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October 8, 2014

TO: Gilchrist County Transportation Disadvantaged Coordinating Board
FROM: Lynn Godfrey, AICP, Senior Planner
SUBJECT: Meeting Announcement

The Gilchrist County Transportation Disadvantaged Coordinating Board will meet **Wednesday, October 15, 2014 at 1:30 p.m.** in the Board of County Commissioners' Meeting Room located at 210 S. Main Street in Trenton, Florida. All Board members are encouraged to attend 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.

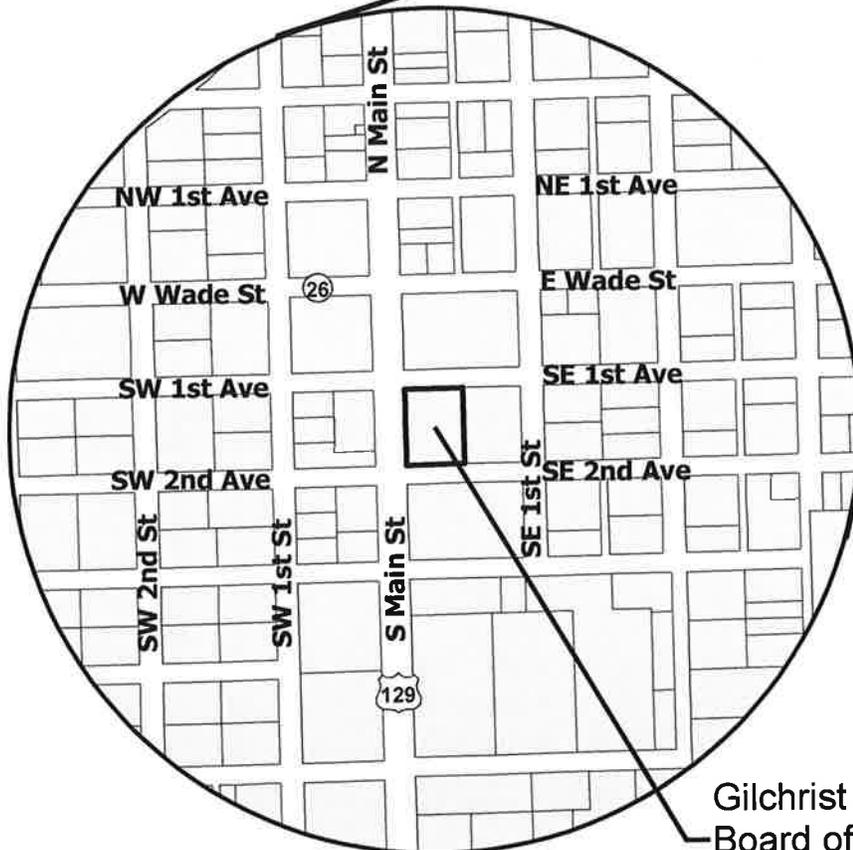
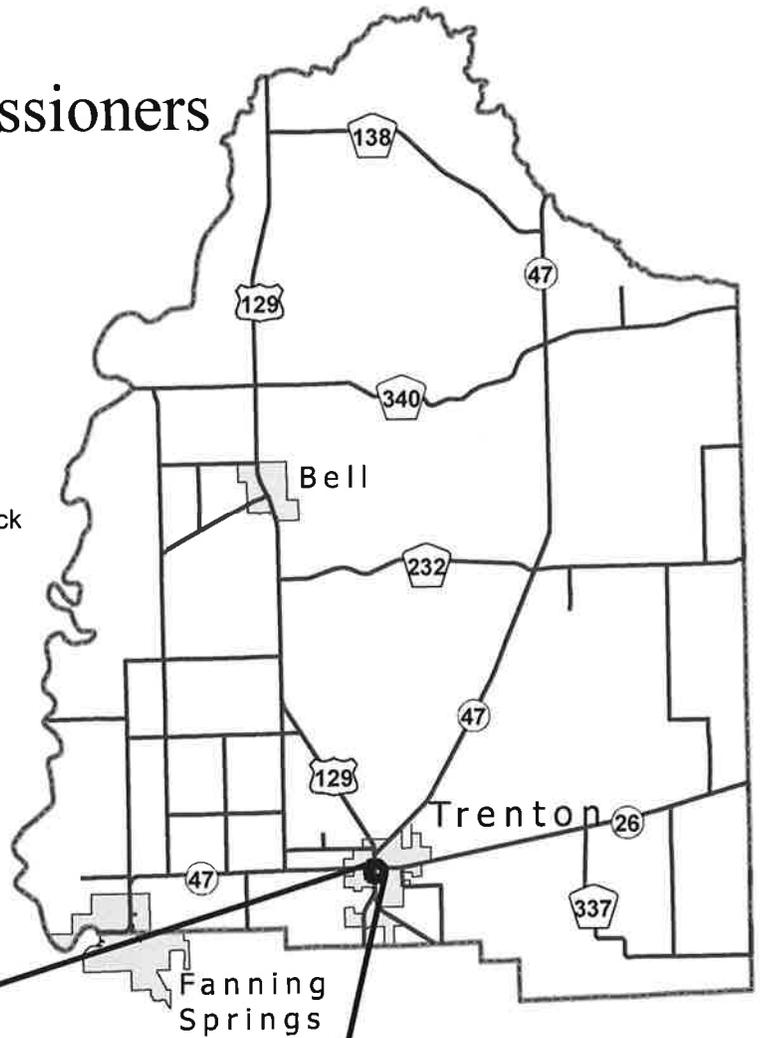
Attachments

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Dedicated to improving the quality of life of the Region's citizens,
by coordinating growth management, protecting regional resources,
promoting economic development and providing technical services to local governments.

Gilchrist County Board of County Commissioners Meeting Facility 210 South Main St Trenton, Florida 32693

Directions: From the intersection of U.S. Highway 129 (also known as Main St) and State Road 26 (also known as Wade St) in the City of Trenton, head South onto U.S. Highway 129 (also known as Main St) travel one block and the Gilchrist County Board of County Commissioners Meeting Facility will be on the left, on the Eastern side of U.S. Highway 129 (also known as Main St).



1 inch = 500 feet

Gilchrist County
Board of County Commissioners
Meeting Facility





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**GILCHRIST COUNTY
TRANSPORTATION DISADVANTAGED COORDINATING BOARD
MEETING ANNOUNCEMENT AND AGENDA**

Board of County Commissioners Meeting Room
210 S. Main Street
Trenton, Florida

Wednesday
October 15, 2014
1:30 p.m.

I. BUSINESS MEETING – CALL TO ORDER

A. Invocation

B. Pledge of Allegiance

C. Introductions

D. Approval of the Meeting Agenda ACTION REQUIRED

E. Approval of the September 17, 2014 ACTION REQUIRED Page 7
Minutes

II. NEW BUSINESS

A. Community Transportation Coordinator ACTION REQUIRED Page 11
Annual Performance Evaluation

The Board needs to approve Suwannee River Economic Council's annual performance evaluation

B. Rural Area Capital Assistance Program ACTION REQUIRED Page 81
Grant Application

The Board needs to approve Suwannee River Economic Council's application for Rural Area Capital Assistance Program Grant funds

C. 2013/14 Annual Operations Report NO ACTION REQUIRED Page 91

The Board needs to review the 2013/14 Annual Operations Report

**GILCHRIST COUNTY
TRANSPORTATION DISADVANTAGED COORDINATING BOARD**

MEMBER/REPRESENTING	ALTERNATE/REPRESENTING
Commissioner John Rance Thomas Local Elected Official/Chair	Not Applicable
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
Vacant Florida Department of Education	Jeff Aboumrad Florida Department of Education
Janet Kreisler Florida Department of Elder Affairs	Alicia Fowler Florida Department of Elder Affairs
Alana McKay - Vice-Chair Florida Agency for Health Care Administration	Andrew Singer Florida Agency for Health Care Administration
Jeannie Carr Regional Workforce Board	Vacant Regional Workforce Board
Vacant Florida Association for Community Action Term ending June 30, 2017	Vacant Florida Association for Community Action Term ending June 30, 2017
Cloud Haley Public Education	Vacant Public Education
Jim Mash Veterans Term ending June 30, 2017	Vacant Veterans Term ending June 30, 2017
William R. Cummings Citizen Advocate Term ending June 30, 2015	Vacant Citizen Advocate Term ending June 30, 2015
Vacant Citizen Advocate - User Term ending June 30, 2015	Vacant Citizen Advocate - User Term ending June 30, 2015
Jim McCrone Persons with Disabilities Term ending June 30, 2015	Vacant Persons with Disabilities Term ending June 30, 2015
Richard Esseck Elderly Term ending June 30, 2017	Vacant Elderly Term ending June 30, 2017
Vacant Medical Community Term ending June 30, 2016	Vacant Medical Community Term ending June 30, 2016
Tonya Hiers Children at Risk Term ending June 30, 2016	Brooke Ward Children at Risk Term ending June 30, 2016
Vacant 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.

**GILCHRIST COUNTY
TRANSPORTATION DISADVANTAGED COORDINATING BOARD**

MEETING MINUTES

County Commissioners' Meeting Room
Courthouse Annex
Trenton, Florida

Wednesday
September 17, 2014
1:30 p.m.

VOTING MEMBERS PRESENT

Commissioner John Rance Thomas, Chair
Jeff Aboumrad, Florida Department of Education
Jeannie Carr, Regional Workforce Board
William R. Cummings, Citizen Advocate
Richard Esseck, Elderly Representative
Alicia Fowler representing Janet Kreischer, Florida Department of Elder Affairs
Tonya Hiers, Early Childhood Services Representative
Alana McKay, Florida Agency for Health Care Administration, Vice-Chair

VOTING MEMBERS ABSENT

Sandra Collins, Florida Department of Transportation
Jim Mash, Veterans Representative
James McCrone, Persons with Disabilities Representative
Brad Seeling, Florida Department of Children and Families

OTHERS PRESENT

Matthew Pearson, Suwannee River Economic Council

STAFF PRESENT

Lynn Godfrey, North Central Florida Regional Planning Council

I. BUSINESS MEETING CALL TO ORDER

Vic-Chair Alana McKay called the meeting to order at 1:30 p.m. due to the absence of Chair Thomas.

A. Invocation

Mr. Matthew Pearson gave the invocation.

B. Pledge of Allegiance

Vice-Chair McKay led the Board in reciting the Pledge of Allegiance.

C. Introductions

Vice-Chair McKay asked everyone to introduce themselves.

D. Approval of the Meeting Agenda

ACTION: Richard Esseck moved to approve the meeting agenda. Tonya Hiers seconded; motion passed unanimously.

E. Approval of the April 16, 2014 Meeting Minutes

ACTION: Tonya Hiers moved to approve the April 16, 2014 meeting minutes. Richard Esseck seconded; motion passed unanimously.

II. NEW BUSINESS

A. Gilchrist County Transportation Disadvantaged Service Plan Amendment

Ms. Lynn Godfrey, North Central Florida Regional Planning Council Senior Planner, stated that the Board must review and approve Transportation Disadvantaged Program service rates annually for inclusion in the Gilchrist County Transportation Disadvantaged Service Plan. She said Suwannee River Economic Council's proposed Fiscal Year 2014/15 Transportation Disadvantaged Program service rates are included in the meeting materials.

Mr. Matthew Pearson, Suwannee River Economic Council Executive Director, explained that the proposed rates have increased because of changes to the Medicaid Non-Emergency Transportation Program. He said they can no longer accurately forecast revenues Suwannee River Economic Council will receive from the Medicaid Non-Emergency Transportation Program.

The Board reviewed Suwannee River Economic Council's proposed Transportation Disadvantaged Program Service rates.

ACTION: Richard Esseck moved to amend the Gilchrist County Transportation Disadvantaged Service Plan to include Suwannee River Economic Council's FY 2014/15 Transportation Disadvantaged Program service rates. Tonya Hiers seconded; motion passed unanimously.

B. Bylaws

Ms. Godfrey stated that the Board is required to review and approve the Bylaws annually.

The Board reviewed the Bylaws.

ACTION: Richard Esseck moved to approve the Bylaws. Jeannie Carr seconded; motion passed unanimously.

C. Grievance Procedures

Ms. Godfrey stated that the Board is required to review and approve the Grievance Procedures annually.

The Board reviewed the Grievance Procedures.

Mr. Esseck noted that five members of the Board need to be appointed to the Grievance Committee.

Ms. Godfrey said she will include the appointment of Grievance Committee members to the next meeting agenda.

ACTION: Jeannie Carr moved to approve the Grievance Procedures. Tonya Hiers seconded; motion passed unanimously.

D. Elect Vice-Chair

ACTION: Richard Esseck moved to reelect Alana McKay as Vice-Chair. Jeff Aboumrad seconded; motion passed unanimously.

E. Operations Reports

Ms. Godfrey stated that the operations reports for the first quarter of 2014 are included in the meeting packet for the Board's review. She said there is no action required on this agenda item.

The Board reviewed the operations reports.

III. OTHER BUSINESS

A. Comments

1. Members

Vice-Chair McKay stated that some Medicaid beneficiaries are still confused over who to call to access transportation services. She said some Medicaid beneficiaries may not be getting to their medical appointments or finding other means of transportation.

Chair Thomas asked staff to contact Palms Medical Group to get a recommendation to fill the Medical Community Representative position. He also asked staff to contact the School Board about appointing a new Public Education Representative.

2. Citizens

There were no citizen comments.

IV. FUTURE MEETING DATES

Vice-Chair McKay stated that the next meeting of the Board is scheduled for Wednesday, October 15, 2014 at 1:30 p.m.

ADJOURNMENT

The meeting was adjourned at 2:20 p.m.

Coordinating Board Chair

Date



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October 7, 2014

TO: Gilchrist County Transportation Disadvantaged Coordinating Board
FROM: Lynn Godfrey, AICP, Senior Planner
SUBJECT: Annual Performance Evaluation

RECOMMENDATION

Approve the Suwannee River Economic Council's annual performance evaluation.

BACKGROUND

The Board is required to annually evaluate the transportation services provided by Suwannee River Economic Council. Attached is Suwannee River Economic Council's draft annual performance evaluation. If you have any questions concerning the attached evaluation, please contact me at extension 110.

Attachment

t:\lynn\td2014\gilchrist\memos\eval.docx

Dedicated to improving the quality of life of the Region's citizens,
by coordinating growth management, protecting regional resources,
promoting economic development and providing technical services to local governments.

