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April 8, 2014

TO: Bradford County Transportation Disadvantaged Coordinating Board

FROM: Lynn Godfrey, AICP, Senior Planner

SUBJECT: Meeting Announcement

The Bradford County Transportation Disadvantaged Coordinating Board will meet **Tuesday, April 15, 2014 at 9:30 a.m.** in the City of Starke Commission Meeting Room located at 209 N. Thompson Street in the City of Starke. All Board members are encouraged to this meeting.

Attached is the meeting agenda and supporting materials. If you have any questions, please do not hesitate to contact me at extension 110.

Attachments

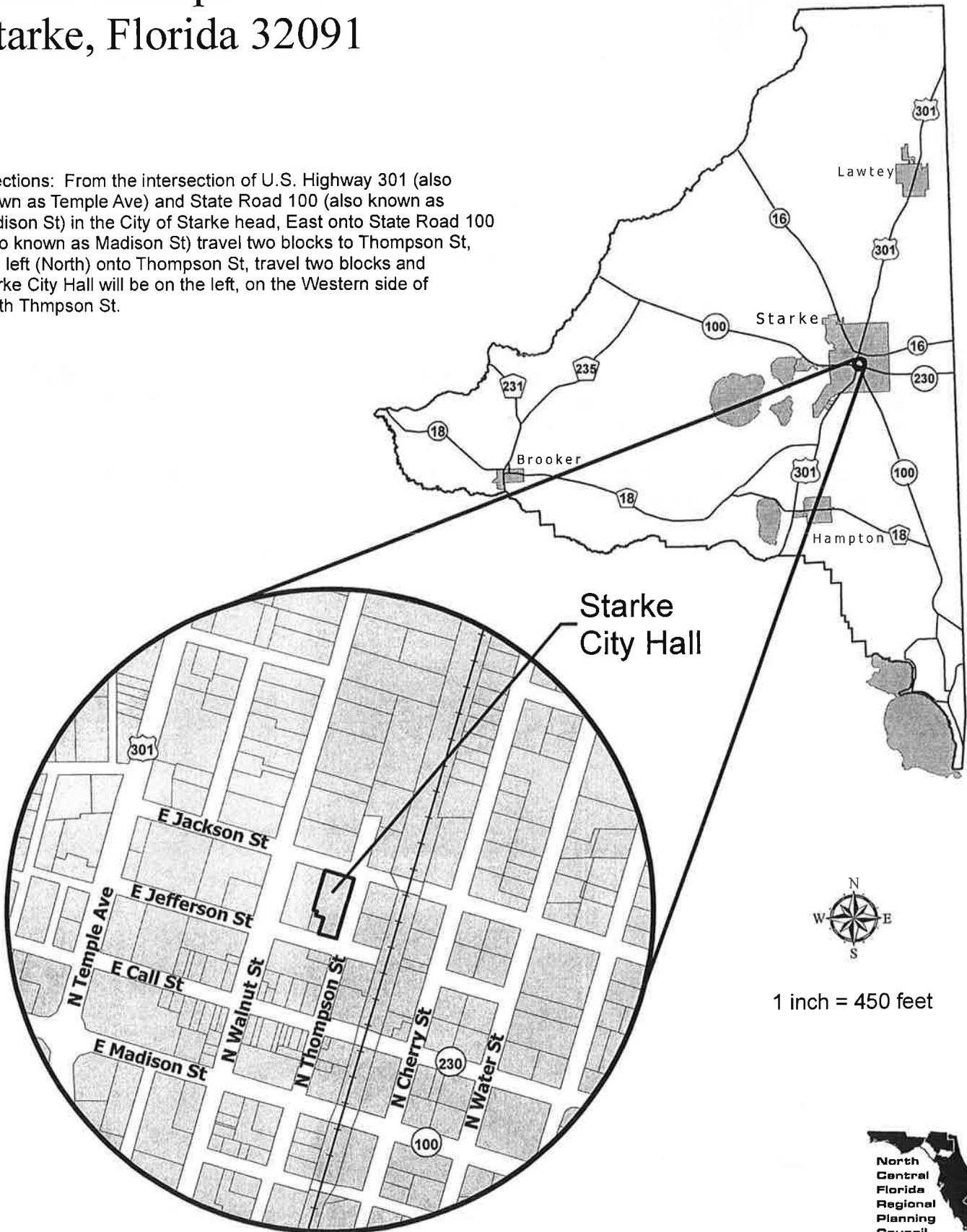
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Starke City Hall

North Thompson St

Starke, Florida 32091

Directions: From the intersection of U.S. Highway 301 (also known as Temple Ave) and State Road 100 (also known as Madison St) in the City of Starke head, East onto State Road 100 (also known as Madison St) travel two blocks to Thompson St, turn left (North) onto Thompson St, travel two blocks and Starke City Hall will be on the left, on the Western side of North Thompson St.





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**BRADFORD COUNTY
TRANSPORTATION DISADVANTAGED COORDINATING BOARD
MEETING AGENDA**

City Commission Meeting Room
209 N. Thompson Street
Starke, Florida

**Tuesday
April 15, 2014
9:30 a.m.**

I. BUSINESS MEETING – CALL TO ORDER

- A. Introductions**
- B. Approval of the Meeting Agenda**
- C. Approval of the October 15, 2013 Minutes**

Page 7

II. NEW BUSINESS

- A. Bradford County Transportation Disadvantaged Service Plan Amendment**

Page 11

The Board needs to review and approve an amendment to the Bradford County Transportation Disadvantaged Service Plan

- B. U.S.C. Section 5310 and 5311 Grant Applications**

Page 23

The Board needs to review the enclosed U.S.C. Section 5310 and 5311 Grant applications

- C. Florida's Managed Medical Assistance Program**

No Enclosure

Staff will provide an update on Florida's Managed Medical Assistance Program

- D. Operations Reports**

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III. OTHER BUSINESS

A. Comments

1. Members

2. Citizens

IV. FUTURE MEETING DATES

A. Tuesday, July 15, 2014 at 9:30 a.m.

B. Tuesday, October 14, 2014 at 9:30 a.m.

* Please note that this is a tentative meeting schedule, all dates and times are subject to change.

If you have any questions concerning the enclosed materials, please do not hesitate to contact me at 1-800-226-0690, extension 110.

**BRADFORD COUNTY
TRANSPORTATION DISADVANTAGED COORDINATING BOARD**

MEMBER/REPRESENTING	ALTERNATE/REPRESENTING
Commissioner Danny Riddick Local Elected Official/Chair	Commissioner Tommy Chastain Local Elected Official
Sandra Collins Florida Department of Transportation	Janell Damato Florida Department of Transportation
Brad Seeling Florida Department of Children and Families	Vacant Florida Department of Children and Families
Jeffrey Aboumrad Florida Department of Education	Vacant Florida Department of Education
Cindy Roberts Florida Department of Elder Affairs	Vacant Florida Department of Elder Affairs
Alana McKay Florida Agency for Health Care Administration	Andrew Singer Florida Agency for Health Care Administration
Linda Tatum Regional Workforce Board	Vacant Regional Workforce Board
Janice Johnson Florida Association for Community Action Term ending June 30, 2014	Vacant Florida Association for Community Action Term ending June 30, 2014
Richard Sapp Public Education	Vacant Public Education
Barbara Fischer Veterans Term ending June 30, 2014	Vacant Veterans Term ending June 30, 2014
Patricia Bonsteel Citizen Advocate Term ending June 30, 2015	Vacant Citizen Advocate Term ending June 30, 2015
Patricia Fountain Citizen Advocate - User Term ending June 30, 2015	Vacant Citizen Advocate - User Term ending June 30, 2015
Sherry Ruskowski Persons with Disabilities Term ending June 30, 2015	Vacant Persons with Disabilities Term ending June 30, 2015
Vacant Elderly Term ending June 30, 2014	Vacant Elderly Term ending June 30, 2014
Vacant Medical Community Term ending June 30, 2016	Vacant Medical Community Term ending June 30, 2016
Alberta Hampton Children at Risk Term ending June 30, 2016	Vacant Children at Risk Term ending June 30, 2016
Steve Futch - Vice -Chair Private Transit Term ending June 30, 2016	Vacant Private Transit Term ending June 30, 2016

Note: Unless specified, members and alternates serve at the pleasure of the North Central Florida Regional Planning Council.

**BRADFORD COUNTY
TRANSPORTATION DISADVANTAGED COORDINATING BOARD**

MEETING MINUTES

City Commission Meeting Room
209 N. Thompson Street
Starke, Florida

Tuesday
January 7, 2014
9:30 a.m.

VOTING MEMBERS PRESENT

Commissioner Danny Riddick, Chairman
Patricia Bonsteel, Citizen Advocate
Barbara Fischer, Veterans Representative
Steve Futch, Private Transit Representative, Vice-Chair
Alana McKay, Florida Agency for Health Care Administration - Medicaid
Sherry Ruszkowski, Persons with Disabilities Representative
Linda Tatum, Regional Workforce Development Board

VOTING MEMBERS ABSENT

Jeffrey Aboumrad, Florida Department of Education
Sandra Collins, Florida Department of Transportation
Patricia Fountain, Citizen Advocate -User
Janice Johnson, Community Action Agency Representative
Richard Sapp, Public Education Representative
Brad Seeling, Florida Department of Children and Families

OTHERS PRESENT

Kristin Clements, Communities in Schools
Matthew Pearson, Suwannee River Economic Council

STAFF PRESENT

Lynn Godfrey, North Central Florida Regional Planning Council

I. PUBLIC HEARING CALL TO ORDER

Chairman Riddick called the public hearing to order at 9:30 a.m.

A. Introductions

Chairman Riddick asked everyone to introduce themselves.

B. Receive Public Testimony

There was no public testimony received.

C. Close Public Hearing

Chairman Riddick closed the public hearing at 9:31 a.m.

II. BUSINESS MEETING CALL TO ORDER

Chairman Riddick called the meeting to order at 9:32 a.m.

A. Approval of the Meeting Agenda

ACTION: Linda Tatum moved to approve the meeting agenda. Steve Futch seconded; motion passed unanimously.

B. Approval of the October 15, 2014 Minutes

ACTION: Steve Futch moved to approve the October 15, 2013 meeting minutes. Linda Tatum seconded; motion passed unanimously.

III. UNFINISHED BUSINESS

A. Community Transportation Coordinator Annual Performance Evaluation

Ms. Lynn Godfrey, North Central Florida Regional Planning Council Senior Planner, stated that Suwannee River Economic Council's response to the annual performance evaluation recommendations is included in the meeting packet.

The Board reviewed Suwannee River Economic Council's response.

B. Rural Area Capital Assistance Program Grant Application

Ms. Godfrey stated that Suwannee River Economic Council applied for Rural Area Capital Assistance Program Grant funds to purchase a vehicle for Bradford County. She said the Florida Commission for the Transportation Disadvantaged did not award Suwannee River Economic Council grant funds to purchase this vehicle.

Mr. Matthew Pearson, Suwannee River Economic Council Executive Director, stated that Suwannee River Economic Council was awarded funds to purchase one vehicle for Dixie and Gilchrist Counties. He said he did not understand why the Florida Commission for the Transportation Disadvantaged did not prioritize applications for vehicles. He noted that much larger grant awards were given to purchase computer equipment.

The Board agreed to send a letter of support with this year's grant application.

IV. NEW BUSINESS

A. Bradford County Transportation Disadvantaged Service Plan

Ms. Godfrey stated that Chapter 427, Florida Statutes requires Suwannee River Economic Council to prepare a Transportation Disadvantaged Service Plan in cooperation with the North Central Florida Regional Planning Council for the Board's approval. She said this plan provides information needed by the Board to continually review and assess transportation disadvantaged needs for the service area. She said the Service Plan must be submitted to the Florida Commission for the Transportation Disadvantaged annually.

The Board reviewed the Bradford County Transportation Disadvantaged Service Plan.

ACTION: Linda Tatum moved to approve the Bradford County Transportation Disadvantaged Service Plan. Alana McKay seconded; motion passed unanimously.

B. Florida's Managed Medical Assistance Program

Ms. Alana McKay discussed Florida's Managed Medical Assistance Program. She explained that Bradford County is included in Medicaid Region 3. She said the anticipated implementation date for Region 3 is May 1, 2014. She said the Health Maintenance Organization have contracted with two Transportation Management Organizations to broker Medicaid transportation services.

