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

April 8, 2014

TO: Union County Transportation Disadvantaged Coordinating Board

FROM: Lynn Godfrey, AICP, Senior Planner

SUBJECT: Meeting Announcement

The Union County Transportation Disadvantaged Coordinating Board will meet **Tuesday, April 15 2014 at 1:15 p.m.** in the **A & A Transport Office located at the Union County Transportation Facility, 255 SW 9th Avenue, Lake Butler, 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

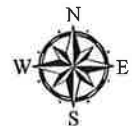
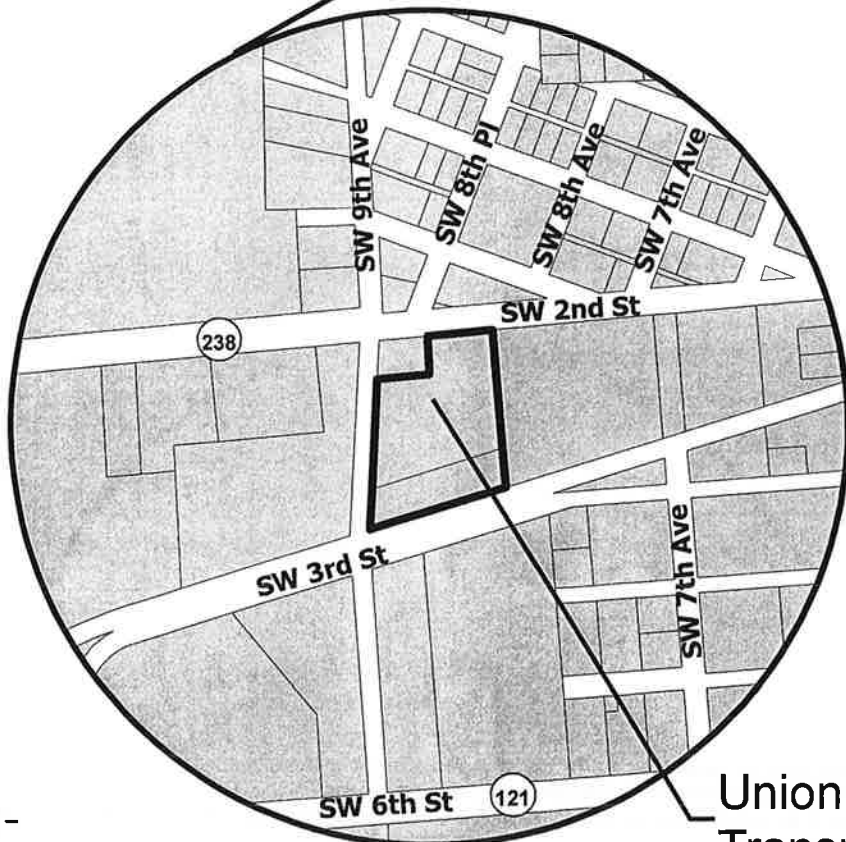
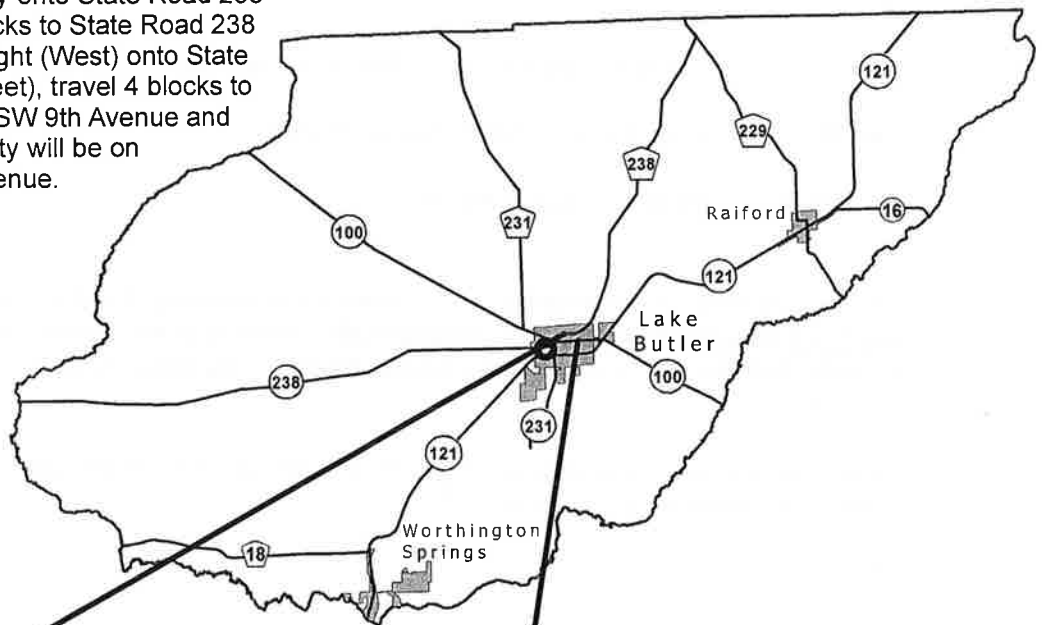
t:\lynn\td2014\union\memos\apr.docx

Union County Transportation Facility

A & A Transport Office

255 SW 9th Avenue
Lake Butler, Florida 32054

Directions: From the intersection of State Road 100 (also known as Main St) and State Road 238 (also known as 6th Ave) in the City of Lake Butler, head Southwesterly onto State Road 238 (also known as 6th Ave) travel two blocks to State Road 238 (also known as SW 2nd Street), turn right (West) onto State Road 238 (also known as SW 2nd Street), travel 4 blocks to SW 9th Avenue, turn left (South) onto SW 9th Avenue and the Union County Transportation Facility will be on the left, on the East side of SW 9th Avenue.



1 inch = 500 feet

Union County
Transportation Facility





**North
Central
Florida
Regional
Planning
Council**

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**UNION COUNTY
TRANSPORTATION DISADVANTAGED COORDINATING BOARD**

MEETING AGENDA

**A & A Transport Office
Union County Transportation Facility
255 SW 9th Avenue
Lake Butler, Florida**

**Tuesday
April 15, 2014
1:15 p.m.**

I. BUSINESS MEETING – CALL TO ORDER

- A. Introductions**
- B. Approval of the Meeting Agenda**
- C. Approval of the January 7, 2014 Minutes**

II. NEW BUSINESS

- A. Union County Transportation Disadvantaged Service Plan Amendment** **Page 11**
The Board needs to review and approve an amendment to the Union County Transportation Disadvantaged Service Plan
- B. U.S.C. Section 5310 and 5311 Grant Applications** **Page 13**
The Board needs to review the enclosed U.S.C. Section 5310 and 5311 Grant applications
- C. Florida's Managed Medical Assistance Program** **No Enclosure**
Staff will provide an update on Florida's Managed Medical Assistance Program
- D. Operations Reports** **Page 53**

