei	iter tii	e appr	opriate	Higure	25 III U	ie spac	es beit	JW Tela	itilig to	) each	emplo	yee s i	ace an	u genu	iei.
c					Race													
ţi		То	tal			Minority												
sifica				White		African American		Hispanic		Asian		Pacific Islander		American Indian		Multi Race		
Job Classification	Employees	Male	Female	Minority	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female
Officials/Managers	2	1	1		1	1												
Professionals																		
Technicians																		
Office and Clerical Staff	4	2	2		2	2												
Craftsmen (Skilled)																		
Operators (Semi- Skilled)	30	25	5		24	5			1									
Laborers (Unskilled)																		
Service Workers																		
Journey Workers																		
Apprentices																		
Total																		
							Cert	ificati	ion									
How was this info	rmati	on obt	tained	? \	/isual	Surve	y: Yes		o 🗆	Emplo	oymei	nt Rec	ords:	Yes x	No 🗆			
Name of Authorizing Official (Print):Renee Cortright  Title: Executive Director																		
Signature: Date:6/17/24  Renee Contright																		
Contact person for report: Anne Murphy Title: Transportation Director																		
Telephone: 248- 608-0280		Ext: Email: annmurphy@opc center.org																