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September 24, 2015

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

The Dixie County Transportation Disadvantaged Coordinating Board will meet **Thursday, October 1, 2015 at 1:00 p.m.** in the County Commission Meeting Room located in the Dixie County Courthouse at 214 NE Hwy 351, Cross City, 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 1-800-226-0690 extension 110.

Attachments

t:\lynn\td2015\madison\memos\sept.docx

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by coordinating growth management, protecting regional resources,
promoting economic development and providing technical services to local governments.



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**DIXIE COUNTY
TRANSPORTATION DISADVANTAGED COORDINATING BOARD**

MEETING ANNOUNCEMENT AND AGENDA

County Commissioners' Meeting Room
Dixie County Courthouse
Cross City, Florida

Thursday
October 1, 2015
1:00 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 July 2, 2015
Minutes**

Page 7

ACTION REQUIRED

II. NEW BUSINESS

A. Annual Performance Evaluation

Page 11

ACTION REQUIRED

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

B. Annual Operations Report

Page 57

NO ACTION REQUIRED

The Board needs to review the 2014/15 Annual Operations Report

**C. Rural Area Capital Assistance Program
Grant Application**

Page 75

NO ACTION REQUIRED

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

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promoting economic development and providing technical services to local governments.

III. OTHER BUSINESS

A. Comments

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

IV. FUTURE MEETING DATES

- A. January 7, 2016 at 1:00 p.m.**
- B. April 7, 2016 at 1:00 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.

**DIXIE COUNTY
TRANSPORTATION DISADVANTAGED COORDINATING BOARD**

MEMBER/REPRESENTING	ALTERNATE/REPRESENTING
Commissioner Jason Holifield Local Elected Official/Chair	Not Applicable
Sandra Collins, Vice-Chair Florida Department of Transportation Grievance Committee Member	Janell Damato Florida Department of Transportation
Debbie Andrews Florida Department of Children and Families	Vacant Florida Department of Children and Families
Vacant Florida Department of Education	Jeff Aboumrad Florida Department of Education Grievance Committee Member
Vacant Florida Department of Elder Affairs	Vacant Florida Department of Elder Affairs
Dewece Ogden Florida Agency for Health Care Administration	Vacant Florida Agency for Health Care Administration
Jeannie Carr Regional Workforce Board	Sifoa Nunu 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
Tim Alexander Public Education Grievance Committee	Vacant Public Education
Vacant Veterans Term ending June 30, 2017	Vacant Veterans Term ending June 30, 2017
Vacant 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
Vacant Persons with Disabilities Term ending June 30, 2015	Vacant Persons with Disabilities Term ending June 30, 2015
Vacant 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

**DIXIE COUNTY
TRANSPORTATION DISADVANTAGED COORDINATING BOARD**

MEETING MINUTES

County Commissioners' Meeting Room
Dixie County Courthouse
Cross City, Florida

Thursday
July 2, 2015
1:00 p.m.

VOTING MEMBERS PRESENT

Commissioner Jason Holifield, Chair
Jeff Aboumrad, Florida Department of Education Representative
Sandra Collins, Florida Department of Transportation Representative
Tonya Hiers, Early Childhood Services Representative
Dewece Ogden, Florida Agency for Health Care Administration Representative

VOTING MEMBERS ABSENT

Tim Alexander, Public Education Representative

OTHERS PRESENT

Matthew Pearson, Suwannee River Economic Council

STAFF PRESENT

Lynn Godfrey, North Central Florida Regional Planning Council

I. BUSINESS MEETING CALL TO ORDER

Chairman Holifield called the meeting to order at 1:00 p.m.

A. Invocation

Mr. Matthew Pearson gave the invocation.

B. Pledge of Allegiance

Chairman Holifield led the Board in reciting the Pledge of Allegiance.

C. Introductions

Chairman Holifield asked everyone to introduce themselves.

D. Approval of the Meeting Agenda

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

E. Approval of the April 2, 2015 Meeting Minutes

ACTION: Tonya Hiers moved to approve the April 2, 2015 meeting minutes. Sandra Collins seconded; motion passed unanimously.

II. NEW BUSINESS

A. Dixie County Transportation Disadvantaged Service Plan Amendment

Ms. Lynn Godfrey, North Central Florida Regional Planning Council Senior Planner, stated that the Fiscal Year 2015/16 service rates charged by Suwannee River Economic Council must be approved by the Board and included in the Dixie County Transportation Disadvantaged Service Plan. She said the rates are included in the meeting materials for the Board to review and approve.

The Board reviewed the Fiscal Year 2015/16 service rates.

ACTION: Sandra Collins moved to amend the Dixie County Transportation Disadvantaged Service Plan to include the Fiscal Year 2015/16 service rates. Tonya Hiers seconded; motion passed unanimously.

B. Bylaws

Ms. Godfrey stated that the Board needs to review and approve the Bylaws. She said staff is recommending an amendment to the Bylaws to allow 40 percent of voting members present to constitute a quorum.

The Board reviewed the Bylaws.

ACTION: Tonya Hiers moved to approve the Bylaws as amended. Deweece Ogden seconded; motion passed unanimously.

C. Grievance Procedures

Ms. Godfrey stated that the Board needs to review and approve the Grievance Procedures. She said staff recommends deleting the reference to the Medicaid Program Grievance System since Medicaid Program transportation is no longer coordinated through Florida's Coordinated Transportation System.

ACTION: Deweece Ogden moved to approve the Grievance Procedures as amended. Tonya Hiers seconded; motion passed unanimously.

D. Multi-County Transportation Disadvantaged Program Service Area

Ms. Godfrey explained that Dixie and Gilchrist Counties have the ability operate as a multi-county designated service area under Florida's Transportation Disadvantaged Program. She stated that, if a multi-county designated service area is created for Dixie and Gilchrist Counties, the Florida Commission for the Transportation will establish a multi-county Transportation Disadvantaged Coordinating Board for Dixie and Gilchrist Counties.

Ms. Godfrey said she attached information regarding the establishment of a multi-county designated service area under Florida's Transportation Disadvantaged Program and the establishment of a multi-county Transportation Disadvantaged Coordinating Board for Dixie and Gilchrist Counties in the meeting materials.

The Board discussed the creation of a multi-county service area and agreed to move forward to combine Dixie and Gilchrist Counties into one designated service area if the Gilchrist County Transportation Disadvantaged Coordinating Board is also in agreement with it.

E. Operations Reports

Ms. Godfrey stated that the operations reports 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

Ms. Sandra Collins commended Suwannee River Economic Council for doing an excellent job providing transportation to Dixie County citizens.

2. Citizens

Ms. Godfrey stated that several Board members have resigned from the Board since the last meeting. She asked the Board members to assist her in finding interested individuals to serve on the Board.

The Board suggested reimbursing citizens for their mileage to the meetings.

IV. FUTURE MEETING DATES

Ms. Godfrey stated that the next meeting of the Board is scheduled for October 1, 2015 at 1:00 p.m.

ADJOURNMENT

The meeting adjourned at 2:00 p.m.

Coordinating Board Chair

Date



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September 24, 2015

TO: Dixie 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\td2015\dixie\memos\eval.docx

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COMMUNITY TRANSPORTATION COORDINATOR EVALUATION WORKBOOK

Florida Commission for the



Transportation Disadvantaged

Community Transportation Coordinator: Suwannee River Economic Council

County: Dixie

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

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

Review period: July 1, 2014 - June 30, 2015

Community Transportation Coordinator Annual Performance Evaluation

Approved by the
Dixie County
Transportation Disadvantaged Coordinating Board

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

Jason Holifield, 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 1, 2015

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Community Transportation Coordinator Annual Performance Evaluation

Community Transportation Coordinator: Suwannee River Economic Council

County: Dixie

Review Period: July 1, 2014 - June 30, 2015

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: Driver not wearing identification, TD Helpline phone number not posted in vehicle.

Recommendations: Drivers should always wear identification, post TD Helpline phone number in vehicles.

