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November 6, 2015

TO: Lafayette County Transportation Disadvantaged Coordinating Board

FROM: Lynn Godfrey, AICP, Senior Planner

SUBJECT: Meeting Announcement

The Lafayette County Transportation Disadvantaged Coordinating Board will meet **Monday, November 16, 2015 at 2:00 p.m.** in the meeting room of Suwannee River Economic Council located on State Road 27 in Mayo, Florida. This is an important meeting of the Board. All Board members are encouraged to attend this meeting.

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

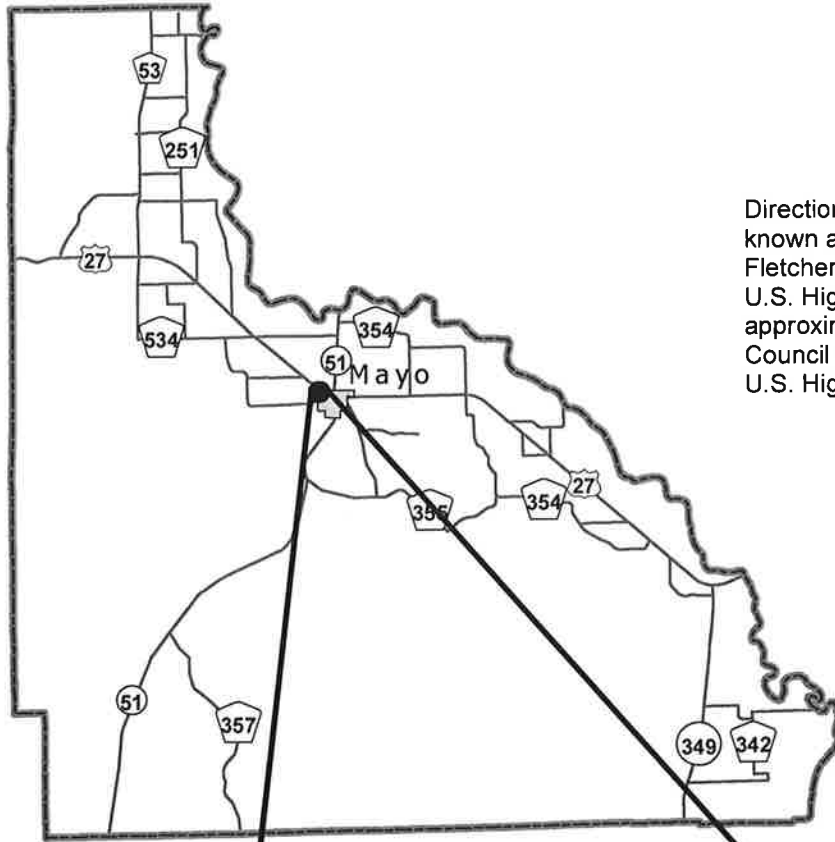
Attachments

t:\lynn\td2015\lafayette\memos\nov.docx

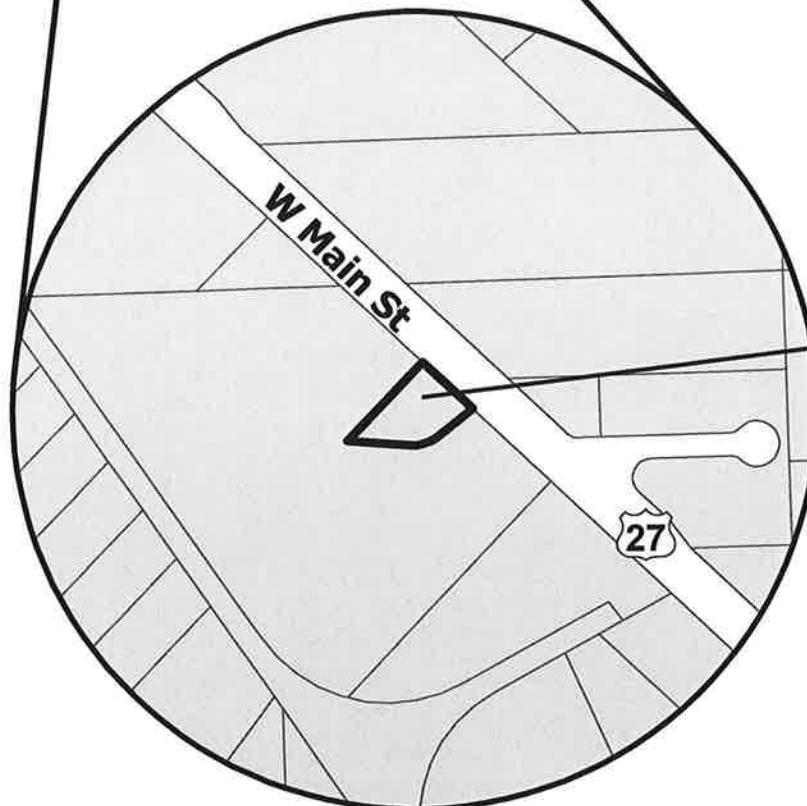
Dedicated to improving the quality of life of the Region's citizens,
by coordinating growth management, protecting regional resources,
promoting economic development and providing technical services to local governments.

Suwannee River Economic Council

114 SW Community Circle
Mayo, FL 32066



Directions: From the intersection U.S. Highway 27 (also known as Main Street) and State Road 51 (also known as Fletcher Avenue) in the Town of Mayo, turn West onto U.S. Highway 27 (also known as Main Street), travel approximately 0.5 miles and the Suwannee River Economic Council will be on the left, on the Southwestern side of U.S. Highway 27 (also known as Main Street).



1 inch = 500 feet

Suwannee River
Economic Council





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LAFAYETTE COUNTY

TRANSPORTATION DISADVANTAGED COORDINATING BOARD

MEETING ANNOUNCEMENT AND AGENDA

Meeting Room
Suwannee River Economic Council
Mayo, Florida

Monday
November 16, 2015
2:00 p.m.

