



248 Otis Street, PO Box 630
Rome, NY 13442
315-336-3950

**ADA Plan
Adopted July 2016**

Plan Statement:

Title 49: Transportation Part 27 states that “no otherwise qualified individual with a disability in the United States shall, solely by reason of his or her disability, be excluded from the participation in, be denied the benefits of, or be subjected to discrimination under any program or activity receiving Federal financial assistance.”

The Federal Transit Administration requires New York State Department of Transportation and its sub-recipients to ensure that public transportation vehicles meet the requirements of the U.S. Department of Transportation Americans with Disabilities Act regulations. 49 CFR Part 38 of the regulations includes the required specifications to make a vehicle accessible; and 49 CFR Part 37 defines the conditions under which vehicles must be purchased as accessible or made accessible. The regulations apply to transportation providers (public or private) that provide any of the following services: fixed route bus, demand responsive, rapid rail, light rail, or commuter rail.

Birnie Bus Service/Tours/Transportation and A.F. Mulligan, Inc. are committed to ensuring that no person is excluded from participation in, or denied the benefits of its transit services by reason of his or her disability, as protected by Americans with Disabilities Act of 1990 and Title 49: Transportation Part 27.

A handwritten signature in black ink, appearing to read 'Timothy C. Birnie', written over a horizontal line.

Timothy C. Birnie, President

A handwritten date '8/8/16' written in black ink over a horizontal line.

Date

Birnie Bus Corporate Seal:



Public Notification Process

ADA Information Dissemination:

ADA information flyers will be prominently and publicly displayed in all of Birnie Bus Service/Tours/Transportation and AF Mulligan, Inc. revenue vehicles, and printed schedules. A complete copy of our ADA Policy as well as the name of our Safety Investigator will be available on our company website under the link for "Public and Commuter Routes" at www.birniebus.com.

The ADA Policy information will be distributed to all of our employees via insert in payroll and through our annual employee education.

ADA Complaint Procedures

How to file an ADA Complaint?

The complainant may file a written, signed complaint up to thirty (30) days from the alleged discrimination. The complaint must include the following information in order for us to properly investigate the allegation fully:

- Name of complainant, mailing address, and how to contact the complainant (i.e. telephone number, email address, etc.)
- How, when, where and why the complainant feels that he or she was discriminated against. They should also include the location, names and contact information of any person(s) who may have witnessed the alleged discrimination.
- Other information that may be deemed significant by the complainant.

The ADA Complaint Form (see Appendix A) may be used to submit the complaint information. The complaint may be filed in writing to Birnie Bus at the following address:

**Birnie Bus Service, Inc.
ATTN: Safety Investigator
248 Otis Street, PO Box 630
Rome, NY 13442**

Note: Birnie Bus encourages all complainants to submit their complaint via certified mail through the US Postal Service, and/or ensure that all written correspondence can be tracked easily. For any complaint that is originally submitted via fax, an original, signed copy of the complaint **MUST** be received as soon as possible, but no later than thirty (30) days from the alleged date of discrimination.

A letter acknowledging receipt of complaint will be mailed within seven (7) days (Appendix B). Birnie Bus will provide appropriate assistance to complainants, including those persons with disabilities, or who have Limited English Skills. We will make every effort to address all complaints in an expeditious manner.

How will complainant be notified of the outcome of the complaint?

Birnie Bus Service will send a final written response (Please See Appendix C or D) to the complainant. In the letter notifying a complainant that the complaint IS NOT substantiated (Appendix D), the complainant is also advised of his or her right to **a)** appeal within seven (7) calendar days of receipt of the final written decision from Birnie Bus or **b)** file a complaint externally with the U.S. Department of Transportation and/or the Federal Transit Administration. Every effort will be made to respond to ADA complaints within sixty (60) working days of receipt of such complaints, if not sooner.

