

If you require assistance accessing this information or require it in an alternative format, contact the Michigan Department of Transportation's (MDOT) Americans with Disabilities Act (ADA) coordinator at [www.Michigan.gov/MDOT-ADA](http://www.Michigan.gov/MDOT-ADA).

Michigan Department  
of Transportation  
3029 (07/2025)

**FY20 PROJECT SUMMARY – NEW FREEDOM  
(SECTION 5317)**

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INSTRUCTIONS: Complete a separate project summary for each capital and operating project.  
Complete and save the form in PTMS.

NAME OF APPLICANT (legal organization name)		
PROJECT NAME		
CATEGORY OF PROJECT (e.g., New Freedom operating; New Freedom capital such as bus, equipment, marketing, planning, and/or mobility management). You must also submit capital and/or operating requests in PTMS.		
CONTINUATION	AMOUNT OF FEDERAL FUNDS REQUESTED FOR THE PROJECT	LOCAL MATCH (if other than capital)
SOURCE OF LOCAL MATCH FUNDS FOR OPERATING (be specific – identify each source and \$ amount)		
WAS THIS SERVICE OFFERED/AVAILABLE PRIOR TO AUGUST 10, 2005?      YES      NO FOR APPLICANTS WITH PARATRANSIT SERVICE, EXPLAIN HOW THIS PROPOSED PROJECT/ SERVICE GOES BEYOND WHAT IS REQUIRED BY ADA?		
GENERAL AREA SERVED:      An urbanized area with population between 50,000 and 199,999 A non-urbanized area with population below 50,000		
SPECIFIC AREA TO BE SERVED CITY(IES)      COUNTY(IES)      REGION      OTHER. If other, describe		
TOTAL POPULATION OF AREA TO BE SERVED		
ESTIMATED NUMBER OF INDIVIDUALS WITH DISABILITIES TO BE SERVED BY THIS PROJECT		
ESTIMATED NUMBER OF RIDES (one way trips) TO BE PROVIDED FOR INDIVIDUALS WITH DISABILITIES AS A RESULT OF THE NEW FREEDOM PROJECT		
PROJECT DESCRIPTION		

**PROJECT NEEDS/GOALS AND OBJECTIVES****PROGRAM OUTREACH** (include letter(s) of support for new projects)**IF THIS IS A CONTINUATION PROJECT, PLEASE DESCRIBE THE SUCCESS OF THE PROJECT/  
SERVICE****RELATIONSHIP OF PROJECT TO COORDINATED PUBLIC TRANSIT-HUMAN SERVICES  
TRANSPORTATION PLAN****TITLE OF COORDINATED PLAN FROM WHICH  
PROJECT IS DERIVED****SPECIFIC STRATEGY PROJECT RELATES  
TO: PAGE NUMBER AND SECTION WHERE  
THE SPECIFIC STRATEGY IS STATED****HOW DOES PROJECT ADDRESS THE IDENTIFIED STRATEGY?****ARE THERE MULTIPLE PROVIDERS FOR THIS PROJECT/SERVICE?****NO****YES, if yes, please describe how the project/service provides for the coordination among  
the various providers**

IDENTIFY HOW THE PROJECT WILL BE COORDINATED WITH PUBLIC AND/OR PRIVATE TRANSPORTATION AND SOCIAL SERVICE AGENCIES AND IDENTIFY THOSE AGENCIES

PROJECT IMPLEMENTATION PLAN AND TIMELINE

IDENTIFY PERFORMANCE MEASURES TO BE USED IN TRACKING EFFECTIVENESS OF THE PROJECT AND YOUR PLAN FOR MONITORING AND EVALUATING THIS PROJECT

ADDITIONAL INFORMATION