I. BUSINESS MEETING – CALL TO ORDER

A. Pledge of Allegiance

B. Invocation

C. Introductions

D. Approval of the Meeting Agenda **ACTION REQUIRED**

E. Approval of the September 28, 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 53 NO ACTION REQUIRED**

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

C. Operations Reports **Page 71 NO ACTION REQUIRED**

III. OTHER BUSINESS

A. Comments

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

IV. FUTURE MEETING DATES

- A. March 21, 2016 at 2:00 p.m.**
- B. May 23, 2016 at 2:00 p.m.**
- C. September 19, 2016 at 2:00 p.m.**
- D. November 14, 2016 at 2:00 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.

**LAFAYETTE COUNTY
TRANSPORTATION DISADVANTAGED COORDINATING BOARD**

| MEMBER/REPRESENTING | ALTERNATE/REPRESENTING |
|--|---|
| Commissioner Curtis Hamlin Local Elected Official/Chair | Not Applicable |
| Sandra Collins Florida Department of Transportation | Janell Damato Florida Department of Transportation |
| Kay Tice Florida Department of Children and Families Grievance Committee Member | Vacant Florida Department of Children and Families |
| Vacant Florida Department of Education | Vacant Florida Department of Education |
| Vacant Florida Department of Elder Affairs | Vacant Florida Department of Elder Affairs |
| Deweese Ogden Florida Agency for Health Care Administration | Vacant Florida Agency for Health Care Administration |
| Sheryl Rehberg, Vice Chair Regional Workforce Development Board Grievance Committee Member | Anthony Jennings Regional Workforce Development Board |
| Ricky Lyons Florida Association for Community Action Term ending June 30, 2017 | Vacant Florida Association for Community Action Term ending June 30, 2017 |
| Richie Page Public Education | Vacant Public Education |
| Carlton Black Veterans Grievance Committee Member Term ending June 30, 2017 | Vacant Veterans Term ending June 30, 2017 |
| Cindy Morgan Citizen Advocate Grievance Committee Member Term ending June 30, 2018 | Vacant Citizen Advocate Term ending June 30, 2018 |
| Vacant Citizen Advocate - User Term ending June 30, 2018 | Vacant Citizen Advocate - User Term ending June 30, 2018 |
| Vacant Persons with Disabilities Term ending June 30, 2018 | Vacant Persons with Disabilities Term ending June 30, 2018 |
| Martha Humphries Elderly Grievance Committee Member Term ending June 30, 2017 | Vacant Elderly Term ending June 30, 2017 |
| Ginger Calhoun Medical Community Term ending June 30, 2016 | Vacant Medical Community Term ending June 30, 2016 |
| Colleen Cody Children at Risk Term ending June 30, 2016 | Vacant Children at Risk Term ending June 30, 2016 |
| Vacant Private Transit Term ending June 30, 2016 | Vacant Private Transit Term ending June 30, 2016 |

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

**LAFAYETTE COUNTY
TRANSPORTATION DISADVANTAGED COORDINATING BOARD
MEETING MINUTES**

Meeting Room
Suwannee River Economic Council
Mayo, Florida

Monday
September 28, 2015
2:00 p.m.

VOTING MEMBERS PRESENT

Commissioner Donnie Hamlin, Chairman
Ginger Calhoun, Medical Community Representative
Sandra Collins, Florida Department of Transportation Representative
Colleen Cody, Children at Risk Representative
Martha Humphries, Elderly Representative
Deweece Ogden, Florida Agency for Health Care Administration Medicaid Representative

VOTING MEMBERS ABSENT

Carlton Black, Veterans Representative
Ricky Lyons, Florida Association for Community Action Representative
Cindy Morgan, Citizen Advocate
Sheryl Rehberg, Workforce Development Board Representative
Kay Tice, Florida Department of Children and Families Representative

OTHERS PRESENT

Matthew Pearson, Suwannee River Economic Council

STAFF PRESENT

Lynn Godfrey, North Central Florida Regional Planning Council

I. CALL TO ORDER

Chairman Hamlin called the business meeting to order at 2:00 p.m.

A. Invocation

Mr. Matthew Pearson gave the invocation.

B. Pledge of Allegiance

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

C. Introductions

Chairman Hamlin asked everyone to introduce themselves.

D. Approval of the Meeting Agenda

ACTION: Sandra Collins moved to approve the meeting agenda. Colleen Cody seconded; motion passed unanimously.

E. Approval of the June 22, 2015 Meeting Minutes

ACTION: Martha Humphries moved to approve the June 22, 2015 meeting minutes. Ginger Calhoun seconded; motion passed unanimously.

II. NEW BUSINESS

A. Bylaws

Ms. Lynn Godfrey, North Central Florida Regional Planning Council Senior Planner, stated that the Board needs to review and approve the Bylaws. She said staff is recommending to delete any reference to the Medicaid Non-Emergency Transportation Program since it is no longer part of Florida's Coordinated Transportation System.

The Board reviewed the Bylaws.

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

B. 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.

ACTION: Colleen Cody moved to approve the Grievance Procedures as amended. Martha Humphries seconded; motion passed unanimously.

C. Rural Area Capital Assistance Program Grant Application

Ms. Godfrey stated that Suwannee River Economic Council applied for Rural Area Capital Assistance Program Grant funds to purchase a vehicle. She said the Board must review the grant application in order for Suwannee River Economic Council to receive these grant funds.

The Board reviewed the grant application.

Mr. Matthew Pearson, Suwannee River Economic Council Executive Director, stated that they applied for grant funds to purchase a smaller vehicle. He said this will allow them to transport small groups of people more efficiently. He also said the vehicles will be easier for their drivers to operate.