III. OTHER BUSINESS

A. Comments

- 1. Members**
- 2. Citizens**

IV. FUTURE MEETING DATES

- A. Tuesday, July 15, 2014 at 1:15 p.m.**
- B. Tuesday, October 14, 2014 at 1:15 p.m.**

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

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

**UNION COUNTY
TRANSPORTATION DISADVANTAGED COORDINATING BOARD**

MEMBER/REPRESENTING	ALTERNATE/REPRESENTING
Commissioner Wayne Smith Local Elected Official/Chair	
Sandra Collins Florida Department of Transportation	Janell Damato Florida Department of Transportation
Jaime Sanchez-Bianchi Florida Department of Children and Families	Vacant Florida Department of Children and Families
Rayford Riels Florida Department of Education	Barbara Harrington Florida Department of Education
Cindy Roberts Florida Department of Elder Affairs	Vacant Florida Department of Elder Affairs
Alana McKay Florida Agency for Health Care Administration	Andrew Singer Florida Agency for Health Care Administration
Vacant Regional Workforce Board	Vacant Regional Workforce Board
Matthew Pearson Florida Association for Community Action Term ending June 30, 2014	Vacant Florida Association for Community Action Term ending June 30, 2014
Mike Pittman Public Education	Vacant Public Education
Barbara Fischer Veterans Term ending June 30, 2014	Vacant Veterans Term ending June 30, 2014
Doyle Archer Citizen Advocate Term ending June 30, 2015	Vernon Dukes 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
Bill McGill Persons with Disabilities Term ending June 30, 2015	Vacant Persons with Disabilities Term ending June 30, 2015
Donald Pettit Elderly Term ending June 30, 2014	Vacant Elderly Term ending June 30, 2014
Vacant Medical Community Term ending June 30, 2016	Vacant Medical Community Term ending June 30, 2016
Alberta Hampton Children at Risk Term ending June 30, 2016	Vacant Children at Risk Term ending June 30, 2016
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.

**UNION COUNTY
TRANSPORTATION DISADVANTAGED COORDINATING BOARD**

MEETING MINUTES

A & A Transport Office
Union County Transportation Facility
255 SW 9th Avenue
Lake Butler, Florida

Tuesday
January 7, 2014
1:15 p.m.

VOTING MEMBERS PRESENT

Barbara Fischer, Veterans Representative
Alberta Hampton Early Childhood Services Representative
Alana McKay, Florida Agency for Health Care Administration – Medicaid
Matthew Pearson, Community Action Agency
Donald Pettit, Elderly Representative
Jaime Sanchez-Bianchi, Florida Department of Children and Families

VOTING MEMBERS ABSENT

Commissioner M. Wayne Smith, Chairman
Doyle Archer, Citizen Advocate
Sandra Collins, Florida Department of Transportation
Bill McGill, Persons with Disabilities Representative
Mike Pittman, Public Education Representative
Rayford Riels, Florida Department of Education

STAFF PRESENT

Lynn Godfrey, North Central Florida Regional Planning Council

I. PUBLIC HEARING CALL TO ORDER

Ms. Lynn Godfrey, North Central Florida Regional Planning Council Senior Planner, stated that the Chair and Vice-Chair were not present to chair the public hearing or meeting.

The Board asked Ms. Godfrey to chair the meeting.

Ms. Godfrey called the public hearing to order at 1:20 p.m.

A. Introductions

Ms. Godfrey asked everyone to introduce themselves.

B. Receive Public Testimony

There was no public testimony received.

C. Close Public Hearing

Ms. Godfrey closed the public hearing at 1:21 p.m.

II. BUSINESS MEETING CALL TO ORDER

Ms. Godfrey called the meeting to order at 1:21 p.m.

A. Approval of the Meeting Agenda

ACTION: Matthew Pearson moved to approve the meeting agenda. Barbara Fischer seconded; motion passed unanimously.

B. Approval of the October 15, 2013 Minutes

ACTION: Matthew Pearson moved to approve the October 15, 2013 meeting minutes. Alberta Hampton seconded; motion passed unanimously.

III. NEW BUSINESS

A. Union County Transportation Disadvantaged Service Plan

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

The Board reviewed the Union County Transportation Disadvantaged Service Plan.

ACTION: Barbara Fischer moved to approve the Union County Transportation Disadvantaged Service Plan. Jaime Sanchez-Bianchi seconded; motion passed unanimously.

B. Florida's Managed Medical Assistance Program

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

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

C. Operations Reports

Ms. Godfrey distributed A & A Transport's operations reports.

Ms. Fischer asked A & A Transport to provide the Board with the reason trips were denied.

Ms. Godfrey said she will create a table for reporting trip denials for A & A Transport to use.

IV. OTHER BUSINESS

A. Comments

1. Members

There were no member comments.

2. Citizens

There were no citizen comments.

V. FUTURE MEETING DATES

Ms. Godfrey stated that the next Board meeting is scheduled for Tuesday, April 15, 2014 at 1:15 p.m.

ADJOURNMENT

The meeting was adjourned at 1:35 p.m.

Coordinating Board Chair
t:\lynn\td2014\union\minutes\jan.doc

Date



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April 8, 2014

TO: Union County Transportation Disadvantaged Coordinating Board
FROM: Lynn Godfrey, AICP, Senior Planner
SUBJECT: Union County Transportation Disadvantaged Service Plan Amendment

STAFF RECOMMENDATION

Approve the Union County Transportation Disadvantaged Service Plan amendment.

BACKGROUND

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

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

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April 8, 2014

TO: Union County Transportation Disadvantaged Coordinating Board
FROM: Lynn Godfrey, AICP, Senior Planner
SUBJECT: U.S.C. Section 5310 and 5311 Grant Applications

STAFF RECOMMENDATION

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

BACKGROUND

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

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

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

Attachments

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



1351 S. Water Street
Starke, FL 32091-4506

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

Achieve with us.

January 8, 2014

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

Dear Mr. Sanderson,

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

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

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

Sincerely,


Sherry Ruszkowski
Executive Director

NORTH CENTRAL FLORIDA
RECEIVED
JAN 10 2014
REGIONAL PLANNING COUNCIL

Enclosure

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

For people with intellectual and developmental disabilities

THE ARC OF BRADFORD COUNTY

FY 2014/FY 2015

**APPLICATION FOR CAPITAL
ASSISTANCE**

REQUIRED

COVER LETTER

STATE OF FLORIDA DEPARTMENT OF TRANSPORTATION GRANT APPLICATION

January 9, 2014

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

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

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

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

Agency Name

By Sherry Ruszkowski Date 01/09/14

Title Executive Director

RESOLUTION NUMBER: 106

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


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

NOW, THEREFORE BE IT RESOLVED BY THE APPLICANT:


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

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

By:


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

ATTEST:

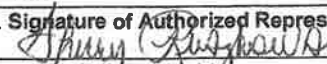

(Original Signature, Clerk/Secretary)
Anna Clayton, Secretary

(Stamp corporate seal here :)

