CITY OF NOVI CITY COUNCIL JUNE 23, 2025



SUBJECT: Approval of the 2025 Suburban Mobility Authority for Regional

Transportation (SMART) Municipal Credit Fund Contract and transfer to

People's Express in the amount of \$62,149.

SUBMITTING DEPARTMENT: Parks, Recreation and Cultural Services (PRCS)

KEY HIGHLIGHTS:

 Novi is not eligible to retain the Credit Funds as we no longer directly operate a Transportation program.

 If the credits are not transferred to People's Express they may be reallocated by SMART

BACKGROUND INFORMATION:

The City of Novi is eligible to receive \$62,149 in Suburban Mobility Authority for Regional Transportation (SMART) Municipal Credit Funds for 2025. In the past, these funds supported the Novi Senior Transportation Program, which concluded at the end of June 2024 as People's Express began transportation operations in Novi. While Novi is no longer eligible to use these funds directly, the City may transfer them to People's Express to support transportation services within the community.

City staff reviewed multiple options for retaining the funds and engaged in extensive communication with SMART, as well as consultation with the City Attorney's Office. Based on the guidance received, Novi is not eligible to retain the credits, as SMART has discretion under Act 51 to define operational costs and determine how Municipal Credit funds may be allocated. If the funds are not transferred to People's Express, SMART may reallocate them at its discretion.

People's Express will utilize these funds for the fiscal year July 1, 2024 – June 30, 2025, to help support transportation services in Novi.

COUNCIL ACTION: Approval of the 2025 Suburban Mobility Authority for Regional Transportation (SMART) Municipal Credit Fund Contract and transfer to People's Express Program in the amount of \$62,149.

CITY OF NOVI

COUNTY OF OAKLAND, MICHIGAN

S.M.A.R.T. MUNICIPAL CREDIT PROGRAM RESOLUTION

Minutes of a Meeting of the City Council of the City of Novi, County of Oakland, Michigan, held in the City Hall of said City on June 23, 2025 at 7 o'clock P.M. Prevailing Fastern Time. PRESENT: Councilmembers ABSENT: Councilmembers The following preamble and Resolution were offered by Councilmember ____and supported by Councilmember _____ WHEREAS, the City of Novi is desirous of maintaining the existing Suburban Mobility Authority for Regional Transportation (S.M.A.R.T.) Municipal Credit Program, and WHEREAS, this program provides an essential service to senior citizens and handicapped individuals. NOW THEREFORE, IT IS THEREFORE RESOLVED that the Novi City Council hereby requests the 2025 Municipal Credit funding from Suburban Mobility Authority for Regional Transportation (S.M.A.R.T.), in the amount of \$62,149. BE IT FUTHER RESOLVED that funding be distributed in the following manner: transfer to People's Express AYES: NAYS: RESOLUTION DECLARED ADOPTED.

Cortney Hanson, City Clerk

CERTIFICATION

I hereby certify that the foregoing is a true and complete copy of a resolution adopted by the City Council of the City of Novi, County of Oakland, and State of Michigan, at a regular meeting held this 23^{rd} day of June, 2025, and that public notice of said meeting was given pursuant to and in full compliance with Act No. 267, Public Acts of Michigan, 1976, and that the minutes of said meeting have been kept and made available to the public as required by said Act.