D. Operations Reports

Mr. Matthew Pearson, Suwannee River Economic Council Executive Director, discussed the operations reports. He said they were unable to spend all of the Trip and Equipment Grant funds allocated to Lafayette County during the 2014/15 Fiscal Year. He asked the Board members to contact him if they are aware of transportation needs Monday through Friday for small groups of people.

III. OTHER BUSINESS

A. Comments

1. Members

There were no member comments.

2. Citizens

There were no citizen comments.

IV. FUTURE MEETING DATES

The Board asked staff to poll Board members about rescheduling the November 23, 2015 meeting since that date is during the week of Thanksgiving.

ADJOURNMENT

The meeting adjourned at 2:30 p.m.

Chair

Date

t:\lynn\td2015\lafayette\minutes\sept.doc



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2009 NW 87th Place, Gainesville, FL 32653-1603 • 352.955.2200

November 6, 2015

TO: Lafayette 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\lafayette\memos\anneval.docx

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

COMMUNITY TRANSPORTATION COORDINATOR EVALUATION WORKBOOK

Florida Commission for the



Transportation Disadvantaged

Community Transportation Coordinator: Suwannee River Economic Council

County: Lafayette

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

Bradford County
Transportation Disadvantaged Coordinating Board

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

Curtis Hamlin, Chair

with Assistance from



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

November 16, 2015

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I. FINDINGS AND RECOMMENDATIONS

A. General Information

Areas of Noncompliance: None

Recommendations: None

Timeline for Compliance: None

B. Chapter 427, Florida Statutes

Areas of Noncompliance: None

Recommendations: None

Timeline for Compliance: None

C. Rule 41-2, Florida Administrative Code

Areas of Noncompliance: None

Recommendations: None

Timeline for Compliance: None

D. On Site Observation

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

Areas of Noncompliance: None

Recommendations: None

Timeline for Compliance: None

GENERAL QUESTIONS

1. What was the designation date of the Community Transportation Coordinator?
7/01/12
2. What is the complaint process?
See attached complaint process.
3. Does the community transportation coordinator have a complaint form?
☒ Yes (attached) ☐ No
4. Does the form have a section for resolution of the complaint?
☒ Yes ☐ No
5. Is a summary of complaints given to the Transportation Disadvantaged Board on a regular basis?
☒ Yes ☐ No
6. When is the dissatisfied party referred to the Florida Commission for the Transportation Disadvantaged Helpline?

If the Transportation Director is unable to resolve a complaint, the complainant will be referred to the Transportation Disadvantaged Helpline
7. When a complaint is forwarded from the Transportation Disadvantaged Helpline, is the complaint entered into the local complaint file/process?
☒ Yes ☐ No
8. Does the Community Transportation Coordinator provide written rider/beneficiary information or brochures to inform riders/beneficiaries about transportation disadvantaged services?
☒ Yes (attached) ☐ No
9. Does the rider/ beneficiary information or brochure list the Transportation Disadvantaged Helpline phone number?
☒ Yes ☐ No
10. Does the rider/ beneficiary information or brochure list the complaint procedure?
☒ Yes ☐ No
11. What is the eligibility process for Transportation Disadvantaged sponsored riders?
Individuals needing transportation assistance from Florida's Transportation Disadvantaged Program must complete an eligibility application (attached).
13. Does the Community Transportation Coordinator have a contract or agreement with the Regional Workforce Board?
☐ Yes ☒ No
14. What innovative ideas have you implemented in your coordinated system?
Providing and administering "regional" transportation service in four counties saves money. Our service rates are lower compared to other Community Transportation Coordinators in our region.

15. Are there any areas where coordination can be improved?
Transportation services purchased with local, state or federal funds should be purchased through Florida's Transportation Disadvantaged Program including the transportation purchased through Florida's Managed Medical Care Program.
16. What barriers are there to the coordinated system?
Transportation services purchased through Florida's Managed Medical Care Program is not coordinated.
17. Are there any areas that the Community Transportation Coordinator feels the Florida Commission for the Transportation Disadvantaged should be aware of or assist with?
No
18. What funding agencies does the Florida Commission for the Transportation Disadvantaged need to work closely with in order to facilitate a better coordinated system?
Florida Agency for Health Care Administration and CareerSource Florida
19. How are you marketing the voluntary dollar?
No marketing system in place.

Complaint Process

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

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

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

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

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

SREC Transportation Complaint Form

Client Name: _____

Date: _____

Description of Incident:

Complaint Resolution:

Staff Signature: _____

Director of Transportation Signature: _____

Florida State Map
67 Counties



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

Suwannee River Economic Council, Inc.

Established
1966



Serving
Bradford, Columbia, Dixie,
Gilchrist, Hamilton, Lafayette, Levy, Madison,
Putnam, Suwannee, Taylor and Union Counties

Administrative Office
Post Office Box 70
1171 Nobles Ferry Road, Bldg #2
Live Oak, Florida 32064
(386) 362-4115 Voice/TDD
mattpearson@suwanneecouncil.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.

**Lafayette County
Programs and Services**

For information on:

Emergency Assistance/Self Sufficiency

- Community Services Block Grant (CSBG)
- Emergency Food & Shelter Program (EFSP)
- Energy Neighbor Fund
- Low Income Home Energy Assistance Program

Housing

- Weatherization Programs

Homeownership

- State Housing Initiative Partnership (SHIP)

Transportation

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

Contact
Lafayette Service / Senior Center
114 SW Community Circle / Hwy 27N
Mayo, Florida 32066
(386) 294-2202 Voice/TDD

**Programs, Services, Eligibility
Aging Programs**

Alzheimer's Disease Initiative (ADI)

- Respite

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

Community Care for the Elderly (CCE)

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

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

Emergency Home Energy Assistance for the Elderly (EHEAP)

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

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

Home Care for the Elderly (HCE)

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

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

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

- Chore, 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 U.S. poverty guidelines and a documented emergency.