Community Transportation Coordinator Annual Performance Evaluation

Community Transportation Coordinator: Suwannee River Economic Council

County: Gilchrist

Review Period: July 1, 2013 - June 30, 2014

I. Findings and Recommendations

A. General Information

Areas of Noncompliance: None

Recommendations: None

Timeline for Compliance: None

B. Chapter 427, F.S.

Areas of Noncompliance: None

Recommendations: None

Timeline for Compliance: None

C. Rule 41-2, F.A.C.

Areas of Noncompliance: None

Recommendations: None

Timeline for Compliance: None

D. Bus/Van Ride

Areas of Noncompliance: None

Recommendations: None

Timeline for Compliance: None

E. Surveys (see attachment)

Areas of Noncompliance: None

Recommendations: None

Timeline for Compliance: None

COMMUNITY TRANSPORTATION COORDINATOR EVALUATION WORKBOOK

Florida Commission for the



Transportation Disadvantaged

Community Transportation Coordinator: Suwannee River Economic Council

County: Gilchrist

Address: P.O. Box 70, Live Oak, FL 32060

Contact: Matthew Pearson, Executive Director Phone: 386-362-4115

Review period: July 1, 2013 - June 30, 2014

Community Transportation Coordinator Annual Performance Evaluation

Approved by the

**Gilchrist County
Transportation Disadvantaged Coordinating Board**

2009 NW 67th Place
Gainesville, FL 32653-1603
www.ncfrpc.org/mtpo
352.955.2000

John Rance Thomas, Chair

with Assistance from



North Central Florida Regional Planning Council
2009 NW 67th Place
Gainesville, FL 32653-1603
www.ncfrpc.org
352.955.2200

October 15, 2014

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GENERAL QUESTIONS

1. What was the designation date of the Community Transportation Coordinator?
7/01/12
2. What is the complaint process?
See attached complaint process.
3. Does the community transportation coordinator have a complaint form?
 Yes (attached) No
4. Does the form have a section for resolution of the complaint?
 Yes No
5. Is a summary of complaints given to the Transportation Disadvantaged Board on a regular basis?
 Yes No
6. When is the dissatisfied party referred to the Florida Commission for the Transportation Disadvantaged Helpline?
If the Transportation Director is unable to resolve a complaint, the complainant will be referred to the Transportation Disadvantaged Helpline
7. When a complaint is forwarded from the Transportation Disadvantaged Helpline, is the complaint entered into the local complaint file/process?
 Yes No
8. Does the Community Transportation Coordinator provide written rider/beneficiary information or brochures to inform riders/beneficiaries about transportation disadvantaged services?
 Yes (attached) No
9. Does the rider/ beneficiary information or brochure list the Transportation Disadvantaged Helpline phone number?
 Yes No
10. Does the rider/ beneficiary information or brochure list the complaint procedure?
 Yes No
11. What is the eligibility process for Transportation Disadvantaged sponsored riders?
Individuals needing transportation assistance from Florida's Transportation Disadvantaged Program must complete an eligibility application (attached).
13. Does the Community Transportation Coordinator have a contract or agreement with the Regional Workforce Board?
 Yes No
14. What innovative ideas have you implemented in your coordinated system?
Providing and administering "regional" transportation service in four counties saves money. Our service rates are lower compared to other Community Transportation Coordinators in our region.

15. Are there any areas where coordination can be improved?
Transportation services purchased with local, state or federal funds should be purchased through Florida's Transportation Disadvantaged Program including the Medicaid Non-Emergency Medical Transportation Program.
16. What barriers are there to the coordinated system?
The Medicaid Non-Emergency Medical Transportation Program is fragmented and inefficient.
17. Are there any areas that the Community Transportation Coordinator feels the Florida Commission for the Transportation Disadvantaged should be aware of or assist with?
No
18. What funding agencies does the Florida Commission for the Transportation Disadvantaged need to work closely with in order to facilitate a better coordinated system?
Florida Agency for Health Care Administration and CareerSource Florida
19. How are you marketing the voluntary dollar?
No marketing system in place.

Complaint Process

All complaints received either written or verbal should be forwarded to the Director of Transportation. This includes complaints that have already been resolved by the dispatcher or driver.

Complaint form (attached) will be completed and resolution of complaint documented.

Complaints are files and kept to ensure proper tracking of complaints.

Complaints will be sent quarterly by County to the NCFPRC for reporting to the Local Coordinating Boards. Complaint totals will be submitted in the Annual Operating Report.

If resolution of complaint cannot be made by the Director of Transportation, the TD Helpline information should be shared with the rider.

SREC Transportation Complaint Form

Client Name: _____

Date: _____

Description of Incident:

Complaint Resolution:

Staff Signature: _____

Director of Transportation Signature: _____

SREC Transportation Complaint Form

Client Name: ?
Date: 5/14/14

Description of Incident:

Received phone call from Truck Driver with complaint about one of SREC vans following too close. (Tailgating) - Dixie County CR 351 After he had passed him. 11:00 am 5/14/14

Complaint Resolution:

Pulled Trip Manifest to determine which driver would have been in that area on that date & time. Spoke with driver about complaint and discussed with him the safety concerns of following too close to another vehicle.

Staff Signature: _____

Director of Transportation Signature: _____



Suwannee River Economic Council, Inc.

Established
1966



**Serving
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Gilchrist, Hamilton, Lafayette, Levy, Madison,
Putnam, Suwannee, Taylor and Union Counties**

Administrative Office
Post Office Box 70
1171 Nobles Ferry Road, Bldg #2
Live Oak, Florida 32064
(386) 362-4115 Voice/TDD
mattpearson@suwanneec.net
Affirmative Action,
Fair Housing Agency

SREC's Vision

Our customers embrace the challenge to rise above the perils of poverty, and discover within themselves the courage and strength to succeed.

Suwannee River Economic Council's mission is to embrace a community full of potential; and to educate and motivate present and future generations to discover and realize the dream of a comfortable and productive lifestyle.

**Gilchrist County
Programs and Services**

For information on our Aging Programs:

- Alzheimer's Disease Initiative
- Community Care for the Elderly
- Emergency Home Energy Assistance for the Elderly
- Elder Farmers' Market Nutrition
- Home Care for the Elderly
- Title III-B, C-1, C-2, IIIE

Contact

Gilchrist - Trenton Meal Site
Hours: M - F 11:30 a.m. - 1:30 p.m.
1439 SW CR 307A
Trenton, Florida 32693
(352) 463-1895

Gilchrist - Bell Meal Site
Hours: M - F 10:00 a.m. - 2:00 p.m.
3449 NW 50th Street, Florida
(386) 935-0757

Riverside Baptist Church
Hours: Tuesday 11:00 a.m. - 1:00 p.m.
10760 NW 5th Avenue
Branford, Florida 32008
(386) 935-3905



**Programs, Services, Eligibility
Aging Programs**

Alzheimer's Disease Initiative (ADI)

- Respite

Eligibility: Diagnosis as possible Alzheimer's or memory disorder.

Community Care for the Elderly (CCE)

- Case Management, Emergency Alert Response, Homemaker, Home Delivered Meals, Personal Care, and Respite

Eligibility: 60+ years of age, frail and elderly.

Elder Farmers' Market Nutrition

- Fresh fruits and vegetables and information to educate elders on the nutritional benefits derived from consuming fresh produce.

Eligibility: 60+ years of age; 185% poverty guidelines

Emergency Home Energy Assistance for the Elderly (EHEAP)

- Assistance with utility bills, supply blankets, heaters and fans.

Eligibility: 60+ years of age with household income after specified exclusions of no more than 150% of the federally established poverty income guidelines for the household size.

Home Care for the Elderly (HCE)

- Case Management, Basic Subsidy (Caregiver Allowance), Special Subsidy

Eligibility: 60+ years of age. Asset/Income limitations, requires 24 hour care care by qualified caregiver.

Programs, Services, Eligibility
Aging Programs

Title III-B, C-1, C-2, III E

- Congregate Meal Sites, Health Support, Homemaker, Home Delivered Meals, Intake, Nutrition Education, Outreach, Respite, Screening, Telephone Reassurance, and Transportation
Eligibility: 60+ years of age

Programs, Services, Eligibility Housing Programs

Weatherization Programs

- Minor home repairs to reduce infiltration of air and energy consumption.

Eligibility: Income guidelines; 200% of U.S. poverty guidelines based on family size; owner, renter, site built or mobile home eligible.

State Housing Initiatives Partnership Program (SHIP)

- Emergency repairs, down payment and closing cost assistance for Homeownership.

Eligibility: Income guidelines and lending qualifications.

Transportation

- Transport elderly and disadvantaged to the doctor, medical facilities, meal sites, drug stores and shopping.

Eligibility: Income guidelines, Medicaid, disabled.

For reservations, scheduling, complaints/commendations and/or questions call (800) 597-7579, ext. 3.

For Program information or complaints/commendations call TD Helpline at (800) 983-2435.

- Medicaid Broker Service
Transport Medicaid eligible clients to the doctor, medical facilities, meals sites and shopping.

Eligibility: Income guidelines, Medicaid Eligible

Any complaints not resolved can be forwarded to the Director of Transportation at (386) 362-4115, ext. 241.



*We Do Business in Accordance With the
Federal Fair Housing Law
(The Fair Housing Amendments Act of 1988)*

*It is illegal to discriminate against any person because of race, color,
religion, sex, handicap, familial status, or national origin.*

**Gilchrist County
Programs and Services**

For information on:

Emergency Assistance/Self Sufficiency

- Community Services Block Grant (CSBG)
- Energy Neighbor Fund
- Low Income Home Energy Assistance Program

Housing

- SHIP
- Weatherization

Transportation

- Transportation Disadvantage Trust Fund
- Medicaid
- Medicaid Brokers
- Title IIIB

Contact
Gilchrist Service / Senior Center
1439 SW CR 307A
Trenton, Florida 32693

**Florida State Map
67 Counties**



Gilchrist County Brochure
Revised 07/29/14
Accessible formats are available upon request

Transportation Disadvantaged BENEFICIARY INTAKE FORM

SECTION 1 – DETERMINATION OF ELIGIBILITY

LAST NAME _____ FIRST NAME _____ MI _____ MEDICAID # _____

ADDRESS _____ CITY _____ STATE _____ ZIP _____ COUNTY _____

DOB ____/____/____ SEX ____ SS# _____ TELEPHONE # (____) _____ TDD # (____) _____

EMERGENCY CONTACT _____ RELATIONSHIP _____ TELEPHONE (____) _____

OTHERS HOUSEHOLD MEMBERS <i>(Please list each member)</i>	NAME	RELATIONSHIP	AGE	DRIV. LIC (Y/N)	TYPE OF VEHICLE

SECTION 2 – AVAILABILITY OF SUITABLE MODE OR TRANSPORTATION TO OTHER COMMUNITY LOCATIONS

Yes / No

1. _____ Do you own a car?	Year _____ Model _____
_____ Do you have a valid Florida Driver's License?	DL#: _____
_____ Could you drive your car to medical appointments?	If not, why? _____
2. _____ Does any member of your household have a car?	Name: _____
_____ Could they transport you to medical appointments?	If not, why? _____
3. _____ Do you have family members in the county who can transport you?	Name: _____
_____ Could they transport you to medical appointments?	If not, why? _____
4. _____ Do you have friends in the county who can transport you?	Name: _____
_____ Could they transport you to medical appointments?	If not, why? _____
5. _____ Do you live in a facility that provides transportation?	Name: _____
_____ Could this facility transport you to medical appointments?	If not, why? _____

12. Please list all Hospitals, Doctors and Medical Facilities that you visit on a regular basis:

NAME OF HOSPITAL/DOCTOR/FACILITY	TYPE OF TREATMENT	NUMBER OF MONTHLY VISITS	DESCRIBE HOW YOU PREVIOUSLY GOT THERE
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

SECTION 3 – AVAILABILITY OF FEDERALLY FUNDED OR PUBLIC TRANSPORTATION

YES / NO

1. _____ Do you live on a bus route? What is the distance to the nearest bus stop? _____

2. _____ Have you used the bus system for transportation in the past?

2. _____ Do you have any limitations that would prevent you from using the bus system now? If Yes, please describe them below.

3. _____ Are you enrolled in any other programs that will pay for or provide transportation? If Yes, please describe them below.

SECTION 4 – SPECIAL NEEDS

Please check or list any special needs, services or modes of transportation you require during transportation.

Powered Wheelchair Stretcher Manual Wheelchair Walker
 Cane Respirator Service Animal Personal Care Attendant (PCA)
 Cultural Considerations (Please explain) _____

Other: _____

SECTION 5 – CERTIFICATION AND ACKNOWLEDGEMENT

I understand and affirm that the information provided in this application for CTD Medicaid Non-Emergency Transportation (NET) services is true and correct, to the best of my knowledge, and will be kept confidential and shared only with medical and transportation professionals involved in evaluating and determining my needs and eligibility for transportation to and from Medicaid eligible services and appointments. I understand that providing false or misleading information, or making fraudulent claims, or making false statements on behalf of others constitutes a felony under the laws of the State of Florida.

APPLICANT SIGNATURE _____ DATE _____

**PLEASE RETURN THIS FORM TO:
Suwannee River Economic Council, Inc.**

**1210 Andrews Circle, Starke, FL 32091
Or PO Box 1142, Starke, FL 32091**

904-964-6696

SECTION 6 – RESULTS OF INTERVIEW

DO NOT WRITE IN THIS SPACE – OFFICIAL OFFICE USE ONLY

NEW ELIGIBILITY APPLICATION: _____ (Y/N) REDETERMINATION: _____ (Y/N) DATE RECEIVED: ____/____/____ REVIEWED BY: _____

APPROVED DATE: ____/____/____ DENIED DATE: ____/____/____ REASON FOR DENIAL: _____ LETTER: _____ (Y/N)

MODE: _____ PCA NEEDED: _____ (Y/N) DATE OR DATES OF SERVICE: _____

Transportation Disadvantaged BENEFICIARY INTAKE FORM

SECTION 1 - DETERMINATION OF ELIGIBILITY

LAST NAME [REDACTED] FIRST NAME [REDACTED] MI None MEDICAD # _____
 ADDRESS [REDACTED] CITY Cross City STATE Fl. ZIP 32028 COUNTY Dixie
 DOB 11/04/55 SEX F. SSN [REDACTED] TELEPHONE () [REDACTED] TDD # () _____
 EMERGENCY CONTACT [REDACTED] RELATIONSHIP Husband TELEPHONE () [REDACTED]

OTHER HOUSEHOLD MEMBERS (Please list each member)	NAME	RELATIONSHIP	AGE	DRV. LIC (Y/N)	TYPE OF VEHICLE
<u>None</u>					

SECTION 2 - AVAILABILITY OF SUITABLE MODE OR TRANSPORTATION TO OTHER COMMUNITY LOCATIONS

YES/NO

- NO Do you own a car? Year _____ Model _____
YES Do you have a valid Florida Driver's License? DL#: _____
 If not, why? Don't have car.
- NO Could you drive your car to medical appointments? Name: _____
 If not, why? _____
- NO Does any member of your household have a car? Name: _____
 If not, why? _____
- NO Could they transport you to medical appointments? Name: _____
 If not, why? they would want to be paid
- NO Do you have family members in the county who can transport you? Name: _____
 If not, why? _____
- NO Do you have friends in the county who can transport you? Name: _____
 If not, why? _____
- NO Could they transport you to medical appointments? Name: _____
 If not, why? _____
- NO Do you live in a facility that provides transportation? Name: _____
 If not, why? _____
- NO Could this facility transport you to medical appointments? Name: _____
 If not, why? _____

6. Please list all Hospitals, Doctors and Medical Facilities that you visit on a regular basis:

NAME OF HOSPITAL/DOCTOR/FACILITY	TYPE OF TREATMENT	NUMBER OF MONTHLY VISITS	DESCRIBE HOW YOU PREVIOUSLY GOT THERE
<u>Retina center</u>	<u>eyes</u>	<u>1 a year</u>	<u>S.I.R.I.C. car</u>
<u>Shands</u>	<u>women's health</u>	<u>4 months</u>	<u>S.I.R.I.C.</u>
<u>Cardiology Assoc</u>	<u>heart</u>	<u>4 months</u>	<u>S.I.R.I.C.</u>

SECTION 3 - AVAILABILITY OF FEDERALLY FUNDED OR PUBLIC TRANSPORTATION

YES/NO

- NO Do you live on a bus route? What is the distance to the nearest bus stop? _____
- NO Have you used the bus system for transportation in the past? _____
- NO Do you have any limitations that would prevent you from using the bus system now? If Yes, please describe them below. _____

3. NO Are you enrolled in any other programs that will pay for or provide transportation? If Yes, please describe them below. _____

COMPLIANCE WITH CHAPTER 427, FLORIDA STATUTES

1. Are the Community Transportation Coordinator subcontracts uniform?
 Yes No
2. Is the Florida Commission for the Transportation Disadvantaged standard contract utilized?
 Yes (attached) No
3. Do the contracts include performance standards for the transportation operators and coordination contractors?
 Yes No
4. Do the contracts include the proper language concerning payment to subcontractors?
 Yes No
5. Were the following items submitted on time?