EXHIBIT A-1 -- FACT SHEET

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

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

1. TYPE OF SUBMISSION:			
Application – place an x in the box <input type="checkbox"/> construction <input checked="" type="checkbox"/> non-construction		Pre-application – place an x in the box <input type="checkbox"/> construction <input type="checkbox"/> non-construction	
2. DATE SUBMITTED 1/09/14		Applicant Identifier	
3. DATE RECEIVED BY STATE		State Application Identifier	
4. DATE RECEIVED BY FEDERAL AGENCY		Federal Identifier	
5. APPLICANT INFORMATION			
Legal Name: The Arc of Bradford County		Organizational Unit: N/A	
		Department: N/A	
Organizational DUNS: 084179704		Division: N/A	
Address: 1351 South Water Street		Name and telephone number of person to be contacted on matters involving this application (give area code)	
Street:		Prefix: First Name: Sherry	
City: Starke		Middle Name:	
County: Bradford		Last Name: Ruszkowski	
State: Florida	Zip Code: 32091	Suffix:	
Country: United States of America		Email: sherry@arcbradford.org	
6. EMPLOYER IDENTIFICATION NUMBER (EIN): (Replace these boxes with numerals) 59-- 1696581		Phone Number (give area code) (904) 964-7699	
		Fax Number (give area code) (904) 964-7215	
8. TYPE OF APPLICATION: <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es) <input type="checkbox"/> <input type="checkbox"/> (See back of form for description of letters.) Other (specify)		7. TYPE OF APPLICANT: (See back of form for Application Types) <input type="checkbox"/> Not for Profit Organization Other (specify)	
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: (Replace these boxes with numerals) 20.513		9. NAME OF FEDERAL AGENCY: Federal Transit Administration	
TITLE (Name of Program):			
12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.): Bradford and Union Counties		11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: Transportation Services specifically for Seniors and individuals with physical and developmental/intellectual disabilities attending The Arc of Bradford County.	
13. PROPOSED PROJECT		14. CONGRESSIONAL DISTRICTS OF:	
Start Date: October 1	Ending Date: September 30	a. Applicant District 3	b. Project District 3
15. ESTIMATED FUNDING:		16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?	
a. Federal	\$ 49,391.20	a. Yes. <input type="checkbox"/> THIS PREAPPLICATION /APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON:	
b. Applicant	\$ 6,173.90	DATE:	
c. State	\$ 6,173.90	b. No. <input checked="" type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372.	
d. Local	\$	<input type="checkbox"/> PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW	
e. Other	\$	17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?	
f. Program Income	\$	<input type="checkbox"/> Yes. If "Yes" attach an explanation.	
g. TOTAL	\$ 61,739.00	<input checked="" type="checkbox"/> No	
18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT. THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.			
a. Authorized Representative			
Prefix:	First Name: Sherry	Middle Name:	
Last Name: Ruszkowski		Suffix:	
b. Title: Executive Director		c. Telephone Number (give area code) (904) 964-7699	
d. Signature of Authorized Representative: 		e. Date Signed: 01/09/14	

Form 424

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

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

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

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

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

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

CURRENT VEHICLE AND TRANSPORTATION EQUIPMENT INVENTORY (a)

Name of Applicant: The Arc of Bradford County

Date of Inventory: 01-08-14

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

(a) Applicants must use this form.

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

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

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

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

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

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

CAPITAL REQUEST FORM

VEHICLE REQUEST

GMIS Code (This column for FDOT use ONLY)	R or E (a)	Number requested	Description (b) (c) <u>www.tripsflorida.org</u>	Estimated Cost
11. __. __	(R)	1	21' Standard Cutaway (Ford) 12 Passenger Seating – No lift - 0 w/c positions	61,739.00
11. __. __				
11. __. __				
11. __. __				
11. __. __				
Sub-total	(R)	1		\$ 61,739.00

EQUIPMENT REQUEST (c)

11. __. __				
11. __. __				
11. __. __				
11. __. __				
Sub-total				\$ 0

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

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

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

VEHICLE SUBTOTAL \$ 61,739.00 + EQUIPMENT SUBTOTALS \$ 0 = \$ 61,739.00

(x).

(x) X 80% = \$ 49,391.20 [Show this amount on Form 424 in block 15(a)]

EXHIBIT A

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

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

Mission of organization:

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

The Arc provides the following transportation service:

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

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

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

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

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

EXHIBIT B

Proposed Project Description

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

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

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

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

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

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

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

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

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

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

Answer: 1999 Ford Bus Mileage: 164,747

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

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

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

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

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

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

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

Answer: N/A

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

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

- 9. New Agencies:**

Answer: N/A

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

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

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

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

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

GRANT PROPOSAL

U.S.C. Section 5310

**FORMULA GRANTS for the ENHANCED
MOBILITY of SENIORS and INDIVIDUALS
with DISABILITIES PROGRAM**

**APPLICATION for OPERATING
ASSISTANCE**

from

INDUSTRIAL COMPLEX of RAIFORD

January 10, 2014

**Authorized
Representative:**

Lana M. Thornton
Phone: (386) 431-1898
Cell: (904) 966-1840

Original

EXECUTIVE BOARD OF DIRECTORS

J.D. Griffis, Chairman
Ressie Griffis, President
Greg Griffis, Sec./Treas.
Richard Griffis, Vice President
Lowell Shadd, Vice Sec./Treas.

**INDUSTRIAL COMPLEX
OF
RAIFORD**



**P.O. Box 368
Raiford, FL 32083
(386) 431-1898**

FAX: (386) 431-1993

Ouida L. McGahee, Executive Director
Michelle Thornton, Asst. Exec. Director

COVER LETTER

**STATE OF FLORIDA - DEPARTMENT OF TRANSPORTATION
SECTION 5310 GRANT APPLICATION**

Industrial Complex of Raiford (ICR) submits this Application for the Section 5310 Program Grant and agrees to comply with all assurances and exhibits attached hereto and by this reference made a part thereof, as itemized in the Checklist for Application Completeness.


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

This Application is submitted on this 10th day of January, 2014, with two (2) original resolutions or certified copies of the original resolution authorizing Lana Michelle Thornton, Assistant Executive Director, Industrial Complex of Raiford, to sign this Application.