Emergency Food & Shelter Program (EFSP)

- Emergency assistance for food and housing.

Eligibility: Household income no more than 125% of the federally established income guidelines and certain asset limitations.

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**

State Housing Initiatives Partnership Program (SHIP)

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

Eligibility: Income guidelines and lending qualifications.

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.

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 (386) 294-2202.

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.*

Notes:

This image shows a single sheet of white paper with horizontal blue or grey ruling lines. The lines are evenly spaced and run across the width of the page. There are approximately 20 lines visible. The paper appears to be a standard notebook page.

- Contact**
Lafayette Senior Center
Hours: M - W - F 11:00 a.m. - 1:00 p.m.
114 SW Community Circle / Hwy 27N
Mayo, Florida 32066
(386) 294-2202



Brewer Lake Baptist Church
Hours: M - W - F 11:00 a.m. - 1:00 p.m.
231 NE Fulton Street
Day, Florida 32013
(386) 294-1932

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 NAME RELATIONSHIP AGE DRIV. LIC (Y/N) TYPE OF VEHICLE
 (Please list each member)

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

Yes / No

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

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

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

SECTION 3 – AVAILABILITY OF FEDERALLY FUNDED OR PUBLIC TRANSPORTATION

Yes / No

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

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

SECTION 4 – SPECIAL NEEDS

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

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

Other: _____

SECTION 5 – CERTIFICATION AND ACKNOWLEDGEMENT

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

APPLICANT SIGNATURE _____ DATE _____

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

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

904-964-6696**SECTION 6 – RESULTS OF INTERVIEW****DO NOT WRITE IN THIS SPACE – OFFICIAL OFFICE USE ONLY**NEW ELIGIBILITY APPLICATION: _____ 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 PHONE [REDACTED]
 DATE [REDACTED] SEX M AGE [REDACTED] TDD # ()
 EMERGENCY CONTACT [REDACTED] RELATIONSHIP WIFE TELEPHONE [REDACTED]
 NAME RELATIONSHIP AGE DRIV. LIC (Y/N) TYPE OF VEHICLE
 (Please list each member)
[REDACTED] WIFE 47 [REDACTED] Jeep

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

Yes/No
 1. NO Do you have a valid Florida Driver's License? Year [REDACTED] Model [REDACTED]
 Yes [REDACTED] Could you drive your car to medical appointments? DL# [REDACTED]
 If not, why? can't see well enough
 2. Y Could they transport you to medical appointments? Name [REDACTED]
 If not, why? Vehicle not reliable on long tr.
 3. N Could they transport you to medical appointments? Name [REDACTED]
 If not, why? [REDACTED]
 4. N Could they transport you to medical appointments? Name [REDACTED]
 If not, why? [REDACTED]
 5. N Do you live in a facility that provides transportation? Name [REDACTED]
 Could this facility transport you to medical appointments? If not, why? [REDACTED]
 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 |
|----------------------------------|-------------------|--------------------------|--|
| <u>SHRND5</u> | <u>[REDACTED]</u> | <u>[REDACTED]</u> | <u>[REDACTED] until car broke down</u> |
| | | | |
| | | | |
| | | | |

SECTION 3 - AVAILABILITY OF FEDERALLY FUNDED OR PUBLIC TRANSPORTATION

Yes/No
 1. NO Do you live on a bus route? [REDACTED]
 2. NO [REDACTED] If Yes, please describe them below.
 3. NO [REDACTED] If Yes, please describe them below.

SECTION 4 - SPECIAL NEEDS
Please check or list any special needs or equipment required for transportation.

| | | | |
|---|-------------------------------------|--|---------------------------------|
| <input type="checkbox"/> Powered Wheelchair | <input type="checkbox"/> Stretcher | <input type="checkbox"/> Manual Wheelchair | <input type="checkbox"/> Walker |
| <input type="checkbox"/> Cane | <input type="checkbox"/> Respirator | <input type="checkbox"/> Service Animal | |

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 P.O. 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) _____ REQUEST FOR TERMINATION: (Y/N) _____ DATE RECEIVED: _____ REVIEWED BY: _____

LETTER: (Y/N) _____

PCA NEEDED: (Y/N) _____

No. 8197 P. 4

Suwannee River Economic Council

AUG. 31. 2015 9:22AM

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 Plan

☒ Yes ☐ No

Transportation Disadvantaged Trust Fund Grant Application

☒ Yes ☐ No

Other grant applications

☒ Yes ☐ No
6. Does the Community Transportation Coordinator monitor its subcontractors and how often is monitoring conducted?
☐ Yes ☐ No ☒ 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 Lafayette County School Board to use their vehicles.
2. How is the Community Transportation Coordinator using public transportation services in the coordinated system?
Not applicable
3. Is there a goal for transferring passengers from paratransit to transit?
☐ Yes ☐ No ☒ Not applicable
4. What are the minimum liability insurance requirements? \$100,00/\$200,000
5. What are the minimum liability insurance requirements in the operator and coordination contracts?
\$100,000/\$200,000
6. Does the minimum liability insurance requirements exceed \$1 million per incident?
☐ Yes ☒ No

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

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

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

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



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: Suwannee 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)