Annual Operating Report
 Yes No

Memorandum of Agreement
 Yes No

Transportation Disadvantaged Service Plan
 Yes No

Transportation Disadvantaged Trust Fund Grant Application
 Yes No

Other grant applications
 Yes No
6. Does the Community Transportation Coordinator monitor its subcontractors and how often is monitoring conducted?
 Yes No
7. Is a written report issued to the operator?
 Yes No
8. What type of monitoring does the Community Transportation Coordinator perform on its coordination contractors and how often is it conducted?
Suwannee River Economic Council monitors their subcontractor annually (see attached)

Effective: 7/01/08 to 6/30/09

STATE OF FLORIDA
COMMISSION FOR THE TRANSPORTATION DISADVANTAGED
STANDARD COORDINATION/OPERATOR CONTRACT

THIS CONTRACT is entered into between the COMMUNITY TRANSPORTATION COORDINATOR, Suwannee River Economic Council, Inc., designated pursuant to Chapter 427, F.S., to serve the transportation disadvantaged for the community that includes the entire area of Dixie, Gilchrist & Lafayette counties, and hereinafter referred to as the "Coordinator" and Dixie County Emergency Services, hereinafter referred to as the "Agency/Operator". The terms and conditions of this Contract are effective July 1, 2008 and will continue through June 30, 2009.

WHEREAS, the Coordinator is required, under Rule 41-2, F.A.C., Contractual Arrangements, to provide and/or enter into where cost effective and efficient; to enter into subcontract(s) or to broker transportation services to transportation operators; and

WHEREAS, transportation disadvantaged funds includes any local government, state or federal funds that are for the transportation of transportation disadvantaged; and

WHEREAS, the Coordinator desires to contract with the Agency/Operator for the provision of transportation services for the transportation disadvantaged; and

WHEREAS, the Coordinator believes it to be in the public interest to provide such transportation services through the Agency/Operator for the residents of the service area who are clients of the Agency/Operator; and

WHEREAS, the Agency/Operator will provide the Coordinator the opportunity to develop a proposal for any new transportation services needed; and

WHEREAS, the Agency/Operator, in an effort to coordinate available resources, will make available transportation services to the Coordinator.

WHEREAS, this Contract allows for the provisions of transportation services be provided by the Agency/Operator, in accordance with Chapter 427, F.S., Rule 41-2, F.A.C., and the most current Community Transportation Coordinator policies.

NOW, THEREFORE, in continuation of the mutual covenants, promises and representations herein, the parties agree as follows:

THE AGENCY/OPERATOR SHALL:

- A. Provide services and vehicles according to the conditions specified in Attachment I.
- B. Coordinate available resources and make available transportation services to the Coordinator. Such services shall be provided in accordance with Attachment I.
- C. Every three (3) months, submit to the Coordinator a Quarterly Year to Date Operating Report (from the Annual Operating Report) detailing demographic, operational and financial data regarding coordination activities in the designated service area. The report shall be prepared on forms provided by the Commission for the Transportation Disadvantaged, hereinafter Commission, and according to the instructions for the forms.
- D. Comply with audit and record keeping requirements by:
 1. Utilizing the Commission recognized Chart of Accounts defined in the Transportation Accounting Consortium Model Uniform Accounting System for Rural and Specialized Transportation Providers (uniform accounting system) for all transportation disadvantaged accounting and reporting purposes. Agencies/Operators with existing and equivalent accounting systems are not required to adopt the Chart of Accounts in lieu of their existing Chart of Accounts but shall prepare all reports, invoices, and fiscal documents relating to the transportation disadvantaged functions and activities using the chart of accounts and accounting definitions as outlined in the above referenced manual.
 2. Maintaining and filing with the Coordinator such progress, fiscal, inventory and other reports as the Coordinator may require during the period of this contract.
 3. By reserving to the Coordinator, the right to conduct finance and compliance audits at any time. Such audits conducted by the Coordinator will be at the expense of the Coordinator.
- E. Retain all financial records, supporting documents, statistical records, and any other documents pertinent to this Agreement for a period of five (5) years after termination of this Agreement. If an audit has been initiated and audit findings have not been resolved at the end of the five (5) years, the records shall be retained until resolution of the audit findings. The Agency/Operator shall assure that these records shall be subject to inspection, review, or audit at all reasonable

times by personnel duly authorized by the Coordinator or Commission or this Agreement. The Commission and the Coordinator shall have full access to and the right to examine any of the records and documents during the retention period.

F. Comply with Safety Requirements by:

1. Complying with Section 341.061, F.S., and Rule 14-90, F.A.C., concerning System Safety or complying with Chapter 234.051, F.S., regarding school bus safety requirements for those services provided through a school board;
2. Assuring compliance with local, state, and federal laws, and Commission policies relating to drug testing, and;
3. Complying with Coordinator's System Safety Program Plan (SSPP) for designated service area.

G. Comply with Commission insurance requirements by maintaining at least minimum liability insurance coverage in the amount of \$100,000 for any one person and \$300,000 per occurrence, general liability insurance rate of \$100,000 each accident and disease, and a \$1,000,000 policy limit in effect at all times during the existence of this Contract. Upon the execution of this Contract, the Agency/Operator shall add the Coordinator as an additional named insured to all insurance policies covering vehicles transporting the transportation disadvantaged. In the event of any cancellation or changes in the limits of liability in the insurance policy, the insurance agent or broker shall notify the Coordinator. The Agency/Operator shall furnish the Coordinator written verification of the existence of such insurance coverage prior to the execution of this Contract. School board vehicle insurance coverage shall be in accordance with Section 234.03, F.S. and 234.211, F.S. Insurance coverage in excess of \$1 million per occurrence must be approved by the Coordinator and/or the local Coordinating Board before inclusion in this contract or in the justification of rates and fare structures, s. 41-2.006(1), FAC..

H. Safeguard information by not using or disclosing any information concerning a user of services under this Agreement for any purpose not in conformity with the local, state and federal regulations, including but not limited to 45 CFR, Part 205.50, except upon order of a court of competent jurisdiction, written consent of the recipient, or his/her responsible parent or guardian when authorized by law.

I. Protect Civil Rights by:

1. Complying with Title VI of the Civil Rights Act of 1964 and Section 504 of the

Rehabilitation Act of 1973, as amended. The Agency/Operator gives this assurance in consideration of and for the purpose of obtaining federal grants, loans, contracts (except contracts of insurance or guaranty), property, discounts, or other federal financial assistance to programs or activities receiving or benefiting from federal financial assistance and agreeing to complete a Civil Rights Compliance Questionnaire if so required by the Coordinator. Agency/Operator shall also assure compliance with:

- a. Title VI of the Civil Rights Act of 1964, as amended, 42 U.S.C. 2000d et seq., which prohibits discrimination on the basis of race, color, or national origin in programs and activities receiving or benefiting from federal financial assistance.
 - b. Section 504 of the Rehabilitation Act of 1973, as amended, 29 U.S.C. 794, which prohibits discrimination on the basis of disability in programs and activities receiving or benefiting from federal financial assistance.
 - c. Title IX of the Education Amendments of 1972, as amended, 20 U.S.C. 1681 et seq., which prohibits discrimination on the basis of sex in education programs and activities receiving or benefiting from federal financial assistance.
 - d. The Age Discrimination Act of 1975, as amended, 42 U.S.C. 6101 et seq., which prohibits discrimination on the basis of age in programs or activities receiving or benefiting from federal financial assistance.
 - e. The Omnibus Budget Reconciliation Act of 1981, P.L. 97-35, which prohibits discrimination on the basis of sex and religion in programs and activities receiving or benefiting from federal financial assistance.
 - f. All regulations, guidelines, and standards lawfully adopted under the above statutes.
 - g. The Americans with Disabilities Act of 1990, as it may be amended from time to time.
2. Agreeing that compliance with this assurance constitutes a condition of continued receipt of or benefit from federal financial assistance, and that it is binding upon the Agency/Operator, its successors, subcontractors, transferees, and assignees for the period during which such assistance is provided. Assuring that operators, subcontractors, sub grantees, or others with whom the Coordinator arranges to provide services or benefits to participants or employees

in connection with any of its programs and activities are not discriminating against those participants or employees in violation of the above statutes, regulations, guidelines, and standards. In the event of failure to comply, the Agency/Operator agrees that the Coordinator may, at its discretion, seek a court order requiring compliance with the terms of this assurance or seek other appropriate judicial or administrative relief, to include assistance being terminated and further assistance being denied.

J. Agency/Operator's obligation to indemnify, defend, and pay for the defense or at the Coordinator's option, to participate and associate with the Coordinator in the defense and trial of any claim and any related settlement negotiations, shall be triggered by the Coordinator's notice of claim for indemnification to the Agency/Operator. Agency/Operator's inability to evaluate liability or its evaluation of liability shall not excuse the Agency/Operator's duty to defend and indemnify within seven days after such notice by the Coordinator is given by registered mail. Only an adjudication or judgment after the highest appeal is exhausted specifically finding the Coordinator solely negligent shall excuse performance of this provision by the Agency/Operator. Agency/Operator shall pay all costs and fees related to this obligation and its enforcement by the Coordinator. The Coordinator's failure to notify Agency/Operator of a claim shall not release Agency/Operator of the above duty to defend.

K Comply with all standards and performance requirements of the:

1. The Commission for the Transportation Disadvantaged (Attachment II);
2. The local Coordinating Board approved Transportation Disadvantaged Service Plan and;
3. Any entities that purchase service.

Failure to meet the requirements or obligations set forth in this Contract, and performance requirements established and monitored by the Coordinating Board in the approved Transportation Disadvantaged Service Plan shall be due cause for non-payment of reimbursement invoices until such deficiencies have been addressed or corrected to the satisfaction of the Coordinator.

L. Provide Corrective Action. A corrective action notice is a written notice to the Agency/Operator that the Agency/Operator is in breach of certain provisions of this Contract and that correction is required. Any corrective action notice will specify a reasonable time for corrective action to be completed. The Agency/Operator agrees to implement the Corrective Action specified in the notice and provide written documentation to substantiate the implementation of the Corrective Action.

- M. All contracts, subcontracts, coordination contracts will be reviewed annually by the Coordinator and local Coordinating Board for conformance with the requirements of this Contract.
- N. Return to the Coordinator any overpayments due to unearned funds or funds disallowed pursuant to the terms of this Contract that were disbursed to the Agency/Operator by the Coordinator. The Agency/Operator shall return any overpayment within thirty (30) calendar days after either discovery by the Agency/Operator, or notification of the Agency/Operator by the Coordinator or entity purchasing transportation, whichever is earlier. In the event that the Coordinator first discovers an overpayment has been made, the Coordinator will notify the Agency/Operator by letter of such a finding. Should repayment not be made in a timely manner, the Coordinator or purchasing entity will charge interest after thirty (30) calendar days after the date of notification or discovery, or the Coordinator will deduct said amount from future invoices.
- O. In performing this Contract, the Agency/Operator shall not discriminate against any employee or applicant for employment because of race, age, disability, creed, color, sex or national origin. Such action shall include, but not be limited to, the following: employment upgrading, demotion or transfer; recruitment or recruitment advertising; layoff or termination; rates of pay or other forms of compensation; and selection for training, including apprenticeship. The Agency/Operator shall insert the foregoing provision modified only to show the particular contractual relationship in all its contracts in connection with the development of operation of the Contract, except contracts for the standard commercial supplies or raw materials, and shall require all such contractors to insert a similar provision in subcontracts relating to the performance of this Contract, except subcontracts for standard commercial supplies or raw materials. The Agency/Operator shall post, in conspicuous places available to employees and applicants for employment for Project work, notices setting forth the provisions of the nondiscrimination clause.
- P. By execution of this Contract, the Agency/Operator represents that it has not paid and, also, agrees not to pay, any bonus or commission for the purpose of obtaining an approval of its application for the financing hereunder. Funds disbursed to the Agency/Operator under this Contract shall not be expended for the purpose of lobbying the Legislature, the judicial branch, or a state agency.

THE COORDINATOR SHALL:

- A. Recognize the Agency/Operator as described in Chapter 427, F.S., and Rule 41-2, F.A.C.
- B. Insure that entities with transportation disadvantaged funds will purchase transportation disadvantaged services through the coordinated system.
- C. At a minimum, annually monitor the Agency/Operator for insurance, safety and reporting requirements, pursuant to Chapter 427, F.S., and Rule 41-2, F.A.C. The information contained in the Annual Operating Report must be collected, at a minimum, quarterly from the Agency/Operator.

THE OPERATOR AND COORDINATOR FURTHER AGREE:

- A. Nothing in the Contract shall require the Coordinator to observe or enforce compliance with any provision thereof, perform any other act or do any other thing in contravention of any applicable state law. If any provision of the Contract is found by a court of law to violate any applicable state law, the purchasing entity will at once notify the Coordinator in writing in order that appropriate changes and modification may be made by the Coordinator and the Agency/Operator to the end that the Agency/Operator may proceed as soon as possible with the provision of transportation services.
- B. If any part or provision of this Contract is held invalid, the remainder of this Contract shall be binding on the parties hereto.
- C. Termination Conditions:
 - 1. Termination at Will - This Contract may be terminated by either party upon no less than thirty (30) days notice, without cause. Said notice shall be delivered by certified mail, return receipt required, or in person with proof of delivery.
 - 2. Termination due to Lack of Designation - In the event that the Coordinator so designated by the local Coordinating Board and approved by the Commission, loses its designation, this contract is terminated immediately upon notification to the Agency/Operator. Notice shall be delivered by certified mail, return receipt requested, or in person, with proof of delivery. Notice shall be effective upon receipt.
 - 3. Termination due to Disapproval of Memorandum of Agreement - In the event that the Commission does not accept and approve any contracted transportation

rates listed within the Memorandum of Agreement, this Contract is terminated immediately upon notification to the Agency/Operator. Notice shall be delivered by certified mail, return receipt requested, or in person, with proof of delivery. Notice shall be effective upon receipt.

4. Termination due to Lack of Funds - In the event funds to finance this contract become unavailable, the Coordinator may terminate the contract with no less than twenty-four (24) hours written notice to the Agency/Operator. Notice shall be delivered by certified mail, return receipt requested, or in person, with proof of delivery. Notice shall be effective upon receipt. The Coordinator shall be the final authority as to the availability of funds.
 5. Termination for Breach - Unless the Agency/Operator's breach is waived by the Coordinator in writing, the Coordinator may, by written notice to the Agency/Operator, terminate this Contract upon no less than twenty-four (24) hours notice. Notice shall be delivered by certified mail, return receipt requested, or in person with proof of delivery. Waiver by the Coordinator of breach of any provision of this Contract shall not be deemed to be a waiver of any other breach and shall not be construed to be a modification of the terms of this Contract, and shall not act as a waiver or estoppel to enforcement of any provision of this Contract. The provisions herein do not limit the Coordinator's right to remedies at law or to damages.
 6. Upon receipt of a notice of termination of this Contract for any reason, the Agency/Operator shall cease service and prepare all final reports and documents required by the terms of this Contract. A final invoice shall be sent to the Coordinator within thirty (30) days after the termination of this Contract.
- D. Renegotiations or Modifications of this Contract shall only be valid when they have been reduced to writing, duly approved by the Coordinator, and signed by both parties hereto.
- E. Agency/Operator shall assign no portion of this Contract without the prior written consent of the Coordinator.
- F. This Contract is the entire agreement between the parties.
- G. Attachments I and II are an integral part of the Contract and are hereby incorporated by reference into this Contract. All subsequent attachments are of an optional nature.