Ms. McKay stated that the State of Florida will try to maintain the existing Medicaid Non-Emergency Transportation system. She said Medicaid non-emergency transportation will still be provided to Medicaid beneficiaries.

Mr. Pearson said Suwannee River Economic Council has been in negotiations with one of the Transportation Management Organizations. He said Suwannee River Economic Council will continue to provide Medicaid non-emergency transportation services, but, not at a financial loss to the organization.

F. Operations Reports

Ms. Godfrey stated that the operations reports for the third quarter of 2013 are included in the meeting packet for the Board's review.

The Board reviewed the operations reports.

V. OTHER BUSINESS

A. Comments

1. Members

There were no member comments.

2. Citizens

There were no citizen comments.

VI. FUTURE MEETING DATES

Chairman Riddick stated that the next meeting of the Board will be held Tuesday, April 15, 2014 at 9:30 a.m.

ADJOURNMENT

The meeting adjourned at 10:00 a.m.

Coordinating Board Chair

Date



II.A

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April 8, 2014

TO: Bradford County Transportation Disadvantaged Coordinating Board

FROM: Lynn Godfrey, AICP, Senior Planner

SUBJECT: Bradford County Transportation Disadvantaged Service Plan Amendment

STAFF RECOMMENDATION

Approve the Bradford County Transportation Disadvantaged Service Plan amendment.

BACKGROUND

The Bradford County Transportation Disadvantaged Service Plan includes the rates charged for Transportation Disadvantaged and Medicaid Non-Emergency Program sponsored services. Suwannee River Economic Council will distribute their proposed Fiscal Year 2014/15 rates at the meeting. The Board needs to review and approve Suwannee River Economic Council's proposed rates.

If you have any questions concerning this matter, please do not hesitate to contact me.

Attachment

t:\lynn\td2014\bradford\memos\tdspamendrates.docx

COMMUNITY TRANSPORTATION COORDINATOR: Suwannee River Economic Council, Inc.

COUNTY: Bradford

CONTRACT PERIOD: July 1, 2014 - June 30, 2015

PURCHASING AGENCY: Florida Commission for the Transportation Disadvantaged

PROGRAM/SERVICE TYPE	COST PER MILE
Transportation Disadvantaged Program Ambulatory	\$1.72/passenger mile
Transportation Disadvantaged Wheelchair	\$2.95/passenger mile
Transportation Disadvantaged Stretcher	\$6.14/passenger mile

COMMUNITY TRANSPORTATION COORDINATOR: Suwannee River Economic Council, Inc.

COUNTY: Bradford

CONTRACT PERIOD: July 1, 2013 - June 30, 2014

PURCHASING AGENCY: Florida Commission for the Transportation Disadvantaged

PROGRAM/SERVICE TYPE	COST PER MILE
Transportation Disadvantaged Program Ambulatory	\$1.66/passenger mile
Transportation Disadvantaged Wheelchair	\$2.85/passenger mile
Transportation Disadvantaged Stretcher	\$5.94/passenger mile

Preliminary Information Worksheet

Version 1.4

CTC Name: Suwannee River Economic Council, Inc.

County (Service Area): Bradford

Contact Person: Matt Pearson

Phone # 386-362-4115 ext. 242

Check Applicable Characteristic:

ORGANIZATIONAL TYPE:

- ☐ Governmental
- ☒ Private Non-Profit
- ☐ Private For Profit

NETWORK TYPE:

- ☐ Fully Brokered
- ☒ Partially Brokered
- ☐ Sole Source

*Once completed, proceed to the Worksheet entitled
"Comprehensive Budget"*

Comprehensive Budget Worksheet

Version 1.4

CTC: Suwannee River Economic Council, Inc.
County: Bradford

1. Complete applicable GREEN cells in columns 2, 3, 4, and 7

	Prior Year's ACTUALS from July 1st of 2012 to June 30th of 2013	Current Year's APPROVED Budget, as amended from July 1st of 2013 to June 30th of 2014	Upcoming Year's PROPOSED Budget from July 1st of 2014 to June 30th of 2015	% Change from Prior Year to Current Year	Proposed % Change from Current Year to Upcoming Year	Confirm whether revenues are collected as a system subsidy VS a purchase of service at a unit price. Explain Changes in Column 6 That Are > ± 10% and Also > ± \$50,000
1	2	3	4	5	6	7

REVENUES (CTC/Operators ONLY / Do NOT include coordination contractors)

Local Non-Govt

Farebox						Reinvested 532,104 into Current (13/14) and upcoming (14/15) years Budget: \$10,000 into (13/14) and \$22,104 into the (14/15) budget year.
Medicaid Co-Pay Received						
Donations/ Contributions	\$ 4,420			-100.0%		
In-Kind, Contributed Services						
Other	\$ 22,623	\$ 24,731	\$ 42,419	9.3%	71.5%	
Bus Pass Program Revenue						

Local Government

District School Board						
Compl. ADA Services						
County Cash						
County In-Kind, Contributed Services						
City Cash						
City In-Kind, Contributed Services						
Other Cash						
Other In-Kind, Contributed Services						
Bus Pass Program Revenue						

CTD

Non-Spons. Trip Program	\$ 96,016	\$ 100,272	\$ 119,832	4.4%	19.5%	
Non-Spons. Capital Equipment						
Rural Capital Equipment						
Other TD (specify in explanation)						
Bus Pass Program Revenue						

USDOT & FDOT

49 USC 5307						
49 USC 5310	\$ 55,813		\$ 58,000	-100.0%		
49 USC 5311 (Operating)	\$ 114,583	\$ 112,000	\$ 112,000	-2.3%	0.0%	
49 USC 5311(Capital)						
Block Grant						
Service Development						
Commuter Assistance						
Other DOT (specify in explanation)						
Bus Pass Program Revenue						

AHCA

Medicaid	\$ 129,674	\$ 122,052	\$ 80,113	-5.9%	-34.4%	
Other AHCA (specify in explanation)						
Bus Pass Program Revenue						

DCF

Alcohol, Drug & Mental Health						
Family Safety & Preservation						
Comm. Care Dis./Aging & Adult Serv.						
Other DCF (specify in explanation)						
Bus Pass Program Revenue						

DOH

Children Medical Services						
County Public Health						
Other DOH (specify in explanation)						
Bus Pass Program Revenue						

DOE (state)

Carl Perkins						
Div of Blind Services						
Vocational Rehabilitation						
Day Care Programs						
Other DOE (specify in explanation)						
Bus Pass Program Revenue						

AWI

WAGES/Workforce Board						
Other AWI (specify in explanation)						
Bus Pass Program Revenue						

DOEA

Older Americans Act	\$ 32,423	\$ 20,200	\$ 30,200	-37.7%	49.5%	
Community Care for Elderly						
Other DOEA (specify in explanation)						
Bus Pass Program Revenue						

DCA

Community Services						
Other DCA (specify in explanation)						
Bus Pass Admin. Revenue						

Comprehensive Budget Worksheet

Version 1.4

CTC: Suwannee River Economic Council, Inc.
County: Bradford

1. Complete applicable GREEN cells in columns 2, 3, 4, and 7

	Prior Year's ACTUALS from July 1st of 2012 to June 30th of 2013	Current Year's APPROVED Budget, as amended from July 1st of 2013 to June 30th of 2014	Upcoming Year's PROPOSED Budget from July 1st of 2014 to June 30th of 2015	% Change from Prior Year to Current Year	Proposed % Change from Current Year to Upcoming Year	Confirm whether revenues are collected as a system subsidy VS a purchase of service at a unit price. Explain Changes in Column 6 That Are > ± 10% and Also > ± \$50,000
1	2	3	4	5	6	7

APD

Office of Disability Determination
Developmental Services
Other APD (specify in explanation)
Bus Pass Program Revenue

DJJ

(specify in explanation)
Bus Pass Program Revenue

Other Fed or State

XXX
XXX
XXX

Bus Pass Program Revenue

Other Revenues

Interest Earnings

XXXX
XXXX

Bus Pass Program Revenue

Balancing Revenue to Prevent Deficit

Actual or Planned Use of Cash Reserve

Balancing Revenue is Short By =

Total Revenues = \$455,552 \$379,255 \$442,564 -16.7% 16.7%

EXPENDITURES (CTC/Operators ONLY / Do NOT include Coordination Contractors!)

Operating Expenditures

Labor	\$ 142,670	\$ 146,265	\$ 147,097	2.5%	0.6%
Fringe Benefits	\$ 69,982	\$ 78,600	\$ 71,214	12.3%	-9.4%
Services	\$ 22,939	\$ 21,775	\$ 24,343	-5.1%	11.8%
Materials and Supplies	\$ 60,479	\$ 67,377	\$ 64,377	11.4%	-4.5%
Utilities	\$ 12,079	\$ 15,700	\$ 15,700	30.0%	0.0%
Casualty and Liability	\$ 19,659	\$ 19,500	\$ 22,500	-0.8%	15.4%
Taxes	\$ 300	\$ 270	\$ 270	-10.0%	0.0%

Purchased Transportation:

Purchased Bus Pass Expenses					
School Bus Utilization Expenses					
Contracted Transportation Services		\$ 1,000	\$ 2,000		100.0%
Other					
Miscellaneous	\$ 1,061	\$ 1,048	\$ 1,046	-1.2%	0.0%
Operating Debt Service - Principal & Interest					
Leases and Rentals	\$ 15,389	\$ 15,700	\$ 15,700	2.0%	0.0%
Contrib. to Capital Equip. Replacement Fund					
In-Kind, Contributed Services	\$ -	\$ -	\$ -		
Allocated Indirect	\$ 16,870	\$ 12,000	\$ 13,315	-28.9%	11.0%

Capital Expenditures

Equip. Purchases with Grant Funds	\$ 62,014		\$ 65,000	-100.0%	
Equip. Purchases with Local Revenue					
Equip. Purchases with Rate Generated Rev.					
Capital Debt Service - Principal & Interest					

ACTUAL YEAR GAIN

\$32,104
Total Expenditures = \$423,448 \$379,255 \$442,564 -10.4% 16.7%

See NOTES Below.

Once completed, proceed to the Worksheet entitled "Budgeted Rate Base"

ACTUAL year GAIN (program revenue) MUST be reinvested as a trip or system subsidy. Adjustments must be identified and explained in a following year, or applied as a Rate Base Adjustment to proposed year's rates on the next sheet.

County: Bradford

- | | | |
|--|--|--|
| <p>What amount of the <u>Budgeted Revenue</u> in col. 2 will be generated at the rate per unit determined by this spreadsheet, OR used as local match for these type revenues?</p> <p>3</p> | <p><u>Budgeted Rate</u>
<u>Subsidy Revenue</u>
Excluded from the Rate Base</p> <p>4</p> | <p>What amount of the <u>Subsidy Revenue</u> in col. 4 will come from funds to purchase equipment, OR will be used as match for the purchase of equipment?</p> <p>5</p> |
|--|--|--|

\$.	\$.	
		\$.	
\$.	\$.	

Fill in that portion of Budgeted Rate Subsidy Revenue in Column 4 that will come from Funds Earmarked by the Funding Source for Purchasing Capital Equipment. Also include the portion of Local Funds earmarked as Match related to the Purchase of Capital Equipment if a match amount is required by the Funding Source.

County: Bradford

- | | | |
|--|---|--|
| <p>What amount of the <u>Budgeted Revenue</u> in col. 2 will be generated at the rate per unit determined by this spreadsheet, OR used as local match for these type revenues?</p> | <p>Budgeted Rate
<u>Subsidy Revenue</u>
Excluded from the Rate Base</p> | <p>What amount of the <u>Subsidy Revenue</u> in col. 4 will come from funds to purchase equipment, OR will be used as match for the purchase of equipment?</p> |
| 3 | 4 | 5 |

[illegible]

Amount of
Budgeted
Operating Rate
Subsidy Revenue

If necessary and justified, this cell is where you could optionally adjust proposed service rates up or down to adjust for program revenue (or unapproved profit), or losses from the Actual period shown at the bottom of the Comprehensive Budget Sheet. This is not the only acceptable location or method of reconciling for excess gains or losses. If allowed by the respective funding source, excess gains may also be indicated by providing separate notation or by the purchase of additional trips in a period following the Actual period. If such an adjustment has been made, provide notation in the respective explanation area of the Comprehensive Budget tab.

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Worksheet for Program-wide Rates

CTC: Suwannee River Et Version 1.4
County: Bradford

1. Complete Total Projected Passenger Miles and ONE-WAY Passenger Trips (**GREEN** cells) below

Do **NOT** include trips or miles related to Coordination Contractors!

