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Michigan Department
of Transportation
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FY 20 COORDINATION PLAN FOR SPECIALIZED SERVICES

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

Submit only one coordination plan update per county or multi-county region.

NAME OF APPLICANT (Legal organization name)		
A. DOES YOUR COORDINATION COMMITTEE MEET AT LEAST QUARTERLY? If No, describe reasons for not meeting and efforts to establish quarterly meetings.	Yes	No
B. PLEASE IDENTIFY BASIC RESPONSIBILITIES OF THE COORDINATION COMMITTEE, LOOK AT THE FOLLOWING EXAMPLES OF ACTIVITIES, AND PROVIDE A BRIEF NARRATIVE OF THOSE ACTIVITIES OR MAJOR ACCOMPLISHMENTS YOU ACHIEVED DURING THE PREVIOUS FISCAL YEAR. Example of Activities: communication events; obtaining customer input; designated leadership roles; coordination of client rides; develop specific goals and objectives; clearing house; central dispatch; joint driver training programs; shared maintenance; review performance; and review and adjust budgets.		
C. DESCRIBE PLANNED ACTIVITIES FOR THE NEXT FISCAL YEAR.		
D. Organizations must ensure that the level and quality of service will be provided without regard to race, color, or national origin and that there is not a disparate impact on groups protected by Title VI of the Civil Rights Act of 1964 and related statutes and regulations. This is especially important if the same service has been provided for several years and demographic changes may have occurred in your community or if service changes have been made. PLEASE DESCRIBE YOUR EFFORTS TO COMPLY WITH THIS REQUIREMENT.		

