

Michigan Department  
of Transportation  
3127 (10/20)

# FY 20\_\_ SECTION 5310 COORDINATED PUBLIC TRANSIT- HUMAN SERVICES TRANSPORTATION PLAN INFORMATION

**INSTRUCTIONS: Complete and return this form to MDOT. Complete a separate form for each type of capital request.**

NAME OF APPLICANT (legal organization name)

TYPE OF CAPITAL PROJECT

PROJECT DESCRIPTION

TITLE OF COORDINATED PLAN FROM WHICH PROJECT IS INCLUDED

PAGE NUMBER AND SECTION WHERE THE PROJECT, STRATEGY, ACTIVITY, OR SPECIFIC ACTION IS IDENTIFIED

HOW DOES PROJECT ADDRESS AN IDENTIFIED SERVICE GAP OR TRANSPORTATION COORDINATION?

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. PLEASE ALSO IDENTIFY THOSE AGENCIES.

PROJECT IMPLEMENTATION TIMELINE AFTER RECEIVING FUNDS

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

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ADDITIONAL INFORMATION

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