H. Notice and Contac.

The name and address of the contract manager for the Coordinator for this Contract is:

Frances Terry, Executive Director
P.O. Box 70
Live Oak, FL 32064

The representative/position of the Agency/Operator responsible for administration of the program under this contract is:

Tim Alexander, Director
P.O. Box 2009
Cross City, FL 32628

In the event that either party designates different representatives after the execution of this Contract, notice of the name and address of the new representative will be rendered in writing to the other party and said notification attached to originals of this Contract.

This contract and its attachments contain all the terms and conditions agreed upon by the parties hereto.

WITNESS WHEREOF, the parties hereto have caused these presents to be executed.

AGENCY/OPERATOR:

COMMUNITY TRANSPORTATION
COORDINATOR

Dixie County EMS
Tim Alexander

Suwannee River Economic Council, Inc.
Frances Terry

Typed Name of Authorized Individual

Typed Name of Authorized Individual

Signature: *Tim Alexander*

Signature: *Frances Terry*

Title: Director

Title: Executive Director

Date: June 25, 2008

Date: 7-21-08

ATTACHMENT I
AGENCY/OPERATOR CONTRACT

SERVICE DESCRIPTION

1. The Agency/Operator will be able to provide:
(Type of Service - ambulatory, non-ambulatory, stretcher)
Ambulatory, Non-Ambulatory, and Stretcher

2. The Agency/Operator will be available to provide transportation
(Days and Hours of availability)
24 hours / 7 days

Days Agency/Operator will not be able to provide services:
(Holidays and other days not available)
As agreed upon by Contractor and Coordinator

3. Vehicles Agency/Operator will use to transport all passengers
(Vehicle Inventory attached)

4. Vehicle/Equipment Standards (if any)
(Identify standards such as functioning air conditions/heating, grab rails, stanchions,
first aid kits, fire extinguishers, and adequate communication equipment)

See Attachment IV – Dixie County System Safety Program Plan

10/1/16

5. Driver Requirements (if any)

(Identify requirements of drivers such as current license, vision, dress, specialized training, relationship with riders - provide assistance, physical contact, communication)

See Attachment IV – Dixie County System Safety Program Plan

6. Training

(Identify required training of all personnel, including drivers, reservations, etc. Also provide how often this training is required and how it will be provided to operator's employees).

See Attachment IV – Dixie County System Safety Program Plan

7. Agency/Operator' fare structure

(Identify fare structure and what services are eligible and ineligible)

See Attachment

8. Billing/Invoicing and Reimbursement procedure for Agency/Operator.

(When, how often, what reports if any should be submitted)

Monthly

9. Reporting Requirements

(Include all Requirements of Commission, Coordinator, Local Coordinating Board and any Entities purchasing transportation.)

As agreed upon by Contractor and Coordinator

11/6/16

ATTACHMENT II

The Commission for the Transportation Disadvantaged Standards and Performance Requirements

Pursuant to Rule 41-2.006, Florida Administrative Code, the Community Transportation Coordinator and any Transportation Operator/Agency from whom service is purchased or arranged by the Community Transportation Coordinator shall adhere to Commission approved standards. These standards shall include:

- (a) Drug and alcohol testing for safety sensitive job positions within the coordinated system regarding pre-employment, randomization, post-accident, and reasonable suspicion as required by the Federal Highway Administration and the Federal Transit Administration;
- (b) An escort of a passenger and dependent children are to be transported as locally negotiated and identified in the local Transportation Disadvantaged Service Plan;
- (c) Child restraint devices shall be determined locally as to their use, responsibility, and cost of such device in the local Transportation Disadvantaged Service Plan;
- (d) Passenger property that can be carried by the passenger and/or driver in one trip and can be safely stowed on the vehicle, shall be allowed to be transported with the passenger at no additional charge. Additional requirements may be negotiated for carrying and loading rider property beyond this amount. Passenger property does not include wheelchairs, child seats, stretchers, secured oxygen, personal assistive devices, or intravenous devices;
- (e) Vehicle transfer points shall provide shelter, security, and safety of passengers;
- (f) A local toll free phone number for complaints or grievances shall be posted inside the vehicle. The local complaint process shall be outlined as a section in the local Transportation Disadvantaged Service Plan including, advising the dissatisfied person about the Commission's Ombudsman Program as a step within the process as approved by the local Coordinating Board;
- (g) Out of service area trips shall be provided when determined locally and approved by the local Coordinating Board, except in instances where local ordinances prohibit such trips;
- (h) Interior of all vehicles shall be free from dirt, grime, oil, trash, torn upholstery, damaged or broken seats, protruding metal or other objects or materials which could soil items placed in the vehicle or provide discomfort for the passenger;

12/7/16

- (i) Billing requirements of the Community Transportation Coordinator to subcontractors shall be determined locally by the local Coordinating Board and provided in the local Transportation Disadvantaged Service Plan. All bills shall be paid within 15 calendar days to subcontractors, after receipt of said payment by the Community Transportation Coordinator, except in instances where the Community Transportation Coordinator is a non-governmental entity;
- (j) Passenger/trip database must be maintained or accessible by the Community Transportation Coordinator on each rider being transported within the system;
- (k) Adequate seating for paratransit services shall be provided to each rider and escort, child, or personal care attendant, and no more passengers than the registered passenger seating capacity shall be scheduled or transported in a vehicle at any time. For transit services provided by transit vehicles, adequate seating or standing space will be provided to each rider and escort, child, or personal care attendant, and no more passengers than the registered passenger seating or standing capacity shall be scheduled or transported in a vehicle at any time;
- (l) Drivers for paratransit services, including coordination contractors, shall be required to announce and identify themselves by name and company in a manner that is conducive to communications with the specific passenger, upon pickup of each rider, group of riders, or representative, guardian, or associate of the rider, except in situations where the driver regularly transports the rider on a recurring basis. Each driver must have photo identification that is in view of the passenger. Name patches, inscriptions or badges that affix to driver clothing are acceptable. For transit services, the driver photo identification shall be in a conspicuous location in the vehicle;
- (m) The paratransit driver shall provide the passenger with boarding assistance, if necessary or requested, to the seating portion of the vehicle. The boarding assistance shall include opening the vehicle door, fastening the seat belt or utilization of wheel chair securement devices, storage of mobility assistive devices, and closing the vehicle door. In certain paratransit service categories, the driver may also be required to open and close doors to buildings, except in situations in which assistance in opening/closing building doors would not be safe for passengers remaining on the vehicle. Assisted access must be in a dignified manner. Drivers may not assist wheelchair up or down more than one step, unless it can be performed safely as determined by the passenger, guardian, and driver;
- (n) All vehicles ordered or put into service after adoption of this section of the Rule, and providing service within the coordinated system, shall be equipped with two-way communications in good working order and be audible to the driver at all times to the base. All vehicles that are not equipped with two-way communications shall have two years to be in compliance after the adoption date of this section of the Rule;

130716

- (o) All vehicles ordered or put into service after the adoption of this section of the Rule, and providing service within the coordinated system, shall have working air conditioners and heaters in each vehicle. Vehicles that do not have a working air conditioner or heater will be scheduled for repair or replacement as soon as possible. All vehicles that are not equipped with an air conditioner and/or heater shall have two years to be in compliance after the adoption date of this section of the Rule;
- (r) First Aid shall be determined locally and provided in the local Transportation Disadvantaged Service Plan; and
- (s) Cardiopulmonary Resuscitation shall be determined locally and provided in the local Transportation Disadvantaged Service Plan.

140816

Attachment III
Rates of Service for Dixie and Gilchrist Counties

Dixie County Emergency Services

Pick up Fee	\$40.00 per trip
Mileage Rate	\$1.75 per loaded vehicle mile
Escort Fee	\$9.00 per trip

16/16

Contract Extension

Between Agency and Provider

Hereby extends the Standard Operator Contract between Suwannee River Economic Council, Inc. P.O. Box 70, Live Oak, Florida 32064 and

Provider Name Dixie County Emergency Services
P.O. Box 2009
Cross City, Florida 32628

until 06/30/13. All conditions remain the same as in original contract.

Extension approval


Tim Alexander, Director
Dixie County Emergency Services

7-5-12
Date


Frances Terry, Executive Director
Suwannee River Economic Council, Inc

7-13-12
Date

Contract Extension

Between Agency and Provider

Hereby extends the Standard Operator Contract between Suwannee River Economic Council, Inc. P.O. Box 70, Live Oak, Florida 32064 and

Provider Name Dixie County Emergency Services
P.O. Box 2009
Cross City, Florida 32628

Until 06/30/14. All conditions remain the same as in original contract.

Extension approval


Tim Alexander, Director
Dixie County Emergency Services


Frances Terry, Executive Director
Suwannee River Economic Council, Inc.

6-3-13
Date

10-10-13
Date



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

ADMINISTRATIVE OFFICE - PHONE (386) 362-4115
FAX (386) 362-4078
E-Mail: mattpearson@suwanneec.net

May 2, 2014

Tim Alexander
Dixie EMS
P O Box 2009
Cross City, FL 32628

Dear Mr. Alexander,

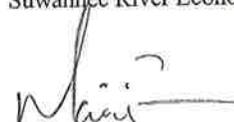
Thank you for letting me visit with you and your staff to perform a required safety review. As always, you and your staff were helpful and prepared, the vans were clean and all required safety items were on board. The vans had all the necessary daily inspections and 5,000 mile safety inspections. Also, the Vans had the necessary annual inspections in place.

The files for drivers Ira Hayes and A. Oneal had the required information including an updated physical, drug policy cert., SSPP review policy and training certifications.

The model SSPP and HSP you have implemented meet the requirements. Thanks for incorporating that into your overall safety plan.

Again, thank you for allowing me to perform the review. Feel free to call if you have any questions.

Sincerely,
Suwannee River Economic Council, Inc.


Matt Pearson
Executive Director

SERVING

BRADFORD - COLUMBIA - DIXIE - GILCHRIST - HAMILTON - LAFAYETTE - LEVY - MADISON - PUTNAM - SUWANNEE - TAYLOR - UNION
"This institution is an equal opportunity provider and employer."

COMPLIANCE WITH RULE 41-2 FLORIDA ADMINISTRATIVE CODE

1. How is the Community Transportation Coordinator using school buses in the coordinated system?
Suwannee River Economic Council does not have a contract with the Gilchrist County School Board to use their vehicles.
2. How is the Community Transportation Coordinator using public transportation services in the coordinated system?
Not applicable
3. Is there a goal for transferring passengers from paratransit to transit?
 Yes No Not applicable
4. What are the minimum liability insurance requirements? \$100,00/\$200,000
5. What are the minimum liability insurance requirements in the operator and coordination contracts? \$100,000/\$200,000
6. Does the minimum liability insurance requirements exceed \$1 million per incident?
 Yes No

Standards	Comments
Local toll free phone number must be posted in all vehicles.	Suwannee River Economic Council posts local toll free phone number in all vehicles.
Vehicle Cleanliness	Suwannee River Economic Council cleans all vehicles (interior/exterior) at least once a week.
Passenger/Trip Database	Suwannee River Economic Council maintains a passenger database.
Adequate seating	Suwannee River Economic Council provides adequate seating for all passengers.
Driver Identification	Suwannee River Economic Council requires drivers to identify themselves in a manner that is conducive to communications with specific passengers.
Passenger Assistance	Suwannee River Economic Council requires drivers to provide passengers with boarding and exiting assistance.
Smoking, Eating and Drinking	Smoking is prohibited in any vehicle. Eating and drinking on board vehicles is not permitted unless medically necessary.
Two-way Communications	All vehicles are equipped with two-way communications.
Air Conditioning/Heating	All vehicles have working air conditioners and heaters.
Billing Requirements	Suwannee River Economic Council complies with Section 287.0585, Florida Statutes.
Transport of Escorts and dependent children policy	Suwannee River Economic Council requires children under the age of 16 to be accompanied by and escort. Escorts must be provided by the passenger and able to provide necessary assistance to the passenger. Escorts are transported at the rates described in the established rate structure.
Use, Responsibility, and cost of child restraint devices	Suwannee River Economic Council requires all passengers under the age of 4 and or 50 pounds to use a child restrain device. Child restraint devices must be provided by the passenger.

Out-of-Service Area trips	Suwannee River Economic Council may require medical provider verification for any out of county transportation.
CPR/1st Aid	Suwannee River Economic Council does not require drivers to be trained in CPR. Suwannee River Economic Council requires that all vehicles be equipped with biohazard kits as required by State and Federal regulations.
Driver Criminal Background Screening	Suwannee River Economic Council conducts motor vehicle registration checks on drivers every six months.
Passenger Property	Suwannee River Economic Council allows passengers to have personal property that they can place on their lap or stow under the seat. Passengers must be able to independently carry all items brought on the vehicle.
Advance reservation requirements	Suwannee River Economic Council requires trips to be scheduled by 4:00 p.m. the day before service is requested.
Pick-up Window	Passengers shall be picked up 30 minutes before or 30 minutes after their scheduled pick-up time.

Measurable Standards/Goals	Standard/Goal	Is the Community Transportation Coordinator meeting the Standard?
Public Transit Ridership	Not applicable	Not applicable
On-time performance	90%	Yes
Accidents	No more than 1/100,000 miles	Yes
Roadcalls	No more than 5 roadcalls during the evaluation period.	Yes
Complaints	No more than 2/1,000 trips.	Yes
Call-Hold Time	Not applicable	Not applicable



Florida Department of Transportation

RICK SCOTT
GOVERNOR

2198 Edison Avenue MS2806
Jacksonville, FL 32204-2730

ANANTH PRASAD, P.E.
SECRETARY

Date: October 17, 2012

To: Ms. Frances Terry, Executive Director
Mr. Matt Pearson, Director of Transportation
Suwannee River Economic Council, Inc.
1171 Nobles Ferry Road, Live Oak, FL 32064

Re: **Suwannee River Economic Council, Inc. - Bus Transit System Safety and Security Compliance Audit, July 2012**

Dear Ms. Terry/ Mr. Pearson,

Thank you for your response to the "Deficiencies" and "Areas of Concern" identified as a result of the Suwannee River Economic Council, Inc. Bus Transit System Safety and Security Compliance Audit conducted in July 2012. The Department has reviewed your Corrective Action Plan (CAP) as received through your correspondence to us dated September 24, 2012. We find the CAP to be acceptable and attached you will find a copy of Department's review document. Once we verify that the corrective actions have been completed, the Department will issue a 14-90 compliance letter.

Thank you again for the level of support you have provided us on this matter. We look forward to receiving subsequent information related to the CAP completion. If you have any questions or would like to discuss any concerns please contact me at (904) 360-5650.