Do **NOT** include School Board trips or miles UNLESS.....

INCLUDE all ONE-WAY passenger trips and passenger miles related to services you purchased from your transportation operators!

Do **NOT** include trips or miles for services provided to the general public/private pay UNLESS..

Do **NOT** include escort activity as passenger trips or passenger miles unless charged the full rate for service!

Do **NOT** include fixed route bus program trips or passenger miles!

PROGRAM-WIDE RATES

Total Projected Passenger Miles = 118,554

Rate Per Passenger Mile = \$ 1.94

Total Projected Passenger Trips = 8,728

Rate Per Passenger Trip = \$ 26.37

Fiscal Year

2014 - 2015

Avg. Passenger Trip Length = 13.6 Miles

Rates If No Revenue Funds Were Identified As Subsidy Funds

Rate Per Passenger Mile = \$ 3.73

Rate Per Passenger Trip = \$ 50.71

Once Completed, Proceed to the Worksheet entitled "Multiple Service Rates"

Vehicle Miles

The miles that a vehicle is scheduled to or actually travels from the time it pulls out from its garage to go into revenue service to the time it pulls in from revenue service.

Vehicle Revenue Miles (VRM)

The miles that vehicles are scheduled to or actually travel while in revenue service. Vehicle revenue miles exclude:

Deadhead
Operator training, and
Vehicle maintenance testing, as well as
School bus and charter services.

Passenger Miles (PM)

The cumulative sum of the distances ridden by each passenger.

Worksheet for Multiple Service Rates

1. Answer the questions by completing the GREEN cells starting in Section I for all services
2. Follow the **DARK RED** prompts directing you to skip or go to certain questions and sections based on previous answers

CTC: Suwannee River Version 1.4
County: Bradford

SECTION I: Services Provided

1. Will the CTC be providing any of these Services to transportation disadvantaged passengers in the upcoming budget year?

Ambulatory	Wheelchair	Stretcher	Group
<input checked="" type="radio"/> Yes	<input checked="" type="radio"/> Yes	<input checked="" type="radio"/> Yes	<input type="radio"/> Yes
<input type="radio"/> No	<input type="radio"/> No	<input type="radio"/> No	<input checked="" type="radio"/> No
Go to Section II for Ambulatory Service	Go to Section II for Wheelchair Service	Go to Section II for Stretcher Service	STOP! Do NOT Complete Sections II - V for Group Service

SECTION II: Contracted Services

1. Will the CTC be contracting out any of these Services TOTALLY in the upcoming budget year?

Ambulatory	Wheelchair	Stretcher	Group
<input type="radio"/> Yes	<input type="radio"/> Yes	<input checked="" type="radio"/> Yes	<input type="radio"/> Yes
<input checked="" type="radio"/> No	<input checked="" type="radio"/> No	<input type="radio"/> No	<input checked="" type="radio"/> No
Skip # 2, 3 & 4 and Go to Section III for Ambulatory Service	Skip # 2, 3 & 4 and Go to Section III for Wheelchair Service	Answer # 2 for Stretcher Service	Do Not Complete Section II for Group Service

2. If you answered YES to #1 above, do you want to arrive at the billing rate by simply dividing the proposed contract amount by the projected Passenger Miles / passenger trips?

<input type="radio"/> Yes	<input type="radio"/> Yes	<input type="radio"/> Yes	<input type="radio"/> Yes
<input checked="" type="radio"/> No	<input checked="" type="radio"/> No	<input checked="" type="radio"/> No	<input checked="" type="radio"/> No

3. If you answered YES to #1 & #2 above, how much is the proposed contract amount for the service?
How many of the total projected Passenger Miles relate to the contracted service?
How many of the total projected passenger trips relate to the contracted service?

Ambulatory	Wheelchair	Stretcher	Group
Leave Blank	Leave Blank	Leave Blank	Do NOT Complete Section II for Group Service
Effective Rate for Contracted Services: per Passenger Mile =			
per Passenger Trip =			
Go to Section III for Ambulatory Service	Go to Section III for Wheelchair Service	Go to Section III for Stretcher Service	Do NOT Complete Section II for Group Service

4. If you answered # 3 & want a Combined Rate per Trip **PLUS** a per Mile add-on for 1 or more services, INPUT the Desired per Trip Rate (but must be **less** than per trip rate in #3 above)
Rate per Passenger Mile for Balance

Combination Trip and Mile Rate			
Leave Blank and Go to Section III for Ambulatory Service	Leave Blank and Go to Section III for Wheelchair Service	Leave Blank and Go to Section III for Stretcher Service	Do NOT Complete Section II for Group Service

Worksheet for Multiple Service Rates

CTC: Suwannee River Version 1.4
County: Bradford

1. Answer the questions by completing the GREEN cells starting in Section I for all services
2. Follow the **DARK RED** prompts directing you to skip or go to certain questions and sections based on previous answers

SECTION III: Escort Service

1. Do you want to charge all escorts a fee? ☐ Yes ☒ No
Skip #2 - 4 and Section IV and Go to Section V
2. If you answered Yes to #1, do you want to charge the fee per passenger trip OR per passenger mile? ☒ Pass Trip ☐ Pass Mile **Leave Blank**
3. If you answered Yes to #1 and completed #2, for how many of the projected Passenger Trips / Passenger Miles will a passenger be accompanied by an escort? **Leave Blank**
4. How much will you charge each escort? **Leave Blank**

SECTION IV: Group Service Loading

1. If the message "You Must Complete This Section" appears to the right, what is the projected total number of Group Service Passenger Miles? (otherwise leave blank) **Do NOT Complete Section IV**
- And what is the projected total number of Group Vehicle Revenue Miles? **Loading Rate 0.00 to 1.00**

SECTION V: Rate Calculations for Multiple Services:

1. Input Projected Passenger Miles and Passenger Trips for each Service in the GREEN cells and the Rates for each Service will be calculated automatically
 - * Miles and Trips you input must sum to the total for all Services entered on the "Program-wide Rates" Worksheet, MINUS miles and trips for contracted services IF the rates were calculated in the Section II above
 - * Be sure to leave the service **BLANK** if you answered NO in Section I or YES to question #2 in Section II

RATES FOR FY: 2014 - 2015				
Ambul	Wheel Chair	Stretcher	Group	
Projected Passenger Miles (excluding totally contracted services addressed in Section II) = 118,554	98,047	20,207	300	Leave Blank 0
Rate per Passenger Mile =	\$1.72	\$2.95	\$8.14	\$0.00 \$0.00
			per passenger	per group
Projected Passenger Trips (excluding totally contracted services addressed in Section II) = 8,728	6,613	2,105	10	Leave Blank
Rate per Passenger Trip =	\$22.44	\$38.46	\$80.13	\$0.00 \$0.00
			per passenger	per group
2. If you answered #1 above and want a COMBINED Rate per Trip PLUS a per Mile add-on for 1 or more services...				
Combination Trip and Mile Rate				
Ambul	Wheel Chair	Stretcher	Group	
INPUT the Desired Rate per Trip (but must be less than per trip rate above) =			Leave Blank	\$0.00
Rate per Passenger Mile for Balance =	\$1.72	\$2.95	\$8.14	\$0.00 \$0.00
			per passenger	per group

Rates If No Revenue Funds Were Identified As Subsidy Funds				
Ambul	Wheel Chair	Stretcher	Group	
Rate per Passenger Mile =	\$3.31	\$5.67	\$11.82	\$0.00 \$0.00
			per passenger	per group
Rate per Passenger Trip =	\$43.15	\$73.97	\$154.09	\$0.00 \$0.00
			per passenger	per group

Program These Rates into Your Medical Expense Data



2009 NW 67th Place, Gainesville, FL 32653-1603 • 352.955.2200

April 8, 2014

TO: Bradford County Transportation Disadvantaged Coordinating Board

FROM: Lynn Godfrey, AICP, Senior Planner

SUBJECT: U.S.C. Section 5310 and 5311 Grant Applications

STAFF RECOMMENDATION

Review the enclosed U.S.C. Section 5310 and 5311 Grant applications.

BACKGROUND

According to the Florida Administrative Code 41-2.011(6):

"In cooperation with the local Coordinating Board, the Community Transportation Coordinator shall review all applications for local government, federal and state transportation disadvantaged funds submitted from or planned for use in their designated service area."

The North Central Florida Regional Planning Council received the enclosed applications for U.S.C. Section 5310 and 5311 funding assistance. The Board is required to review these grant applications.

Attachments

t:\lynn\td2014\bradford\memos\fdotgrantappl.docx



1351 S. Water Street
Starke, FL 32091-4506

904 964-7699
800 964-6469
904 964-7215
<http://www.arcbradford.org>

Achieve with us.

January 8, 2014

Mr. Marlie Sanderson
North Central Florida Regional Planning Council
2009 NW 67th Place
Gainesville, FL 32653-1603

Dear Mr. Sanderson,

Please find attached copy of letter to Mr. Phillip G. Worth, Florida Department of Transportation, with attached application for funding for operating and administrative assistance through Section 5310 funds.

As per the instructions in the grant application packet, a copy of the grant application is to be sent to the North Central Florida Regional Planning Council and we are complying with those instructions by forwarding a copy of the grant application to you.

Thank you, and if you have any questions, please do not hesitate to contact me.

Sincerely,

A handwritten signature in blue ink that reads 'Sherry Ruszkowski'.

Sherry Ruszkowski
Executive Director

NORTH CENTRAL FLORIDA
RECEIVED

JAN 13 2014

REGIONAL PLANNING COUNCIL

Enclosure

A non-profit 501(c)(3) organization
1-800-HELP-FLA

For people with intellectual and developmental disabilities

THE ARC OF BRADFORD COUNTY

FY 2014/FY 2015

**APPLICATION FOR OPERATING
AND ADMINISTRATION
ASSISTANCE**

REQUIRED

COVER LETTER

STATE OF FLORIDA DEPARTMENT OF TRANSPORTATION GRANT APPLICATION

January 9, 2014

**Doreen Joyner-Howard, AICP
District Modal Development Manager
Florida Department of Transportation
2198 Edison Avenue, MS 2806
Jacksonville, FL 32204-2730**

The Arc of Bradford County submits this Application for the Section 5310 Program Grant and agrees to comply with all assurances and exhibits attached hereto and by this reference made a part thereof, as itemized in the Checklist for Application Completeness.

The Arc of Bradford County further agrees, to the extent provided by law (in case of a government agency in accordance with Sections 129.07 and 768.28, Florida Statutes) to indemnify, defend and hold harmless the Department and all of its officers, agents and employees from any claim, loss, damage, cost, charge, or expense arising out of the non-compliance by the Agency, its officers, agents or employees, with any of the assurances stated in this Application.

This Application is submitted on this 9th day of January, 2014 with two (2) original resolutions or certified copies of the original resolution authorizing Sherry Ruszkowski, Executive Director (Name & Title) to sign this Application.

Agency Name

By Sherry Ruszkowski Date 01/09/14

Title Executive Director

RESOLUTION NUMBER: 106

THIS RESOLUTION of the The Arc of Bradford County Board of Directors (hereinafter the "Applicant") authorizes the below named designee on behalf of the Applicant, to sign and submit grant application(s) required supporting documents, certifications and assurances to the Florida Department of Transportation, to accept grant award(s) from and to execute and administer related joint participation agreement(s) with the Florida Department of Transportation, and to purchase vehicles and/or equipment and/or expend grant funds pursuant to grant award(s).

WHEREAS, the Applicant desires to and has the fiscal and managerial capability, matching funds and legal authority to apply for and accept grants and make purchases and/or expend funds pursuant to grant awards made by the Florida Department of Transportation as authorized by Chapter 341, Florida Statutes and/or by the Federal Transit Administration Act of 1964, as amended, including but not limited to 49 U.S.C Sections 5310 and 5311, where applicable.