Industrial Complex of Raiford

By: **Lana Michelle Thornton** Date: 1/10/2014

Title: **Assistant Executive Director**

Signature 

RESOLUTION NUMBER: 2014-001

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

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

NOW, THEREFORE BE IT RESOLVED BY THE APPLICANT:

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

The foregoing resolution was **DULY PASSED, ADOPTED AND** became **EFFECTIVE** at a duly called and convened meeting of the Applicant held on the **7th** day of **January, 2014**

By:


 (Original Signature, Chairman of the Board)
Ressie Griffiths, President, acting
Chairman of the Board of Directors, ICR

ATTEST:


 (Original Signature, Clerk/Secretary)
Ouida L. McGahee, Executive Director / Notary
 (Stamp corporate seal here :)



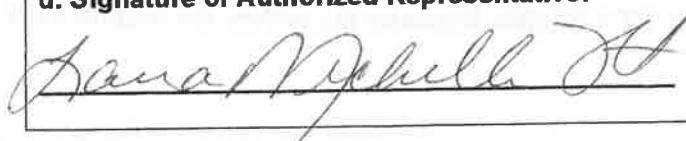
EXHIBIT A-1 -- FACT SHEET

	CURRENTLY	IF GRANT IS AWARDED (Estimates are acceptable.)
1. Number of total one-way trips served by the agency PER YEAR (for all purposes)*	15,652	16,120
2. Number of one-way trips provided to elderly and persons with disabilities (including New Freedom Trips) PER YEAR*	15,502	15,960
3. Number of individual Elderly and Disabled and New Freedom unduplicated riders (first ride per rider per fiscal year) PER YEAR	31	36
4. Number of vehicles used to provide Elderly and Disabled and New Freedom service ACTUAL	3	3
5. Number of vehicles used to provide Elderly and Disabled and New Freedom service eligible for replacement ACTUAL	2	2
6. Vehicle miles traveled to provide Elderly and Disabled and New Freedom service PER YEAR	56,175	57,850
7. Normal number of days that vehicles are in operation to provide Elderly and Disabled and New Freedom service PER WEEK	5	5
8. Posted hours of normal operation to provide Elderly and Disabled and New Freedom service PER WEEK	M – F: 28 Saturday: 0 Sunday: 0 Total (WEEK): 28	M – F: 30 Saturday: 0 Sunday: 0 Total (WEEK): 30

- One way passenger trip is the unit of service provided each time a passenger enters the vehicle, is transported, then exits the vehicle. Each different destination would constitute a passenger trip.
- Used estimated 3% increase (factor x 1.03) – if grant is awarded.

APPLICATION FOR FEDERAL ASSISTANCE**Standard Form 424 - Version 7/03**
(Rev. 9-2003); Prescribed by OMB Circular A-102**1. TYPE OF SUBMISSION:**Application – place an x in the box
☐ construction
☒ non-constructionPre-application – place an x in the box
☐ construction
☒ non-construction

N/A

2. DATE SUBMITTED - January 10, 2014**Applicant Identifier****3. DATE RECEIVED BY STATE****State Application Identifier****4. DATE RECEIVED BY FEDERAL AGENCY****Federal Identifier****5. APPLICANT INFORMATION****Legal Name:** Industrial Complex of Raiford**Organizational Unit:** N/A**Organizational DUNS:** 362042897**Division:** N/A**Address:** P.O. Box 368
Raiford, FL 32083**Name and telephone number of person to be contacted on matters involving this application:****Street:** County Rd. 229**Prefix:** Ms. **First Name:** Lana**City:** Raiford**Middle Name:** Michelle**County:** Union**Last Name:** Thornton**State:** Florida **Zip Code:** 32083**Suffix:****Country:** USA**Email:** icr32083@yahoo.com**6. EMPLOYER IDENTIFICATION NUMBER (EIN):**
59-2134008**Phone Number:** (386) 431-1898**Fax Number:** (386) 431-1993**8. TYPE OF APPLICATION:** NEW**7. TYPE OF APPLICANT:** O. Not-for-Profit
Organization - 501(C)(3)**10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER:** 20-513**9. NAME OF FEDERAL AGENCY:****TITLE (Name of Program):** Formula Grants for the Enhanced Mobility of Seniors and Individuals with Disabilities Program**Federal Transit Administration****12. AREAS AFFECTED BY PROJECT:**
Union County, Florida**11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:**
Operating Assistance for Transportation of low-income Developmentally Disabled Adults commuting to training / jobs in or near Union County, Florida**13. PROPOSED PROJECT****14. CONGRESSIONAL DISTRICTS OF:****Start Date:** Oct. 1, 2014 **End Date:** Sept. 30, 2015**a. Applicant:** 4 **b. Project:** 4**15. ESTIMATED FUNDING:****16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?****a. Federal** \$ 39,309 .00**a. YES. THIS PREAPPLICATION /APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON:****b. Applicant** \$ 39,309 .00**DATE:** January 10, 2014**c. State** \$ 0 .00**d. Local** \$ 0 .00**e. Other** \$ 0 .00**17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?** NO**f. Program Income** \$ 0 .00**g. TOTAL** \$ 78,618 .00**18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT. THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.****a. Authorized Representative****Prefix:** Ms.**First Name:** Lana**Middle Name:** Michelle**Last Name:** Thornton**Suffix:** n/a**b. Title:** Assistant Executive Director, ICR**c. Telephone Number:** (386) 431-1898**d. Signature of Authorized Representative:****e. Date Signed:** January 10, 2014

APPLIES TO ALL APPLICANTS FOR OPERATING ASSISTANCE

FORM B-1

TRANSPORTATION-RELATED OPERATING and
ADMINISTRATIVE EXPENSESName of Applicant: **INDUSTRIAL COMPLEX of RAIFORD (ICR)**Fiscal period from **10/1/2012 to 9/30/2013**

EXPENSE CATEGORY	TOTAL EXPENSE	FTA ELIGIBLE EXPENSE
Labor (501)	\$ 17,066.77	\$ 17,066.77
Fringe and Benefits (502)		
Services (503)		
Materials and Supplies (504)		
Vehicle Maintenance (504.01)	21,491.57	21,491.57
Utilities (505)	2,199.10	2,199.10
Insurance (506)	4,884.00	4,884.00
Licenses and Taxes (507)	912.85	912.85
Purchased Transit Service (508)		
Miscellaneous (509)	28,713.62	28,713.62
Leases and Rentals (512)	3,351.60	3,351.60
Depreciation (513)		
TOTAL	\$ 78,619.50	\$ 78,619.50 (a)

SECTION 5310 GRANT REQUEST

Total FTA Eligible Expenses (from Form B-1, above)	\$ 78,619.50 (a)
Rural Passenger Fares (from Form B-2)	\$ 0.00 (b)
Operating Deficit [FTA Eligible Expenses (a) minus Rural Passenger Fares (b)]	\$ 78,619.50 (c)
Section 5310 Request (No more than 50% of Operating Deficit)	\$ 39,309.75 (d)
Grand Total - All Revenues (from Form B-2)	\$ 21,268.02 *(e)

Note: If Grand Total Revenues (e) exceeds FTA Eligible Expenses (a), reduce the Section 5310 Request (d) by that amount.