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: Title III B Aging Program

Representative of Purchasing Agency: Janis Owen

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

☒ YES

☐ NO

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

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

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

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

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

- ☐ Yes
- ☒ No If no, skip to question 7

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

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

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

- ☒ Yes
- ☐ No If no, why? _____

PURCHASING AGENCY SURVEY

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

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

☒ YES

☐ NO

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

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

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

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

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

- ☐ Yes
- ☒ No If no, skip to question 7

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

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

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

- ☒ Yes
- ☐ No If no, why? _____

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

☐ Advance notice

☐ Pick up times not convenient

☐ Assistance

☐ Service Area Limits

☐ Drivers - specify

☐ Vehicle condition

☐ Cost

☐ Late pick up-specify time of wait

☐ Accessibility

☐ Late return pick up - length of wait

☐ Reservations - specify length of wait

☐ 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

☐ Advance notice

☐ Pick up times not convenient

☐ Assistance

☐ Service Area Limits

☐ Drivers - specify

☐ Vehicle condition

☐ Cost

☐ Late pick up-specify time of wait

☐ Accessibility

☐ Late return pick up - length of wait

☐ Reservations - specify length of wait

☐ 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

☐ Advance notice

☐ Pick up times not convenient

☐ Assistance

☐ Service Area Limits

☐ Drivers - specify

☐ Vehicle condition

☐ Cost

☐ Late pick up-specify time of wait

☐ Accessibility

☐ Late return pick up - length of wait

☐ Reservations - specify length of wait

☐ 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

☐ Advance notice

☐ Pick up times not convenient

☐ Assistance

☐ Service Area Limits

☐ Drivers - specify

☐ Vehicle condition

☐ Cost

☐ Late pick up-specify time of wait

☐ Accessibility

☐ Late return pick up - length of wait

☐ Reservations - specify length of wait

☐ 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

☐ Advance notice

☐ Pick up times not convenient

☐ Assistance

☐ Service Area Limits

☐ Drivers - specify

☐ Vehicle condition

☐ Cost

☐ Late pick up-specify time of wait

☐ Accessibility

☐ Late return pick up - length of wait

☐ Reservations - specify length of wait

☐ 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: Lafayette | | 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): | \$48,457.00 | \$0.00 | \$48,457.00 |
| Fringe Benefits (502): | \$26,929.00 | \$0.00 | \$26,929.00 |
| Services (503): | \$5,218.00 | \$0.00 | \$5,218.00 |
| Materials and Supplies Cons. (504): | \$29,015.00 | \$0.00 | \$29,015.00 |
| Utilities (505): | \$6,338.00 | \$0.00 | \$6,338.00 |
| Casualty and Liability (506): | \$10,702.00 | \$0.00 | \$10,702.00 |
| Taxes (507): | \$81.00 | \$0.00 | \$81.00 |
| Purchased Transportation Services (508) | | | |
| Bus Pass Expenses: | \$0.00 | \$0.00 | \$0.00 |
| School Bus Expenses: | \$0.00 | \$0.00 | \$0.00 |
| Other: | \$0.00 | \$0.00 | \$0.00 |
| | | | |
| Miscellaneous (509): | \$437.00 | \$0.00 | \$437.00 |
| Interest (511): | \$0.00 | \$0.00 | \$0.00 |
| Leases and Rentals (512): | \$4,356.00 | \$0.00 | \$4,356.00 |
| Annual Depreciation (513): | \$1,819.00 | \$0.00 | \$1,819.00 |
| Contributed Services (530): | \$15,395.00 | \$0.00 | \$15,395.00 |
| Allocated Indirect Expenses: | \$0.00 | \$0.00 | \$0.00 |
| | | | |
| GRAND TOTAL: | \$148,747.00 | \$0.00 | \$148,747.00 |
| | | | |

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 |
| <input type="checkbox"/> | |

LEVEL OF COORDINATION

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

Suwannee River Economic Council distributes brochures in the community.

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

Suwannee River Economic Council determines passenger eligibility except for passengers using 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 for Florida's Managed Medical Care Program.

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

Suwannee River Economic Council handles all trip allocations.

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

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

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

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



II.B

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November 6, 2015

TO: Lafayette 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 Fiscal Year 2014-2015 Annual Operations Report. If you have any questions concerning the attached report, please contact me at extension 110.

Attachment

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

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

FLCTD

Annual Operations Report

Section I: Face Sheet

| | |
|---|--|
| County: Lafayette | 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: | Lafayette |
| Contact Person: | Matt Pearson |
| Title: | Executive Director |
| Phone: | (386) 362 - 4115 |
| Fax: | (386) 362 - 4078 |
| Email: | mpearson@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) | |
| <div style="border-bottom: 1px solid black; height: 1.2em; width: 100%;"></div> | |
| | |
| 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 | |
| <div style="border-bottom: 1px solid black; height: 1.2em; width: 100%;"></div> | |

FLCTD

Annual Operations Report

Section II: General Info

County: **Lafayette**

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: Lafayette | | 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 | 1961 | 1681 | 3642 |
| Non-Ambulatory | 50 | 99 | 149 |
| Stretcher | 0 | 0 | 0 |
| Other Services | | | |
| School Board Trips | 0 | 0 | 0 |
| Total Trips | 2011 | 1780 | 3791 |
| | | | |
| 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 | 364 | | |
| Agency for Persons with Disabilities | 0 | | |
| Agency for Workforce Innovation | 0 | | |
| Commission for the Transportation Disadvantaged | 2917 | | |
| Department of Children and Families | 0 | | |
| Department of Community Affairs | 0 | | |
| Department of Education | 0 | | |
| Department of Elder Affairs | 509 | | |
| 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: | 3791 |
| 3. One-Way Trips by Passenger Type | |
| Was this information obtained by sampling? | yes |
| Elderly | |
| Low Income: | 1765 |
| Disabled: | 308 |
| Low Income and Disabled: | 179 |
| Other: | 0 |
| Children | |
| Low Income: | 260 |
| Disabled: | 47 |
| Low Income and Disabled: | 52 |
| Other: | 0 |
| Other | |
| Low Income: | 982 |
| Disabled: | 34 |
| Low Income and Disabled: | 164 |
| Other: | 0 |
| Total: | 3791 |
| 4. One-Way Passenger Trips - by Purpose | |
| Was this information obtained by sampling? | yes |
| Medical Purpose | 3281 |
| Employment Purpose | 0 |
| Education/Training/Daycare Purpose | 0 |
| Nutritional Purpose | 510 |
| Life-Sustaining/Other Purpose | 0 |
| Total: | 3791 |
| 5. Unduplicated Passenger Head Count | |
| 5a. Paratransit/Deviated Fixed Route/ School Brd | 294 |