NOW, THEREFORE BE IT RESOLVED BY THE APPLICANT:


1. The above recitals are true and correct and are incorporated herein as if fully set forth in the body of this Resolution.
2. This resolution applies to Federal Program(s) under 49 U.S.C. Section(s) 5310.
3. The submission of grant application(s) required supporting documents, certifications and assurances to the Florida Department of Transportation is approved.
4. Sherry Ruszkowski, Executive Director or his/her duly appointed successor in title is hereby designated and authorized to on behalf of the Applicant, sign and submit application(s) and all required supporting documents, give all required certifications and assurances, accept grant award(s) from and execute and administer related joint participation agreement(s) with the Florida Department of Transportation, purchase vehicles/equipment and/or expend grant funds pursuant to a grant award, unless and until this authorization is specifically rescinded and written notice thereof is sent by certified mail, return receipt requested, to and received by the Florida Department of Transportation at the following address:
Attention: Doreen Joyner-Howard, AICP, District Modal Development Manager, Florida Department of Transportation, 2198 Edison Avenue, MS 2812, Jacksonville, FL 32204-2730.
5. Sherry Ruszkowski, Executive Director is also hereby designated and authorized to sign requests for Joint Participation Agreement Time Extensions as my be required.

The foregoing resolution was **DULY PASSED, ADOPTED AND** became **EFFECTIVE** at a duly called and convened meeting of the Applicant held on the 19th day of November, 2013.

By:


(Original Signature, Chairman of the Board)
Donna Solze, President

ATTEST:

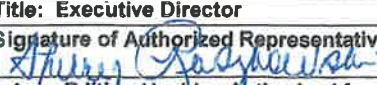

(Original Signature, Clerk/Secretary)
Anna Clayton, Secretary

(Stamp corporate seal here :)

EXHIBIT A-1 -- FACT SHEET

	CURRENTLY	IF GRANT IS AWARDED (Estimates are acceptable.)
1. Number of total one-way trips served by the agency PER YEAR (for all purposes)*	20,657	20,657
2. Number of one-way trips provided to elderly and persons with disabilities (including New Freedom Trips) PER YEAR*	20,657	20,657
3. Number of individual Elderly and Disabled and New Freedom unduplicated riders (first ride per rider per fiscal year) PER YEAR	53	53
4. Number of vehicles used to provide Elderly and Disabled and New Freedom service ACTUAL	11	11
5. Number of vehicles used to provide Elderly and Disabled and New Freedom service eligible for replacement ACTUAL	2	2
6. Vehicle miles traveled to provide Elderly and Disabled and New Freedom service PER YEAR	99,659	99,659
7. Normal number of days that vehicles are in operation to provide Elderly and Disabled and New Freedom service PER WEEK	5	5
8. Posted hours of normal operation to provide Elderly and Disabled and New Freedom service PER WEEK	M – F:7:30 AM-5:30 PM Saturday: 0 Sunday: 0 Total (WEEK): 50	M – F:7:30 AM-5:30 PM Saturday: 0 Sunday: 0 Total (WEEK): 50

* One way passenger trip is the unit of service provided each time a passenger enters the vehicle, is transported, then exits the vehicle. Each different destination would constitute a passenger trip.

1. TYPE OF SUBMISSION:			
Application – place an x in the box <input type="checkbox"/> construction <input checked="" type="checkbox"/> non-construction		Pre-application – place an x in the box <input type="checkbox"/> construction <input type="checkbox"/> non-construction	
2. DATE SUBMITTED 1/09/14		Applicant Identifier	
3. DATE RECEIVED BY STATE		State Application Identifier	
4. DATE RECEIVED BY FEDERAL AGENCY		Federal Identifier	
5. APPLICANT INFORMATION			
Legal Name: The Arc of Bradford County		Organizational Unit: N/A	
Organizational DUNS: 084179704		Department: N/A	
Address: 1351 South Water Street		Division: N/A	
Street:		Name and telephone number of person to be contacted on matters involving this application (give area code)	
City: Starke		Prefix: First Name: Sherry	
County: Bradford		Middle Name:	
State: Florida Zip Code 32091		Last Name: Ruszkowski	
Country: United States of America		Suffix:	
6. EMPLOYER IDENTIFICATION NUMBER (EIN): (Replace these boxes with numerals) 59-- 1696581		Email: sherry@arcbradford.org	
		Phone Number (give area code) (904) 964-7699	
		Fax Number (give area code) (904) 964-7215	
8. TYPE OF APPLICATION: <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es) <input type="checkbox"/> <input type="checkbox"/> (See back of form for description of letters.) Other (specify)		7. TYPE OF APPLICANT: (See back of form for Application Types) <input type="checkbox"/> Not for Profit Organization Other (specify)	
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: (Replace these boxes with numerals) 20.513		9. NAME OF FEDERAL AGENCY: Federal Transit Administration	
TITLE (Name of Program):			
12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.): Bradford and Union Counties		11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: Transportation Services specifically for Seniors and individuals with physical and developmental/intellectual disabilities attending The Arc of Bradford County.	
13. PROPOSED PROJECT		14. CONGRESSIONAL DISTRICTS OF:	
Start Date: October 1	Ending Date: September 30	a. Applicant District 3	b. Project District 3
15. ESTIMATED FUNDING:		16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?	
a. Federal	\$ 32,440.50	a. Yes. <input type="checkbox"/> THIS PREAPPLICATION /APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON:	
b. Applicant	\$	DATE:	
c. State	\$	b. No. <input checked="" type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372.	
d. Local	\$ 32,440.50	<input type="checkbox"/> PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW	
e. Other	\$	17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?	
f. Program Income	\$	<input type="checkbox"/> Yes. If "Yes" attach an explanation.	
g. TOTAL	\$ 64,881.00	<input checked="" type="checkbox"/> No	
18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT. THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.			
a. Authorized Representative			
Prefix:	First Name: Sherry	Middle Name:	
Last Name: Ruszkowski	Suffix:		
b. Title: Executive Director	c. Telephone Number (give area code) (904) 964-7699		
d. Signature of Authorized Representative: 	e. Date Signed: 01/09/14		

Form 424

Item :	Entry:	Item :	Entry:
1.	Select Type of Submission.	11.	Enter a brief descriptive title of the project. If more than one program is involved, you should append an explanation on a separate sheet. If appropriate (e.g., construction or real property projects), attach a map showing project location. For preapplications, use a separate sheet to provide a summary description of this project.
2.	Date application submitted to Federal agency (or State if applicable) and applicant's control number (if applicable).	12.	List only the largest political entities affected (e.g., State, counties, cities).
3.	State use only (if applicable).	13.	Enter the proposed start date and end date of the project.
4.	Enter Date Received by Federal Agency Federal identifier number: If this application is a continuation or revision to an existing award, enter the present Federal Identifier number. If for a new project, leave blank.	14.	List the applicant's Congressional District and any District(s) affected by the program or project
5.	Enter legal name of applicant, name of primary organizational unit (including division, if applicable), which will undertake the assistance activity, enter the organization's DUNS number (received from Dun and Bradstreet), enter the complete address of the applicant (including country), and name, telephone number, e-mail and fax of the person to contact on matters related to this application.	15.	Amount requested or to be contributed during the first funding/budget period by each contributor. Value of in kind contributions should be included on appropriate lines as applicable. If the action will result in a dollar change to an existing award, indicate only the amount of the change. For decreases, enclose the amounts in parentheses. If both basic and supplemental amounts are included, show breakdown on an attached sheet. For multiple program funding, use totals and show breakdown using same categories as item 15.
6.	Enter Employer Identification Number (EIN) as assigned by the Internal Revenue Service.	16.	Applicants should contact the State Single Point of Contact (SPOC) for Federal Executive Order 12372 to determine whether the application is subject to the State intergovernmental review process.
7.	Select the appropriate letter in the space provided. <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> A. State B. County C. Municipal D. Township E. Interstate F. Intermunicipal G. Special District H. Independent School District </div> <div style="width: 45%;"> I. State Controlled Institution of Higher Learning J. Private University K. Indian Tribe L. Individual M. Profit Organization N. Other (Specify) O. Not for Profit Organization </div> </div>	17.	This question applies to the applicant organization, not the person who signs as the authorized representative. Categories of debt include delinquent audit disallowances, loans and taxes.
8.	Select the type from the following list: • "New" means a new assistance award. • "Continuation" means an extension for an additional funding/budget period for a project with a projected completion date. • "Revision" means any change in the Federal Government's financial obligation or contingent liability from an existing obligation. If a revision enter the appropriate letter: A. Increase Award B. Decrease Award C. Increase Duration D. Decrease Duration	18.	To be signed by the authorized representative of the applicant. A copy of the governing body's authorization for you to sign this application as official representative must be on file in the applicant's office. (Certain Federal agencies may require that this authorization be submitted as part of the application.)
9.	Name of Federal agency from which assistance is being requested with this application.		
10.	Use the Catalog of Federal Domestic Assistance number and title of the program under which assistance is requested.		

PART C**APPLIES TO ALL APPLICANTS FOR CAPITAL ASSISTANCE****FORM C-1****TRANSPORTATION-RELATED OPERATING and ADMINISTRATIVE EXPENSES**

Name of Applicant: The Arc of Bradford County
State Fiscal period from FY 2014 **to** FY 2015

EXPENSE CATEGORY	EXPENSE \$
Labor (501)	\$54,782.00
Fringe and Benefits (502)	28,771.00
Services (503)	1,854.00
Materials and Supplies (504)	3,627.00
Vehicle Maintenance (504.01)	64,917.00
Utilities (505)	0
Insurance (506)	34,684.00
Licenses and Taxes (507)	1,032.00
Purchased Transit Service (508)	0
Miscellaneous (509)	6,000.00
Leases and Rentals (512)	0
Depreciation (513)	35,081.00
TOTAL EXPENSE	\$ 230,748.00

FORM C-2**OPERATING and ADMINISTRATIVE REVENUES**

OPERATING REVENUE CATEGORY	REVENUE \$
Passenger Fares for Transit Service (401)	130,786.00
Special Transit Fares (402)	
Other (403 – 407) (identify by appropriate code)	
TOTAL OPERATING REVENUE	\$ 130,786.00
OTHER REVENUE CATEGORY	
Taxes Levied Directly by the Transit System (408)	
Local Cash Grants and Reimbursements (409)	
Local Special Fare Assistance (410)	
State Cash Grants and Reimbursements (411)	
State Special Fare Assistance (412)	
Federal Cash Grants & Reimbursements (413)	
Interest Income (414)	
Contributed Services (430)	
Contributed Cash (431)	
Subsidy from Other Sectors of Operations (440)	
TOTAL OF OTHER REVENUE	\$ 0
GRAND TOTAL ALL REVENUE	\$ 130,786.00

CURRENT VEHICLE AND TRANSPORTATION EQUIPMENT INVENTORY (a)

Name of Applicant: The Arc of Bradford County

Date of Inventory: 01-08-14

Model Yr. (b)	Make/size/type (C)	FDOT control # or VIN (d)	Ramp or lift (specify)	Seats & W/C positions (i.e. 12+2)	Avg. miles/Yr.	Current Mileage	Expected retirement date	Other equipment (e)	Funding source (f)
1999*	Ford	23261	N/A	22	4,941	164,747	10/01/13	N/A	FDOT
1999*	Ford	25848	N/A	9	7,826	221,205	10/1/14	N/A	ARC
2002*	Ford	82556	N/A	11	0	154,690	10/1/14	N/A	FDOT
2003	Ford	36966	Lift	12+2	12,019	124,554	N/A	N/A	FDOT
2005	Ford	24834	Lift	6+2	5,733	74,586	N/A	N/A	FDOT
2006	Chev	90233	Lift	8+2	11,220	106,492	N/A	N/A	FDOT
2006	Ford	5555	N/A	11	23,000	106,666	N/A	N/A	ARC
2007	Chev	90241	Lift	8+2	3,253	75,624	N/A	N/A	FDOT
2010	Chev	90271	Lift	12+2	18,430	58,495	N/A	N/A	FDOT
2011	Ford	90291	N/A	9	7,112	14,393	N/A	N/A	FDOT
2013	Dodge	92371	Ramp	5+1	10,585	11,381	N/A	N/A	FDOT

(a) Applicants must use this form.

(b) Identify vehicles to be replaced with this or other grant by placing an asterisk (*) next to the model year. In Exhibit B of the application, provide the name of the lessee or contractor, if applicable.

(c) For example, Ford 22' bus; Dodge converted van.

(d) Show FDOT control number and VIN if bought with grant through FDOT. If bought through other funding, list the complete VIN.

(e) Include computer hardware and software, copiers, printers, mobile radios, communication systems, etc.

(f) Identify the grant or other funding source used for purchasing the vehicle/equipment.

NOTE:

Those requesting replacement vehicles, please identify the year the vehicle(s) were purchased.

EXHIBIT A

The Arc of Bradford County, Inc. is a private, not-for-profit corporation organized in 1968 under section 501(C) 3 of the Internal Revenue Service Code. The organization has a 17 member volunteer Board of Directors who set policy and oversee planning functions.