Sincerely,

Phil Worth
District Public Transportation Manager
FDOT District Two Modal Development Office
2198 Edison Avenue, MS 2813
Jacksonville, FL 32204
Phone: 904-360-5650
Email: phil.worth@dot.state.fl.us

Cc: Victor Wiley (FDOT); Sandra Collins (FDOT); Gene Lampp (FDOT); Santanu Roy (HDR); Micah Gilliom (HDR)

SUBSTANCE ABUSE MANAGEMENT REVIEW

For

SUWANNEE RIVER ECONOMIC COUNCIL

By

FLORIDA DEPARTMENT OF TRANSPORTATION

**DISTRICT 2
PUBLIC TRANSIT OFFICE**

FINAL REPORT

Review Date(s): 08/23/10

Draft Report Date: 09/16/10

Final Report Date: 9/20/10

Approved by:

Name: Phil Worth

Title: D2 Modal Development Manager

Phone: 904-360-5687

Email: phil.worth@dot.state.fl.us

Reviewer/Consultant

Name:

Diana Byrnes

Phone: 813-426-6980

Email: byrnes@cutr.usf.edu

Review Period:

August 23, 2009 through August 23, 2010

Contractor/Consultant:

University of South Florida – Center for Urban Transportation Research

4202 E. Fowler Avenue-CUT100, Tampa, FL 33620

813-974-3120

I. INTRODUCTION

On August 23, 2010 the Center for Urban Transportation Research conducted an on-site Substance Abuse Management Review for Suwannee River Economic Council located at 1171 Nobles Ferry Rd Live Oak Florida.

The purpose of the review is to determine compliance with the Federal Transit Administration's Prevention of Alcohol Misuse and Prohibited Drug Use in Transit Operations; codified as 49 CFR Part 655 and the US Department of Transportation Procedures for Workplace Drug and Alcohol Testing Programs; codified as 49 CFR Part 40.

The FDOT representative and/or contractor/consultant who conducted the review:
Diana Byrnes, C-SAPA

The transit system representative who was interviewed and assisted in the review:
Mr. Matt Pearson

II. SYSTEM INFORMATION

General Information

Suwannee River Economic Council (SREC) is a state-designated Community Transportation Coordinator (CTC) and transportation provider for the Transportation Disadvantaged in Suwannee County. SREC is a sub-recipient of state Section 5311 funding received from the Federal Transit Administration for the purpose of supporting public transportation in areas of less than 50,000 populations.

III. SUBSTANCE ABUSE MANAGEMENT REVIEW CHECKLIST ITEMS

1. Adoption and dissemination of an FDOT and FTA compliant substance abuse policy statement in accordance with 49 CFR Part 655.15
2. Implementation of a compliant education and training program in accordance with 49 CFR Part 655.14
3. Use of compliant providers for specimen collection, alcohol testing, laboratory analysis, program administration, MRO services and Substance Abuse Professional referrals, in accordance with 49 CFR Part 40
4. Pre-employment Drug and Alcohol Background Checks in accordance with 49 CFR Part 40.25
5. Implementation and execution of a compliant random testing program in accordance with 49 CFR Part 655.45
6. Post-accident testing conducted in accordance with established criteria, testing windows and in accordance with 49 CFR Part 655.44
7. Reasonable Suspicion training and protocol established in accordance with 49 CFR Part 655.43

8. Records management, security and retention in accordance with 49 CFR Part 655.71-73

IV. EXPLANATION OF FINDINGS

Any finding resulting from the review will be categorized as follows:

Areas of Concern: Weakness in the adoption and implementation of the required elements of a drug and alcohol testing program in compliance with US DOT and FTA regulations; 49 CFR Part 40 and Part 655. Recommendations will be provided to address areas of concern. The transit system must respond to all recommendations resulting from areas of concern.

Deficiency: Areas found to be deficient or inadequate in complying with US DOT and FTA regulations; 49 CFR Part 40 and Part 655. Requirements will be indicated to address deficiency. The bus transit system is required to initiate corrective action or develop a corrective action plan for deficiency.

Observation: An offered suggestion, view or comment regarding implementation of drug and alcohol testing practices. An observation may address or refer to information obtained during the review.

Corrective Action Plan: Action(s) required to correct deficiency, including individual(s) and departments responsible for completing each action, plan and actual date(s) of completion, and rationale for incomplete or postponed action as necessary.

V. AREAS OF CONCERN, DEFICIENCIES, OBSERVATIONS

Described below are the findings derived from inspection of each of the 8 areas identified in the review. Findings shall consist of actual information obtained during the review and identified as an "Area of Concern" or "Deficiency," as applicable. A sampling of records may be performed for any individual area. Observations are not intended to reflect a condition of non-compliance.

(1) Substance Abuse Policy Statement Requirements (49 CFR Part 655.15)

SREC has adopted and disseminated one of the two state model substance abuse policies. State model policies are provided to the state's Section 5311 sub-recipient agencies to ensure that a consistent, US DOT and FTA compliant policy is adopted by all agencies whose drug and alcohol testing programs fall under state oversight. SREC has chosen to adopt the Zero Tolerance model policy, which provides for the termination of employment following a positive drug or alcohol test result or a refusal to submit to US DOT required testing. Agency policy was adopted and approved by the governing board. Agency provided documentation that the current policy has been disseminated to all covered employees.

Areas of Concern: None

Deficiency: None

Observation: None

(2) Education and Training Program (49 CFR Part 655.14)

SREC has established an education and training program that meets the requirements of 655.14(a) and (b).

Areas of Concern: None

Deficiency: None

Observation: SREC employees and administration are encouraged to attend training sessions offered through the Center for Urban Transportation Research sponsored by the Florida Department of Transportation at no cost to participants. SREC can obtain information regarding upcoming training opportunities by visiting the FDOT Substance Abuse Management website: sam.cutr.usf.edu

(3) Use of Compliant Drug and Alcohol Service Provider (49 CFR Part 40)

SREC is compliant in the use of service providers that meet the US DOT qualifications for the collection, analysis and reporting of urine drug specimens. Equipment and technicians used to administer alcohol testing also meet the US DOT qualifications. Agency provided documentation that the Substance Abuse Professional used as a resource to be provided to violating employees, meets the US DOT qualifications in accordance with 49 CFR Part 40-Subpart 0

Areas of Concern: None

Deficiency: None

Observation: None

(4) Pre-employment Drug and Alcohol Background Checks (49 CFR Part 40.25)

49 CFR Part 40.25 requires applicants sign a consent form allowing the release of drug and alcohol testing information from previous USDOT employers (for a period of two years prior) to the applicant's prospective employer. Additionally, USDOT regulations require that employers ask applicants if they have ever tested positive or refused to submit to any USDOT required drug or alcohol test. SREC provided documentation that good faith efforts to obtain drug and

alcohol background information from previous USDOT employers are made, as part of the pre-employment administrative functions and that the employment application includes the inquire of violations, made directly to the applicant.

Areas of Concern: None

Deficiency: None

Observation: None

(5) Implementation of a Compliant Random Testing Program (49 CFR Part 655.45)

49 CFR Part 655.45 (g) states that each employer shall ensure that random drug and alcohol tests conducted under this part are unannounced and unpredictable, and that the dates for administering random tests are spread reasonably throughout the calendar year. Random testing must be conducted at all times of day when safety-sensitive functions are performed.

SREC is conducting random testing in accordance with FTA requirements.

Areas of Concern: None.

Deficiency: None.

Observation: None.

(6) Post Accident Testing (49 CFR Part 655.44)

Agency records indicate that one post accident testing occurred during the period of review. SREC implemented the use of an FTA approved post accident decision and documentation form to determine that the event met the FTA criteria to conduct post accident drug and alcohol testing.

Areas of Concern: None.

Deficiency: None.

Observation: None.

(7) Reasonable Suspicion Testing and Protocol (49 CFR Part 655.43)

Testing records reveal SREC did not conduct any reasonable suspicion testing during the review period. Reviewer confirmed that agency has implemented the use of an FTA Reasonable Suspicion Documentation form for use when required.

Areas of Concern: None

Deficiency: None

Observation: None

(8) Records Management, Security and Retention (49 CFR Part 655.71-73)

Agency has developed and implemented a secure location with which to keep all drug and alcohol testing records and limited access is granted only to administration. Records are maintained for a period of no less than five years; which exceeds the regulatory requirements regarding record retention. Agency files are orderly, legible and well maintained.

Areas of Concern: None

Deficiency: None

Observation: None

VI. SUMMARY OF REVIEW AND ADDITIONAL COMMENTS

Agency's Drug and Alcohol Program Manager (Designated Employer Representative); Mr. Matt Pearson was cooperative and helpful during the review process. Records were made readily available and agency was receptive to best practices/recommendations made during the review.

Commission for the Transportation Disadvantaged NET Safety Compliance and Emergency Management Self Certification

THIS CERTIFIES CALENDAR YEAR 2014 DATE: 1/28/2014

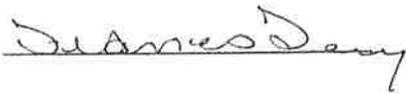
SUBCONTRACTED TRANSPORTATION PROVIDER: SUWANNEE RIVER ECONOMIC COUNCIL, INC.

ADDRESS: PO BOX 70, LIVE OAK, FLORIDA, 32064

In accordance with the Medicaid Non-Emergency Transportation Subcontracted Transportation Provider (STP) Contract with the Commission for the Transportation Disadvantaged, the above STP, hereby certifies to the following:

1. The adoption of a System Safety Program Plan and a Security Program Plan (a.k.a. Emergency Management Plan) based on established standards set forth in **Rule Chapter 14.90, F.A.C.** Such plans ensure the continuation of appropriate services during an emergency, including but not limited to localized acts of nature, accidents, and technological and/or attached-related emergencies, both natural and manmade;
2. Compliance with its adopted System Safety Program Plan and Security Program Plan, including:
 - a. Safety inspections of all service vehicles;
 - b. Applicable Drug and Alcohol procedures, including training and monitoring;
 - c. Driver Training and Monitoring.
3. Compliance with requirement of monitoring subcontracted operators;
4. Compliance with maintenance of support documentation for plans, inspections, training and monitoring, and that said documentation is available upon request by an authorized representative of the Commission or the Agency for Health Care Administration.

I understand that providing false information may result in an unfavorable action by the Commission.

Signature: 
Name: FRANCES L. TERRY Title: EXECUTIVE DIRECTOR
(Type or Print)

ON-SITE OBSERVATION OF THE SYSTEM

1. Date of Observation:
9/12/14
2. Please list any special guests that were present:
None
3. Location:
Suwannee River Economic Council mealsite
4. Number of Passengers picked up/dropped off
1

Ambulatory:
1

Non-Ambulatory
0
5. Was the driver on time?
 Yes
 No If no, how many minutes late/early?
6. Did the driver provide any passenger assistance?
 Yes
 No
7. Was the driver wearing any identification?
 Yes
 No
8. Did the driver render an appropriate greeting?
 Yes
 No
9. Did the driver ensure the passengers were properly belted?
 Yes
 No
10. Was the vehicle neat and clean, and free from dirt, torn upholstery, damaged or broken seats, protruding metal or other objects?
 Yes
 No
11. Is there a sign posted on the interior of the vehicle with both a local phone number and the Transportation Disadvantaged Helpline for comments/complaints/commendations?
 Yes
 No
12. Does the vehicle have working heat and air conditioning?
 Yes
 No

13. Does the vehicle have two-way communications in good working order?
 Yes
 No
14. If used, was the lift in good working order?
 Yes
 No
 Not Applicable
15. Was there safe and appropriate seating for all passengers?
 Yes
 No
16. Did the driver properly use the lift and secure the passenger?
 Yes
 No
 Not Applicable

PURCHASING AGENCY SURVEY

Purchasing Agency name: Medicaid Non-Emergency Medical Transportation Program
Representative of Purchasing Agency: Mark Pearson

1) Do you purchase transportation from Suwannee River Economic Council?

Yes

2) What is the primary purpose for purchasing your clients' transportation?

- Medical
- Employment
- Education/Training/Day Care
- Nutritional
- Life Sustaining/Other

3) On average, how often do your clients use the transportation system?

- 7 Days/Week
- 1-2 Times/Week
- 3-5 Times/Week
- 3 Times/Month

5) Have you had any unresolved problems with the coordinated transportation system?

- Yes
- No If no, skip to question 7

6) What type of problems have you had with the coordinated system?

- Advance notice requirement [specify operator (s)]
- Cost [specify operator (s)]
- Service area limits [specify operator (s)]
- Pick up times not convenient [specify operator (s)]
- Vehicle condition [specify operator (s)]
- Lack of passenger assistance [specify operator (s)]
- Accessibility concerns [specify operator (s)]
- Complaints about drivers [specify operator (s)]
- Complaints about timeliness [specify operator (s)]
- Length of wait for reservations [specify operator (s)]
- Other [specify operator (s)] _____

7) Overall, are you satisfied with the transportation you have purchased for your clients?

- Yes
- No If no, why? _____

Mark Pearson is to be commended for the proactive approach he took in the Medicaid changeover to managed medical assistance and how this affected transportation services.

PURCHASING AGENCY SURVEY

Purchasing Agency name: Medicaid Non-Emergency Medical Transportation Program
Representative of Purchasing Agency: Florida Commission for the Transportation Disadvantaged

1) Do you purchase transportation from Suwannee River Economic Council?

YES

NO

2) What is the primary purpose for purchasing your clients' transportation?

- Medical
- Employment
- Education/Training/Day Care
- Nutritional
- Life Sustaining/Other

3) On average, how often do your clients use the transportation system?

- 7 Days/Week
- 1-2 Times/Week
- 3-5 Times/Week
- 1-3 Times/Month
- Less than 1 Time/Month

5) Have you had any unresolved problems with the coordinated transportation system?

- Yes
- No If no, skip to question 7

6) What type of problems have you had with the coordinated system?

- Advance notice requirement [specify operator (s)]
- Cost [specify operator (s)]
- Service area limits [specify operator (s)]
- Pick up times not convenient [specify operator (s)]
- Vehicle condition [specify operator (s)]
- Lack of passenger assistance [specify operator (s)]
- Accessibility concerns [specify operator (s)]
- Complaints about drivers [specify operator (s)]
- Complaints about timeliness [specify operator (s)]
- Length of wait for reservations [specify operator (s)]
- Other [specify operator (s)] _____

7) Overall, are you satisfied with the transportation you have purchased for your clients?

- Yes
- No If no, why? _____

PURCHASING AGENCY SURVEY

Purchasing Agency name: Transportation Disadvantaged Program
Representative of Purchasing Agency: Florida Commission for the Transportation Disadvantaged

1) Do you purchase transportation from Suwannee River Economic Council?

YES

NO

2) What is the primary purpose for purchasing your clients' transportation?

- Medical
- Employment
- Education/Training/Day Care
- Nutritional
- Life Sustaining/Other

3) On average, how often do your clients use the transportation system?

- 7 Days/Week
- 1-2 Times/Week
- 3-5 Times/Week
- 1-3 Times/Month
- Less than 1 Time/Month

5) Have you had any unresolved problems with the coordinated transportation system?

- Yes
- No If no, skip to question 7

6) What type of problems have you had with the coordinated system?

- Advance notice requirement [specify operator (s)]
- Cost [specify operator (s)]
- Service area limits [specify operator (s)]
- Pick up times not convenient [specify operator (s)]
- Vehicle condition [specify operator (s)]
- Lack of passenger assistance [specify operator (s)]
- Accessibility concerns [specify operator (s)]
- Complaints about drivers [specify operator (s)]
- Complaints about timeliness [specify operator (s)]
- Length of wait for reservations [specify operator (s)]
- Other [specify operator (s)] _____

7) Overall, are you satisfied with the transportation you have purchased for your clients?