In addition to the complaint process described above, a complainant may file an ADA complaint with the following offices:

**Federal Transit Administration Office of Civil Rights
Attention: Title VI Program Coordinator
East Building, 5th Floor- TCR
1200 New Jersey Ave., SE
Washington, DC 20590**

Community Outreach:

Birnie Bus Service/Tours/Transportation and A.F. Mulligan, Inc. makes efforts to reach out to its community in the following ways by attending various informational events, job fairs, county fairs, parades, Department of Labor Workforce Centers, The Refugee Center in Utica, NY, The Rescue Mission of Rome, Homeless Veterans Group, and the such. Notice of all public hearings that relate to public contracts held by Birnie Bus or its affiliates are posted on our website to allow the community an opportunity to participate in such hearings; ADA information flyers are displayed in all Birnie Bus Service/Tours/Transportation and AF Mulligan, Inc. revenue vehicles; and the ADA plan is available on our website, which has the ability to choose a language that will allow viewers to read in another language most of the fixed content. We have done advertising on the local Bosnian Radio, as a large population reside in our service areas. We employ bi-lingual individuals (Spanish, Bosnian, Russian) at this time who will assist in communication efforts to individuals with Limited English Skills.



PO Box 630, 248 Otis St., Rome, NY 13442
(315)336-3950 Fax:(315)281-0042 www.birniebus.com

Safe, Reliable, Courteous, Transportation

July 27, 2016

Affidavit of Compliance

Birnie Bus Service, Inc. complies with the access requirements and technical specifications of the Americans with Disabilities Act (ADA) of 1990 for the vehicles used in the transportation of individuals on public access routes. As allowed by the Department of Transportation, 24 hour advance notice is required for use of an accessible bus.

Calla Perrilloux
Financial Assistant



PO Box 630, 248 Otis St., Rome, NY 13442
(315)336-3950 Fax:(315)281-0042 www.birniebus.com

Safe, Reliable, Courteous, Transportation

Wheelchair Securement Policy

ALL wheelchairs transported on any Birnie Bus Inc. vehicle MUST be secured by using the 4-point tie down system provided on the vehicle and in the area designated for wheelchairs.

If the passenger refuses to allow his/her wheelchair to be secured, the passenger will be refused transportation.

This applies to all 'common wheelchairs'. If a wheelchair is such that it cannot be secured to the operator's satisfaction, the owner of the wheelchair will be consulted to determine the best method of securement. If this is not possible, the operator will secure the wheelchair to the best of his/her ability.

Calla Perrilloux
Financial Assistant

Fare Structure:

- Fares range from one dollar (\$1.00) to five dollars (\$5.00) depending on origination of trip and destination. The most distant points would be the highest cost. (Example: Lowville to Utica is \$5.00)
- Fares are reduced by one-half (1/2) for passengers that are handicapped, either physically or mentally and for senior citizens (65 and over).
- An additional charge of two dollars (\$2.00) is charged for a pick-up or drop-off that causes the vehicle to deviate from the assigned route. Deviations will be allowed up to three-quarters (3/4) of a mile. The half fare for handicapped and seniors, also, applies to this charge.

ADA Paratransit Service Policies and Procedures:

- For people in wheelchairs, no application is needed.
- For handicapped individuals or seniors, either a copy of SSI award letter, a copy of the Medicaid card, ID showing DOB or age, or an obvious visual identification of handicapping condition or age.
- Pre-reserved trip scheduled by phone are encouraged, however, 'flag stops' are acceptable on the traveled route. The call in ensures we stop and look for the passenger at a designated location. It also allows for us to answer questions the passenger may have about route, time and fares.
- Trip time parameters vary by route. (see public timetable)
- Cancellations are accepted graciously. Excessive cancellations by a single individual would put to question one's sincerity to ride.

Customer Service:

- Office hours: Calls can be received from 7:00 AM to 6:00 PM at 336-3950 extension 304. Monday through Friday.
- Service representative is normally available from 8:00 AM to 3:00 PM, Monday through Friday.
- Timetable distribution points are at many of the designated stops listed on the timetable. Timetables will be mailed to individuals upon request.
- Complaints are accepted by mail or phone anytime during normal business hours. We try to resolve complaints immediately.