The Arc of Bradford County currently employs 43 staff. Twenty-four (24) staff are assigned driving responsibilities. The Arc provides services for a total of 68 individuals who are seniors and developmentally disabled. Of that number, 53 individuals receive transportation services. The Arc currently provides Life Skills Development Training Levels 1 and 2, Supported Living Services, Personal Supports, Transportation, and Residential Services.

Mission of organization:

"The Arc of Bradford County, Inc., is dedicated to treat those we serve with dignity, to empower them to choose and realize their own goals, and promote their strengths through education and advocacy with the support of families, friends and community" Adopted by The Arc's Board of Directors on January 16, 1994.

The Arc provides the following transportation service:

1. Scheduled route transportation, which provides approximately 100 passenger trips per day to and from Sunshine Industries (adult day training program), for people who are disabled and elderly. Our transportation routes begin in Starke and reach to the far ends of Bradford County. One route serves Bradford and Union Counties.
2. In coordination with the CTC, The Arc exclusively provides transportation for people with disabilities to and from work. The Arc also provides transportation for six people who are disabled to and from work at Camp Blanding in Starke as a part of a mobile work crew.
3. In addition to these scheduled route trips, The Arc of Bradford County transports three individuals to their competitive employment sites daily based on their individual work schedules.

The Arc of Bradford County, Inc. currently operates as an approved provider under The Community Transportation Coordinator (Suwannee River Economic Council) in Bradford County and A & A Transport in Union County.

The Arc of Bradford County is responsible for insurance, all employee training, management and administration of its transportation programs. Each employee must provide a copy of a MVR as a part of the initial screening process and must be approved by our insurance company prior to driving. In addition, each employee must successfully complete the required training (computer based) and a pre-employment road test certification before being assigned to any driving responsibilities. New employee training includes transportation safety and policies governing transportation services. The Arc is a drug-free workplace and all new employees must pass the initial drug screening and are subject to random drug testing thereafter.

The Arc of Bradford County ensures routine maintenance of all vehicles.

The current number of employees who are cleared to provide transportation for individuals served is 24. The Arc of Bradford County maintains records on all certified drivers verifying they have passed the DOT physical, road test and transportation training.

EXHIBIT B

Proposed Project Description

1. **Is the project to continue the existing level of services, to expand present service, or to provide new service? How will grant award be used? More hours? Service in a larger geographic area? Shorter headways? More trips? Please explain in detail.**

Answer: The purpose of this request is to replace an older vehicle which has been pulled from service due to numerous safety concerns and extensive repair needs. We intend to use the grant to replace a 1999 Ford Bus with 164,747 miles.

2. **If a grant award will be used to maintain services as described in Exhibit A, specifically explain how it will be used in the context of total service.**

Answer: The Arc of Bradford County seeks to maintain its existing services by replacing an older 22 passenger bus with a standard Cutaway bus.

3. **Give a detailed explanation of the need for the vehicle and provide evidence of the need.**

Answer: The Arc of Bradford County has 6 vehicles equipped with sufficient w/c positions for our current population. However, we need to replace a 22 seat older bus (1999) which does not meet the required mileage for useful life but will cost more to repair than what it is worth. The floor of this bus is rotting and needs to be replaced; there are leaks in the roof around the escape hatch and around the windows. There have been numerous repairs on the PCM (Power Control Module) and this part is no longer available. Because of all these safety concerns, we have deemed this vehicle unsafe and pulled it out of service.

4. **Will a grant award be used to replace existing equipment or purchase additional vehicles/equipment? Provide details.**

Answer: The capital funding is requested to replace an older vehicle. The Arc of Bradford County has several older vehicles that have not met the required mileage. Nevertheless, they are costly to run due to on-going maintenance issues. Transportation services are provided in very rural areas where roads are narrow, unpaved, washed out, and at times impassable. These conditions create increased wear and tear on our fleet

and impact the "useful life" guidelines in that they may "wear out" before reaching the mileage criteria.

- 5. Identify vehicles/equipment being replaced and list them on the "Current Vehicle and Transportation Inventory" form, provided elsewhere in this manual.**

Answer: 1999 Ford Bus Mileage: 164,747

- 6. Describe agency's maintenance program and include a section on how vehicles will be maintained without interruptions in service (who, what, where and when).**

Answer: The preventive maintenance inspection is a program of routine checks and procedures performed on a scheduled and recurring basis by the drivers to avoid breakdowns and prolong equipment life. Each driver conducts pre-trip and post-trip inspections and submits all noted mechanical deficiencies to the Operations Director who schedules vehicle maintenance through certified mechanics at Mosley Tire Company in Starke. (see attached Inspection Forms)

The "A" Inspection is performed every 6,000 miles. It is designed for the inspection, service and replacement of certain items at predetermined times and to identify any possible defects which might have occurred and to make minor adjustments as necessary.

The "B" Inspection is performed each 12,000 miles. This inspection repeats the "A" Inspection items and includes certain additional items which should be inspected and serviced as indicated.

The "C" Inspection is a technical and performance inspection and is accomplished each 24,000 miles. The "A" and "B" Inspection items are repeated and additional scheduled items are required to be accomplished which were not part of the other inspection intervals.

Aside from the agency's DOT vehicles, The Arc of Bradford privately owns 2 vans which can be used temporarily as replacements for transportation when routine maintenance and repairs are necessary.

- 7. If vehicle/equipment are proposed to be used by a lessee or private operator under contract to the applicant, identify the proposed lessee/operator.**

Answer: N/A

- 8. Each applicant shall indicate whether they are a government authority or a private non-profit agency, provide a brief description of the project which includes the counties served, whether the applicant shall service minority populations and whether the applicant is minority-owned.**

Answer: The Arc of Bradford County, Inc. is a private non-profit organization providing training supports and services specifically to individuals with physical, developmental and intellectual disabilities and the elderly in Bradford and Union counties.

- 9. New Agencies:**

Answer: N/A

- 10. Have you met with the CTC and, if so, how are you providing a service that they cannot? Provide detailed information supporting this requirement.**

Answer: In Bradford County, transportation disadvantaged funds have been designated for medical services only by the Bradford County Transportation Disadvantaged Coordinating Board. Though individuals attending the work program at the Arc qualify for this funding, transportation services to and from work have not been approved by this board.

The Executive Director of The Arc of Bradford County serves as an alternate on the local board and has asked the board to consider including our participants for this funding. To date, they have not made any changes.

The local CTC provides transportation for medical services in Bradford County, however, they are unable to meet the individual scheduled route needs of the individuals served by The Arc.

The Arc of Bradford County has maintained coordination contracts with Suwannee River Economic Council who is the CTC in Bradford County and with A & A Transport, Inc. who is the CTC in Union County. Contracts are renewed annually with these entities. The Arc of Bradford County only provides transportation services for their program participants.

Suwannee River Economic Council, Inc.
Post Office Box 70
Live Oak, Florida 32064

BRADFORD COUNTY

5310 CAPITAL ASSISTANCE APPLICATION

REQUIRED

COVER LETTER

STATE OF FLORIDA DEPARTMENT OF TRANSPORTATION GRANT APPLICATION

Suwannee River Economic Council, Inc. submits this Application for the Section 5310 Program Grant and agrees to comply with all assurances and exhibits attached hereto and by this reference made a part thereof, as itemized in the Checklist for Application Completeness.

Suwannee River Economic Council, Inc. further agrees, to the extent provided by law (in case of a government agency in accordance with Sections 129.07 and 768.28, Florida Statutes) to indemnify, defend and hold harmless the Department and all of its officers, agents and employees from any claim, loss, damage, cost, charge, or expense arising out of the non-compliance by the Agency, its officers, agents or employees, with any of the assurances stated in this Application.

This Application is submitted on this 3rd day of January, 2014 with two (2) original resolutions or certified copies of the original resolution authorizing Frances Terry, Executive Director to sign this Application.

Agency Name

By  Date 01/03/2014

Title Executive Director

RESOLUTION NUMBER: 093013 - Bradford County

THIS RESOLUTION of the Suwannee River Economic Council, Inc. (hereinafter the "Applicant") authorizes the below named designee on behalf of the Applicant, to sign and submit grant application(s) required supporting documents, certifications and assurances to the Florida Department of Transportation, to accept grant award(s) from and to execute and administer related joint participation agreement(s) with the Florida Department of Transportation, and to purchase vehicles and/or equipment and/or expend grant funds pursuant to grant award(s).

WHEREAS, the Applicant desires to and has the fiscal and managerial capability, matching funds and legal authority to apply for and accept grants and make purchases and/or expend funds pursuant to grant awards made by the Florida Department of Transportation as authorized by Chapter 341, Florida Statutes and/or by the Federal Transit Administration Act of 1964, as amended, including but not limited to 49 U.S.C Sections 5310 and 5311, where applicable.

NOW, THEREFORE BE IT RESOLVED BY THE APPLICANT:

1. The above recitals are true and correct and are incorporated herein as if fully set forth in the body of this Resolution.
2. This resolution applies to Federal Program(s) under 49 U.S.C. Section(s) Section 5310.
3. The submission of grant application(s) required supporting documents, certifications and assurances to the Florida Department of Transportation is approved.
4. Frances Terry, Executive Director or his/her duly appointed successor in title is hereby designated and authorized to on behalf of the Applicant, sign and submit application(s) and all required supporting documents, give all required certifications and assurances, accept grant award(s) from and execute and administer related joint participation agreement(s) with the Florida Department of Transportation, purchase vehicles/equipment and/or expend grant funds pursuant to a grant award, unless and until this authorization is specifically rescinded and written notice thereof is sent by certified mail, return receipt requested, to and received by the Florida Department of Transportation at the following address:
Attention: Doreen Joyner-Howard, AICP, District Modal Development Manager, Florida Department of Transportation, 2198 Edison Avenue, MS 2812, Jacksonville, FL 32204-2730.
5. N/A is also hereby designated and authorized to sign requests for Joint Participation Agreement Time Extensions as my be required.

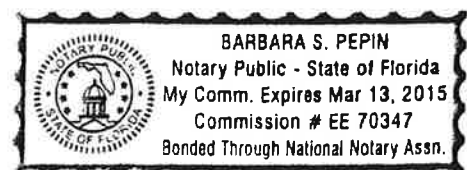
The foregoing resolution was **DULY PASSED, ADOPTED AND** became **EFFECTIVE** at a duly called and convened meeting of the Applicant held on the 30th day of September, 2013

By:

Richard Tillis
(Original Signature, Chairman of the Board)
Richard Tillis, Vice President

ATTEST:

Oleatha Harris (Stamp corporate seal here :)
(Original Signature, Clerk/Secretary)
Oleatha Harris, Secretary



Barbara Pepin

EXHIBIT A-1 -- FACT SHEET

	CURRENTLY	IF GRANT IS AWARDED (Estimates are acceptable.)
1. Number of total one-way trips served by the agency PER YEAR (for all purposes)*	32124	32124
2. Number of one-way trips provided to elderly and persons with disabilities (including New Freedom Trips) PER YEAR*	32124	32124
3. Number of individual Elderly and Disabled and New Freedom unduplicated riders (first ride per rider per fiscal year) PER YEAR	480	480
4. Number of vehicles used to provide Elderly and Disabled and New Freedom service ACTUAL	8	8
5. Number of vehicles used to provide Elderly and Disabled and New Freedom service eligible for replacement ACTUAL	2	2
6. Vehicle miles traveled to provide Elderly and Disabled and New Freedom service PER YEAR	128401	128401
7. Normal number of days that vehicles are in operation to provide Elderly and Disabled and New Freedom service PER WEEK	6	6
8. Posted hours of normal operation to provide Elderly and Disabled and New Freedom service PER WEEK	M – F: 12 Saturday: 12 Sunday: Total (WEEK): 72	M – F: 12 Saturday: 12 Sunday: Total (WEEK): 72

* One way passenger trip is the unit of service provided each time a passenger enters the vehicle, is transported, then exits the vehicle. Each different destination would constitute a passenger trip.