Timeline for Compliance: October 31, 2015

E. Surveys (see attachment)

Areas of Noncompliance: None

Recommendations: None

Timeline for Compliance: None

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General Questions _____ 3

Compliance with Chapter 427, Florida Statutes _____ 17

Compliance with Rule 41-2, Florida Administrative Code _____ 36

On-Site Observation of the System _____ 46

Level of Cost _____ 55

Level of Competition _____ 56

Level of Coordination _____ 57

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 five counties saves money. Suwannee River Economic Council was designated the interim Community Transportation Coordinator for Union County effective July 1, 2015.

15. Are there any areas where coordination can be improved?
Require the provision of Florida's Managed Medical Care Program transportation services through Florida's Coordinated Transportation System.
16. What barriers are there to the coordinated system?
Allowing State agencies to provide transportation services to their clients outside of Florida's Coordinated Transportation System.
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
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 to 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 to close to another vehicle.

Staff Signature: _____

Director of Transportation Signature: _____



Suwannee River Economic Council, Inc.

Established
1966



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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.

**Dixie County
Programs and Services**

For information on our Aging Programs:

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



Contact
Dixie -Cross City Mealsite
Hours: M - F, 10:00 a.m. - 2:00 p.m.
314 NE 255th Street
Cross City, Florida 32680
(352) 498-2714

Programs, Services, Eligibility
Aging Programs

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

- 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
Emergency Assistance/Self Sufficiency

Community Services Block Grant (CSBG)

- Information & Referral; Family Self-Sufficiency; Case Management; Support Services; Application Assistance to other Social Service Agencies.

Eligibility: Income guidelines 125% of poverty guidelines and a documented emergency.

Energy Neighbor Fund

- Assistance with utilities, heating/cooling.

Eligibility: Must be Duke Energy customer; household income of no more than 125% of the federally established income guideline.

Low Income Home Energy Assistance Program

- Assistance with utility bills and utility crisis resolution.

Eligibility: Household income of no more than 150% of the federally established income guidelines and certain asset limitations; resident of the county.

Programs, Services, Eligibility Housing/Transportation 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 (352) 498-5018, 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.*

**Dixie 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

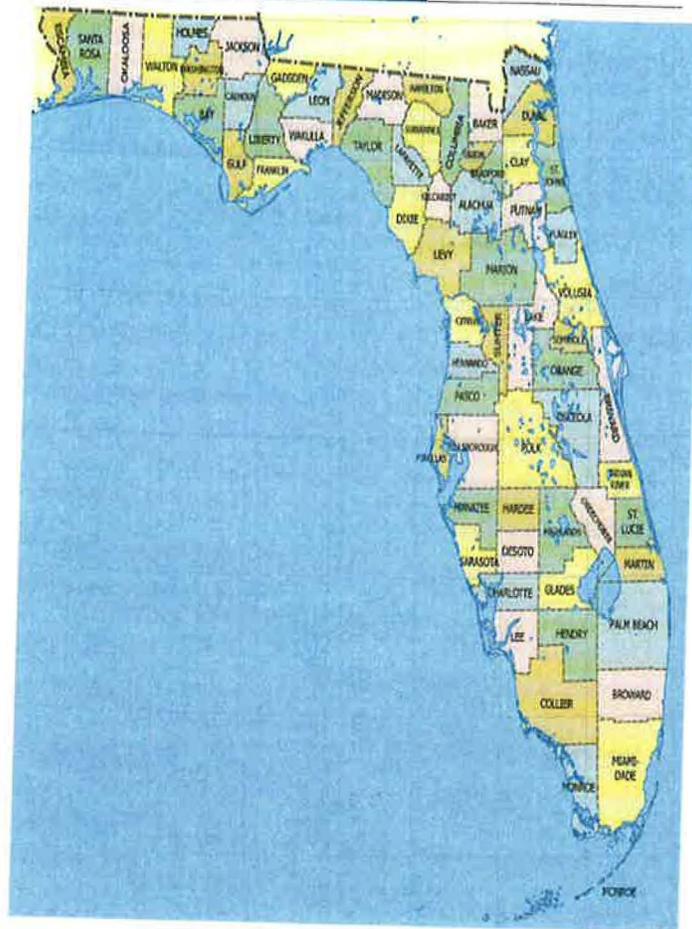
- Weatherization
- SHIP

Transportation

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

Contact
Dixie Service / Senior Center
314 NE 255th Street
Cross City, Florida 32680
(352) 498-5018 Voice/TDD

Florida State Map
67 Counties



Dixie 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

- _____ 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? _____
- _____ Does any member of your household have a car? Name: _____
 _____ Could they transport you to medical appointments? If not, why? _____
- _____ Do you have family members in the county who can transport you? Name: _____
 _____ Could they transport you to medical appointments? If not, why? _____
- _____ Do you have friends in the county who can transport you? Name: _____
 _____ Could they transport you to medical appointments? If not, why? _____
- _____ Do you live in a facility that provides transportation? _____
 _____ 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

- _____ Do you live on a bus route? What is the distance to the nearest bus stop? _____
- _____ Have you used the bus system for transportation in the past?
- _____ Do you have any limitations that would prevent you from using the bus system now? If Yes, please describe them below.

- _____ 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: _____ REDETERMINATION: _____ DATE RECEIVED: ____/____/____ REVIEWED BY: _____
(Y/N) (Y/N)

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

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

Transportation Disadvantaged-BENEFICIARY INTAKE FORM

SECTION 1 - DETERMINATION OF ELIGIBILITY

NAME: [REDACTED] ADDRESS: [REDACTED] CITY: TRENTON STATE: FL ZIP: 32683 COUNTY: GULCHIST
 SEX: M SSN: [REDACTED] TOD # ()
 EMERGENCY CONTACT: [REDACTED] RELATIONSHIP: WIFE TELEPHONE: [REDACTED]

NAME	RELATIONSHIP	AGE	DRIV. LIC (Y/N)	TYPE OF VEHICLE
[REDACTED]	WIFE	49	[REDACTED]	Jeep

(Please list each member)

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

Yes/No

- NO Do you have a valid Florida Driver's License? Year: _____ Model: _____
 If not, why? can't see well enough
- Y Could you drive your car to medical appointments? Name: _____
 If not, why? Vehicle not reliable on long tr.
- N Could they transport you to medical appointments? Name: _____
 If not, why? _____
- N Could they transport you to medical appointments? Name: _____
 If not, why? _____
- N Do you live in a facility that provides transportation? If not, why? _____
 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	REMARKS
SHANDS	2	2	waiting until car brake down

SECTION 3 - AVAILABILITY OF FEDERALLY FUNDED OR PUBLIC TRANSPORTATION

Yes/No

- NO Do you live on a bus route? _____
- NO _____ If Yes, please describe them below.
- NO _____ If Yes, please describe them below.

SECTION 4 - SPECIAL NEEDS
Please check or list any

Powered Wheelchair
 Cane
 Stretcher
 Respirator
 Manual Wheelchair
 Service Animal
 Walker

Other: _____

SECTION 5 - CERTIFICATION AND ACKNOWLEDGEMENT
I understand and affirm that the information provided in this application for CYD 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: 7/3/14

PLEASE RETURN THIS FORM TO
Suwannee River Economic Council, Inc.
 314 NE 255th St, Cross City, FL 32628
 Or PO Box 953, Cross City, FL 32628
 352-498-7366

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: _____

 LETTER: _____ (Y/N)

 PCA NEEDED: _____ (Y/N)

Aug. 31, 2015 9:22AM
 Suwannee River Economic Council
 No. 8197 P. 4

COMPLIANCE WITH CHAPTER 427, FLORIDA STATUTES

1. Are the Community Transportation Coordinator subcontracts uniform?
 Yes No Not applicable
 2. Is the Florida Commission for the Transportation Disadvantaged standard contract utilized?
 Yes No Not applicable
 3. Do the contracts include performance standards for the transportation operators and coordination contractors?
 Yes No Not applicable
 4. Do the contracts include the proper language concerning payment to subcontractors?
 Yes No Not applicable
 5. Were the following items submitted on time?