APPLIES TO ALL APPLICANTS FOR OPERATING ASSISTANCE

FORM B-2

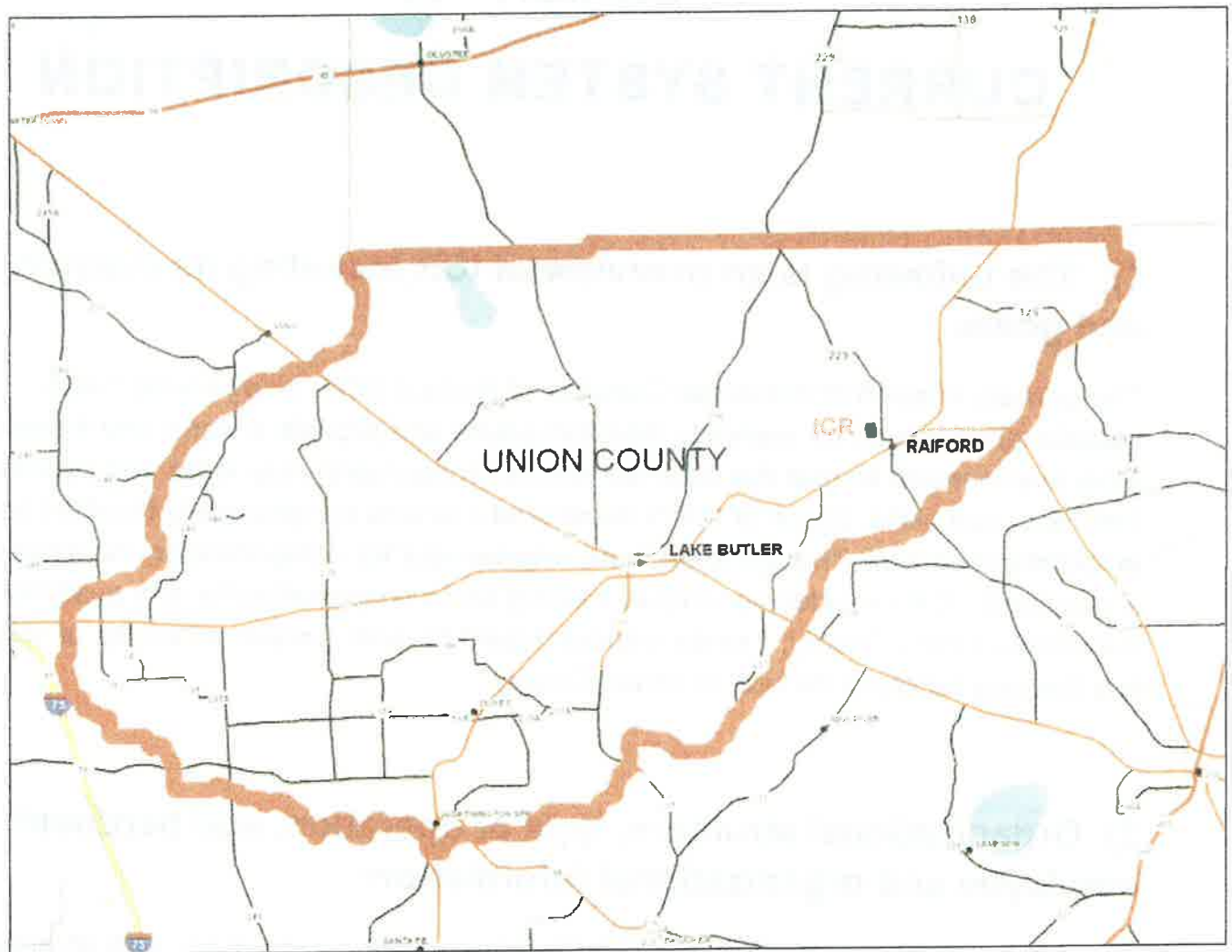
TRANSPORTATION-RELATED OPERATING
and ADMINISTRATIVE REVENUES

Name of Applicant: INDUSTRIAL COMPLEX of RAIFORD (ICR)

Fiscal period from 10/1/2012 to 9/30/2013

OPERATING REVENUE CATEGORY	TOTAL REVENUE	REVENUE USED AS FTA MATCH
Passenger Fares for Transit Service (401)	Total = \$ Rural =\$ (b)	
Special Transit Fares (402)		
School Bus Service Revenues (403)		
Freight Tariffs (404)		
Charter Service Revenues (405)		
Auxiliary Transportation Revenues (406)		
Non-transportation Revenues (407)		
Total Operating Revenue	\$ 0.00	\$ 0.00
OTHER REVENUE CATEGORY		
Taxes Levied directly by the Transit System (408)		
Local Cash Grants and Reimbursements (409)		
Local Special Fare Assistance (410)		
State Cash Grants and Reimbursements (411)		
State Special Fare Assistance (412)	\$ 21,268.02	\$ 21,268.02
Federal Cash Grants and Reimbursements (413)		
Interest Income (414)		
Contributed Services (430)		
Contributed Cash (431)		
Subsidy from Other Sectors of Operations (440)		
Total of Other Revenue	\$ 21,268.02	\$ 21,268.02
GRAND TOTAL ALL REVENUE	\$ 21,268.02	\$ 21,268.02 (e)

SERVICE AREA MAP (Existing & Proposed)



MAP: Union County, Florida (shaded area, border outlined in red)

1) EXISTING SERVICE: All transportation assets, operated by the Industrial Complex of Raiford (ICR), presently serve all adults with developmental (mental) disabilities who reside in Union County (shown in map above) and are enrolled at ICR for basic job skills training and work. ICR vans pick up these disabled adults, transport them to ICR, and return them to their residences, Monday through Friday.

2) PROPOSED SERVICE: In order to sustain ICR's para-transit service, 5310 Operating Assistance Grant funds are being sought. Para-transit operations funding (through the 5310 Grant process) and a new vehicle, also recently provided through the 5310 Grant Program, would allow for greater distances (primarily on rural roads) to be covered to reach more disabled clients both within and outside Union County with greater reliability and safety. The possibility of providing transportation assets to further augment the Union County, FL CTC (A & A Transport, Inc.) is also a possibility.

EXHIBIT - A

CURRENT SYSTEM DESCRIPTION

1) The following is an overview of ICR including its mission and goals:

The primary mission of Industrial Complex of Raiford (ICR) is to provide basic vocational education for mentally disabled adults and provide a warm and friendly work environment so that the disabled clients (consumers) may learn and practice their acquired skills. Some of ICR's vocational trainees are physically disabled (non-ambulatory) as well. Though there is no requirement for compensation, nominal pay is provided. ICR provides vocational training and transportation for any qualified resident of Union County, Florida without regard to race, gender, ethnicity, or religion. It is the only facility of its kind in Union County.

2) Organizational structure, type of operation, and pertinent employee and organizational information:

Industrial Complex of Raiford is a 501(C)(3) non-profit organization, with an active Board of Directors and staff. The staff consists of six employees, which includes an Executive Director and an Assistant Executive Director who manage operations on a daily basis. The other four employees oversee the vocational training and tasking, and serve as drivers who transport the disabled clients to and from ICR. ICR operates under contract with and is funded through the Union County School Board to provide basic vocational skills training for adults with mental disabilities.

3) Responsibility for insurance, training and management, and administration of ICR's transportation programs:

The Assistant Executive Director oversees the insurance, training and management of ICR's transportation system. If operating assistance is granted through the 5310 program, funds will be available for FY 2015 to sustain the para-transit service provided by ICR in order to help fulfill its primary mission.