APPLICATION FOR FEDERAL ASSISTANCE

1. TYPE OF SUBMISSION: Application – place an x in the box <input type="checkbox"/> construction <input checked="" type="checkbox"/> non-construction			Pre-application – place an x in the box <input type="checkbox"/> construction <input type="checkbox"/> non-construction		
2. DATE SUBMITTED 1/3/2014			Applicant Identifier		
3. DATE RECEIVED BY STATE			State Application Identifier		
4. DATE RECEIVED BY FEDERAL AGENCY			Federal Identifier		
5. APPLICANT INFORMATION					
Legal Name: Suwannee River Economic Council, Inc.			Organizational Unit:		
			Department: Transportation for the Disadvantaged Program		
Organizational DUNS: 040207904			Division:		
Address: PO Box 70, Live Oak FL 32064			Name and telephone number of person to be contacted on matters involving this application (give area code)		
Street: 1171 Nobles Ferry Road			Prefix: Ms. First Name: Frances		
City: Live Oak			Middle Name: L.		
County: Suwannee			Last Name: Terry		
State: FL Zip Code: 32064			Suffix:		
Country: USA			Email: franceserry@suwanneec.net		
6. EMPLOYER IDENTIFICATION NUMBER (EIN): (Replace these boxes with numerals) 59-1101989			Phone Number (give area code) (386) 362-4115		
			Fax Number (give area code) (386) 362-4115		
8. TYPE OF APPLICATION: <input type="checkbox"/> New <input checked="" type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es) <input type="checkbox"/> <input type="checkbox"/> (See back of form for description of letters.) Other (specify)			7. TYPE OF APPLICANT: (See back of form for Application Types) Other (specify) Non-Profit		
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: (Replace these boxes with numerals) TITLE (Name of Program): 20.513			9. NAME OF FEDERAL AGENCY: Federal Transit Administration		
12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.): Bradford County			11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: Provide transportation services for the transportation disadvantaged		
13. PROPOSED PROJECT			14. CONGRESSIONAL DISTRICTS OF:		
Start Date: 10/01/2014		Ending Date: 09/30/2015	a. Applicant Third		b. Project Third
15. ESTIMATED FUNDING:			16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS? Yes		
a. Federal	\$ 56,000	00	a. Yes. <input checked="" type="checkbox"/> THIS PREAPPLICATION /APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON:		
b. Applicant	\$	00	DATE: 1/3/2014		
c. State	\$ 7,000	00	b. No. <input type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372.		
d. Local	\$ 7,000	00	<input type="checkbox"/> PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW		
e. Other	\$	00	17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT? No		
f. Program Income	\$	00	<input type="checkbox"/> Yes. If "Yes" attach an explanation. <input checked="" type="checkbox"/> No		
g. TOTAL	\$ 70,000	00			
18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT. THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.					
a. Authorized Representative					
Prefix: Ms.		First Name: Frances		Middle Name: L.	
Last Name: Terry				Suffix:	
b. Title: Executive Director				c. Telephone Number (give area code) (386) 362-4115	
d. Signature of Authorized Representative:				e. Date Signed: 1/3/2014	

Previous Edition Usable. Authorized for Local Reproduction. Standard Form 424 (Rev.9-2003); Prescribed by OMB Circular A-102

PART C**APPLIES TO ALL APPLICANTS FOR CAPITAL ASSISTANCE****FORM C-1****TRANSPORTATION-RELATED OPERATING and ADMINISTRATIVE EXPENSES**Name of Applicant: Suwannee River Economic Council, Inc.State Fiscal period from 10/1/2014 to 9/30/2015

EXPENSE CATEGORY	EXPENSE \$
Labor (501)	\$148,676
Fringe and Benefits (502)	\$ 69,982
Services (503)	\$ 22,939
Materials and Supplies (504)	\$ 51,933
Vehicle Maintenance (504.01)	\$ 26,500
Utilities (505)	\$ 12,079
Insurance (506)	\$ 19,659
Licenses and Taxes (507)	\$ 300
Purchased Transit Service (508)	
Miscellaneous (509)	\$ 1061
Leases and Rentals (512)	\$ 15,389
Depreciation (513)	
TOTAL EXPENSE	\$ 368,518

FORM C-2**OPERATING and ADMINISTRATIVE REVENUES**

OPERATING REVENUE CATEGORY	REVENUE \$
Passenger Fares for Transit Service (401)	\$ 4795
Special Transit Fares (402)	
Other (403 – 407) (identify by appropriate code)	
TOTAL OPERATING REVENUE	\$ 4795
OTHER REVENUE CATEGORY	
Taxes Levied Directly by the Transit System (408)	
Local Cash Grants and Reimbursements (409)	
Local Special Fare Assistance (410)	
State Cash Grants and Reimbursements (411)	\$ 121,231
State Special Fare Assistance (412)	\$ 242,492
Federal Cash Grants & Reimbursements (413)	
Interest Income (414)	
Contributed Services (430)	
Contributed Cash (431)	
Subsidy from Other Sectors of Operations (440)	
TOTAL OF OTHER REVENUE	\$ 363,723
GRAND TOTAL ALL REVENUE	\$ 368,518

CURRENT VEHICLE AND TRANSPORTATION EQUIPMENT INVENTORY (a)

Name of Applicant: Suwannee River Economic Council, Inc. **Date of Inventory:** 12/06/2013

[illegible]

(a) Applicants must use this form.

(b) Identify vehicles to be replaced with this or other grant by placing an asterisk (*) next to the model year. In Exhibit B of the application, provide the name of the lessee or contractor, if applicable.

(c) For example, Ford 22' bus; Dodge converted van.

(d) Show FDOT control number and VIN if bought with grant through FDOT. If bought through other funding, list the complete VIN.

(e) Include computer hardware and software, copiers, printers, mobile radios, communication systems, etc.

(f) Identify the grant or other funding source used for purchasing the vehicle/equipment.

NOTE: Those requesting replacement vehicles, please identify the year the vehicle(s) were purchased

CAPITAL REQUEST FORM

VEHICLE REQUEST

GMIS Code (This column for FDOT use ONLY)	R or E (a)	Number requested	Description (b) (c) <u>www.tripsflorida.org</u>	Estimated Cost
11. __. __	R	1	8 Amb/2 W/C Small Cutaway Van	\$70,000.00
11. __. __				
11. __. __				
11. __. __				
11. __. __				
Sub-total	R	1	8 Amb/2 W/C Small Cutaway Van	\$70,000.00

EQUIPMENT REQUEST (c)

11. __. __				
11. __. __				
11. __. __				
11. __. __				
Sub-total				\$

(a) Replacement (R) or Expansion (E).

(b) Provide a brief description including the length and type vehicle, type of fuel, lift or ramp, number of seats and wheelchair positions. Do not show the Make. For example, 22' gasoline bus with lift, 12 amb. seats, 2 w/c positions (due to the higher cost of diesel vehicles the applicant shall be required to pay the difference in cost over that of a gasoline vehicle).

(c) Show mobile radios and identify the type of radio (i.e. two way radio or stereo radio), computer hardware/software, etc. under "Equipment Request."

VEHICLE SUBTOTAL \$ 70,000.00 + EQUIPMENT SUBTOTAL \$ 0.00 = \$ 70,000.00 (x).

(x) X 80% = \$ 56,000.00 [Show this amount on Form 424 in block 15(a)]

**EXHIBIT A:
CURRENT SYSTEM
DESCRIPTION**

Exhibit A

Suwannee River Economic Council, Inc. is a non profit organization chartered in 1964 whose purpose is to provide services to low income and elderly citizens to alleviate poverty. SREC, Inc. currently is the state designated transportation provider in four rural North Florida counties including Dixie, Bradford, Gilchrist, and Lafayette County. A voluntary Board of Directors governs SREC, Inc. The Board employs an Executive Director, who has normal CEO responsibilities with the agency and the many programs it administers. SREC, Inc. has four program directors providing direct supervision of the ongoing programs, including transportation. The Director of Transportation is Matt Pearson. He is responsible for management, training and administration of the Transportation program. Currently, SREC, Inc. has approximately twenty transportation employees on staff to help in this endeavor.

As the Community Transportation Coordinator for four rural counties in North Florida, SREC, Inc. operates partial brokerages with all trips provided by SREC, Inc. including stretcher services, which was added in October, 2010. SREC, Inc. provides mainly demand response services. SREC, Inc. requires twenty four hour notice for trip request.

Bradford County is an extremely rural community. There are minimal medical facilities available to the residents. Therefore, the vast majority of medical appointments are made in Gainesville where facilities are more prevalent. It is over 40 miles to Gainesville where these appointments are necessary.

Currently, in Bradford County, SREC, Inc. uses one dispatcher/scheduler and averages five drivers using five vans for daily services. SREC, Inc. anticipates providing 32,124 trips in the upcoming year. Trip purposes include medical, nutritional, shopping, and employment. A planned trip schedule for out of County trips is in place to allow for increased ridership on long trips. Currently, the schedule allows for trips to Gainesville Monday through Friday. Multiple trips are made on Mondays and Wednesdays to Gainesville to provide enough seat capacity for those in need. Trips are also scheduled weekly to Lake City and multiple trips daily in and around Bradford County.

SREC, Inc. has maintained excellent safety and training records and continues to provide safe, efficient, cost effective services for the residents of Bradford County, Florida who need transportation services. In fact, SREC, Inc. has recently gone through the process of updating all of its safety records including the newly updated SSPP.

EXHIBIT B
PROPOSED PROJECT DESCRIPTION

Exhibit B

Suwannee River Economic Council, Inc. plans to use these funds to purchase a wheelchair equipped van so that current levels of service can be continued. SREC, Inc. is beginning its third year providing all ambulatory and wheelchair trips in Bradford County. Previously, the services were provided by a private contractor. To provide this service, continual replacement of older vehicles must occur. Also, Bradford County is very rural and many of the roads are not paved. This has a direct effect on the lifespan of the vehicles being used. Therefore, it is imperative for the purchase of new vans to maintain current levels of service.

Current services that will be continued with the award of this grant include transporting residents of Bradford County to Alachua County twice per day. Since there are limited medical facilities in this rural area, trips to Alachua County are medically necessary. It is over 30 miles to Gainesville, the nearest area with medical services. Normally, the riders can expect a ride length of over an hour due to traffic and stops picking up other riders. Also, current services allow for Kidney Dialysis riders the opportunity for transport to and from their dialysis appointments. Currently, those riders are transported numerous times per day, six days per week. Also, current services include transporting elderly clients to meal sites for lunch and health education. These trips occur five days per week in Bradford County. These are some examples of the numerous services provided by SREC, Inc. and its transportation programs.

Suwannee River Economic Council, Inc. recently went through the process of updating all of its safety and maintenance plans with the updated SSPP. Therefore, the maintenance records of all vans will be tracked thoroughly and therefore providing longer lasting vehicles over the long term.

In conclusion, the stability and health of the residents in Bradford County depend on the services SREC, Inc. is able to provide. A continuation of the services allow for transportation disadvantaged residents to maintain normal essential activities. Due to the rural nature of the areas in Bradford County the services require the purchasing of new vans through grant opportunities.

Suwannee River Economic Council, Inc.
Post Office Box 70
Live Oak, Florida 32064

BRADFORD COUNTY

**5311 OPERATING ASSISTANCE
APPLICATION**

REQUIRED
COVER LETTER

STATE OF FLORIDA DEPARTMENT OF TRANSPORTATION
GRANT APPLICATION

Suwannee River Economic Council, Inc. (agency name) submits this Application for the Section 5311 Program Grant and agrees to comply with all assurances and exhibits attached hereto and by this reference made a part thereof, as itemized in the Checklist for Application Completeness.

Suwannee River Economic Council, Inc. (agency name) further agrees, to the extent provided by law (in case of a government agency in accordance with Sections 129.07 and 768.28, Florida Statutes) to indemnify, defend and hold harmless the Department and all of its officers, agents and employees from any claim, loss, damage, cost, charge, or expense out of the non-compliance by the Agency, its officers, agents or employees, with any of the assurances stated in this Application.

This Application is submitted on this 3rd day of January, 2014 with two (2) original resolutions or certified copies of the original resolution authorizing Frances Terry, Executive Director (Name & Title) to sign this Application.

Agency Name

By  Date 1/3/14

Title Executive Director

RESOLUTION NUMBER: 093013 - Bradford County

THIS RESOLUTION of the Suwannee River Economic Council, Inc. (hereinafter the "Applicant") authorizes the below named designee on behalf of the Applicant, to sign and submit grant application(s) required supporting documents, certifications and assurances to the Florida Department of Transportation, to accept grant award(s) from and to execute and administer related joint participation agreement(s) with the Florida Department of Transportation, and to purchase vehicles and/or equipment and/or expend grant funds pursuant to grant award(s).