Annual Operating Report
 Yes No

Memorandum of Agreement
 Yes No

Transportation Disadvantaged Service Rates/Rate Model
 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 Not applicable
 7. Is a written report issued to the operator?
 Yes No Not applicable
 8. What type of monitoring does the Community Transportation Coordinator perform on its coordination contractors and how often is it conducted?
Not applicable
-

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? \$100,000/\$200,000
5. What are the minimum liability insurance requirements in the operator and coordination contracts? Not applicable
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 restraint 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



Bus Transit System Annual Safety and Security Certification

*Certifying Compliance with Rule 14-90, FAC to the
Florida Department of Transportation (FDOT)*

Certification Date (Current): 2015

Certification Year (Previous): 2014

Name and Address of Bus Transit System: Suwannee River Economic Council, Inc.

PO Box 70

Live Oak, FL 32064

The Bus Transit System (Agency) named above hereby certifies the following:

1. *The Agency has adopted a System Safety Program Plan (SSPP) and a Security Program Plan (SPP) pursuant to the standards set forth in Rule Chapter 14-90, Florida Administrative Code.*
2. *The Agency is in compliance with its adopted SSPP and SPP.*
3. *The Agency has performed annual safety inspections on all operational vehicles in accordance with Rule Chapter 14-90, Florida Administrative Code.*
4. *The Agency has conducted reviews of SSPP and SPP and the plans are up to date.*

Blue Ink Signature: Matt Pearson
(Individual Responsible for Assurance of Compliance)

Date: 1/12/15

Name: Matt Pearson Title: Executive Director

Name and address of entity(ies) which has (have) performed bus safety inspections and security assessments:

Name: See Attachment

Address: _____

Name of Qualified Mechanic who Performed Annual Inspections: _____

* Note: Please do not edit or otherwise change this form.



Name and address of entity(ies) which has (have) performed bus safety inspections and security assessments:

1. Beck Chevrolet
1901 North Temple Avenue
Starke, FL 32091

2. King's Oil & Tire
PO Box 717
Cross City, FL 32628

3. Furst Automotive
109 West Duval Street
Live Oak, FL 32064

4. Revels Fast Lube
204 West Madison Street
Starke, FL 32091

STATE OF FLORIDA DEPARTMENT OF TRANSPORTATION
CERTIFICATE OF COMPLIANCE

725-030-10
TRANSIT
12/01

for a
SECTION 5311 SUBRECIPIENT
(Certifying compliance with 49 CFR Parts 40, 655)
To
Florida Department of Transportation

DATE 1/13/2015

Section 5311 Subrecipient Information:

AGENCY NAME: Suw River Economic Council, Inc.

ADDRESS: PO Box 70, Live Oak, FL 32064

PHONE: 386-362-4115

FDOT District Office Information:

NAME: Doreen Joyner-Howard, AICP

ADDRESS: 2198 Edison Avenue, Jacksonville, FL

PHONE: 904-360-5650

I, Matt Pearson Executive Director
(Name) (Title)

hereby certify that Suwannee River Economic Council and its applicable
(Name of Subrecipient)
contractor(s) (listing attached hereto) for _____
(Name of Subrecipient)

has (have) established and implemented an anti-drug and alcohol misuse prevention program in accordance with the provisions of 49 CFR Parts 40 and 655 as amended. I further certify that the employee training conducted under this part meets the requirements of 49 CFR Parts 40 and 655 as amended.



Signature

Attachment: (Applicable Contractor(s) - Name, Address, Phone #, Contact Person)

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

THIS CERTIFIES CALENDAR YEAR 2015 DATE: 1/27/2015

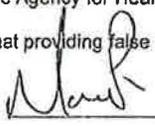
SUBCONTRACTED TRANSPORTATION PROVIDER: SUWANNEE RIVER ECONOMIC COUNCIL, INC.

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: MATT PEARSON
(Type or Print)

Title: EXECUTIVE DIRECTOR

ON-SITE OBSERVATION OF THE SYSTEM

1. Date of Observation:
9/18/15
2. Please list any special guests that were present:
None
3. Location:
Invision N FL Outpatient Imaging/VA Medical Center
4. Number of Passengers picked up/dropped off
3

Ambulatory:
2

Non-Ambulatory
1
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: Transportation Disadvantaged Program
Representative of Purchasing Agency: Shaun K Williams

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? _____

Dixie

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: 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?

- 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: Appreciate 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?

- 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: 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?

- 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: Reliable 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?

- 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: 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?

- 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: None.

LEVEL OF COST

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

County: Dixie		Fiscal Year: July 1, 2014 - June 30, 2015	
Status: Submitted to FLCTD			
Section VII: Financial Data			
2. Expense Sources			
Expense Item	Community Transportation Coordinator	Coordination Contractor	TOTAL EXPENSES
Labor (501):	\$84,255.00	\$0.00	\$84,255.00
Fringe Benefits (502):	\$52,298.00	\$0.00	\$52,298.00
Services (503):	\$13,793.00	\$0.00	\$13,793.00
Materials and Supplies Cons. (504):	\$49,485.00	\$0.00	\$49,485.00
Utilities (505):	\$10,489.00	\$0.00	\$10,489.00
Casualty and Liability (506):	\$12,307.00	\$0.00	\$12,307.00
Taxes (507):	\$215.00	\$0.00	\$215.00
Purchased Transportation Services (508)			
Bus Pass Expenses:	\$0.00	\$0.00	\$0.00
School Bus Expenses:	\$0.00	\$0.00	\$0.00
Other:	\$6,004.00	\$0.00	\$6,004.00
Miscellaneous (509):	\$763.00	\$0.00	\$763.00
Interest (511):	\$0.00	\$0.00	\$0.00
Leases and Rentals (512):	\$9,089.00	\$0.00	\$9,089.00
Annual Depreciation (513):	\$3,004.00	\$0.00	\$3,004.00
Contributed Services (530):	\$21,736.00	\$0.00	\$21,736.00
Allocated Indirect Expenses:	\$0.00	\$0.00	\$0.00
GRAND TOTAL:	\$263,438.00	\$0.00	\$263,438.00

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	0	0
Public Transit Agency	0	0
Total	1	1

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



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 enrolled in Florida's Managed Medical Care Program.

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 Florida's Managed Medical Care Program.

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

Suwannee River Economic Council handles all trip reservations except trip reservations made for trips sponsored by Florida's Managed Medical Care Program..

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

Not applicable.

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

Suwannee River Economic Council schedules all trips except for trips provided by Florida's Managed Medical Care Program.

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

Not applicable.



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September 24, 2015

TO: Dixie County Transportation Disadvantaged Coordinating Board
FROM: Lynn Godfrey, AICP, Senior Planner
SUBJECT: 2014-2015 Annual Operations Report

RECOMMENDATION

Review the 2014/2015 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 the Dixie County 2014-2015 Annual Operations Report. If you have any questions concerning the attached report, please contact me at extension 110.

Attachment

t:\lynn\td2015\dixie\memos\lor.docx

FLCTD

Annual Operations Report

Section I: Face Sheet

County: Dixie	Fiscal Year: July 1, 2014 - June 30, 2015
Status: Submitted to FLCTD	
Report Date:	08/04/2015
Period Covered:	July 1, 2014 - June 30, 2015
Coordinator's Name:	Suwannee River Economic Council, Inc.
Address:	P.O. Box 70
City:	Live Oak
Zip Code:	32064
Service Area:	Dixie
Contact Person:	Matt Pearson
Title:	Executive Director
Phone:	(386) 362 - 4115
Fax:	(386) 362 - 4078
Email:	mattpearson@suwanneec.net
Network Type:	Partial Brokerage
Organization Type:	Private Non-Profit
CTC Certification:	
<p>I, Matt Pearson, as the authorized Community Transportation Coordinator (CTC) Representative, hereby certify, under the penalties of perjury as stated in Chapter 837.06, F.S., that the information contained in this report is true, accurate, and in accordance with the accompanying instructions.</p>	
CTC Representative (signature)	

LCB Statement:	
<p>I, _____, as the local Coordinating Board Chairperson, hereby, certify in accordance with Rule 41-2.007(7) F.S. that the local Coordinating Board has reviewed this report and the Planning Agency has received a copy.</p>	
LCB Signature	