| | |
|--|-----|
| 5b. Fixed Route | 0 |
| Total: | 294 |
| | |
| 6. Number of Unmet Trip Requests | 8 |
| 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 | 8 |
| | |
| Passenger No-Shows by Funding Source (optional) | |
| CTD: | 0 |
| AHCA: | 0 |
| AWI: | 0 |
| DCF: | 0 |
| APD: | 0 |
| DOE: | 0 |
| DOEA: | 0 |
| Other: | 0 |
| | |
| 8. Complaints | |
| Complaints by Service | 0 |
| Complaints by Policy | 0 |
| Complaints by Vehicle | 0 |
| Complaints by Other | 0 |
| Complaint Total: | 0 |
| | |
| 9. Commendations | |
| Commendations by CTC | 0 |

| | |
|---|----------|
| Commendations by Transportation Providers | 0 |
| Commendations by Coordination Contractors | 0 |
| Total Commendations: | 0 |
| | |

FLCTD

Annual Operations Report

Section IV: Vehicle Info

| | | | |
|---|----------------------|--|-----------------------|
| County: Lafayette | | Fiscal Year: July 1, 2014 - June 30, 2015 | |
| Status: Submitted to FLCTD | | | |
| Section IV: Vehicle Information | | | |
| 1. Mileage Information | | | |
| | Vehicle Miles | | Revenue Miles |
| CTC: | 80642 | | 64987 |
| Transportation Providers: | 0 | | 0 |
| Coordination Contractors: | 0 | | 0 |
| School Bus Utilization Agreement: | 0 | | 0 |
| Total: | 80642 | | 64987 |
| 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 | | | |
| | 5 | | |
| | | Count | Percentage |
| a. Total vehicles that are wheelchair accessible: | | 5 | 100.00% |
| b. Total vehicles that are stretcher equipped: | | 0 | 0.00% |

FLCTD

Annual Operations Report

Section V: Employee Info

| | | | |
|--|----------|--|--------------|
| County: Lafayette | | 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 | 1 | | 2080 |
| Part-Time Drivers | 2 | | 1455 |
| Volunteer Drivers | 0 | | 0 |
| Total Hours: | | | 3535 |
| | | | |
| 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 | 5 | | |
| 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: 3535 |
| | | |

FLCTD

Annual Operations Report

Section VI: Revenue Sources

| | | | |
|--|----------------------------------|---|----------------|
| County: Lafayette | | 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 | \$18,262.00 | \$0.00 | \$18,262.00 |
| 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 | \$132,355.00 | \$0.00 | \$132,355.00 |

| | | | |
|---|------------|--------|------------|
| 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 | \$2,036.00 | \$0.00 | \$2,036.00 |
| 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) | \$41,212.00 | \$0.00 | \$41,212.00 |
| 49 USC 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 | \$15,747.00 | \$0.00 | \$15,747.00 |
| 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: | \$215,813.00 | \$0.00 | \$215,813.00 |
| | | | |

FLCTD

Annual Operations Report

Section VII: Expense Sources

| | | | |
|---|--------------------------------------|---|----------------|
| County: Lafayette | | 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): | \$48,457.00 | \$0.00 | \$48,457.00 |
| Fringe Benefits (502): | \$26,929.00 | \$0.00 | \$26,929.00 |
| Services (503): | \$5,218.00 | \$0.00 | \$5,218.00 |
| Materials and Supplies Cons. (504): | \$29,015.00 | \$0.00 | \$29,015.00 |
| Utilities (505): | \$6,338.00 | \$0.00 | \$6,338.00 |
| Casualty and Liability (506): | \$10,702.00 | \$0.00 | \$10,702.00 |
| Taxes (507): | \$81.00 | \$0.00 | \$81.00 |
| Purchased Transportation Services (508) | | | |
| Bus Pass Expenses: | \$0.00 | \$0.00 | \$0.00 |
| School Bus Expenses: | \$0.00 | \$0.00 | \$0.00 |
| Other: | \$0.00 | \$0.00 | \$0.00 |
| | | | |
| Miscellaneous (509): | \$437.00 | \$0.00 | \$437.00 |
| Interest (511): | \$0.00 | \$0.00 | \$0.00 |
| Leases and Rentals (512): | \$4,356.00 | \$0.00 | \$4,356.00 |
| Annual Depreciation (513): | \$1,819.00 | \$0.00 | \$1,819.00 |
| Contributed Services (530): | \$15,395.00 | \$0.00 | \$15,395.00 |
| Allocated Indirect Expenses: | \$0.00 | \$0.00 | \$0.00 |
| | | | |
| GRAND TOTAL: | \$148,747.00 | \$0.00 | \$148,747.00 |
| | | | |