Cortney Hanson, City Clerk City of Novi

MUNICIPAL CREDIT and COMMUNITY CREDIT CONTRACT FOR FY2025

I.	as the of t	he City of Novi (hereinafter, the "Community") hereby
Cred Cred Mun refer the o	y to SMART and agree to the terms and condite lits available for the period July 1, 2024 through lits available for the period July 1, 2024 to Junicipal and Community Credits Master Agence. A description of the service the Community	ions herein, for the receipt and expenditure of Municipa ugh June 30, 2025 (Section 1 below), and Community ne 30, 2025 (Section 2 below); and further agree that the reement between the parties is incorporated herein by nity shall provide hereunder is set forth in Exhibit A , and in Exhibit B , both of which are attached hereto and
1.	The Community agrees to use \$62149 in Mu	unicipal Credit funds as follows:
(a)	Transfer to People's Express Inc.	Funding of: \$ 62149
(b)	Van/Bus Operations (Including Charter and Taxi services)	At the cost of: \$
(c)	Services Purchased from SMART (Including Tickets, Shuttle Services/Dial-a-	At the cost of: \$ Ride)
(d)	Services Purchased from Subcontractor	At the cost of: \$
	(NAME OF SUBCONTRACTOR) (See attached Subcontractor Service Agreement)	Total \$62149
are m Cred budg it will such the a June	nade available to it by the Michigan Legislatur it funds made available to SMART through leget. In the event that revenue actually received il result in an equivalent reduction in funding pevent, SMART reserves the right, without not mount of any reduction by the legislature to S	s under this contract to the extent funds for the program e pursuant to Michigan Public Act 51 of 1951. Municipa gislative appropriation are based on the State's approved is insufficient to support the Legislature's appropriation provided to the Community pursuant to this Contract. In ice, to reduce the payment of Municipal Credit funds by MART. All Municipal Credit funding must be spent by revert back to SMART pursuant to Michigan Public Act gan law and SMART policy.
2.	The Community agrees to use \$0 in Commu	unity Credit funds available as follows:
(a)	Transfer to	Funding of: \$
(b)	Van/Bus Operations (Including Charter and Taxi services)	At the cost of: \$

T 41	ne extent that this Contract calls for a payment of	C.C. I. I. al. C. CMADE
	· ·	Total \$0
	(NAME OF SUBCONTRACTOR) (See attached Subcontractor Service Agreement)	
(e)	Services Purchased from Subcontractor	At the cost of: \$
(d)	Capital Purchases	At the cost of: \$
(c)	Services Purchased from SMART (Including Tickets, Shuttle Services/Dial-a-Rid	At the cost of: \$e)

To the extent that this Contract calls for a payment of funds directly from SMART to a subcontractor, Community hereby acknowledges that it is the party entitled to receive such funds and is affirmatively authorizing and directing SMART to pay such funds directly to the subcontractor on its behalf. Capital purchases permitted with Community Credits are subject to applicable state and federal regulations, and SMART policy, including procurement guidelines. When advantageous, SMART may make procurements directly. Reimbursement for purchases made by Community requires submission of proper documentation to support the purchase (i.e. purchase orders, receiving reports, invoices, etc.). Community Credit dollars available in FY 2025, may be required to serve local employer transportation needs per the coordination requirements set forth in the aforementioned Master Agreement. All Community Credit funds must be spent by June 30, 2029; any funds not spent by that date may revert back to SMART for expenditure consistent with SMART policy.

The Parties acknowledge and agree that this Agreement may be executed by electronic signature, which shall be considered as an original signature for all purposes and shall have the same force and effect as an original signature. The Parties agree that the electronic signatures appearing on this Agreement are the same as handwritten signatures for the purposes of validity, enforceability and admissibility. Without limitation, "electronic signature" shall include faxed versions of an original signature or electronically scanned and transmitted versions (e.g., via pdf) of an original signature.

CITY OF NOVI

This Agreement shall be binding once signed by both parties.

SUBURBAN MOBILITY AUTHORITY

FOR REGIONAL TRANSPORTATION						
Signature	Signature					
Printed Name	Printed Name					
Title	Title					
Date	Date					

EXHIBIT A

PROJECT DESCRIPTION

Overall Project Description (Provide a descriptive narrative):
Service Area (Provide geographic boundaries):
Service Times (Provide days and hours of service):
Eligible User Groups (Users eligible to use the service):
Fare Structure: (Cost to use service)
Sarving Mode (Describe the amount and type of vahioles available and whather they are vahealabein lift
Service Mode (Describe the amount and type of vehicles available, and whether they are wheelchair lift-equipped):