FLCTD
Annual Operations Report
Section II: General Info

County: **Dixie**

Fiscal Year: **July 1, 2014 - June 30, 2015**

Status: **Submitted to FLCTD**

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: 0

Transit Authority: 0

Other: 0

Total: 1

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

0

FLCTD

Annual Operations Report

Section III: Passenger Trip Info

County: Dixie		Fiscal Year: July 1, 2014 - June 30, 2015	
Status: Submitted to FLCTD			
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	993	4774	5767
Non-Ambulatory	261	499	760
Stretcher	44	80	124
Other Services			
School Board Trips	0	0	0
Total Trips	1298	5353	6651
1b. How many of the total trips were provided by contracted transportation providers (do not include the CTC, if the CTC provides transportation services)?			0
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			2836
Agency for Persons with Disabilities			0
Agency for Workforce Innovation			0
Commission for the Transportation Disadvantaged			3497
Department of Children and Families			0
Department of Community Affairs			0
Department of Education			0
Department of Elder Affairs			317
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:	6651
3. One-Way Trips by Passenger Type	
Was this information obtained by sampling?	yes
Elderly	
Low Income:	2760
Disabled:	316
Low Income and Disabled:	733
Other:	0
Children	
Low Income:	737
Disabled:	0
Low Income and Disabled:	72
Other:	0
Other	
Low Income:	1783
Disabled:	66
Low Income and Disabled:	184
Other:	0
Total:	6651
4. One-Way Passenger Trips - by Purpose	
Was this information obtained by sampling?	yes
Medical Purpose	6017
Employment Purpose	0
Education/Training/Daycare Purpose	0
Nutritional Purpose	596
Life-Sustaining/Other Purpose	38
Total:	6651
5. Unduplicated Passenger Head Count	
5a. Paratransit/Deviated Fixed Route/ School Brd	351

5b. Fixed Route	0
Total:	351
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	
	69
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	1
Complaints by Policy	0
Complaints by Vehicle	0
Complaints by Other	0
Complaint Total:	1
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: Dixie	Fiscal Year: July 1, 2014 - June 30, 2015		
Status: Submitted to FLCTD			
Section IV: Vehicle Information			
1. Mileage Information			
	Vehicle Miles		Revenue Miles
CTC:	119852		109314
Transportation Providers:	0		0
Coordination Contractors:	0		0
School Bus Utilization Agreement:	0		0
Total:	119852		109314
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			
	10		
		Count	Percentage
a. Total vehicles that are wheelchair accessible:		9	90.00%
b. Total vehicles that are stretcher equipped:		1	10.00%

FLCTD

Annual Operations Report

Section V: Employee Info

County: Dixie		Fiscal Year: July 1, 2014 - June 30, 2015	
Status: Submitted to FLCTD			
Section V: Employee Information			
1. CTC and Transportation Provider Employee Information			
			Hours
Full-Time Drivers	3		6318
Part-Time Drivers	1		1565
Volunteer Drivers	0		0
Total Hours:			7883
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: 7883

FLCTD

Annual Operations Report

Section VI: Revenue Sources

County: Dixie		Fiscal Year: July 1, 2014 - June 30, 2015	
Status: Submitted to FLCTD			
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	\$133,618.00	\$0.00	\$133,618.00
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	\$189,423.00	\$0.00	\$189,423.00

Non-Sponsored Cap. Equip.	\$0.00	\$0.00	\$0.00
Rural Capital Equip.	\$6,201.00	\$0.00	\$6,201.00
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	\$3,251.00	\$0.00	\$3,251.00
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)	\$69,233.00	\$0.00	\$69,233.00
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	\$22,125.00	\$0.00	\$22,125.00
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:			
	\$423,851.00	\$0.00	\$423,851.00

FLCTD
Annual Operations Report
Section VII: Expense Sources

County: Dixie		Fiscal Year: July 1, 2014 - June 30, 2015	
Status: Submitted to FLCTD			
Section VII: Financial Data			
2. Expense Sources			
Expense Item	Community Transportation Coordinator	Coordination Contractor	TOTAL EXPENSES
Labor (501):	\$84,255.00	\$0.00	\$84,255.00
Fringe Benefits (502):	\$52,298.00	\$0.00	\$52,298.00
Services (503):	\$13,793.00	\$0.00	\$13,793.00
Materials and Supplies Cons. (504):	\$49,485.00	\$0.00	\$49,485.00
Utilities (505):	\$10,489.00	\$0.00	\$10,489.00
Casualty and Liability (506):	\$12,307.00	\$0.00	\$12,307.00
Taxes (507):	\$215.00	\$0.00	\$215.00
Purchased Transportation Services (508)			
Bus Pass Expenses:	\$0.00	\$0.00	\$0.00
School Bus Expenses:	\$0.00	\$0.00	\$0.00
Other:	\$6,004.00	\$0.00	\$6,004.00
Miscellaneous (509):	\$763.00	\$0.00	\$763.00
Interest (511):	\$0.00	\$0.00	\$0.00
Leases and Rentals (512):	\$9,089.00	\$0.00	\$9,089.00
Annual Depreciation (513):	\$3,004.00	\$0.00	\$3,004.00
Contributed Services (530):	\$21,736.00	\$0.00	\$21,736.00
Allocated Indirect Expenses:	\$0.00	\$0.00	\$0.00
GRAND TOTAL:	\$263,438.00	\$0.00	\$263,438.00

**PERFORMANCE TRENDS
DIXIE COUNTY, 2013-2015**

PERFORMANCE STANDARD	MEASURE	Fiscal Year 2012/2013	Fiscal Year 2013/2014	Fiscal Year 2014/2015	Percent Change 2013/2014 - 2014/2015
TOTAL SERVICE	Passenger Trips	7,274	6,608	6,651	1%
	Ambulatory Trips	6,233	5,737	5,767	1%
	Non-Ambulatory Trips	825	749	760	1%
	Stretcher Trips	216	122	124	2%
	Revenue Vehicle Miles	123,279	104,253	109,314	5%
	Vehicle Miles	141,980	116,487	119,852	3%
	Driver Hours	7,700	7,508	7,883	5%
SERVICE EFFECTIVENESS	Passenger Trips/Revenue Vehicle Mile	0.06	0.06	0.06	-4%
	Passenger Trips/Vehicle Mile	0.05	0.06	0.06	-2%
	Passenger Trips/Driver Hour	0.94	0.88	0.84	-4%
COST	Revenue	\$470,901.00	\$427,324.00	\$423,851.00	-1%
	Expenses	\$402,558.00	\$301,137.00	\$263,438.00	-14%
	Cost/Passenger Trip	\$55.34	\$45.57	\$39.61	-15%
	Cost/Revenue Vehicle Mile	\$3.27	\$2.89	\$2.41	-20%
	Cost/Vehicle Mile	\$2.84	\$2.59	\$2.20	-18%
	Cost/Vehicles	\$44,728.67	\$33,459.67	\$26,343.80	-27%
	Cost/Driver Hour	\$52.28	\$40.11	\$33.42	-20%
VEHICLE	Vehicles	9	9	10	10%
	Passenger Trips/Vehicle	808	734	665	-10%
	Vehicle Miles/Vehicle	15,776	12,943	11,985	-8%
	Revenue Vehicle Miles/Vehicle	13,698	11,584	10,931	-6%
	Miles Per Trip	17	16	16	4%
SAFETY	Number of Accidents	0	0	0	#DIV/0!
	Accidents/100,000 Miles	0	0	0	#DIV/0!
SERVICE AVAILABILITY	Avg. Vehicle Miles Between Roadcalls	141,980	116,487	116,487	0%
	Roadcalls	1	1	1	0%
	Passenger No-Shows	70	64	69	7%
	Number of Unmet Trip Requests	39	0	0	#DIV/0!

Source: Annual Operations Reports



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September 24, 2015

TO: Dixie County Transportation Disadvantaged Coordinating Board
 FROM: Lynn Godfrey, AICP, Senior Planner
 SUBJECT: Rural Area Capital Assistance Program Grant Application

RECOMMENDATION

The Board needs to review 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. Also, attached are the grant awards approved by the Florida Commission for the Transportation Disadvantaged. If you have any questions concerning this matter, please do not hesitate to contact me.