**PERFORMANCE TRENDS - SUWANNEE RIVER ECONOMIC COUNCIL
LAFAYETTE COUNTY**

| PERFORMANCE STANDARD | MEASURE | Fiscal Year 7/1/12 - 6/30/2013 | Fiscal Year 7/1/13 - 6/30/14 | Fiscal Year 7/1/14 - 6/30/15 | Percent Change 2013/14 - 2014/15 |
|--|---|-----------------------------------|---------------------------------|---------------------------------|-------------------------------------|
| TOTAL SERVICE | Total Passenger Trips | 4,057 | 3,419 | 3,791 | 10% |
| | Total Revenue Vehicle Miles | 64,041 | 60,050 | 64,987 | 8% |
| | Total Vehicle Miles* | 79,184 | 74,524 | 80,642 | 8% |
| | Total Driver Hours | 5,410 | 5,290 | 3,535 | -50% |
| SERVICE EFFECTIVENESS | Passenger Trips/Revenue Vehicle Mile | 0.06 | 0.06 | 0.06 | 2% |
| | Passenger Trips/Vehicle Mile | 0.05 | 0.05 | 0.05 | 2% |
| | Average Miles/Trip | 20 | 22 | 21 | -2% |
| | Passenger Trips/Driver Hour | 0.7 | 0.6 | 1.1 | 40% |
| COST EFFECTIVENESS & EFFICIENCY | Total Revenue | \$351,668 | \$313,161 | \$215,813 | -45% |
| | Total Expenses | \$304,700 | \$275,122 | \$148,747 | -85% |
| | Cost/Passenger Trip | \$75.10 | \$80.47 | \$39.24 | -105% |
| | Cost/Vehicle Mile | \$3.85 | \$3.69 | \$1.84 | -100% |
| | Cost/Revenue Vehicle Mile | \$4.76 | \$4.58 | \$2.29 | -100% |
| | Cost/Vehicle | \$50,783 | \$45,854 | \$29,749 | -54% |
| | Cost/Driver Hour | \$56.32 | \$52.01 | \$42.08 | -24% |
| VEHICLE UTILIZATION | Total Vehicles | 6 | 6 | 5 | -20% |
| | Passenger Trips/Vehicles | 676 | 570 | 758 | 25% |
| | Vehicle Miles/Vehicle | 13,197 | 12,421 | 16,128 | 23% |
| | Revenue Vehicle Miles/Vehicle | 10,674 | 10,008 | 12,997 | 23% |
| SAFETY | Total Number of Accidents | 0 | 0 | 0 | #DIV/0! |
| | Accidents/100,000 Miles | 0 | 0 | 0 | #DIV/0! |
| SERVICE AVAILABILITY | Average Vehicle Miles Between Roadcalls | 79,184 | 74,524 | 80,642 | 8% |
| | Roadcalls | 1 | 1 | 1 | 0% |
| | Passenger No-Shows | 4 | 7 | 8 | 13% |
| | Number of Trip Denials | 22 | 0 | 0 | #DIV/0! |

Source: Annual Operations Reports



11.C

Serving

Alachua • Bradford

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Hamilton • Lafayette • Levy • Madison

Marion • Suwannee • Taylor • Union Counties

2009 NW 87th Place, Gainesville, FL 32653 • 1603 • 352.955.2200

November 6, 2015

TO: Lafayette County Transportation Disadvantaged Coordinating Board

FROM: Lynn Godfrey, AICP, Senior Planner

SUBJECT: Operations Reports

RECOMMENDATION

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

BACKGROUND

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

1. Suwannee River Economic Council Operations Report July - September 2015;
2. Fiscal Year 2015/16 Transportation Disadvantaged Trust Fund Status Report;
3. Suwannee River Economic Council Complaint/Commendation Report July - September 2015; and
4. Suwannee River Economic Council Trip Denial Report July - September 2015.

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

Attachments

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

**QUARTERLY OPERATING REPORT
SUWANNEE RIVER ECONOMIC COUNCIL, INC.
LAFAYETTE COUNTY
JULY - SEPTEMBER 2015**

| OPERATING DATA | SREC |
|--|--------------------|
| NUMBER OF INVOICED TRIPS | 782 |
| Florida Managed Medical Assistance Program | 30 |
| Florida Transportation Disadvantaged Program | 575 |
| S.R.E.C. - Title III-B Meal Site | 177 |
| TOTAL VEHICLE MILES | 11,245 |
| TOTAL REVENUE VEHICLE MILES | 8,984 |
| TOTAL VEHICLE HOURS | 493 |
| TOTAL DOLLARS INVOICED | \$37,927.81 |
| Florida Managed Medical Assistance Program | \$1,648.75 |
| Transportation Disadvantaged Program | \$34,863.06 |
| S.R.E.C. - Title III-B Meal Site | \$1,416.00 |
| AVERAGE COST PER TRIP | \$48.50 |
| Florida Managed Medical Assistance Program | \$54.96 |
| Transportation Disadvantaged Program | \$60.63 |
| S.R.E.C. - Title III-B Meal Site | \$8.00 |
| AVERAGE COST PER VEHICLE MILE | \$3.37 |
| AVERAGE COST PER REVENUE VEHICLE MILE | \$4.22 |
| AVERAGE COST PER VEHICLE HOUR | \$76.93 |
| TRIP PURPOSE* | |
| Medical | 605 |
| Employment | |
| Education/Training | |
| Shopping | |
| Meal Site | 177 |
| Recreation | |
| Other | |
| NUMBER OF TRIPS DENIED | |
| NUMBER OF SINGLE PASSENGER TRIPS PROVIDED | 26 |
| PERCENT OF SINGLE PASSENGER TRIPS | 3% |
| NUMBER OF ACCIDENTS | 0 |
| NUMBER OF VEHICLES | 3 |
| AVERAGE TRIPS PER VEHICLE | 261 |
| AVERAGE MILES PER TRIP | 14 |
| NUMBER OF ROADCALLS | 0 |
| MILES BETWEEN ROADCALLS | 11,245 |