EXHIBIT B

PROJECT OPERATING BUDGET

Municipality: City of Novi

Contract Period: July 1, 2024 through June 30, 2025

Account Number: 48233

OPERATING EXPENSES:	
Administrative Wages/Salary: (All	
employees other than drivers and	
dispatchers)	
(10% max. of MC & CC funds)	
Driver Wages	
Fringe Benefits	
Gasoline & Lubricants	
Vehicle Insurance	
Parts, Maintenance Supplies	
Mechanic Wages	
Fringe Benefits	
Dispatch Wages	
Other (Specify)	
Other (Specify)	
Other (Specify)	
Sub-Total (Operating Expenses)	
PURCHASED SERVICE:	
Taxi Service	
Charter Service	
SMART Bus Tickets	
SMART Shuttle Service	
SMART Dial-A-Ride	
Other (Specify)	
Sub-Total (Purchased Service)	
CAPITAL EOUIPMENT:	
(Only list purchases to be made with Commu	nity Credits)
Computer Equipment	
Software	
Vehicle	
Maintenance Equipment	
Other (Specify)	
Sub-Total (Capital Equipment)	
TOTAL EXPENSES Operating	
Expenses, Purchased Service, and	
Capital Equipment:	

EXHIBIT B, continued (Page 2)

62149	
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	_
	62149

(Note: TOTAL EXPENSES must equal TOTAL REVENUE)

Suburban Mobility Authority for Regional Transportation

EEO COMPLIANCE REPORT A

COMMUNITY PARTNERSHIP FORM

Agency/Community Information							
Program Type: Community Partnership Program (CPP) ☐ Specialized Service ☐ New Freedom ☐ JARC ☐ 5310 ☐							
Name of Agency/Community:							
Address:							
City:	State:		Zip:				
	Agency/Community Da	nta					
1) Has your agency/community	completed in excess of \$1,000,000 in						
DOT federally-funded contra	acts from SMART in the past year?		Yes □ No □				
2) Does your agency/communit	ty employ over fifty (50) transit related em	ployees?	Yes □ No □				
If the answers to the previous t	two questions were both "Yes", Please for	ward					
your agency's/community's Affirmative Action plan to the address below:							
Buhl Building							
535 Griswold Street, Suite 600							
Detroit, MI 48226							
Attn: EEO Coordinator							
Have all subcontractors been in	nformed of their responsibility to file an EE	O Compliance Report A for	rm? Yes□No□N/A □				
	Drug and Alcohol Testing Program	Requirements					
Does your agency/community	have a DOT Drug and Alcohol testing progr	ram for					
Safety-sensitive employees? (Vehicle operators, dispatchers, mechanics and armed security) Yes No							
Name of drug and alcohol testir	Name of drug and alcohol testing manager? Title:						
Phone Number:	Ext:	Email:					
	Please Proceed to Employment Data	Section on Back					

Suburban Mobility Authority for Regional Transportation

EEO COMPLIANCE REPORT A

COMMUNITY PARTNERSHIP FORM

Employment Data Report **ONLY** employees directly involved in the operation of your non-emergency transportation program. Including permanent, temporary, or part-time employees. Enter the appropriate figures in the spaces below relating to each employee's race and gender. Race Minority Total

sifica					White		African American		Hispanic		Asian		Pacific Islander		American Indian		Multi Race	
Job Classifica	Employees	Male	Female	Minority	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female
Officials/Managers																		
Professionals																		
Technicians																		
Office and Clerical Staff																		
Craftsmen (Skilled)																		I
Operators (Semi- Skilled)																		
Laborers (Unskilled)																		
Service Workers																		
Journey Workers																		
Apprentices																		ĺ
Total																		
							Cert	ificati	ion									
How was this info	How was this information obtained? Visual Survey: Yes \square No \square Employment Records: Yes \square No \square																	
Name of Authoriz	ing Of	fficial ((Print):									Title	:					
Cianatuus					Cianatius													

Certification									
How was this information obtained?	Visual Survey: Yes ☐ No ☐ Employment Records: Yes ☐ No ☐								
Name of Authorizing Official (Print):	Title:								
Signature:		Date:							
Contact person for report:		Title:							
Telephone:	Ext:	Email:							