Attachments

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EXHIBIT A

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



1. DATE SUBMITTED: August 10, 2015
2. LEGAL NAME OF APPLICANT: Suwannee River Economic Council, Inc.
3. FEDERAL IDENTIFICATION NUMBER: 59-1101989
4. REMITTANCE ADDRESS: PO Box 70
5. CITY AND STATE: Live Oak, FL ZIP CODE: 32064
6. CONTACT PERSON FOR THIS GRANT: Matt Pearson, Executive Director
7. PHONE NUMBER: 386-362-4115 FAX NUMBER: 386-362-4078
8. E-MAIL ADDRESS: mpearson@suwanneeec.net
9. PROJECT LOCATION [County(ies)]: Dixie, Gilchrist
10. PROPOSED START DATE: February 1, 2016 ENDING DATE: June 30, 2016
11. ESTIMATED PROJECT FUNDING REQUESTED:
Grant Funds \$ 65,000.00
Local \$ REDI
TOTAL \$ 65,000.00

RECEIVED

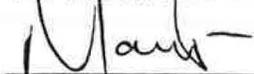
AUG 14 2015

NORTH CENTRAL FLORIDA
REGIONAL PLANNING COUNCIL

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

8/10/15

DATE

13. **Local Coordinating Board Approval**

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

Dixie and Gilchrist _____ County Coordinating Board.

COORDINATING BOARD CHAIRPERSON'S SIGNATURE

DATE

EXHIBIT B

PROPOSED PROJECT FUNDING

I. Project Description and Cost – Include a copy of the TRIPS vehicle order form used to determine price or quote received for other capital equipment to document cost.

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

- | | |
|----------------------------|-------------|
| 1. Small Cutaway Van (gas) | \$65,000.00 |
| 2. | \$ |
| 3. | \$ |

Total Project Cost \$65,000.00

II. Funding Participation

- | | |
|---|----------------------|
| A. Transportation Disadvantaged Trust Funds | (100%) * \$65,000.00 |
| B. Local Match | * \$ REDI |
| C. Total Project Cost | \$65,000.00 |

* If REDI, include 100% of the total project cost on the Transportation Disadvantaged Trust Funds line and "REDI" on the Local Match line.

EXHIBIT C

SCOPE

Who:

Suwannee River Economic Council, Inc. currently provides transportation services to the disadvantaged in Dixie and Gilchrist Counties. Over 12,000 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 70 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 replace one (1) small existing bus, which is past the recommended mileage for replacement by purchasing a cutaway van that will seat eight with two wheelchair stations. Therefore, enhancing the service that so many in Dixie and Gilchrist Counties depend on for the sustaining of life.

Where:

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

When:

SREC, Inc. predicts that the services provided by this grant can begin by March 1, 2016. This will allow time for the new vehicle 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 vehicle 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 Dixie and Gilchrist Counties. SREC, Inc. also recognizes that it operates in an extremely rural area with few paved roads and great distances to travel to the nearest medical facilities. Therefore, the needs to continually replace vans is very important to the continued success of the transportation program in Dixie and Gilchrist Counties.

Status of 2013/2014 and 2014/2015 Grants:

Through the 2013/2014 Grant, SREC, Inc. was able to purchase a Cutaway van to replace an existing vehicle that was retired from service in accordance with Florida Department of Transportation regulations. In 2014-2015 we purchased the "Trip Master Enterprise Edition" transportation software by CTS which included a software upgrade and Data Terminals for our drivers. The new system is installed and working, and has already improved the efficiency of daily operations as well as enhanced the service we provide to our passengers in Dixie and Gilchrist counties.

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) The recipient is aware that the Shirley Conroy Rural Area Capital Assistance Program Grant is a reimbursement grant. Reimbursement of funds will be approved for payment upon receipt of a properly completed invoice with supporting documentation such as the vendor's invoice preferably reflecting a zero balance due or a copy of the cancelled check along with the vendor's invoice. If this project consists of a vehicle purchase, the application for title reflecting the Commission as the first lienholder is also required.
- (6) The recipient is aware that the approved project must be complete by June 30, 2016, which means the equipment must be received by that date or reimbursement will not be approved.
- (7) Transportation Disadvantaged Trust Funds will not be used to supplant or replace existing federal, state, or local government funds.
- (8) All project equipment or vehicles shall meet or exceed the applicable criteria set forth in the Florida Department of Transportation's Guidelines for Acquiring Vehicles on file with the Commission on July 1, 2015, or criteria set forth by any other federal, state, or local government agency.
- (9) Capital equipment purchased through this grant shall comply with the recipient's competitive procurement requirements or Chapter 287 and Chapter 427, Florida Statutes.

(10) 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 agreement period for which the grant application is filed.

Date: 8/10/15 Signature: 

Name: Matt Pearson

Title: Executive Director

EXHIBIT F

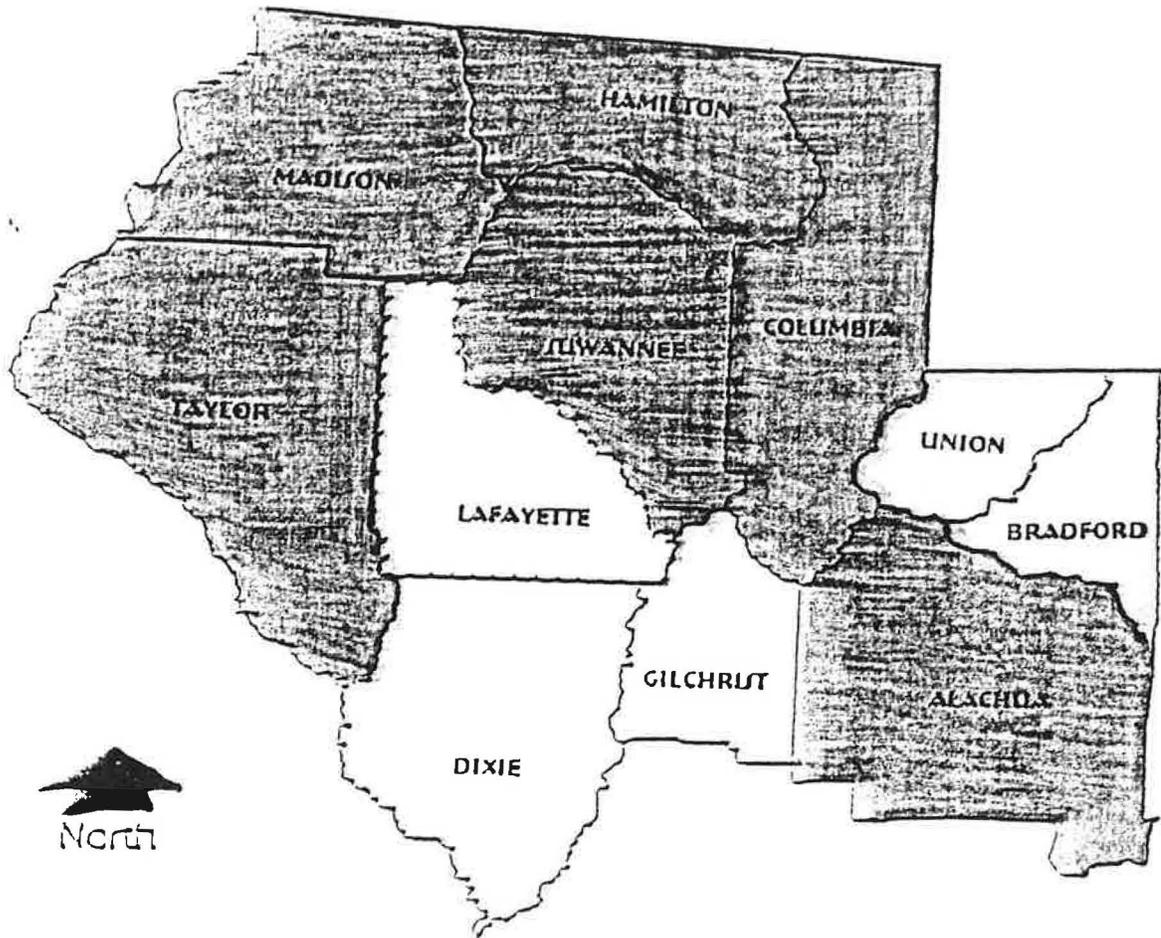
CURRENT VEHICLE INVENTORY FORM

Name of CTC: Suwannee River Economic Council, Inc.