WHEREAS, the Applicant desires to and has the fiscal and managerial capability, matching funds and legal authority to apply for and accept grants and make purchases and/or expend funds pursuant to grant awards made by the Florida Department of Transportation as authorized by Chapter 341, Florida Statutes and/or by the Federal Transit Administration Act of 1964, as amended, including but not limited to 49 U.S.C Sections 5310 and 5311, where applicable.

NOW, THEREFORE BE IT RESOLVED BY THE APPLICANT:

1. The above recitals are true and correct and are incorporated herein as if fully set forth in the body of this Resolution.
2. This resolution applies to Federal Program(s) under 49 U.S.C. Section(s) Section 5311.
3. The submission of grant application(s) required supporting documents, certifications and assurances to the Florida Department of Transportation is approved.
4. Frances Terry, Executive Director or his/her duly appointed successor in title is hereby designated and authorized to on behalf of the Applicant, sign and submit application(s) and all required supporting documents, give all required certifications and assurances, accept grant award(s) from and execute and administer related joint participation agreement(s) with the Florida Department of Transportation, purchase vehicles/equipment and/or expend grant funds pursuant to a grant award, unless and until this authorization is specifically rescinded and written notice thereof is sent by certified mail, return receipt requested, to and received by the Florida Department of Transportation at the following address:
Attention: Doreen Joyner-Howard, AICP, District Modal Development Manager, Florida Department of Transportation, 2198 Edison Avenue, MS 2812, Jacksonville, FL 32204-2730.
5. N/A is also hereby designated and authorized to sign requests for Joint Participation Agreement Time Extensions as my be required.

The foregoing resolution was **DULY PASSED, ADOPTED AND became EFFECTIVE** at a duly called and convened meeting of the Applicant held on the 30th day of September, 2013

By:

Richard Tillis
(Original Signature, Chairman of the Board)
Richard Tillis, Vice President

ATTEST:

Oleatha Harris
(Original Signature, Clerk/Secretary)
Oleatha Harris, Secretary

(Stamp corporate seal here :)



Barbara Pepin

PART B**APPLIES TO ALL APPLICANTS FOR OPERATING ASSISTANCE**

FORM B-1
TRANSPORTATION-RELATED OPERATING and ADMINISTRATIVE
EXPENSES

Name of Applicant: Suwannee River Economic Council, Inc.

State Fiscal period requesting funding for, from 10/1/2014 **to** 9/30/2015

EXPENSE CATEGORY	TOTAL EXPENSE	FTA ELIGIBLE EXPENSE
Labor (501)	\$148,676	\$148,676
Fringe and Benefits (502)	\$ 69,982	\$ 69,982
Services (503)	\$ 22,939	\$ 22,939
Materials and Supplies (504)	\$ 51,933	\$ 51,933
Vehicle Maintenance (504.01)	\$ 26,500	\$ 26,500
Utilities (505)	\$ 12,079	\$ 12,079
Insurance (506)	\$ 19,659	\$ 19,659
Licenses and Taxes (507)	\$ 300	\$ 300
Purchased Transit Service (508)		
Miscellaneous (509)	\$ 1061	\$ 1061
Leases and Rentals (512)	\$ 15,389	\$ 15,389
Depreciation (513)		
TOTAL	\$ 368,518	\$ 368,518

SECTION 5311 GRANT REQUEST

Total FTA Eligible Expenses (from Form B-1, above)	\$ <u>368,518</u> _____ (a)
Rural Passenger Fares (from Form B-2)	\$ <u>4795</u> _____ (b)
Operating Deficit [FTA Eligible Expenses (a) minus Rural Passenger Fares (b)]	\$ <u>363,723</u> _____ (c)
Section 5311 Request (No more than 50% of Operating Deficit)	\$ <u>140,000</u> _____ (d)
Grant Total All Revenues (from Form B-2)	\$ <u>368,518</u> _____ *(e)

Note: If Grand Total Revenues (e) exceeds FTA Eligible Expenses (a), reduce the Section 5311 Request (d) by that amount.

APPLIES TO ALL APPLICANTS FOR OPERATING ASSISTANCE

FORM B-2

TRANSPORTATION-RELATED OPERATING and ADMINISTRATIVE REVENUES

Name of Applicant: Suwannee River Economic Council, Inc.

State Fiscal period requesting funding for, from 10/1/2014 to 9/30/2015

OPERATING REVENUE CATEGORY	TOTAL REVENUE	REVENUE USED AS FTA MATCH
Passenger Fares for Transit Service (401)	Total= \$ Rural =\$ 4795 (b)	\$ 4795
Special Transit Fares (402)		
School Bus Service Revenues (403)		
Freight Tariffs (404)		
Charter Service Revenues (405)		
Auxiliary Transportation Revenues (406)		
Non-transportation Revenues (407)		
Total Operating Revenue	\$ 4795	\$ 4795
OTHER REVENUE CATEGORY		
Taxes Levied directly by the Transit System (408)		
Local Cash Grants and Reimbursements (409)		
Local Special Fare Assistance (410)		
State Cash Grants and Reimbursements (411)	\$ 121,231	\$ 121,231
State Special Fare Assistance (412)	\$ 242,492	\$ 242,492
Federal Cash Grants and Reimbursements (413)		
Interest Income (414)		
Contributed Services (430)		
Contributed Cash (431)		
Subsidy from Other Sectors of Operations (440)		
Total of Other Revenue	\$ 363,723	\$ 363,723
GRAND TOTAL ALL REVENUE	\$ 368,518	\$ 368,518 (e)

APPLICATION FOR FEDERAL ASSISTANCE

Version 7/03

1. TYPE OF SUBMISSION:			
Application – place an x in the box <input type="checkbox"/> construction <input checked="" type="checkbox"/> non-construction		Pre-application – place an x in the box <input type="checkbox"/> construction <input type="checkbox"/> non-construction	
2. DATE SUBMITTED 01/03/2014		Applicant Identifier	
3. DATE RECEIVED BY STATE		State Application Identifier	
4. DATE RECEIVED BY FEDERAL AGENCY		Federal Identifier	
5. APPLICANT INFORMATION			
Legal Name: Suwannee River Economic Council, Inc.		Organizational Unit:	
		Department: Administration	
Organizational DUNS: 040207904		Division:	
Address: PO Box 70, Live Oak, FL 32064		Name and telephone number of person to be contacted on matters involving this application (give area code)	
Street: 1171 Nobles Ferry Road		Prefix: Ms. First Name: Frances	
City: Live Oak		Middle Name: L.	
County: Suwannee		Last Name: Terry	
State: Florida	Zip Code 32064	Suffix:	
Country: USA		Email: francesterry@suwanneec.net	
6. EMPLOYER IDENTIFICATION NUMBER (EIN): (Replace these boxes with numerals) 59-1101989		Phone Number (give area code) (386) 362-4115	
		Fax Number (give area code) (386) 362-4078	
8. TYPE OF APPLICATION: X New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es) <input type="checkbox"/> <input type="checkbox"/> (See back of form for description of letters.) Other (specify)		7. TYPE OF APPLICANT: (See back of form for Application Types) Other (specify) Non-Profit	
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: (Replace these boxes with numerals) 20-509		9. NAME OF FEDERAL AGENCY: Federal Transit Administration	
TITLE (Name of Program):		11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: Provide transportation services for the transportation disadvantaged	
12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.): Bradford County, Florida		14. CONGRESSIONAL DISTRICTS OF:	
13. PROPOSED PROJECT		a. Applicant Third	
Start Date: 10/1/2014	Ending Date: 09/30/2015	b. Project Third	
15. ESTIMATED FUNDING:		16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?	
a. Federal	\$ 140,000	a. Yes. <input checked="" type="checkbox"/> THIS PREAPPLICATION /APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON:	
b. Applicant	\$	DATE: 01/03/2014	
c. State	\$	b. No. <input type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372.	
d. Local	\$ 140,000	<input type="checkbox"/> PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW	
e. Other	\$	17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT? No	
f. Program Income	\$	<input type="checkbox"/> Yes. If "Yes" attach an explanation.	
g. TOTAL	\$ 280,000	<input checked="" type="checkbox"/> No	
18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT. THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.			
a. Authorized Representative			
Prefix: Ms	First Name: Frances	Middle Name: L.	
Last Name: Terry		Suffix:	
b. Title: Executive Director		c. Telephone Number (give area code) 386-362-4115	
d. Signature of Authorized Representative:		e. Date Signed: 01/03/2014	

All Applicants

EXHIBIT A-1 FACT SHEET

	CURRENTLY	IF GRANT IS AWARDED *
1. Number of one-way passenger trips.* PER YEAR	32124	32124
2. Number of individuals served unduplicated (first ride per rider per fiscal year). PER YEAR	480	480
3. Number of vehicles used for this service. ACTUAL	9	9
4. Number of ambulatory seats. AVERAGE PER VEHICLE (Total ambulatory seats divided by total number of fleet vehicles)	8	8
5. Number of wheelchair positions. AVERAGE PER VEHICLE (Total wheelchair positions divided by total number of fleet vehicles)	2	2
6. Vehicle Miles traveled. PER YEAR	128401	128401
7. Average vehicle miles PER DAY	366	366
8. Normal vehicle hours in operation. PER DAY	12	12
9. Normal number of days in operation. PER WEEK	6	6
10. Trip length (roundtrip). AVERAGE	16	16

Estimates are acceptable.

* One way passenger trip is the unit of service provided each time a passenger enters the vehicle, is transported, then exits the vehicle. Each different destination would constitute a passenger trip



April 7, 2014

TO: Bradford County Transportation Disadvantaged Coordinating Board

FROM: Lynn Godfrey, AICP, Senior Planner

SUBJECT: Operations Reports

RECOMMENDATION

No action required. This agenda item is for information only.

BACKGROUND

Attached are the following reports for the Board's review:

1. Suwannee River Economic Council Operations Report;
2. Fiscal Year 2013/14 Transportation Disadvantaged Trust Fund Status Report;
3. Medicaid Non-Emergency Transportation Program Encounter Data Reports;
4. Suwannee River Economic Council Complaint/Commendation Report; and
5. Suwannee River Economic Council Trip Denial Report.

If you have any questions regarding the attached reports, please do not hesitate to contact me.

Attachments

t:\lynn\td2014\bradford\memos\statapr.docx

**QUARTERLY OPERATING REPORT
BRADFORD COUNTY
OCTOBER - DECEMBER 2013**

OPERATING DATA	SREC	ARC of Bradford	TOTAL
NUMBER OF INVOICED TRIPS	2,550	3,099	5,649
Medicaid	1,011	0	1,011
Title III-B	147	0	147
TD Trust Fund	1,392	0	1,392
Agency for Persons with Disabilities	0	3,099	3,099
TOTAL VEHICLE MILES	32,082	20,599	52,681
TOTAL REVENUE VEHICLE MILES	26,092	Not reported	26,092
TOTAL VEHICLE HOURS	2,021	1,019	3,040
TOTAL DOLLARS INVOICED	\$89,663.56	\$32,085.71	\$121,749
Medicaid	\$52,837.66	\$0.00	\$52,838
Title III-B	\$2,257.92	\$0.00	\$2,258
TD Trust Fund	\$34,567.98	\$0.00	\$34,568
Medwaiver	\$0.00	\$32,085.71	\$32,086
AVERAGE COST PER TRIP	\$35.16	\$10.35	\$21.55
Medicaid	\$52.26	#DIV/0!	\$52.26
Title III-B	\$15.36	#DIV/0!	\$15.36
TD Trust Fund	\$24.83	#DIV/0!	\$24.83
Other	#DIV/0!	\$10.35	-
AVERAGE COST PER MILE	\$2.79	\$1.56	\$2.31
AVERAGE COST PER REV. VEH. MI.	\$3.44	#VALUE!	\$4.67
AVERAGE COST PER HOUR	\$44.37	\$31.49	\$40.05
TRIP PURPOSE*	-	-	-
Medical	2,403	115	2,518
Employment	0	0	0
Education/Training	0	0	0
Fixed	0	2,600	2,600
Inclusion	0	71	71
Shopping	0	0	0
Meal Site	147	0	147
Recreation	0	0	0
Other	0	308	308
NUMBER OF TRIPS DENIED	0	0	0
NUMBER OF SINGLE PASSENGER TRIPS PROVIDED	304	0	304
PERCENT OF SINGLE PASSENGER TRIPS	12%	0%	5%
NUMBER OF ACCIDENTS	0	0	0
NUMBER OF VEHICLES	8	10	18
AVERAGE TRIPS PER VEHICLE	319	310	314
AVERAGE MILES PER TRIP	13	7	9
NUMBER OF ROADCALLS	1	0	1

