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Michigan Department
of Transportation
3080 (09/2025)

FY 20 SPECIALIZED SERVICES SERVICE DESCRIPTION

INSTRUCTIONS: Complete and return it to Michigan Department of Transportation.

If you have multiple sub-applicants, please provide information for each sub-applicant.

NAME OF APPLICANT (legal organization name)/SUB-APPLICANT
A. PROVIDE THE FOLLOWING INFORMATION FOR YOUR PROPOSED FY 20 SERVICE
REGULAR SERVICE/PAID DRIVER
DESCRIPTION OF SERVICE AND INFORMATION FOR APPLICANT AND/OR EACH SUB-APPLICANT AS APPLICABLE (service area, schedule, type of service).

NOTE: Available funding for the area will be the same as the current fiscal year. Funds may be redistributed among subrecipients by agreement of the Coordination Committee.

MDOT CONTINUATION FUNDS REQUESTED BY APPLICANT AND METHOD OF REIMBURSEMENT (PER MILE OR PER PASSENGER). PROVIDE INFORMATION FOR APPLICANT AND/OR EACH SUB-APPLICANT AS APPLICABLE (do not list volunteer drivers).

APPLICANT:

Dollar Amount Requested	by Mile	Estimated Miles
Dollar Amount Requested	by Passenger	Estimated Passengers

If your sub-applicant does not submit a budgeted Specialized Services Operating Assistance Report in PTMS, both estimated miles and estimated passengers are required. The estimated miles and passengers should reflect the service level of each sub-applicant regardless of what is funded.

SUB-APPLICANT(S):

Name of Sub-Applicant		
Dollar Amount Requested	by Mile	Estimated Miles
	by Passenger	Estimated Passengers

Name of Sub-Applicant		
Dollar Amount Requested	by Mile	Estimated Miles
	by Passenger	Estimated Passengers

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Dollar Amount Requested	by Mile	Estimated Miles
	by Passenger	Estimated Passengers

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	by Passenger	Estimated Passengers

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	by Passenger	Estimated Passengers

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Dollar Amount Requested	by Mile	Estimated Miles
	by Passenger	Estimated Passengers

Name of Sub-Applicant		
Dollar Amount Requested	by Mile	Estimated Miles
	by Passenger	Estimated Passengers

Name of Sub-Applicant		
Dollar Amount Requested	by Mile	Estimated Miles
	by Passenger	Estimated Passengers

VOLUNTEER DRIVER SERVICE

DESCRIPTION OF SERVICE AND INFORMATION FOR APPLICANT AND/OR EACH SUB-APPLICANT AS APPLICABLE (service area, schedule, type of service).

MDOT CONTINUATION FUNDS REQUESTED BY APPLICANT. REIMBURSED BASED ON MILES ONLY. PROVIDE INFORMATION FOR APPLICANT AND/OR EACH SUB-APPLICANT AS APPLICABLE.

Enter both estimated miles and passengers. The estimated miles and passengers should reflect the service level of each.

APPLICANT

Dollar Amount Requested	by Mile	Estimated Miles
		Estimated Passengers

SUB-APPLICANT(S):

Name of Sub-Applicant

Dollar Amount Requested	by Mile	Estimated Miles
		Estimated Passengers

Name of Sub-Applicant

Dollar Amount Requested	by Mile	Estimated Miles
		Estimated Passengers

Name of Sub-Applicant

Dollar Amount Requested	by Mile	Estimated Miles
		Estimated Passengers

Name of Sub-Applicant

Dollar Amount Requested	by Mile	Estimated Miles
		Estimated Passengers

Name of Sub-Applicant

Dollar Amount Requested	by Mile	Estimated Miles
		Estimated Passengers

Name of Sub-Applicant

Dollar Amount Requested	by Mile	Estimated Miles
		Estimated Passengers

Name of Sub-Applicant

Dollar Amount Requested	by Mile	Estimated Miles
		Estimated Passengers

B. DESCRIBE TRAINING EFFORTS FOR AGENCY STAFF AND VOLUNTEER DRIVERS. PROVIDE INFORMATION FOR APPLICANT AND/OR EACH SUB-APPLICANT AS APPLICABLE.

BOARDING EQUIPMENT/ASSISTANCE

SENSITIVITY

OTHER

THE SIGNATURE BELOW CERTIFIES THAT THE COORDINATION COMMITTEE HAS REVIEWED AND AGREED ON THE ABOVE FUNDING ALLOCATION.

NAME AND TITLE

SIGNATURE

DATE