- Yes
- No If no, why? _____

PURCHASING AGENCY SURVEY

Purchasing Agency name: Title III B Aging Program
Representative of Purchasing Agency: Janis Owen

1) Do you purchase transportation from Suwannee River Economic Council?

X YES

NO

2) What is the primary purpose for purchasing your clients' transportation?

- Medical
- Employment
- Education/Training/Day Care
- X Nutritional
- Life Sustaining/Other

3) On average, how often do your clients use the transportation system?

- 7 Days/Week
- X 1-2 Times/Week
- 3-5 Times/Week
- 1-3 Times/Month
- Less than 1 Time/Month

5) Have you had any unresolved problems with the coordinated transportation system?

- Yes
- X No If no, skip to question 7

6) What type of problems have you had with the coordinated system?

- Advance notice requirement [specify operator (s)]
- Cost [specify operator (s)]
- Service area limits [specify operator (s)]
- Pick up times not convenient [specify operator (s)]
- Vehicle condition [specify operator (s)]
- Lack of passenger assistance [specify operator (s)]
- Accessibility concerns [specify operator (s)]
- Complaints about drivers [specify operator (s)]
- Complaints about timeliness [specify operator (s)]
- Length of wait for reservations [specify operator (s)]
- Other [specify operator (s)] _____

7) Overall, are you satisfied with the transportation you have purchased for your clients?

- X Yes
- No If no, why? _____

PASSENGER SURVEY

1) Where you charged an amount in addition to the passenger fare?

- Yes
 No

2) How often do you use transportation?

- Daily 7 Days/Week
 1-2 Times/Week
 3-5 Times/Week
 Other

3) Have you ever been denied transportation services?

- Yes
 No If no, skip to question # 4

A. How many times in the last 6 months have you been denied transportation services?

- None If none, skip to question # 4
 1-2 Times
 3-5 Times
 6-10 Times

B. What was the reason given for refusing you transportation services?

- Ineligible
 Lack of funds
 Destination outside service area
 Space not available
 Other _____

4) What do you normally use the service for?

- Medical
 Education/Training/Day Care
 Employment
 Nutritional
 Life-Sustaining/Other

5) Do you have concerns with your transportation service?

- Yes. If yes, please state or choose problem from below
- | | |
|---|--|
| <input type="checkbox"/> Advance notice | <input type="checkbox"/> Cost |
| <input type="checkbox"/> Pick up times not convenient | <input type="checkbox"/> Late pick up-specify time of wait |
| <input type="checkbox"/> Assistance | <input type="checkbox"/> Accessibility |
| <input type="checkbox"/> Service Area Limits | <input type="checkbox"/> Late return pick up - length of wait |
| <input type="checkbox"/> Drivers - specify | <input type="checkbox"/> Reservations - specify length of wait |
| <input type="checkbox"/> Vehicle condition | <input type="checkbox"/> Other _____ |

No. If no, skip to question # 6

6) On a scale of 1 to 10 (10 being most satisfied) rate the transportation you have been receiving.

10

Additional Comments: Very happy with service.

PASSENGER SURVEY

1) Where you charged an amount in addition to the passenger fare?

- Yes
 No

2) How often do you use transportation?

- Daily 7 Days/Week
 1-2 Times/Week
 3-5 Times/Week
 Other

3) Have you ever been denied transportation services?

- Yes
 No If no, skip to question # 4

A. How many times in the last 6 months have you been denied transportation services?

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B. What was the reason given for refusing you transportation services?

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 Lack of funds
 Destination outside service area
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4) What do you normally use the service for?

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 Education/Training/Day Care
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5) Do you have concerns with your transportation service?

- Yes. If yes, please state or choose problem from below
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|---|--|
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| <input type="checkbox"/> Assistance | <input type="checkbox"/> Accessibility |
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| <input type="checkbox"/> Drivers - specify | <input type="checkbox"/> Reservations - specify length of wait |
| <input type="checkbox"/> Vehicle condition | <input type="checkbox"/> Other _____ |

No. If no, skip to question # 6

6) On a scale of 1 to 10 (10 being most satisfied) rate the transportation you have been receiving.

10

Additional Comments: None.

PASSENGER SURVEY

1) Where you charged an amount in addition to the passenger fare?

- Yes
 No

2) How often do you use transportation?

- Daily 7 Days/Week
 1-2 Times/Week
 3-5 Times/Week
 Other

3) Have you ever been denied transportation services?

- Yes
 No If no, skip to question # 4

A. How many times in the last 6 months have you been denied transportation services?

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- Ineligible
 Lack of funds
 Destination outside service area
 Space not available
 Other _____

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 Education/Training/Day Care
 Employment
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 Life-Sustaining/Other

5) Do you have concerns with your transportation service?

- Yes. If yes, please state or choose problem from below
- | | |
|---|--|
| <input type="checkbox"/> Advance notice | <input type="checkbox"/> Cost |
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| <input type="checkbox"/> Drivers - specify | <input type="checkbox"/> Reservations - specify length of wait |
| <input type="checkbox"/> Vehicle condition | <input type="checkbox"/> Other _____ |

No. If no, skip to question # 6

6) On a scale of 1 to 10 (10 being most satisfied) rate the transportation you have been receiving.

10

Additional Comments: None.

PASSENGER SURVEY

1) Where you charged an amount in addition to the passenger fare?

- Yes
 No

2) How often do you use transportation?

- Daily 7 Days/Week
 1-2 Times/Week
 3-5 Times/Week
 Other

3) Have you ever been denied transportation services?

- Yes
 No If no, skip to question # 4

A. How many times in the last 6 months have you been denied transportation services?

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 1-2 Times
 3-5 Times
 6-10 Times

B. What was the reason given for refusing you transportation services?

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 Space not available
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 Education/Training/Day Care
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5) Do you have concerns with your transportation service?

- Yes. If yes, please state or choose problem from below
- | | |
|---|--|
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| <input type="checkbox"/> Drivers - specify | <input type="checkbox"/> Reservations - specify length of wait |
| <input type="checkbox"/> Vehicle condition | <input type="checkbox"/> Other _____ |

No. If no, skip to question # 6

6) On a scale of 1 to 10 (10 being most satisfied) rate the transportation you have been receiving.

10

Additional Comments: Drivers are very nice.

PASSENGER SURVEY

1) Where you charged an amount in addition to the passenger fare?

- Yes
 No

2) How often do you use transportation?

- Daily 7 Days/Week
 1-2 Times/Week
 3-5 Times/Week
 Other

3) Have you ever been denied transportation services?

- Yes
 No If no, skip to question # 4

A. How many times in the last 6 months have you been denied transportation services?

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- Yes. If yes, please state or choose problem from below
- | | |
|---|--|
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| <input type="checkbox"/> Service Area Limits | <input type="checkbox"/> Late return pick up - length of wait |
| <input type="checkbox"/> Drivers - specify | <input type="checkbox"/> Reservations - specify length of wait |
| <input type="checkbox"/> Vehicle condition | <input type="checkbox"/> Other _____ |

No. If no, skip to question # 6

6) On a scale of 1 to 10 (10 being most satisfied) rate the transportation you have been receiving.

10

Additional Comments: None.

PASSENGER SURVEY

1) Where you charged an amount in addition to the passenger fare?

- Yes
 No

2) How often do you use transportation?

- Daily 7 Days/Week
 1-2 Times/Week
 3-5 Times/Week
 Other

3) Have you ever been denied transportation services?

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 No If no, skip to question # 4

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5) Do you have concerns with your transportation service?

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|---|--|
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| <input type="checkbox"/> Drivers - specify | <input type="checkbox"/> Reservations - specify length of wait |
| <input type="checkbox"/> Vehicle condition | <input type="checkbox"/> Other _____ |

No. If no, skip to question # 6

6) On a scale of 1 to 10 (10 being most satisfied) rate the transportation you have been receiving.

10

Additional Comments: None.

LEVEL OF COST

**FLCTD
Annual Operations Report
Section VII: Expense Sources**

County: Gilchrist		Fiscal Year: July 1, 2013 - June 30, 2014	
Status: Complete			
FLCTD Status: Approved			
Section VII: Financial Data			
2. Expense Sources			
Expense Item	Community Transportation Coordinator	Coordination Contractor	TOTAL EXPENSES
Labor (501):	\$80,458.00	\$0.00	\$80,458.00
Fringe Benefits (502):	\$40,148.00	\$0.00	\$40,148.00
Services (503):	\$16,096.00	\$0.00	\$16,096.00
Materials and Supplies Cons. (504):	\$109,376.00	\$0.00	\$109,376.00
Utilities (505):	\$10,517.00	\$0.00	\$10,517.00
Casualty and Liability (506):	\$11,864.00	\$0.00	\$11,864.00
Taxes (507):	\$63.00	\$0.00	\$63.00
Purchased Transportation Services (508)			
Bus Pass Expenses:	\$0.00	\$0.00	\$0.00
School Bus Expenses:	\$0.00	\$0.00	\$0.00
Other:	\$3,112.00	\$0.00	\$3,112.00
Miscellaneous (509):	\$429.00	\$0.00	\$429.00
Interest (511):	\$0.00	\$0.00	\$0.00
Leases and Rentals (512):	\$17,393.00	\$0.00	\$17,393.00
Annual Depreciation (513):	\$0.00	\$0.00	\$0.00
Contributed Services (530):	\$17,501.00	\$0.00	\$17,501.00
Allocated Indirect Expenses:	\$0.00	\$0.00	\$0.00
GRAND TOTAL:	\$306,957.00	\$0.00	\$306,957.00

LEVEL OF COMPETITION

1. Inventory of Transportation Operators in the Service Area

	Transportation Providers Available	Transportation Providers Contracted in the System.
Private Non-Profit	1	1
Private For-Profit	0	0
Government	1	1
Public Transit Agency	0	0
Total	2	2

2. How many of the operators are coordination contractors? 0

3. Does the Community Transportation Coordinator have a competitive procurement process?
 Yes
 No

4. What methods have been used in selection of the transportation operators?

<input type="checkbox"/>	Low bid
<input type="checkbox"/>	Requests for qualifications
<input type="checkbox"/>	Negotiation only

<input checked="" type="checkbox"/>	Requests for proposals
<input type="checkbox"/>	Requests for interested parties
<input type="checkbox"/>	



LEVEL OF COORDINATION

1. Public Information – How is public information distributed about transportation services in the community?

Suwannee River Economic Council distributes brochures in the community.

2. Eligibility – How is passenger eligibility coordinated for local transportation services?

Suwannee River Economic Council determines passenger eligibility except for passengers using the Medicaid HMO Transportation System.

3. Call Intake – To what extent is transportation coordinated to ensure that a user can reach a Reservationist on the first call?

Individuals call Suwannee River Economic Council to schedule all trips except trips provided through the Medicaid HMO Transportation System.

4. Reservations – How is the duplication of a reservation prevented?

Suwannee River Economic Council handles all trip reservations except trip reservations on the Medicaid HMO Transportation System.

5. Trip Allocation – How is the allocation of trip requests to providers coordinated?

Suwannee River Economic Council handles all trip allocations.

6. Scheduling – How is the trip assignment to vehicles coordinated?

Suwannee River Economic Council schedules all trips except for trips provided in the Medicaid HMO Transportation System.

7. General Service Monitoring – How is the overseeing of transportation operators coordinated?

Suwannee River Economic Council monitors transportation operators under contract with Suwannee River Economic Council.



II.B

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October 7, 2014

TO: Gilchrist County Transportation Disadvantaged Coordinating Board

FROM: Lynn Godfrey, AICP, Senior Planner

SUBJECT: Rural Area Capital Assistance Program Grant Application

RECOMMENDATION

Approve Suwannee River Economic Council's application for Rural Area Capital Assistance Program Grant funds.

BACKGROUND

The Rural Area Capital Assistance Program is administered by the Florida Commission for the Transportation Disadvantaged. Grant funds awarded by this program can be used to address capital transportation needs in rural areas of the State. Eligible applicants are designated Community Transportation Coordinators.

Attached is Suwannee River Economic Council's application for Rural Area Capital Assistance Program Grant funds. If you have any questions concerning this grant application, please do not hesitate to contact me.

Attachment

t:\lynn\td2014\gilchrist\memos\rcag.docx

Dedicated to improving the quality of life of the Region's citizens,
by coordinating growth management, protecting regional resources,
promoting economic development and providing technical services to local governments.

EXHIBIT A

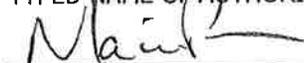
Commission for the Transportation Disadvantaged Grant Application Information Form for the Shirley Conroy Rural Area Capital Assistance Program Grant

1. DATE SUBMITTED: September 16, 2014
2. LEGAL NAME OF APPLICANT: Suwannee River Economic Council, Inc.
3. FEDERAL IDENTIFICATION NUMBER: 59-1101989
4. REMITTANCE ADDRESS: P.O. Box 70
5. CITY AND STATE: Live Oak, FL ZIP CODE: 32064
6. CONTACT PERSON FOR THIS GRANT: Matt Pearson
7. PHONE NUMBER: 386-362-4115 FAX NUMBER: 386-362-4078
8. E-MAIL ADDRESS: mpearson@suwanneec.net
9. PROJECT LOCATION [County(ies)]: Lafayette, Dixie, Bradford, Gilchrist
10. PROPOSED START DATE: 2/1/2015 ENDING DATE: 6/30/2015
11. ESTIMATED PROJECT FUNDING REQUESTED:
Grant Funds \$ 31,500.00
Local \$ 3,500.00
TOTAL \$ 35,000.00

12. I hereby certify that this document has been duly authorized by the governing body of the applicant, and the applicant intends to complete the project, and to comply with any attached assurances if the assistance is awarded.

Matt Pearson, Executive Director

TYPED NAME OF AUTHORIZED REPRESENTATIVE AND TITLE



SIGNATURE OF AUTHORIZED REPRESENTATIVE

09/30/2014

DATE

13. **Local Coordinating Board Approval (must be prior to grant execution)**

I hereby certify that this grant has been reviewed in its entirety by the

Lafayette, Dixie, Bradford, Gilchrist County Coordinating Board.

COORDINATING BOARD CHAIRPERSON'S SIGNATURE

DATE

EXHIBIT B

PROPOSED PROJECT FUNDING

I. Project Description and Cost

Capital equipment - Prioritize based on need.
If vehicle, specify type of vehicle and fuel type
(gas, diesel, alternative)

- | | |
|--|-------------|
| 1. Purchase "Trip Master Enterprise Edition" by CTS
(Software upgrade and Data Terminals) | \$35,000.00 |
| 2. | \$ _____ |
| 3. | \$ _____ |

Total Project Cost \$35,000.00

II. Funding Participation

- | | |
|--|--------------------|
| A. Transportation Disadvantaged
Trust Funds | (90%) \$31,500.00 |
| B. Local Match | (10%) \$3,500.00 |
| C. Total Project Cost | \$35,000.00 |

EXHIBIT C

SCOPE

Who:

Suwannee River Economic Council, Inc. currently provides transportation services to the disadvantaged in Lafayette, Dixie, Bradford, and Gilchrist Counties. Approximately 37,335 trips are expected to be performed in the upcoming year. Many of these riders have no other means of transportation to and from medical facilities. In most cases it is over 65 miles to the nearest medical facility from these rural areas. Many of these riders are elderly and in need of life sustaining treatments. Approval of this grant will ensure the quality of service these people receive will be at a level that is deserved.