4) Vehicle maintenance information:

All maintenance for transportation vehicles at ICR is outsourced. Wheel / Tire maintenance and engine repairs are accomplished by Mosley Tire (Starke, FL), Oil / Fluid maintenance is provided by Revels Fast Lube (Starke, FL), and Douglas Battery Co. (Starke, FL) provides battery maintenance and replacement.

5) Number of transportation related employees:

There are a total of (5) employees that are involved in the para-transit operations and administration.

6) Driver information:

Vehicle drivers include (1) full time, and (4) part time driver / employees. Only qualified drivers are – and will be - assigned the task of driving the disabled clients to and from the facility. The primary driver has at least three years experience driving and transporting the disabled clients.

7) Description of para-transport service area and routes:

ICR provides transportation for all it's handicapped vocational trainees to and from the facility, operating under a Coordination Agreement with the CTC for Union County, FL (A & A Transport, Inc.). Presently, ICR provides transportation for (31) disabled adults, twice per day, five days per week - only within the boundaries of Union County, Florida. Primary routes are to residential facilities for the disabled near Raiford, FL and Hwy 121 to transport clients to and from Lake Butler. 5310 Operating Assistance funding would allow ICR to continue the safe reliable transportation of mentally and / or physically disabled adults and potentially allow further augmentation of the CTC's operations, based in nearby Lake Butler.

8) See Exhibit A-1 for more detailed information...

Exhibit B

PROPOSED PROJECT DESCRIPTION

- 1) A) Is the project to continue existing service, expand service, or provide new service?

The current upgrade project will allow the present transporting service to continue, allow for the possibility of expansion, and make possible the opportunity to supplement the services of the CTC in nearby Lake Butler (Union Co., FL).

- B) How will a grant award be used?

The 5310 Operating Assistance Grant award would be used to allow for better maintenance, training, and administration of the transportation program at the Industrial Complex of Raiford (ICR). A previous 5310 Capital Assistance Grant has made possible the replacement of one worn out vehicle. Grant funding would also allow ICR to be ready for safe and reliable service to the mentally disabled (many of whom are from low income backgrounds) further away from its facility and provide an option for supplementing the operations of the CTC, if needed.

- 2) A) How will the grant award be used in context of total service?

Recent census data shows that there are over 400 non-institutionalized mentally disabled adults residing in Union County. At this time, ICR serves 33 of these residents, but has the capacity for more, though it is not allowed to aggressively seek additional vocational trainees. ICR does not provide a fixed route / scheduled transit system, but, as intended by the New Freedom components of the 5310 Program, provides para-transit service outside the routes and ¾ mile stipulations of the Americans with Disabilities Act (ADA), and provides to ICR's vocational trainees / workers same-day service to and from their residences.

- 3) Detailed explanation of need for the vehicle:

N/A (Application is for operating assistance funding only)

- 4) Will a grant award be used to replace existing equipment...?

N/A (Application is for operating assistance funding only)

- 5) All vehicles that are used in the para-transit operations of ICR are listed in the "Current Vehicle and Transportation Equipment Inventory" Form found elsewhere in this application.

6) The following describes ICR's para-transit maintenance program:

All maintenance for transportation vehicles at ICR is outsourced. Wheel / Tire maintenance and engine repairs are accomplished by Mosley Tire (Starke, FL), Oil / Fluid maintenance is provided by Revels Fast Lube (Starke, FL), and Douglas Battery Co. (Starke, FL) provides battery maintenance and replacement. This will remain as the maintenance plan for new replacement vehicles. Tires are replaced as needed. Oil and/or filters are changed and engine compartment fluids are checked for proper levels at proper intervals. All maintenance is accomplished in such a manner as to provide as little interruption in vehicle service as possible.

7) All paratransit operations are carried out by ICR staff – no subcontractors or lessee are used or are being contemplated at this time.

8) A) Is ICR a government authority or a private non-profit agency?

Industrial Complex of Raiford is a private non-profit agency, under IRS designation 501(C)(3). Employees of ICR are not represented by a union.

B) Brief project description and purpose:

The primary purpose of this project is to enhance the reliability of ICR's transportation component that provides mobility for developmentally disabled adults in rural Union County, Florida – between their residences and ICR, their basic skills training center and job provider.

C) Does ICR service Union County's minority population?

ICR, in all functions, provides (and will continue to provide) its services to all mentally challenged persons, regardless of race, gender, ethnicity, or religion.

D) Is ICR Minority owned?

No

REQUIRED
COVER LETTER

STATE OF FLORIDA DEPARTMENT OF TRANSPORTATION
GRANT APPLICATION

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

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

This Application is submitted on this 08th day of January, 2014 with two (2) original resolutions or certified copies of the original resolution authorizing Curtis E. Allen, President (Name & Title) to sign this Application.

Agency Name A & A Transport, Inc.

By Curtis E. Allen Date 01-08-14

Title Curtis E. Allen President

Sample

RESOLUTION FORM

A RESOLUTION of the Governing Board of A & A Transport, Inc. authorizing the signing and submission of a grant application and supporting documents and assurances to the Florida Department of Transportation, the acceptance of a grant award from the Florida Department of Transportation, and the purchase of vehicles and/or equipment and/or expenditure of grant funds pursuant to a grant award.

WHEREAS, A & A Transport, Inc. has the authority to apply for and accept grants and make purchases and/or expend funds pursuant to grant awards made by the Florida Department of Transportation as authorized by Chapter 341, Florida Statutes and/or by the Federal Transit Administration Act of 1964, as amended;

NOW, THEREFORE, BE IT RESOLVED BY THE Governing Board of
A & A Transport, Inc., FLORIDA:

1. This resolution applies to Federal Program(s) under U.S.C. Section(s) 5311.
2. The submission of a grant application(s), supporting documents, and assurances to the Florida Department of Transportation is approved.
3. Curtis E. Allen President is authorized to sign the application, accept a grant award, sign a JPA purchase vehicles/equipment and/or expend grant funds pursuant to a grant award, unless specifically rescinded.

DULY PASSED AND ADOPTED THIS January 07, 2014

By: Curtis E. Allen
(Signature, Chairman of the Board)

Curtis E. Allen President
(Typed Name and Title)

ATTEST:

C. Renae Allen (seal)
C. Renae Allen
Secretary-Treasurer



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

FORM B-1
TRANSPORTATION-RELATED OPERATING and ADMINISTRATIVE
EXPENSES

Name of Applicant:A & A Transport, Inc.State Fiscal period requesting funding for, from 2014 to 2015

EXPENSE CATEGORY	TOTAL EXPENSE	FTA ELIGIBLE EXPENSE
Labor (501)	\$ 120,000	\$ 120,000
Fringe and Benefits (502)	14,000	14,000
Services (503)	23,000	23,000
Materials and Supplies (504)	48,000	48,000
Vehicle Maintenance (504.01)	10,000	10,000
Utilities (505)	52,720	52,720
Insurance (506)	39,000	39,000
Licenses and Taxes (507)	28,000	28,000
Purchased Transit Service (508)	0	0
Miscellaneous (509)	40,000	40,000
Leases and Rentals (512)	709	709
Depreciation (513)	20,000	
TOTAL	\$ 395,429	\$ 375,429 (a)

SECTION 5311 GRANT REQUESTTotal FTA Eligible Expenses (from Form B-1, above) \$ 375,429 (a)Rural Passenger Fares (from Form B-2) \$ 3,000 (b)Operating Deficit \$ 372,429 (c)
[FTA Eligible Expenses (a) minus Rural Passenger Fares (b)]Section 5311 Request \$ 186,214 (d)
(No more than 50% of Operating Deficit)Grant Total All Revenues (from Form B-2) \$ 368,429 *(e)

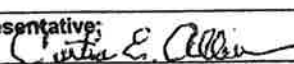
Note: If Grand Total Revenues (e) exceeds FTA Eligible Expenses (a), reduce the Section 5311 Request (d) by that amount.