Model Year	Chassis Make And Model	VIN (17-digits)	Maximum Ambulatory/ Maximum Wheelchair Passengers	Average Vehicle Miles Per Year	Current Mileage As Of (Date)	Anticipated Retire Year	Source Funded By
2009 *	Chevy Cutaway	1GBJG31K481232418	8+2	28,880	144,392 10/17/14	2014	TD-RC
2009	Ford Cutaway	1FD4E45S39DA88332	12+2	21,100	143,298 4/14/15	2014	FDOT 5311-STIM
2009*	Ford Cutaway	1FD4E45S59DA88333	12+2	37,137	185,685 10/17/14	2014	FDOT 5311-STIM
2010	Chevy Cutaway	1GBJG31K191172261	8+2	19,595	103,290 5/19/15	2015	FDOT 5310
2011	Chevy Cutaway	1GB3G2BG2B1171025	8+2	17,970	96,139 5/29/15	2016	TD-RC
2013	Chevy Cutaway	1GB3G2BG7D1175852	8+2	22,555	58,970 5/29/15	2018	FDOT 5310
2013	Chevy Cutaway	1GB3G2BG2D1175641	8+2	21,127	61,962 5/29/15	2018	TD-RC
2014	Chevy Cutaway	1GB3G2BG6E1174790	8+2		27,539 5/29/15	2018	TD-RC

NOTE: Identify the Vehicle(s) that would be replaced with this or other grants by placing * next to the model year.

Illustration I
Transportation Disadvantaged
North Central Florida Region



ORDER FORM – PAGE FOUR

CONTRACT # TRIPS-11-CA-TP

ORDER FORM FOR CHAMPION CUTAWAY TRANSIT VEHICLES

CREATIVE BUS, INC.

January 2014

Reverse camera and monitor backing system: Manufacturer REI	\$350		
Air purification system	\$2,200		
"Mentor Ranger" in vehicle computer	\$4,800		
REI Public Address System	\$330		
Upgrade the standard vehicle AM/FM Radio	\$100		
Hybrid drive for International and Freightliner	\$59,000		
Alternative Body Style (12,300 chassis only)	\$2,000		
FRP Interior	\$550		
Radio Prep	\$55		
Delete Radio	(\$100)		
Thermo King A/C SLR rooftop system			
Chevy NB, Chevy 23', Chevy 26', Ford NB, Ford 23', Ford 26', Ford 25', Ford 27', Ford 29'	\$800.00		
FL 31', FL 33', FL 35', FL 38'	\$950.00		
IC 25', IC 27', IC 29'	\$1,000.00		
IC 31', IC 33', IC 35', IC 38	\$1,150.00		
PAGE FOUR SUB-TOTAL (sub-total of fourth page)			-0-
PAGE THREE SUB-TOTAL (sub-total of third page)			-0-
PAGE TWO SUB-TOTAL (sub-total of second page)			3300
PAGE ONE SUB-TOTAL (sub-total of first page)			58774
GRAND TOTAL (sum of pages 1, 2, 3, and 4 sub totals)			62074

State of Florida
Commission for the Transportation Disadvantaged
Commission Business Meeting

MEETING DATE: September 8, 2015

AGENDA ITEM:

VI. 2015 Shirley Conroy Rural Area Capital Assistance Program Grant Award Recommendations

BACKGROUND INFORMATION:

The Department of Transportation authorizes a transfer of \$1.4 million to the Transportation Disadvantaged Trust Fund in its 5-year work program. The purpose of the allocation is to assist rural areas with the purchase of capital equipment.

Grant Application packages were emailed to eligible applicants on July 17, 2015, with a deadline of August 14, 2015. The Shirley Conroy Rural Area Capital Assistance Program Grant Subcommittee met on August 28, 2015. In attendance were Commissioner Mike Willingham (via conference call); Agency Advisors Diane Harris, Erin Schepers, and Bob Westbrook; Sheri Powers and Bill Hearndon from Commission staff. Twenty-two applications were submitted totaling \$2,287,466.59. The committee reviewed all capital equipment requests and the award recommendations are attached.

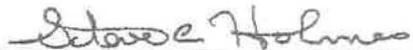
With decreased projected revenues for FY2015-16, FDOT Secretary Boxold permitted the Commission to move funding, if necessary, from the capital grant program to the Trip and Equipment Grant fund to keep that grant whole and not affect statewide Trip and Equipment Grant allocations. Because of the potential one time funding shift, contingency projects have also been identified to implement pending funding availability later in the fiscal year.

ATTACHMENTS:

2015 Shirley Conroy Rural Area Capital Equipment Support Grant Recommendations

EXECUTIVE DIRECTOR RECOMMENDATION/MOTION:

Recommend that the Commission approve the Shirley Conroy Rural Area Capital Assistance Program Grant Sub-Committee Report.



Steve Holmes

Executive Director

Date: September 8, 2015

ACTION TAKEN AT MEETING:

2015-16 Shirley Conroy Rural Area Capital Assistance Program Grant Summary

County	Applicant Name	Agency Type / System Type	Capital Equipment Requested (Prioritized as Listed)	Staff Notes	Total Project Cost (100%)	TD Dollar Amount (90% or 100% REDI)	Funding	Contingency Funding	Not Funding	Committee Recommended Projects to Fund
Alachua	MV Contract Transportation, Inc.	For-Profit Urban	Two 12 ambulatory 2 wheelchair cutaways 14,500 GVWR V10 Gas 23 foot (\$72,000 each)	Replacing two 2003 buses with 247,938 miles and 248,272 miles.	\$144,000.00	\$129,600.00			\$129,600.00	
Baker	Baker County Council on Aging, Inc.	Non-Profit Rural	1) Set of four Wireless Portable Lifts (54,000 lb) \$26,138 2) 18,000 lb capacity short jack stand \$2,774 3) WPLS Light Kit (2) LED Flood lights \$714 4) 40,000 lb capacity tall jack stand \$1,514	(Requesting waiver of match due to REDI.)	\$31,140.00	\$31,140.00		\$31,140.00		Contingency fund all requested projects.
Bay	Bay County Board of County Commissioners	Govt Urban	1) In-Car video camera system and wireless downloading infrastructure \$21,095 2) Office furniture \$27,622 3) Audio/video equipment and installation \$13,057 4) Video security system for transit facility \$13,674 5) Dispatch console with software \$10,856	Safety, training, and facility equipment.	\$86,304.00	\$77,673.60			\$77,673.60	
Calhoun	Calhoun County Senior Citizens Association, Inc.	Non-Profit Rural	One 2 wheelchair paratransit vehicle with AM/FM stereo, front and rear heat/air, hawkeye, altro flooring, and any other options as needed. 22 foot or longer gasoline bus with Braun lift, 8 ambulatory seats and 2 wheelchair positions.	Replacing a 2009 cutaway with over 147,000 miles.	\$70,199.00	\$63,179.10		\$63,179.10		Contingency fund all requested projects.
Clay	Clay County Council on Aging	Non-Profit Rural	1) Three Ford Flex Crossovers or Toyota minivans with radio, Mobile Data Terminal, and related equipment (\$35,579 each) 2) Three computers with dual monitors (\$1,500 each). (Computer quote and pricing is for two computers.)	Expanding capacity with fuel efficient vehicles with lower capacities. No mention of use of computers/monitors.	\$109,890.00	\$98,901.00	\$64,042.20		\$34,858.80	Fund two vehicles.
Collier	Collier County Board of County Commissioners	Govt Urban	One Gaval cutaway vehicle with 5 wheelchair positions, equipped with wheelchair lift, vehicle has capacity for 12 passengers seating (including cameras, ITS system, etc.) and one two-way radio.	Replacing an unspecified vehicle within their current fleet. Did not include order form in grant application.	\$108,728.00	\$97,855.20			\$97,855.20	
Columbia, Hamilton, Suwannee	Suwannee Valley Transit Authority	Govt Rural	1) One 2014 23 foot Ford gasoline cutaway with wheelchair lift (\$79,394) 2) One computer server with software (\$11,473.63) 3) One 2015 Dodge Caravan (\$22,662)	Replacement of aging fleet and computer server. REQUESTING WAIVER OF MATCH DUE TO REDI.	\$113,529.63	\$113,529.63	\$22,662.00	\$79,394.00	\$11,473.63	Fund Dodge Caravan. contingency fund cutaway vehicle.
Dixie, Gilchrist	Suwannee River Economic Council, Inc.	Non-Profit Rural	One small cutaway van (gas).	Replacing a 2009 cutaway with 185,685 miles. (Requesting waiver of match due to REDI.)	\$65,000.00	\$65,000.00	\$65,000.00			Fund the project as requested.
Gadsden, Jefferson	Big Bend Transit, Inc.	Non-Profit Rural	Two 23 foot cutaway buses (12 ambulatory, 2 wheelchair passengers), wheelchair lifts, wheelchair securements, gasoline vehicles.	Replacing a 2008 bus with 215,820 miles and a 2009 bus with 280,764 miles. Did not include order form in grant application.	\$143,000.00	\$128,700.00	\$64,350.00		\$64,350.00	Fund one vehicle.
Glades, Hendry	Good Wheels, Inc.	Non-Profit Rural	Three paratransit buses (diesel).	Replacing three 2007 buses with 312,000, 345,000, and 364,000 miles. (Requesting waiver of match due to REDI.)	\$245,799.00	\$245,799.00	\$163,866.00		\$81,933.00	Fund two vehicles.
Gulf	Gulf County Association for Retarded Citizens, Inc.	Non-Profit Rural	1) One gasoline powered highly fuel efficient 4-door passenger vehicle (\$22,000) 2) Security system equipment including a replacement DVR, cellular communicator device two additional surveillance cameras. (\$2,500)	Expansion of fleet with a smaller capacity vehicle and replacement of 2009 facility security camera system. Requesting wawler of match due to REDI.	\$24,500.00	\$24,500.00	\$22,000.00		\$2,500.00	Fund one vehicle.