**QUARTERLY OPERATING REPORT
BRADFORD COUNTY
OCTOBER - DECEMBER 2012**

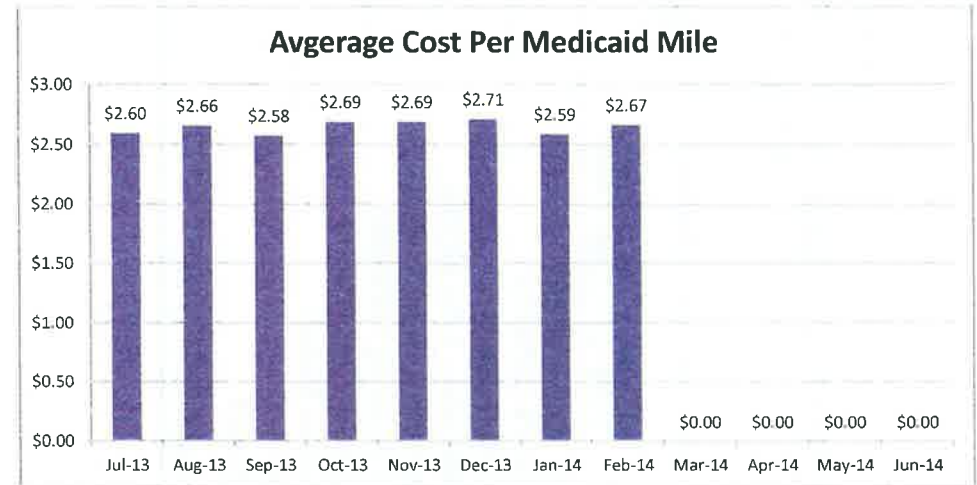
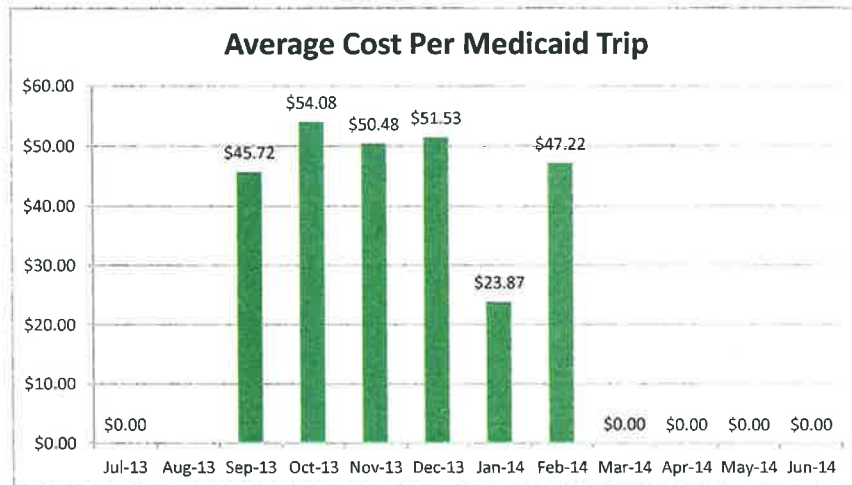
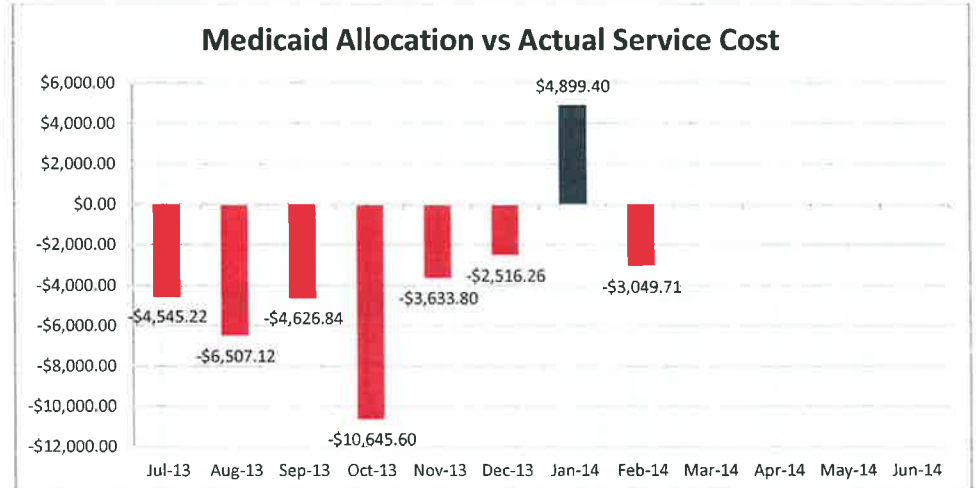
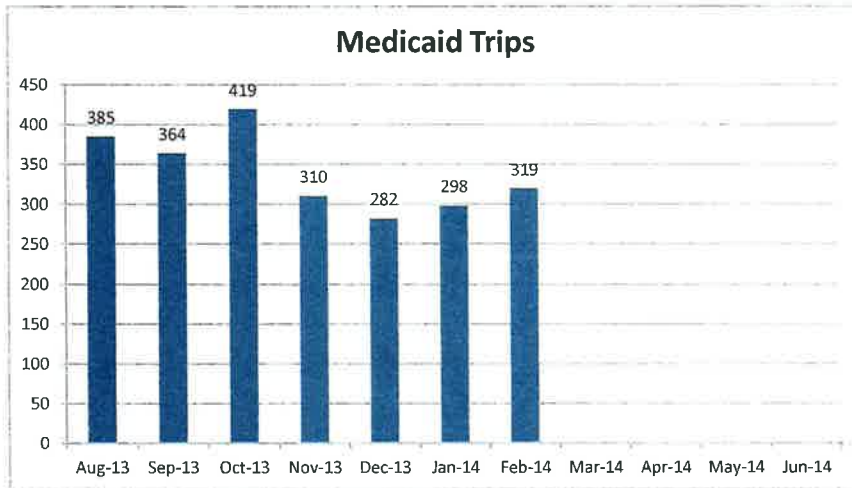
OPERATING DATA	TOTAL
NUMBER OF INVOICED TRIPS	8,046
Medicaid	1,463
Title III-B	936
TD Trust Fund	1,133
Agency for Persons with Disabilities	4,514
TOTAL VEHICLE MILES	59,783
TOTAL REVENUE VEHICLE MILES	23,655
TOTAL VEHICLE HOURS	3,501
TOTAL DOLLARS INVOICED	\$135,098
Medicaid	\$70,835
Title III-B	\$25,231
TD Trust Fund	\$6,646
Medwaiver	\$0
AVERAGE COST PER TRIP	\$16.79
Medicaid	\$48.42
Title III-B	\$26.96
TD Trust Fund	\$5.87
Other	-
AVERAGE COST PER MILE	\$2.26
AVERAGE COST PER REV. VEH. MI.	\$5.71
AVERAGE COST PER HOUR	\$38.59
TRIP PURPOSE*	-
Medical	2,596
Employment	47
Education/Training	0
Fixed	4,343
Inclusion	124
Shopping	0
Meal Site	936
Recreation	0
Other	0
NUMBER OF TRIPS DENIED	0
NUMBER OF SINGLE PASSENGER TRIPS PROVIDED	257
PERCENT OF SINGLE PASSENGER TRIPS	3%
NUMBER OF ACCIDENTS	0
NUMBER OF VEHICLES	18
AVERAGE TRIPS PER VEHICLE	447
AVERAGE MILES PER TRIP	7
NUMBER OF ROADCALLS	2

CTC: Suwannee River Economic Council
Rates Charged to TD Trust Fund:
Ambulatory: \$1.66 per passenger mile
Wheelchair: \$2.85 per passenger mile
Stretcher: \$5.94 per passenger mile

**2013-2014 TRANSPORTATION DISADVANTAGED TRUST FUND SUMMARY
 BRADFORD COUNTY**

MONTH/YEAR	ALLOCATION	TOTAL FUNDS SPENT	STATE FUNDS REMAINING	NUMBER OF TRIPS	AVERAGE COST PER TRIP
Jul-13	\$134,701.00	\$8,958.90	\$125,742.10	409	\$21.90
Aug-13	-	\$7,464.39	\$118,277.71	336	\$22.22
Sep-13	-	\$9,636.65	\$108,641.06	415	\$23.22
Oct-13	-	\$13,761.64	\$94,879.42	499	\$27.58
Nov-13	-	\$13,350.52	\$81,528.90	523	\$25.53
Dec-13	-	\$7,455.82	\$74,073.08	370	\$20.15
Jan-14	-				#DIV/0!
Feb-14	-				#DIV/0!
Mar-14	-				#DIV/0!
Apr-14	-				#DIV/0!
May-14	-				#DIV/0!
Jun-14	-	-		-	-
TOTAL	-	\$60,627.92	-	2,552	\$23.76

**FLORIDA COMMISSION FOR THE TRANSPORTATION DISADVANTAGED
MEDICAID ENCOUNTER DATA REPORTS
FISCAL YEAR 2013/14
BRADFORD COUNTY**



BRADFORD COUNTY
QUARTERLY SUMMARY OF SERVICE COMPLAINTS/COMMENDATIONS
OCTOBER - DECEMBER 2013

TYPE OF COMPLAINT	Suwannee River Economic Council	Resolved
Vehicle Condition	0	-
Driver's Behavior	0	-
Client Behavior	0	-
Tardiness - Late pickup	0	-
Tardiness - Late dropoff	0	-
No Show by Operator	0	-
Dispatch/Scheduling	0	-
Service Denial	0	-
Other	0	-
TOTALS	0	-
COMMENDATIONS	0	-

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**BRADFORD COUNTY
UNMET TRANSPORTATION NEEDS
OCTOBER - DECEMBER 2013**

REASON FOR TRIP DENIAL	NUMBER OF TRIP DENIALS
Lack of Funding	0
Trip Purpose	0
Out of Service Area Trip	0
Insufficient Advance Notice	0
After Hours Trip Request	0
Weekend Trip Request	0
Other	0
TOTALS	0

Source: Suwannee River Economic Council

ATTENDANCE RECORD

BRADFORD COUNTY TRANSPORTATION DISADVANTAGED COORDINATING BOARD

MEMBER/ORGANIZATION	NAME	4/16/13	7/16/13	10/15/13	1/15/14
Chair	Commissioner Danny Riddick	A	P	P	P
Alternate Chairperson	Commissioner Tommy Chastain	A	A	A	A
Florida Department of Transportation	Sandra Collins	P	P	P	A
Alternate Member	Janell Damato	A	A	A	A
Florida Department of Children and Families	Brad Seeling	P	P	A	A
Alternate Member	(Vacant)				
Agency for Health Care Administration	Alana McKay	P	P	A	P
Alternate Member	Andrew Singer	A	A	P	A
Florida Department of Education	Jeffrey Aboumrud	P	P	A	A
Alternate Member	(Vacant)				
Public Education	Richard Sapp	A	A	A	A
Alternate Member	(Vacant)				
Citizen Advocate	Patricia Bonsteel				
Alternate Member	(Vacant)				
Citizen Advocate-User	Patricia Fountain	A	P	P	A
Alternate Member	(Vacant)				
Elderly	(Vacant)				
Alternate Member	(Vacant)				
Veterans	Barbara Fischer	P	P	P	P
Alternate Member	(Vacant)				
Persons with Disabilities	Sherry Ruszkowski	A	P	P	P
Alternate Member	(Vacant)				
Florida Association for Community Action	Janice Johnson				A
Alternate Member	(Vacant)				
Florida Department of Elder Affairs	Cindy Roberts	P	A	A	A
Alternate Member	(Vacant)				
Children at Risk	Alberta Hampton				
Alternate Member	(Vacant)				
Private Transit	Steve Futch	P	A	P	P
Alternate Member	Laura Crews				
Regional Workforce Board	Linda Tatum	P	P	A	P
Alternate Member	(Vacant)				

LEGEND KEY: P-Present A-Absent - Not Applicable (newly appointed member)

ATTENDANCE POLICY: According to Article III, Section 5 of the Coordinating Board bylaws: "The North Central Florida Regional Planning Council shall review and consider rescinding the appointment of any voting member of the Board who fails to attend three consecutive meetings."