PART B**APPLIES TO ALL APPLICANTS FOR OPERATING ASSISTANCE****FORM B-2****TRANSPORTATION-RELATED OPERATING and ADMINISTRATIVE REVENUES**Name of Applicant: A & A Transport, Inc.State Fiscal period requesting funding for, from 2014 to 2015

OPERATING REVENUE CATEGORY	TOTAL REVENUE	REVENUE USED AS FTA MATCH
Passenger Fares for Transit Service (401)	Total= \$ Rural = \$ 3,000 (b)	
Special Transit Fares (402)	262,202	262,202
School Bus Service Revenues (403)		
Freight Tariffs (404)		
Charter Service Revenues (405)		
Auxiliary Transportation Revenues (406)		
Non-transportation Revenues (407)		
Total Operating Revenue	\$ 265,202	\$ 262,202
OTHER REVENUE CATEGORY		
Taxes Levied directly by the Transit System (408)		
Local Cash Grants and Reimbursements (409)	9,200	9,200
Local Special Fare Assistance (410)		
State Cash Grants and Reimbursements (411)		
State Special Fare Assistance (412)		
Federal Cash Grants and Reimbursements (413)	97,027	97,027
Interest Income (414)		
Contributed Services (430)		
Contributed Cash (431)		
Subsidy from Other Sectors of Operations (440)		
Total of Other Revenue	\$ 106,227	\$ 106,227
GRAND TOTAL ALL REVENUE	\$ 371,429	\$ 368,429 (e)

APPLICATION FOR FEDERAL ASSISTANCE

Version 7/03

1. TYPE OF SUBMISSION:			Pre-application – place an x in the box		
Application – place an x in the box			[] construction		
[] construction			[] non-construction		
<input checked="" type="checkbox"/> non-construction					
2. DATE SUBMITTED January 09, 2014			Applicant Identifier		
3. DATE RECEIVED BY STATE			State Application Identifier		
4. DATE RECEIVED BY FEDERAL AGENCY			Federal Identifier		
5. APPLICANT INFORMATION					
Legal Name:			Organizational Unit:		
A & A Transport, Inc.			Department:		
Organizational DUNS: 051432099			Division:		
Address: 55 North Lake Avenue			Name and telephone number of person to be contacted on matters involving this application (give area code)		
Lake Butler, FL 32054-1733			Prefix: Mr. First Name: Curtis		
Street: 55 North Lake Avenue			Middle Name: Eugene		
City: Lake Butler, FL 32054-1733			Last Name: Allen		
County: Union			Suffix:		
State: Florida			Email: ceallen1954@yahoo.com		
Zip Code: 32054-1733			Phone Number (give area code):		
Country: U.S.A.			(386) 496-2056		
6. EMPLOYER IDENTIFICATION NUMBER (EIN): (Replace these boxes with numerals)			Fax Number (give area code) 386-496-1956		
50-2342930			7. TYPE OF APPLICANT: (See back of form for Application Types)		
8. TYPE OF APPLICATION:			N. Non-profit corporation		
<input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision			Other (specify)		
If Revision, enter appropriate letter(s) in box(es) <input type="checkbox"/> <input type="checkbox"/>			9. NAME OF FEDERAL AGENCY:		
(See back of form for description of letters.)			Federal Transit Administration		
Other (specify)			11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:		
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: (Replace these boxes with numerals)			Use Section 5311 Federal Grant Funds to assist in paying operating expenses		
U.S.C. Section 5311 FORMULA GRANTS FOR 2010-2014			14. CONGRESSIONAL DISTRICTS OF:		
TITLE (Name of Program): RURAL AREAS			a. Applicant 4 b. Project 4		
12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.):			16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS? Yes		
Union County			a. Yes. <input checked="" type="checkbox"/> THIS PREAPPLICATION /APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON: 01-10-14		
13. PROPOSED PROJECT			DATE: 01-08-14		
Start Date: 07-01-14 Ending Date: 06-30-15			b. No. <input type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372.		
15. ESTIMATED FUNDING:			<input type="checkbox"/> PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW		
a. Federal	\$	186,214	17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT? No		
b. Applicant	\$		<input type="checkbox"/> Yes. If "Yes" attach an explanation.		
c. State	\$		<input checked="" type="checkbox"/> No		
d. Local	\$				
e. Other	\$	186,215			
f. Program Income	\$				
g. TOTAL	\$	372,429			
18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT. THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.					
a. Authorized Representative					
Prefix: Mr.		First Name: Curtis		Middle Name: Eugene	
Last Name: Allen		Suffix:		c. Telephone Number (give area code) 386-496-2056	
b. Title: President		e. Date Signed:		January 08, 2014	
d. Signature of Authorized Representative: 					

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Circular A-102

Standard Form 424 (Rev.9-2003); Prescribed by OMB

All Applicants

EXHIBIT A-1 FACT SHEET

	CURRENTLY	IF GRANT IS AWARDED *
1. Number of one-way passenger trips.* PER YEAR	12,000	12,000
2. Number of individuals served unduplicated (first ride per rider per fiscal year). PER YEAR	695	695
3. Number of vehicles used for this service. ACTUAL	8	8
4. Number of ambulatory seats. AVERAGE PER VEHICLE (Total ambulatory seats divided by total number of fleet vehicles)	6	6
5. Number of wheelchair positions. AVERAGE PER VEHICLE (Total wheelchair positions divided by total number of fleet vehicles)	1	1
6. Vehicle Miles traveled. PER YEAR	144,000	144,000
7. Average vehicle miles PER DAY	576	576
8. Normal vehicle hours in operation. PER DAY	27	27
9. Normal number of days in operation. PER WEEK	5+	5+
10. Trip length (roundtrip). AVERAGE	20	20

Estimates are acceptable.