2015-16 Shirley Conroy Rural Area Capital Assistance Program Grant Summary										
County	Applicant Name	Agency Type / System Type	Capital Equipment Requested (Prioritized as listed)	Staff Notes	Total Project Cost (100%)	TD Dollar Amount (90% or 100% REDI)	Funding	Contingency Funding	Not Funding	Committee Recommended Projects to Fund
Hardee, Highlands, Okeechobee	MV Contract Transportation, Inc.	For Profit Rural	Three Ford 6 ambulatory 2 wheelchair cutaways 11,500 GVWR 21 foot 5.4 L Gas.	New CTC for the service area effective November 1, 2015. Three 2012 MV-1 vehicles to be transferred (1 eligible for retirement, 2 at 50,000 miles). Vehicles to be used to replace contractor vehicles with high ages and mileages.	\$216,000.00	\$194,400.00	\$129,600.00		\$64,800.00	Fund two vehicles.
Hernando	Mid-Florida Community Services, Inc.	Non-Profit Rural	Two 21 foot cutaway transit vehicles with two wheelchair positions side load with onboard cameras, security systems, and reverse camera and monitoring systems and interior/exterior signage for both.	Replacement of two 2008 buses (three indicated on vehicle inventory with mileages greater than 176,628).	\$181,000.00	\$162,900.00	\$81,450.00		\$81,450.00	Fund one vehicle.
Jackson	Jackson County Transportation, Inc, dba Jtrans	Non-Profit Rural	Two 2015 22 foot cutaway buses, gasoline, 14 ambulatory (\$65,664 each).	Replacing two 2010 vehicles with 87,985 miles and 130,228 miles. (Requesting waiver of match due to REDI.)	\$131,328.00	\$131,328.00	\$65,664.00		\$65,664.00	Fund one vehicle.
Lafayette	Suwannee River Economic Council, Inc.	Non-Profit Rural	MV-1 (gas).	Replacing a 2003 van with 116,990 miles.	\$50,000.00	\$45,000.00	\$45,000.00			Fund the project as requested.
Leon	StarMetro / City of Tallahassee	Govt Urban	Two ADA compliant Dodge Grand Caravan SE 6,050 GVWR 202.5 inches 3.6 L V-6 Gas powered Sure-Lok Titan and Q'Straint securement systems, camera security system, driver safety partition, power rear sliding doors, Motorola XTL 2500 radio.	Expansion of fleet.	\$95,074.00	\$85,566.60			\$85,566.60	
Levy	Levy County Board of County Commissioners dba Levy County Transit	Govt Rural	One 23' Ford 6.8 V10 Gas Engine Turtle Top Bus 12 seats and 2 wheelchair positions.	Replacing a 2006 bus with 384,552 miles and increasing capacity. (Requesting waiver of match due to REDI.)	\$73,259.00	\$73,259.00	\$73,259.00			Fund the project as requested.
Liberty	Liberty County Board of County Commissioners / Liberty County Transit	Govt Rural	Low floor minivan with folding seats (including radio safety equipment, and lettering)	Replacing a 2010 Dodge Caravan 115,807 miles.	\$49,057.00	\$44,151.30		\$44,151.30		Contingency fund all requested projects.
Orange, Osceola, Seminole	Central Florida Regional Transportation Authority / LYNX	Govt Urban	Three Odyssey Fareboxes 30 inches super short.	For improved efficiency on flex routes.	\$40,017.00	\$36,015.30			\$36,015.30	
Putnam	Ride Solution, Inc.	Non-Profit Rural	Three Mobility Ventures LLC DX Model MV-1 (\$47,498 each).	Expansion of fleet with lower capacity vehicles.	\$142,494.00	\$128,244.60	\$85,496.40		\$42,748.20	Fund two vehicles.
Union	Suwannee River Economic Council, Inc.	Non-Profit Rural	1) One small cutaway van (gas) \$65,000 2) One MV-1 (gas) \$50,000	SREC is a new CTC for Union County. When the previous provider left, only one TD funded vehicle was eligible for transition from the prior CTC to SREC. (Requesting waiver of match due to REDI.)	\$115,000.00	\$115,000.00	\$115,000.00			Fund the project as requested.
Wakulla	Wakulla County Transportation	Non-Profit Rural	1) One Mobility Ventures DX Model 6,600 GVWR 205 inches 4.6 L V-8 Gas with Lettering (\$46,948) 2) Four Samsung ATIV One 7 Curved 27" all-in-one Intel Core i5 8GB Memory (5,199.96)	Replacing a 2007 van with 276,373 miles.	\$52,147.96	\$46,933.16	\$46,933.16			Fund the project as requested.
Total					\$2,287,466.59	\$2,138,675.49	\$1,044,322.76	\$217,864.40	\$876,488.33	



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September 24, 2015

TO: Dixie 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. April - June 2015 Operations Report;
2. Fiscal Year 2014/15 Transportation Disadvantaged Trust Fund Status Report;
3. Fiscal Year 2015/16 Transportation Disadvantaged Trust Fund Status Report;
4. April - June 2015 Complaint/Commendation Report; and
5. April - June 2015 Trip Denial Report.

