

FY 20__ SECTION 5310/NEW FREEDOM GENERAL INFORMATION FORM

INSTRUCTIONS: Complete and return this form to the Michigan Department of Transportation.

NAME OF APPLICANT (legal organization name)

CHECK ONE:

Non-Urbanized Area

NAME OF URBANIZED AREA

Transportation Improvement Program (TIP) has been developed for this area and this project is included in the annual element (for agencies within a Metropolitan Planning Organization) (Attach proof of TIP approval) Yes No (If "No", please explain below)

SERVICES PROVIDED BY APPLICANT (including how 5310 vehicles will be used, service area, days and hours of operation, and reservation requirements).

PROJECTED ANNUAL 5310 PASSENGERS: _____

TYPE OF SERVICE TO BE PROVIDED (% OF USE):

_____ Demand-responsive (dial-a-ride)
_____ Fixed-route
_____ Other (specify): _____

ESTIMATED PERCENTAGE OF RIDERSHIP (%):

_____ Elderly
_____ Disabled
_____ Other (specify): _____

VEHICLES ARE INTENDED TO:

Replace existing vehicles
Expand existing service
Start new service

CHECK ONE:

Attached are letters of support from each public and private transit and paratransit operator in the proposed service area indicating that he or she does not, and is not intending to, offer similar service in the same area; or proof of a good faith effort made in obtaining letters of support if an operator will not respond.

OR

A public notice has been published (attached).