What:

SREC, Inc. will use this grant to purchase "Trip Master Enterprise Edition" by CTS, which includes software upgrade and Data Terminals for drivers. Our current trip master package is nearing the end of its effectiveness and will be obsolete in the near future. The new Edition is more efficient and has many new features. Therefore, it will enhance the service that so many in Lafayette, Dixie, Bradford, Gilchrist Counties depend on for the sustaining of life.

Where:

Services will be provided for residents in Lafayette, Dixie, Bradford, and Gilchrist Counties on routes that will take clients for treatment to Gainesville and other areas that have medical facilities.

When:

SREC, Inc. predicts that the services provided by this grant can begin by February 1, 2015. This will allow time for the new software/hardware to be purchased.

How:

This service will be a continuation of the services that are already being provided and therefore should not cause any interruptions of services. The new software/hardware that will be obtained through this grant will only enhance the quality of service and ensure the continuation of these services.

Why:

SREC, Inc. recognizes the need for higher quality yet more efficient transportation service in Lafayette, Dixie, Bradford, and Gilchrist Counties. SREC, Inc. also recognizes that it operates in an extremely rural area with limited communication and great distances to travel to the nearest medical facilities. This software/hardware will allow for better communication between driver and dispatch and provide for more efficient transportation.

EXHIBIT D

AUTHORIZING RESOLUTION

A RESOLUTION of the BOARD OF DIRECTORS of the SUWANNEE RIVER ECONOMIC COUNCIL, INC. (Applicant), hereinafter BOARD, hereby authorizes the filing of a Shirley Conroy Rural Area Capital Assistance Program Grant Application with the Florida Commission for the Transportation Disadvantaged.

WHEREAS, this BOARD has the authority to file this Grant Application and to undertake a transportation disadvantaged service project as authorized by Section 427.0159, Florida Statutes, and Rule 41-2, Florida Administrative Code.

NOW, THEREFORE, BE IT RESOLVED BY THE BOARD THAT:

1. The BOARD has the authority to file this grant application.
2. The BOARD authorizes MATT PEARSON, EXECUTIVE DIRECTOR to file and execute the application on behalf of the SUWANNEE RIVER ECONOMIC COUNCIL, INC. with the Florida Commission for the Transportation Disadvantaged.
3. The BOARD'S Registered Agent in Florida is MATT PEARSON, EXECUTIVE DIRECTOR
4. The BOARD authorizes MATT PEARSON, EXECUTIVE DIRECTOR to sign any and all agreements or contracts which are required in connection with the application.
5. The BOARD authorizes MATT PEARSON, EXECUTIVE DIRECTOR to sign any and all assurances, reimbursement invoices, warranties, certifications and any other documents which may be required in connection with the application or subsequent agreements.

DULY PASSED AND ADOPTED THIS 29th DAY OF September 2014

BOARD OF SUWANNEE RIVER ECONOMIC COUNCIL, INC.

Richard Tillis

Typed name of Chairperson

Signature of Chairperson

ATTEST: _____

Signature _____

EXHIBIT E

STANDARD ASSURANCES

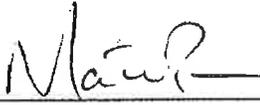
The recipient hereby assures and certifies that:

- (1) The recipient will comply with the federal, state, and local statutes, regulations, executive orders, and administrative requirements which relate to discrimination on the basis of race, color, creed, religion, sex, age, and handicap with respect to employment, service provision, and procurement.
- (2) Public and private for-profit, transit and paratransit operators have been or will be afforded a fair and timely opportunity by the local recipient to participate to the maximum extent feasible in the planning and provision of the proposed transportation planning services.
- (3) The recipient has the requisite fiscal, managerial, and legal capacity to carry out the Transportation Disadvantaged Program and to receive and disburse State funds.
- (4) The recipient intends to accomplish all tasks as identified in this grant application.
- (5) Transportation Disadvantaged Trust Funds will not be used to supplant or replace existing federal, state, or local government funds.
- (6) Capital equipment purchased through this grant meets or exceeds the criteria set forth in the Florida Department of Transportation's equipment specifications, "Guidelines for Acquiring Vehicles" dated October 1993 (or as updated), "Part 1, Bid Documents," dated July 1995 (or as updated), and "Part 2, Specification Guidelines for Specialized Vehicles," dated July 1993 (or as updated), or criteria set forth by any other federal, state, or local government agency.
- (7) Capital equipment purchased through this grant comply with the competitive procurement requirements of Chapter 287 and Chapter 427, Florida Statutes.
- (8) If capital equipment is purchased through this grant, the demand response service offered to individuals with disabilities, including individuals who use wheelchairs, is equivalent to the level and quality of service offered to individuals without disabilities. Such service, when viewed in its entirety, is provided in the most integrated setting feasible and is equivalent with respect to:
 - (a) response time,
 - (b) fares,
 - (c) geographic service area,

- (d) hours and days of service,
- (e) restrictions on trip purpose,
- (f) availability of information and reservation capability, and
- (g) contracts on capacity or service availability.

In accordance with 49 CFR Part 37, public entities operating demand response systems for the general public which receive financial assistance under 49 U.S.C. 5310 or 5311 of the Federal Transit Administration (FTA) have filed a certification with the appropriate state program office before procuring any inaccessible vehicle. Such public entities not receiving FTA funds have also filed a certification with the appropriate program office. Such public entities receiving FTA funds under any other section of the FTA have filed a certification with the appropriate FTA regional office.

This certification is valid for no longer than the contract period for which the grant application is filed.

Date: 09/30/2014 Signature: 

Name: Matt Pearson

Title: Executive Director

PART III

APPLICATION FORMS

Rural Area Capital Assistance Program

PROJECT	PROJECT YEAR	LOCATION	ESTIMATED COST	FUNDING SOURCE
Purchase scheduling software upgrade and mobile data terminals.	2014/15	Bradford, Dixie, Gilchrist and Lafayette Counties	\$31,500 State \$3,500 Local	Rural Area Capital Assistance Program Grant Suwannee River Economic Council

Transportation Disadvantaged Trust Fund Grant

PROJECT	PROJECT YEAR	LOCATION	ESTIMATED COST	FUNDING SOURCE
Provide trips to transportation disadvantaged individuals.	2013/14	Gilchrist County	\$108,514 State \$12,057 Local	Transportation Disadvantaged Trust Fund Suwannee River Economic Council

Medicaid Non-Emergency Transportation Program

PROJECT	PROJECT YEAR	LOCATION	ESTIMATED COST	FUNDING SOURCE
Provide trips to Medicaid Program beneficiaries.	2013/14	Gilchrist County	\$78,246 State	Medicaid Non-Emergency Transportation Program

5. Goals, Objectives and Strategies

GOAL I: Coordinate all transportation disadvantaged services that are funded with local, state and/or federal government funds.

OBJECTIVE: Identify agencies that receive local, state and/or federal government transportation funds that are not coordinated through the Community Transportation Coordinator.

Strategy a: Identify agencies in Gilchrist County that receive local, state and/or federal funds to transport clients or purchase vehicles.

Strategy b: Contact agencies to obtain information about coordination opportunities.

Strategy c: Determine whether a purchase of service contract, coordination contract or subcontract should be executed with the identified agencies to coordinate the transportation services that are being provided.

GOAL II: Identify unmet transportation needs in Gilchrist County.



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October 7, 2014

TO: Gilchrist County Transportation Disadvantaged Coordinating Board
FROM: Lynn Godfrey, AICP, Senior Planner
SUBJECT: 2013-2014 Annual Operations Report

RECOMMENDATION

Review the 2013/2014 Annual Operations Report.

BACKGROUND

Suwannee River Economic Council is required to submit an annual operations report to the Florida Commission for the Transportation Disadvantaged by September 15 of each year. Attached is Suwannee River Economic Council's 2013-2014 Annual Operations Report. If you have any questions concerning the attached report, please contact me at extension 110.

Attachment

t:\lynn\td2014\gilchrist\memos\lor.docx

FLCTD
Annual Operations Report
Section II: General Info

County: **Gilchrist**

Fiscal Year: **July 1, 2013 - June 30, 2014**

Status: **Complete**

FLCTD Status: **Approved**

Section II: Coordinated System General Information

1. Provider Listing (include the CTC, if the CTC provides transportation services)

Number of Private Non-Profits: 1

Number of Private For-Profits: 0

Public Entities:

School Board: 0

Municipality: 0

County: 1

Transit Authority: 0

Other: 0

Total: 2

2. How many of the providers listed in 1 are coordination contractors?

0

FLCTD

Annual Operations Report

Section III: Passenger Trip Info

County: Gilchrist	Fiscal Year: July 1, 2013 - June 30, 2014		
Status: Complete			
FLCTD Status: Approved			
Section III: Passenger Trip Information			
1a. One-Way Passenger Trips			
Type of Service	Service Area		
Fixed Route/Fixed Schedule	Within	Outside	Total
Daily Trip Tickets	0	0	0
Weekly Passes	0	0	0
Monthly Passes	0	0	0
Deviated Fixed Route Service	0	0	0
Paratransit			
Ambulatory	1239	1951	3190
Non-Ambulatory	591	298	889
Stretcher	21	5	26
Other Services			
School Board Trips	0	0	0
Total Trips	1851	2254	4105
1b. How many of the total trips were provided by contracted transportation providers (do not include the CTC, if the CTC provides transportation services)?			26
1c. How many of the total trips were provided by coordination contractors?			0
2. One-Way Trips by Funding Source			
Agency for Health Care Administration			692
Agency for Persons with Disabilities			0
Agency for Workforce Innovation			0
Commission for the Transportation Disadvantaged			2871
Department of Children and Families			0
Department of Community Affairs			0
Department of Education			0
Department of Elder Affairs			541

Department of Health	0
Department of Juvenile Justice	0
Florida Department of Transportation	0
Local Government	0
Local Non-Government	1
Other Federal Programs	0
Total:	4105
3. One-Way Trips by Passenger Type	
Was this information obtained by sampling?	yes
Elderly	
Low Income:	1770
Disabled:	214
Low Income and Disabled:	277
Other:	0
Children	
Low Income:	299
Disabled:	58
Low Income and Disabled:	0
Other:	0
Other	
Low Income:	1245
Disabled:	96
Low Income and Disabled:	146
Other:	0
Total:	4105
4. One-Way Passenger Trips - by Purpose	
Was this information obtained by sampling?	yes
Medical Purpose	3563
Employment Purpose	0
Education/Training/Daycare Purpose	0
Nutritional Purpose	444
Life-Sustaining/Other Purpose	98
Total:	4105
5. Unduplicated Passenger Head Count	

5a. Paratransit/Deviated Fixed Route/ School Brd	338
5b. Fixed Route	0
Total:	338
6. Number of Unmet Trip Requests	
	0
Unmet Trip Requests by Type of Trip	
Unmet Medical	0
Unmet Employment	0
Unmet Education/Training/Daycare	0
Unmet Nutritional	0
Unmet Life-Sustaining/Other	0
Reason Trip was Denied (Optional)	
Lack of Funding:	0
Lack of Vehicle Availability:	0
Lack of Driver Availability:	0
Other:	0
7.) Number of Passenger No-shows	
	13
Passenger No-Shows by Funding Source (optional)	
CTD:	0
AHCA:	0
AWI:	0
DCF:	0
APD:	0
DOE:	0
DOEA:	0
Other:	0
8. Complaints	
Complaints by Service	0
Complaints by Policy	0
Complaints by Vehicle	0
Complaints by Other	0
Complaint Total:	0
9. Commendations	

Commendations by CTC	0
Commendations by Transportation Providers	0
Commendations by Coordination Contractors	0
Total Commendations:	0

FLCTD

Annual Operations Report

Section IV: Vehicle Info

County: Gilchrist	Fiscal Year: July 1, 2013 - June 30, 2014		
Status: Complete			
FLCTD Status: Approved			
Section IV: Vehicle Information			
1. Mileage Information			
	Vehicle Miles		Revenue Miles
CTC:	89551		77412
Transportation Providers:	2848		2702
Coordination Contractors:	0		0
School Bus Utilization Agreement:	0		0
Total:	92399		80114
2. Roadcalls			
	1		
3. Accidents			
	Chargeable		Non-Chargeable
Total Accidents Person Only:	0		0
Total Accidents Vehicle Only:	0		0
Total Accidents Person & Vehicle:	0		0
Total Accidents:	0		0
Grand Total:	0		
4. Total Number of Vehicles			
	9		
		Count	Percentage
a. Total vehicles that are wheelchair accessible:		9	100.00%
b. Total vehicles that are stretcher equipped:		2	22.00%

FLCTD

Annual Operations Report

Section V: Employee Info

County: Gilchrist		Fiscal Year: July 1, 2013 - June 30, 2014	
Status: Complete			
FLCTD Status: Approved			
Section V: Employee Information			
1. CTC and Transportation Provider Employee Information			
			Hours
Full-Time Drivers	3		4878
Part-Time Drivers	1		1306
Volunteer Drivers	0		0
Total Hours:			6184
Maintenance Employees	0		
Dispatchers	1		
Schedulers	0		
Call Intake/Reserv./Cust. Serv.	0		
Other Operations Employees	0		
			Hours
Other Volunteers	0		0
Administrative Support	0		
Management Employees	1		
Total	6		
2. Coordination Contractors Employee Information			
			Hours
Full-Time Drivers	0		0
Part-Time Drivers	0		0
Volunteer Drivers	0		0
Total Hours:			0
Maintenance Employees	0		
Dispatchers	0		
Schedulers	0		

Call Intake/Reserv./Cust. Serv.	0	
Other Operations Employees	0	
		Hours
Other Volunteers	0	0
Administrative Support	0	
Management Employees	0	
Total	0	
		TOTAL HOURS: 6184

FLCTD

Annual Operations Report

Section VI: Revenue Sources

County: Gilchrist		Fiscal Year: July 1, 2013 - June 30, 2014	
Status: Complete			
FLCTD Status: Approved			
Section VI: Financial Data			
1. Detailed Revenue and Trips Provided by Funding Source			
Revenue Source	CTC and Transportation Providers	Coordination Contractors	TOTAL REVENUES
Agency for Health Care Administration			
Medicaid Non-Emergency	\$73,877.00	\$0.00	\$73,877.00
Medicaid Non-Emergency (under fixed fee service with AHCA)	\$0.00	\$0.00	\$0.00
Agency for Persons with Disabilities			
Comm Care for Dis Adults/Aging & Adult Services	\$0.00	\$0.00	\$0.00
Developmental Services	\$0.00	\$0.00	\$0.00
Other (specify)	\$0.00	\$0.00	\$0.00
Agency for Workforce Innovation			
WAGES/Workforce Board	\$0.00	\$0.00	\$0.00
Other (specify)	\$0.00	\$0.00	\$0.00
Commission for the Transportation Disadvantaged			