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



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April 8, 2014

TO: Union County Transportation Disadvantaged 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 Fiscal Year 2013/14 Medicaid Non-Emergency Transportation Program Encounter Data and Trip Denial reports. Staff did not receive the following reports from A & A Transport:

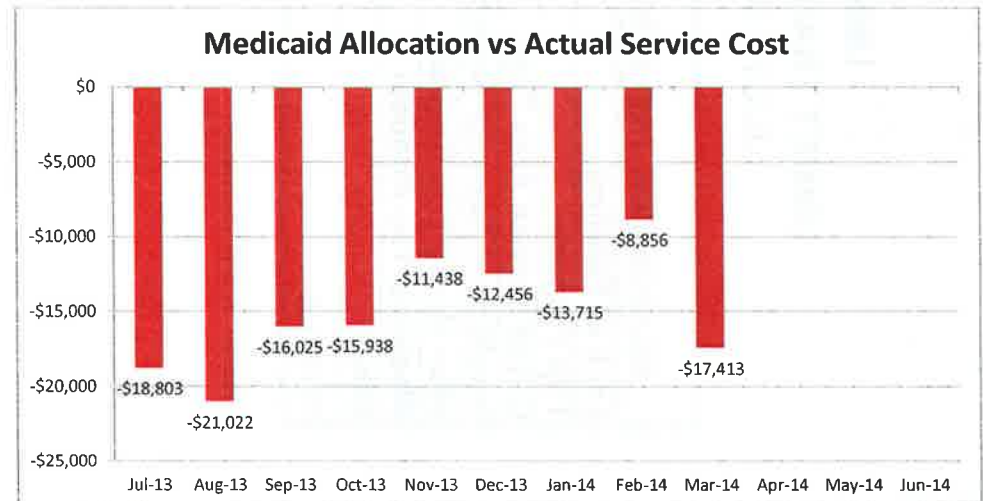
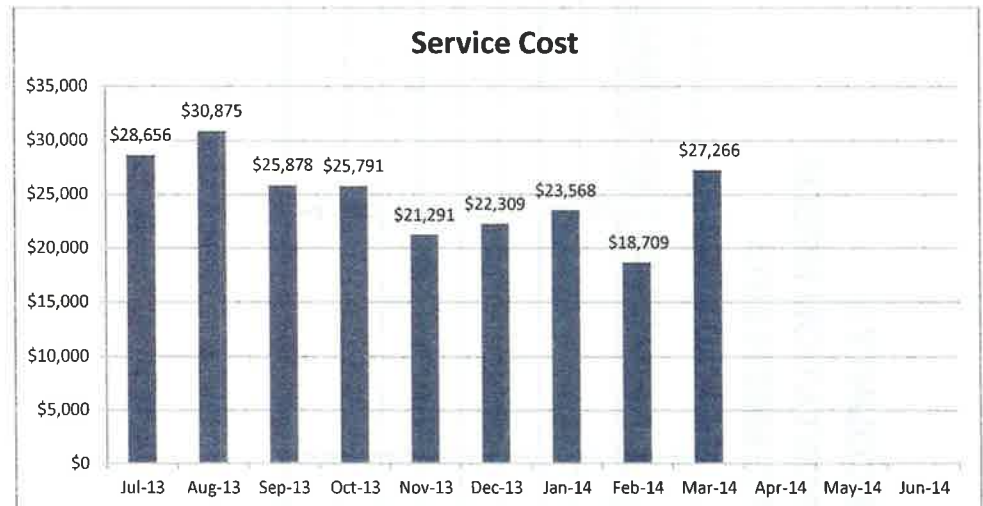
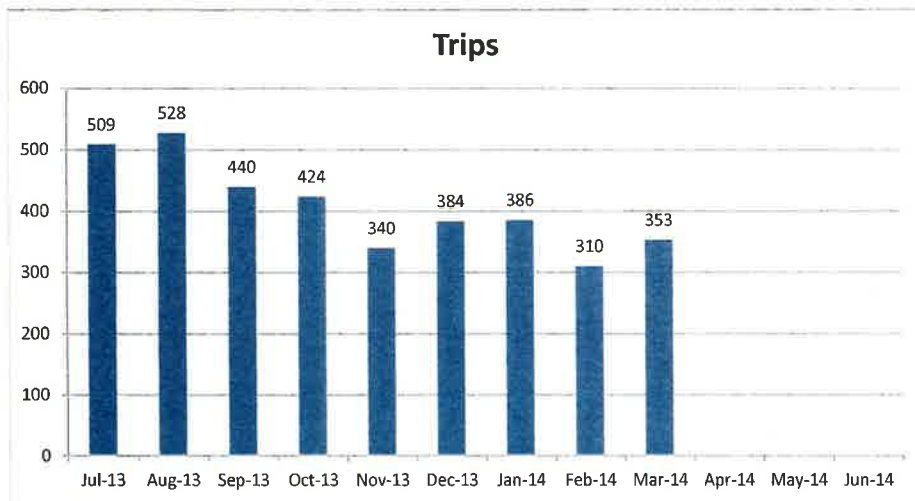
1. Complaint/Commendation Report.
2. Quarterly Operations Report;
3. Fiscal Year 2013/14 Transportation Disadvantaged Trust Fund Status Report;

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

Attachment

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



**UNION COUNTY
UNMET TRANSPORTATION NEEDS
JULY - SEPTEMBER 2013**

REASON FOR TRIP DENIAL	NUMBER OF TRIP DENIALS
Lack of Funding	0
Trip Purpose	3
Out of Service Area Trip	2
Insufficient Advance Notice	0
After Hours Trip Request	2
Weekend Trip Request	0
Other	0
TOTALS	7

Source: A & A Transport

ATTENDANCE RECORD

UNION COUNTY TRANSPORTATION DISADVANTAGED COORDINATING BOARD

MEMBER/ORGANIZATION	NAME	04/16/2013	07/16/2013	10/15/2013	01/14/2014
Chair	Commissioner M. Wayne Smith	P	P	P	A
Florida Department of Transportation	Sandra Collins	P	P	P	A
Alternate Member	Janell Damato	A	A	A	A
Florida Department of Children and Families	Jaime Sanchez-Bianchi	P	P	P	P
Alternate Member	(Vacant)				
Florida Agency for Health Care Administration	Alana McKay	P	P	A	P
Alternate Member	Andrew Singer	A	A	P	A
Florida Department of Education	Rayford Riels	A	P	A	A
Alternate Member	Barbara Harrington	A	A	A	A
Public Education	Mike Pittman	A	P	A	A
Alternate Member	(Vacant)				
Citizen Advocate	Doyle Archer	P	A	P	A
Alternate Member	Vernon C. Dukes				A
Citizen Advocate-User	(Vacant)				
Alternate Member	(Vacant)				
Elderly	Donald Pettit	P	P	P	P
Alternate Member	(Vacant)				
Veterans	Barbara Fischer	P	P	P	P
Alternate Member	(Vacant)				
Persons with Disabilities	Bill McGill	P	P	P	A
Alternate Member	(Vacant)				
Florida Association for Community Action	Matthew Pearson				P
Alternate Member	(Vacant)				
Florida Department of Elder Affairs	Cindy Roberts	P	P	A	A
Alternate Member	(Vacant)				
Children at Risk	Alberta Hampton				P
Alternate Member	(Vacant)				
Regional Workforce Board	(Vacant)				
Alternate Member	(Vacant)				
Local Medical Community	(Vacant)				
Alternate Member	(Vacant)				

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

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