**Birnie Bus Tours, Inc.
Inter-county Commuter Fixed Route Service
From Little Falls to Syracuse, NY
Standards and Service Policies**

Standards

Vehicle Load Standards:

The average of all loads during the peak operating period should not exceed vehicle's achievable capacities, which are 55 passengers for a 50-foot commuter coach bus.

Vehicle Headway Standards:

This system operates weekly from early morning to late evenings Monday through Saturday. Due to the extended distance between destinations, each route runs once a day, serving many stops multiple times. Each stop is serviced at least twice a day. Stops with higher ridership populations are serviced more frequently, generally once every hour.

Many factors are taken into consideration when scheduling potential bus stop locations. These include: density of transit-dependent population and activities, large employment centers, land use connectivity, transit/pedestrian friendly streets, and relationship with major transportation developments.

On-Time Performance Standards

A vehicle is considered on time if it departs a scheduled stop at the time advertised in the printed schedule. Riders are strongly encouraged to arrive at a stop ten to fifteen minutes before the advertised time. Vehicles on-time performance is sporadically monitored by GPS and more thoroughly if a customer complaint arises.

Service Availability Standards

Birnie Bus Tours, Inc. distributes transit service so that all major population points are serviced and stops are located within ¼ of a mile of local bus service or central commercial areas.

Service Policies

Transit Amenities Policy

Distribution of our system schedules are installed throughout the community in prominent public areas. The schedule can also be found on our website, which has the ability to choose a language that will allow viewers to read in another language most of the fixed content. The public is also free to call for additional information on our scheduling.

Vehicle Assignment Policy

All vehicles are 50 foot commuter coach buses assigned to the main Birnie Bus Headquarters in Rome, NY. As per our contract, these are managed so that vehicles do not exceed seven years or 500,000 miles, whichever comes first. All buses are air conditioned and equipped with a wheelchair lift to provide accessibility.

ADA COMPLAINT FORM

Title 49: Transportation Part 27 states that “no otherwise qualified individual with a disability in the United States shall, solely by reason of his or her disability, be excluded from the participation in, be denied the benefits of, or be subjected to discrimination under any program or activity receiving Federal financial assistance.” If you feel you have been discriminated against, please provide the following information in order to assist us in processing your complaint and sent it to:

**Birnie Bus Service, Inc.
248 Otis Street, PO Box 630
Rome, NY 13442
ATTN: Safety Investigator**

Please print clearly:

Name: _____

Address: _____

City, State, Zip Code: _____

Telephone Number: _____ (home) _____ (cell) _____ (message)

Person discriminated against:

Address of person discriminated against:

City, State, Zip Code:

Please indicate why you believe the discrimination occurred:

What was the date of the alleged discrimination?

Where did the alleged discrimination take place?

Please describe the circumstances as you saw it:

Please list any and all witnesses' names and phone numbers:

What type of corrective action would you like to see taken?

Please attach any documents you have which support the allegation. Then date and sign this form.

Your signature

Print your name

Date

Appendix B

Letter Acknowledging Receipt of Complaint

(Today's Date)

Ms. Jo Doe
1234 Main St.
Somewhere, Any State ZIP

Dear Ms. Doe:

This letter is to acknowledge receipt of your complaint alleging:

An investigation will begin shortly. If you have additional information you wish to convey or questions concerning this matter, please feel free to contact this office by telephoning (315) 336-3950, or write to me at this address.

Sincerely,

Birnie Bus Service, Inc.
Attn: Safety Investigator
248 Otis Street, PO Box 630
Rome, NY 13442

Appendix C

Letter Notifying Complainant that the Complaint Is Substantiated

Today's Date
Ms. Jo Doe
1234 Main St.
Somewhere, Any State, ZIP

Dear Ms. Doe:

The matter referenced in your letter of _____ (date), alleging an ADA violation has been investigated.