Non-Sponsored Trip Program	\$101,644.00	\$0.00	\$101,644.00
Non-Sponsored Cap. Equip.	\$0.00	\$0.00	\$0.00
Rural Capital Equip.	\$55,867.00	\$0.00	\$55,867.00
TD Other (specify)	\$0.00	\$0.00	\$0.00
Department of Children and Families			
Alcohol, Drug Abuse & Mental Health Program	\$0.00	\$0.00	\$0.00
Family Safety & Preservation	\$0.00	\$0.00	\$0.00
Other (specify)	\$0.00	\$0.00	\$0.00
Department of Community Affairs			
Community Services	\$0.00	\$0.00	\$0.00
Other (specify)	\$0.00	\$0.00	\$0.00
Department of Education			
Carl Perkins Vocational Ed. Act	\$0.00	\$0.00	\$0.00
Division of Blind Services	\$0.00	\$0.00	\$0.00
Vocational Rehabilitation	\$0.00	\$0.00	\$0.00
Day Care Programs	\$0.00	\$0.00	\$0.00
Other (specify)	\$0.00	\$0.00	\$0.00
Department of Elder Affairs			
Older Americans Act	\$5,390.00	\$0.00	\$5,390.00
Community Care for the Elderly	\$0.00	\$0.00	\$0.00
Other (specify)	\$0.00	\$0.00	\$0.00
Department of Health			
Children's Medical Services	\$0.00	\$0.00	\$0.00

Office of Disability Deter.	\$0.00	\$0.00	\$0.00
County Public Health Unit	\$0.00	\$0.00	\$0.00
Other (specify)	\$0.00	\$0.00	\$0.00
Department of Juvenile Justice			
(specify)	\$0.00	\$0.00	\$0.00
Department of Transportation			
49 USC 5307 (Section 9)	\$0.00	\$0.00	\$0.00
49 USC 5310 (Section 16)	\$0.00	\$0.00	\$0.00
49 USC 5311 (Section 18)	\$93,183.00	\$0.00	\$93,183.00
490USC 5311(f) (Section 18i)	\$0.00	\$0.00	\$0.00
Block Grant	\$0.00	\$0.00	\$0.00
Service Development	\$0.00	\$0.00	\$0.00
Commuter Assistance Program	\$0.00	\$0.00	\$0.00
Other DOT (Specify)	\$0.00	\$0.00	\$0.00
Local Government			
School Board Service	\$0.00	\$0.00	\$0.00
Complementary ADA Service	\$0.00	\$0.00	\$0.00
County Cash	\$0.00	\$0.00	\$0.00
County In-Kind	\$0.00	\$0.00	\$0.00
City Cash	\$0.00	\$0.00	\$0.00
City In-Kind	\$0.00	\$0.00	\$0.00
Other Cash (specify)	\$0.00	\$0.00	\$0.00
Other In-Kind (specify)	\$0.00	\$0.00	\$0.00
Local Non-Government			

Farebox	\$0.00	\$0.00	\$0.00
Donations, Contributions	\$0.00	\$0.00	\$0.00
In-Kind Services	\$0.00	\$0.00	\$0.00
Other Non-Government	\$17,501.00	\$0.00	\$17,501.00
Other Federal or State Programs			
(specify)	\$0.00	\$0.00	\$0.00
(specify)	\$0.00	\$0.00	\$0.00
(specify)	\$0.00	\$0.00	\$0.00
GRAND TOTAL:			
	\$347,462.00	\$0.00	\$347,462.00

FLCTD

Annual Operations Report

Section VII: Expense Sources

County: Gilchrist		Fiscal Year: July 1, 2013 - June 30, 2014	
Status: Complete			
FLCTD Status: Approved			
Section VII: Financial Data			
2. Expense Sources			
Expense Item	Community Transportation Coordinator	Coordination Contractor	TOTAL EXPENSES
Labor (501):	\$80,458.00	\$0.00	\$80,458.00
Fringe Benefits (502):	\$40,148.00	\$0.00	\$40,148.00
Services (503):	\$16,096.00	\$0.00	\$16,096.00
Materials and Supplies Cons. (504):	\$109,376.00	\$0.00	\$109,376.00
Utilities (505):	\$10,517.00	\$0.00	\$10,517.00
Casualty and Liability (506):	\$11,864.00	\$0.00	\$11,864.00
Taxes (507):	\$63.00	\$0.00	\$63.00
Purchased Transportation Services (508)			
Bus Pass Expenses:	\$0.00	\$0.00	\$0.00
School Bus Expenses:	\$0.00	\$0.00	\$0.00
Other:	\$3,112.00	\$0.00	\$3,112.00
Miscellaneous (509):	\$429.00	\$0.00	\$429.00
Interest (511):	\$0.00	\$0.00	\$0.00
Leases and Rentals (512):	\$17,393.00	\$0.00	\$17,393.00
Annual Depreciation (513):	\$0.00	\$0.00	\$0.00
Contributed Services (530):	\$17,501.00	\$0.00	\$17,501.00
Allocated Indirect Expenses:	\$0.00	\$0.00	\$0.00
GRAND TOTAL:	\$306,957.00	\$0.00	\$306,957.00

PERFORMANCE TRENDS - GILCHRIST COUNTY, 2012 - 2014

PERFORMANCE STANDARD	MEASURE	Fiscal Year 2011/2012	Fiscal Year 2012/2013	Fiscal Year 2013/2014	Percent Change 2012/2013 - 2013/2014
TOTAL SERVICE	Passenger Trips	4,702	4,808	4,105	-17%
	Ambulatory Trips	2,314	3,804	3,190	-19%
	Non-Ambulatory Trips	324	976	889	-10%
	Stretcher Trips	13	28	26	-8%
	Revenue Vehicle Miles	91,194	82,278	80,114	-3%
	Vehicle Miles	99,264	98,312	92,399	-6%
	Driver Hours	6,538	6,304	6,184	-2%
SERVICE EFFECTIVENESS	Passenger Trips/Revenue Vehicle Mile	0.05	0.06	0.05	-14%
	Passenger Trips/Vehicle Mile	0.05	0.05	0.04	-10%
	Passenger Trips/Driver Hour	0.72	0.76	0.66	-15%
COST EFFECTIVENESS & EFFICIENCY	Revenue	\$254,193.00	\$329,704.00	\$347,462.00	5%
	Expenses	\$199,860.00	\$278,162.00	\$306,957.00	9%
	Cost/Passenger Trip	\$42.51	\$57.85	\$74.78	23%
	Cost/Revenue Vehicle Mile	\$2.19	\$3.38	\$3.83	12%
	Cost/Vehicle Mile	\$2.01	\$2.83	\$3.32	15%
	Cost/Vehicle	\$22,206.67	\$30,906.89	\$34,106.33	9%
	Cost/Driver Hour	\$30.57	\$44.12	\$49.64	11%
VEHICLE UTILIZATION	Vehicles	9	9	9	0%
	Revenue Vehicle Miles Per Trip	19	17	20	12%
	Passenger Trips/Vehicles	522	534	456	-17%
	Vehicle Miles/Vehicle	11,029.33	10,923.56	10,266.56	-6%
	Revenue Vehicle Miles/Vehicle	10,132.67	9,142.00	8,901.56	-3%
SAFETY	Accidents	0	0	0	#DIV/0!
	Accidents/100,000 Miles	0	0	0	#DIV/0!
SERVICE AVAILABILITY	Average Vehicle Miles Between Roadcalls	99,264	98,312	98,312	0%
	Roadcalls	1	1	1	0%
	Unmet Trip Requests	29	31	0	#DIV/0!
	Passenger No Shows	15	15	13	-15%

Source - Annual Operating Reports



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October 7, 2014

TO: Gilchrist County Transportation Disadvantaged Coordinating Board
FROM: Lynn Godfrey, AICP, Senior Planner
SUBJECT: Appoint Grievance Committee

RECOMMENDATION

The Chair needs to appoint five Board members to the Grievance Committee.

BACKGROUND

Chapter I.E. of the Board's Grievance Procedures requires the Chair to appoint five (5) voting members to a Grievance Committee. The membership of the Grievance Committee shall include broad geographic representation from members of the local Coordinating Board representing the service area.

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October 7, 2014

TO: Gilchrist 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. Suwannee River Economic Council Complaint/Commendation Report; and
4. Suwannee River Economic Council Trip Denial Report.

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

Attachments

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Dedicated to improving the quality of life of the Region's citizens,
by coordinating growth management, protecting regional resources,
promoting economic development and providing technical services to local governments.

**QUARTERLY OPERATING REPORT
GILCHRIST COUNTY
APRIL - JUNE 2014**

OPERATING DATA	OPERATOR		TOTAL
	Suwannee River Economic Council	Dixie County EMS	
NUMBER OF INVOICED TRIPS	1,279	6	1,285
FCTD Medicaid	67	0	67
Title III-B	201	0	201
TD Trust Fund	1,011	6	1,017
HMO Medicaid	0	0	0
TOTAL VEHICLE MILES	24,574	Not reported	24,574
TOTAL REVENUE VEHICLE MILES	21,402	Not reported	21,402
TOTAL VEHICLE HOURS	1,102	Not reported	1,102
TOTAL DOLLARS INVOICED	\$51,397.47	\$974.33	\$52,371.80
FCTD Medicaid	\$6,620.67	\$0.00	\$6,620.67
Title III-B	\$3,111.48	\$0.00	\$3,111.48
TD Trust Fund	\$41,665.32	\$974.33	\$42,639.65
HMO Medicaid	\$0.00	\$0.00	\$0.00
AVERAGE COST PER TRIP	\$40.19	\$162.39	\$40.76
FCTD Medicaid	\$98.82	#DIV/0!	\$98.82
Title III-B	\$15.48	-	\$15.48
TD Trust Fund	\$41.21	\$162.39	\$41.93
HMO Medicaid	#DIV/0!	-	#DIV/0!
AVG. COST PER VEHICLE MILE	\$2.09	#VALUE!	\$2.13
AVG. COST PER REVENUE VEHICLE MILE	\$2.40	#VALUE!	\$2.45
AVG. COST PER VEHICLE HOUR	\$46.64	#VALUE!	\$47.52
TRIP PURPOSE*	-	-	-
Medical	1,078	6	1,084
Employment	0	0	0
Education/Training	0	0	0
Shopping	0	0	0
Meal Site	201	0	201
Recreation	0	0	0
NUMBER OF TRIPS DENIED	0	0	0
NUMBER OF SINGLE PASSENGER TRIPS PROVIDED	0	0	0
% OF SINGLE PASSENGER TRIPS	0%	0%	0%
NUMBER OF ACCIDENTS	0	0	0
NUMBER OF VEHICLES	9	2	11
AVERAGE TRIPS PER VEHICLE	142	3	117
AVERAGE MILES PER TRIP	19	#VALUE!	19
NUMBER OF ROADCALLS	0	0	0

**QUARTERLY OPERATING REPORT
GILCHRIST COUNTY
APRIL - JUNE 2013**

OPERATING DATA	TOTAL
NUMBER OF INVOICED TRIPS	1,540
Medicaid	353
Title III-B	0
TD Trust Fund	1,187
Other	0
TOTAL VEHICLE MILES	32,475
TOTAL REVENUE VEHICLE MILES	27,335
TOTAL VEHICLE HOURS	1,449
TOTAL DOLLARS INVOICED	66,594
Medicaid	\$29,758.34
Title III-B	\$0.00
TD Trust Fund	\$36,835.57
Other	\$0.00
AVERAGE COST PER TRIP	\$43.24
Medicaid	\$84.30
Title III-B	#DIV/0!
TD Trust Fund	\$31.03
Other	#DIV/0!
AVG. COST PER VEHICLE MILE	\$2.05
AVG. COST PER REVENUE VEHICLE MILE	\$2.44
AVG. COST PER VEHICLE HOUR	\$45.96
TRIP PURPOSE*	-
Medical	1,540
Employment	0
Education/Training	0
Shopping	0
Meal Site	0
Recreation	0
NUMBER OF TRIPS DENIED	0
NUMBER OF SINGLE PASSENGER TRIPS PROVIDED	64
% OF SINGLE PASSENGER TRIPS	0
NUMBER OF ACCIDENTS	0%
NUMBER OF VEHICLES	11
AVERAGE TRIPS PER VEHICLE	140
AVERAGE MILES PER TRIP	21

CTC: Suwannee River Economic Council

Rates Charged to TD Trust Fund:

Ambulatory: \$1.26 per passenger mile

Wheelchair: \$2.16 per passenger mile

Stretcher: \$4.49 per passenger mile

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

MONTH/YEAR	CONTRACT AMOUNT	TOTAL DOLLARS SPENT	STATE FUNDS SPENT 90%	LOCAL MATCH 10%	TOTAL AMOUNT REMAINING	NUMBER OF TRIPS	AVERAGE COST PER TRIP
Jul-13	\$120,572.00	\$6,150.60	\$5,535.54	\$615.06	\$114,421.40	162	\$37.97
Aug-13	-	\$5,182.56	\$4,664.30	\$518.26	\$109,238.84	161	\$32.19
Sep-13	-	\$5,897.21	\$5,307.49	\$589.72	\$103,341.63	203	\$29.05
Oct-13	-	\$12,262.66	\$11,036.39	\$1,226.27	\$91,078.97	234	\$52.40
Nov-13	-	\$6,398.46	\$5,758.61	\$639.85	\$84,680.51	198	\$32.32
Dec-13	-	\$4,577.40	\$4,119.66	\$457.74	\$80,103.11	151	\$30.31
Jan-14	-	\$5,286.71	\$4,758.04	\$528.67	\$74,816.40	170	\$31.10
Feb-14	-	\$13,520.52	\$12,168.47	\$1,352.05	\$61,295.88	245	\$55.19
Mar-14	-	\$11,021.58	\$9,919.42	\$1,102.16	\$50,274.30	330	\$33.40
Apr-14	-	\$15,001.74	\$13,501.57	\$1,500.17	\$35,272.56	356	\$42.14
May-14	-	\$11,546.60	\$10,391.94	\$1,154.66	\$23,725.96	235	\$49.13
Jun-14	-	\$16,091.31	\$14,482.18	\$1,609.13	\$7,634.65	426	\$37.77
TOTAL	-	\$112,937.35	\$101,643.61	\$11,293.74	-	2,871	\$39.34

**GILCHRIST COUNTY
 QUARTERLY SUMMARY OF SERVICE COMPLAINTS/COMMENDATIONS
 APRIL - JUNE 2014**

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

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**GILCHRIST COUNTY
UNMET TRANSPORTATION NEEDS
APRIL - JUNE 2014**

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

**GILCHRIST COUNTY
TRANSPORTATION DISADVANTAGED
COORDINATING BOARD**

MEMBER/ORGANIZATION	NAME	1/15/2014	4/16/2014	7/16/2014	9/17/2014
Chair	Commissioner John Thomas	P	Bobby Crosby	P	P
Florida Department of Transportation Alternate Member	Sandra Collins Janell Damato	P A	P A	P A	A A
Florida Department of Children and Families Alternate Member	Brad Seeling (Vacant)	A	A	A	A
Florida Agency for Health Care Administration Alternate Member	Alana McKay Andrew Singer	P A	P A	P A	P A
Florida Department of Education Alternate Member	(Vacant) Jeffrey Aboumrad				P
Public Education Alternate Member	(Vacant) (Vacant)				
Citizen Advocate Alternate Member	William R. Cummings (Vacant)	P	P	A	P
Citizen Advocate-User Alternate Member	(Vacant) (Vacant)				
Elderly Alternate Member	Richard Esseck (Vacant)	P	P	P	P
Veterans Alternate Member	Jim Mash (Vacant)	A	A	A	A
Persons with Disabilities Alternate Member	James McCrone (Vacant)	A	A	A	A
Florida Department of Elder Affairs Alternate Member	Janet Kreischer Alicia Fowler			P	A P
Children at Risk Alternate Member	Tonya Hiers Brooke Ward	A	A P	A P	P A
Local Medical Community Alternate Member	(Vacant) (Vacant)				
Regional Workforce Board Alternate Member	Jeannie Carr (Vacant)				P

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 on the Board who fails to attend three consecutive meetings."