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

Attachments

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**QUARTERLY OPERATING REPORT
DIXIE COUNTY
APRIL 2015 - JUNE 2015**

OPERATING DATA	OPERATOR	
	Suwannee River Economic Council	TOTAL
NUMBER OF INVOICED TRIPS	1,471	1,471
Medicaid HMO	637	637
Title III-B Aging Program	0	0
Transportation Disadvantaged Program	834	834
TOTAL VEHICLE MILES	22,368	27,949
TOTAL REVENUE VEHICLE MILES	19,907	25,993
TOTAL VEHICLE HOURS	1,278	1,530
TOTAL DOLLARS INVOICED	\$98,122.12	\$98,122.12
Medicaid HMO	\$46,289.75	\$46,289.75
Title III-B Aging Program	\$0.00	\$0.00
Transportation Disadvantaged Program	\$51,832.37	\$51,832.37
AVERAGE COST PER TRIP	\$66.70	\$66.70
Medicaid HMO	\$72.67	\$72.67
Title III-B Aging Program	#DIV/0!	#DIV/0!
Transportation Disadvantaged Program	\$62.15	\$62.15
AVG. COST PER VEHICLE MILE	\$4.39	\$3.51
AVG. COST PER REVENUE VEHICLE MILE	\$4.93	\$3.77
AVG. COST PER VEHICLE HOUR	\$76.78	\$64.13
TRIP PURPOSE*	-	-
Medical	1,471	1,471
Employment	0	0
Education/Training	0	0
Shopping	0	0
Meal Site	0	0
Recreation	0	0
Other	0	0
NUMBER OF TRIPS DENIED	0	0
NUMBER OF SINGLE PASSENGER TRIPS PROVIDED	123	123
PERCENT OF SINGLE PASSENGER TRIPS	8%	8%
NUMBER OF ACCIDENTS	1	1
NUMBER OF VEHICLES	8	8
AVERAGE TRIPS PER VEHICLE	184	184
AVERAGE MILES PER TRIP	15	19
NUMBER OF ROADCALLS	1	1

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

OPERATING DATA	TOTAL
NUMBER OF INVOICED TRIPS	1,434
Medicaid FCTD	252
Title III-B Aging Program	170
Transportation Disadvantaged Program	1,012
TOTAL VEHICLE MILES	28,549
TOTAL REVENUE VEHICLE MILES	25,602
TOTAL VEHICLE HOURS	1,547
TOTAL DOLLARS INVOICED	\$83,318.54
Medicaid FCTD	\$29,526.75
Title III-B Aging Program	\$2,456.50
Transportation Disadvantaged Program	\$51,335.29
AVERAGE COST PER TRIP	\$58.10
Medicaid FCTD	\$117.17
Title III-B Aging Program	\$14.45
Transportation Disadvantaged Program	\$50.73
AVG. COST PER VEHICLE MILE	\$2.92
AVG. COST PER REVENUE VEHICLE MILE	\$3.25
AVG. COST PER VEHICLE HOUR	\$53.86
TRIP PURPOSE*	-
Medical	1,264
Employment	0
Education/Training	0
Shopping	0
Meal Site	170
Recreation	0
Other	0
NUMBER OF TRIPS DENIED	0
NUMBER OF SINGLE PASSENGER TRIPS PROVIDED	115
PERCENT OF SINGLE PASSENGER TRIPS	8%
NUMBER OF ACCIDENTS	0
NUMBER OF VEHICLES	10
AVERAGE TRIPS PER VEHICLE	143
AVERAGE MILES PER TRIP	20
NUMBER OF ROADCALLS	2

CTC: Suwannee River Economic Council
 Transportation Disadvantaged Program Service Rates:
 Ambulatory: \$1.40 per passenger mile
 Wheelchair: \$2.39 per passenger mile
 Stretcher: \$4.99 per passenger mile

**2014-2015 TRANSPORTATION DISADVANTAGED TRUST FUND SUMMARY
 DIXIE 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	\$210,482.00	\$17,526.33	\$15,773.70	\$1,752.63	\$192,955.67	345	\$50.80
Aug-13	-	\$17,555.79	\$15,800.21	\$1,755.58	\$175,399.88	342	\$51.33
Sep-13	-	\$17,239.04	\$15,515.14	\$1,723.90	\$158,160.84	341	\$50.55
Oct-13	-	\$17,836.54	\$16,052.89	\$1,783.65	\$140,324.30	309	\$57.72
Nov-13	-	\$14,161.38	\$12,745.24	\$1,416.14	\$126,162.92	206	\$68.74
Dec-13	-	\$18,546.39	\$16,691.75	\$1,854.64	\$107,616.53	230	\$80.64
Jan-14	-	\$19,667.33	\$17,700.60	\$1,966.73	\$87,949.20	258	\$76.23
Feb-14	-	\$17,771.88	\$15,994.69	\$1,777.19	\$70,177.32	273	\$65.10
Mar-14	-	\$17,389.41	\$15,650.47	\$1,738.94	\$52,787.91	267	\$65.13
Apr-14	-	\$17,707.78	\$15,937.00	\$1,770.78	\$35,080.13	297	\$59.62
May-14	-	\$12,534.91	\$11,281.42	\$1,253.49	\$22,545.22	233	\$53.80
Jun-14	-	\$22,532.79	\$20,279.51	\$2,253.28	\$12.43	310	\$72.69
TOTAL	-	\$210,469.57	\$189,422.62	\$21,046.95	-	3,411	\$61.70

CTC: Suwannee River Economic Council
 Transportation Disadvantaged Program Service Rates:
 Ambulatory: \$1.40 per passenger mile
 Wheelchair: \$2.40 per passenger mile
 Stretcher: \$5.01 per passenger mile

**2015-2016 TRANSPORTATION DISADVANTAGED TRUST FUND SUMMARY
 DIXIE 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-15	\$210,482.00	\$17,540.75	\$15,786.68	\$1,754.08	\$192,941.25	286	\$61.33
Aug-15	-	\$17,367.86	\$15,631.07	\$1,736.79	\$175,573.39	262	\$66.29
Sep-15	-				\$175,573.39		#DIV/0!
Oct-15	-				\$175,573.39		#DIV/0!
Nov-15	-				\$175,573.39		#DIV/0!
Dec-15	-				\$175,573.39		#DIV/0!
Jan-16	-				\$175,573.39		#DIV/0!
Feb-16	-				\$175,573.39		#DIV/0!
Mar-16	-				\$175,573.39		#DIV/0!
Apr-16	-				\$175,573.39		#DIV/0!
May-16	-				\$175,573.39		#DIV/0!
Jun-16	-				\$175,573.39		#DIV/0!
TOTAL	-	\$34,908.61	\$31,417.75	\$3,490.87	-	548	\$63.70

**DIXIE COUNTY
SERVICE COMPLAINTS/COMMENDATIONS
APRIL - JUNE 2015**

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

**DIXIE COUNTY
UNMET TRANSPORTATION NEEDS
APRIL - JUNE 2015**

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

**DIXIE COUNTY
TRANSPORTATION DISADVANTAGED
COORDINATING BOARD**

MEMBER/ORGANIZATION	NAME	10-2-14	1-8-15	4-2-15	7-2-15
Chair	Commissioner Jason Holifield	A	A	Melissa Long	P
Florida Department of Transportation	Sandra Collins	A	P	P	P
Alternate Member	Janell Damato	A	A	A	A
Florida Department of Children and Families	Debbie Andrews				
Alternate Member	(Vacant)				
Florida Agency for Health Care Administration	Deweese Ogden				P
Alternate Member	(Vacant)				
Florida Department of Education	(Vacant)				
Alternate Member	Jeffrey Aboumrad	Angie White	P	P	P
Public Education	Tim Alexander	A	P	A	A
Alternate Member	(Vacant)				
Citizen Advocate	(Vacant)				
Alternate Member	(Vacant)				
Citizen Advocate-User	(Vacant)				
Alternate Member	(Vacant)				
Elderly	(Vacant)				
Citizen Advocate	(Vacant)				
Veterans	(Vacant)				
Alternate Member	(Vacant)				
Persons with Disabilities	(Vacant)				
Alternate Rep.	(Vacant)				
Florida Department of Edler Affairs	(Vacant)				
Alternate Member	(Vacant)				
Children at Risk	Tonya Hiers	P	A	A	P
Alternate Member	Brooke Ward	A	A	A	A
Local Medical Community	(Vacant)				
Alternate Member	(Vacant)				
Regional Workforce Board	Jeannie Carr				A
Alternate Member	Sifoa Nunu				A

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."