(An/Several) apparent violation(s) of Americans with Disabilities Act of 1990 and Title 49: Transportation Part 27 (ADA), including those mentioned in your letter (was/were) identified. Efforts are underway to correct these deficiencies.

Thank you for calling this important matter to our attention. You were extremely helpful during our review of the program. (If a hearing is requested, the following sentence may be appropriate) You may be hearing from this office, or from federal authorities, if your services should be needed during the administrative hearing process.

Sincerely,

Birnie Bus Service, Inc.
Attn: Safety Investigator
248 Otis Street, PO Box 630
Rome, NY 13442

Appendix D

**Letter Notifying Complainant that the Complaint Is
Not Substantiated**

Today's Date
Ms. Jo Doe
1234 Main St.
Somewhere, Any State, ZIP

Dear Ms. Doe:

The matter referenced in your complaint of _____ (date) alleging _____ has been investigated.

The results of the investigation did not indicate that the provisions of Americans with Disabilities Act of 1990 (ADA) had in fact been violated. As you know, ADA prohibits discrimination of any qualified individual with a disability in any program receiving federal financial assistance.

Birnie Bus Services, Inc. has analyzed the materials and facts pertaining to your case for evidence of failure to comply with any of the civil rights laws. There was no evidence found that any of these laws have been violated. I therefore advise you that your complaint has not been substantiated, and that I am closing this matter in our files.

You have the right to appeal this decision within seven calendar days of receipt of this final written decision from Birnie Bus Services, Inc., and/or 2) file a complaint externally with the U.S. Department of Transportation and/or the Federal Transit Administration at:

**Federal Transit Administration Office of Civil Rights
Attention: Title VI Program Coordinator
East Building, 5th Floor - TCR
1200 New Jersey Ave., SE
Washington, DC 20590**

Thank you for taking the time to contact us. If I can be of assistance to you in the future, do not hesitate to call me.

Sincerely,

Birnie Bus Service, Inc.
Attn: Safety Investigator
248 Otis Street, PO Box 630
Rome, NY 13442

Appendix E

Samples of Narrative to be included in Posters to be Displayed in Revenue Vehicles

Title 49: Transportation Part 27 states that “no otherwise qualified individual with a disability in the United States shall, solely by reason of his or her disability, be excluded from the participation in, be denied the benefits of, or be subjected to discrimination under any program or activity receiving Federal financial assistance.”

Birnie Bus Services, Inc. and its affiliates are committed to ensuring that no person is excluded from participation in, or denied the benefits of its transit services by reason of his or her disability, as protected by as protected by Title 49: Transportation Part 27. If you feel you are being denied participation in or being denied benefits of the transit services provided by Birnie Bus Services, Inc. or one of its affiliates, or otherwise being discriminated against because of your disability, you may contact our office at:

**Birnie Bus Service, Inc.
Attn: Safety Investigator
248 Otis Street, PO Box 630
Rome, NY 13442**

For more information, visit our website at www.birniebus.com

Appendix F

Employee Annual Education Form

ADA Policy

No qualified individual with a disability in the United States shall, solely by reason of his or her disability, be excluded from participation in, be denied the benefits of, or be subjected to discrimination under any program or activity receiving federal financial assistance.

All employees of Birnie Bus Service/Tours/Transportation and A.F. Mulligan, Inc. are expected to consider, respect, and observe this policy in their daily work and duties. Citizen questions or complaints shall be directed to the Safety Investigator or his/her designee.

In all dealings with citizens, please use courtesy titles (i.e. Mr., Mrs., Ms., or Miss) to respectfully address citizens without regard to race, color or national origin.

Appendix G

Acknowledgement of Receipt of ADA Program

I hereby acknowledge the receipt of Birnie Bus Service, Inc. ADA Plan. I agree to familiarize myself with the contents of this manual and will abide by the same ensuring that no person is excluded from participation in, or denied the benefits or services delivered by Birnie Bus Service, Inc. solely by reason of his or her disability, as protected by Title 49: Transportation Part 27.

Employee signature

Print your name

Date