Source: Suwannee River Economic Council

**QUARTERLY OPERATING REPORT
SUWANNEE RIVER ECONOMIC COUNCIL, INC.
LAFAYETTE COUNTY
JULY 2014 - SEPTEMBER 2014**

| OPERATING DATA | TOTAL |
|--|--------------------|
| NUMBER OF INVOICED TRIPS | 866 |
| Florida Commission for the Transportation Disadvantaged Medicaid | 56 |
| Florida Managed Medical Assistance Program | 149 |
| Transportation Disadvantaged Program | 575 |
| S.R.E.C. - Title III-B Meal Site | 86 |
| TOTAL VEHICLE MILES | 13,127 |
| TOTAL REVENUE VEHICLE MILES | 10,353 |
| TOTAL VEHICLE HOURS | 538 |
| TOTAL DOLLARS INVOICED | \$48,597.50 |
| Florida Commission for the Transportation Disadvantaged Medicaid | \$6,053.68 |
| Florida Managed Medical Assistance Program | \$9,475.50 |
| Transportation Disadvantaged Program | \$32,380.32 |
| S.R.E.C. - Title III-B Meal Site | \$688.00 |
| AVERAGE COST PER TRIP | \$56.12 |
| Florida Commission for the Transportation Disadvantaged Medicaid | \$108.10 |
| Florida Managed Medical Assistance Program | \$63.59 |
| Transportation Disadvantaged Program | \$56.31 |
| S.R.E.C. - Title III-B Meal Site | \$8.00 |
| AVERAGE COST PER VEHICLE MILE | \$3.70 |
| AVERAGE COST PER REVENUE VEHICLE MILE | \$4.69 |
| AVERAGE COST PER VEHICLE HOUR | \$90.33 |
| TRIP PURPOSE* | |
| Medical | 780 |
| Employment | 0 |
| Education/Training | 0 |
| Shopping | 0 |
| Meal Site | 86 |
| Recreation | 0 |
| Other | 0 |
| NUMBER OF TRIPS DENIED | 0 |
| NUMBER OF SINGLE PASSENGER TRIPS PROVIDED | 31 |
| PERCENT OF SINGLE PASSENGER TRIPS | 4% |
| NUMBER OF ACCIDENTS | 0 |
| NUMBER OF VEHICLES | 7 |
| AVERAGE TRIPS PER VEHICLE | 124 |
| AVERAGE MILES PER TRIP | 15 |
| NUMBER OF ROADCALLS | 0 |
| MILES BETWEEN ROADCALLS | 13,127 |

**2015-2016 TRIP/EQUIPMENT GRANT SUMMARY
LAFAYETTE COUNTY**

CONTRACT AMOUNT: \$142,044.00

| MONTH/ YEAR | TOTAL DOLLARS SPENT | TRUST FUND (90%) | LOCAL MATCH (10%) | TOTAL AMOUNT REMAINING | NUMBER OF TRIPS | AVERAGE COST PER TRIP |
|------------------------|------------------------------------|---------------------------------|----------------------------------|---------------------------------------|----------------------------|--------------------------------------|
| Jul-15 | \$9,721.80 | \$8,749.62 | \$972.18 | \$132,322.20 | 159 | \$61.14 |
| Aug-15 | \$14,160.18 | \$12,744.16 | \$1,416.02 | \$118,162.02 | 219 | \$64.66 |
| Sep-15 | \$10,981.08 | \$9,882.97 | \$1,098.11 | \$107,180.94 | 197 | \$55.74 |
| Oct-15 | | | | \$107,180.94 | | #DIV/0! |
| Nov-15 | | | | \$107,180.94 | | #DIV/0! |
| Dec-15 | | | | \$107,180.94 | | #DIV/0! |
| Jan-16 | | | | \$107,180.94 | | #DIV/0! |
| Feb-16 | | | | \$107,180.94 | | #DIV/0! |
| Mar-16 | | | | \$107,180.94 | | #DIV/0! |
| Apr-16 | | | | \$107,180.94 | | #DIV/0! |
| May-16 | | | | \$107,180.94 | | #DIV/0! |
| Jun-16 | | | | \$107,180.94 | | #DIV/0! |

LAFAYETTE COUNTY
SERVICE COMPLAINTS/COMMENDATIONS
JULY - SEPTEMBER 2015

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

Source: Suwannee River Economic Council

**LAFAYETTE COUNTY
UNMET TRANSPORTATION NEEDS
JULY - SEPTEMBER 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

LAFAYETTE COUNTY TRANSPORTATION DISADVANTAGED COORDINATING BOARD

| MEMBER/ORGANIZATION | NAME | 12/15/14 | 3/23/15 | 6/22/15 | 9/28/15 |
|---|----------------------------|----------|---------|---------|---------|
| Chair | Commissioner Curtis Hamlin | P | P | P | 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 | Kay Tice | P | A | A | A |
| Alternate Member | (Vacant) | | | | |
| Florida Agency for Health Care Administration | Deweese Ogden | | | | P |
| Alternate Member | (Vacant) | | | | |
| Florida Department of Education | (Vacant) | | | | |
| Alternate Member | (Vacant) | | | | |
| Public Education | Richie Page | A | A | A | A |
| Alternate Member | (Vacant) | | | | |
| Citizen Advocate | Cindy Morgan | A | P | A | A |
| Alternate Member | Rhoda Pate | A | A | A | A |
| Citizen Advocate-User | (Vacant) | | | | |
| Alternate Member | (Vacant) | | | | |
| Elderly | Martha Humphries | A | A | P | P |
| Alternate Member | (Vacant) | | | | |
| Veterans | Carlton Black | A | A | P | A |
| Alternate Member | (Vacant) | | | | |
| Persons with Disabilities | (Vacant) | | | | |
| Alternate Member | (Vacant) | | | | |
| Florida Department of Elder Affairs | Ricky Lyons | P | A | A | A |
| Alternate Member | (Vacant) | | | | |
| Children at Risk | Colleen Cody | | | | P |
| Alternate Member | (Vacant) | | | | |
| Local Medical Community | Ginger Calhoun | P | P | A | P |
| Alternate Member | (Vacant) | | | | |
| Regional Workforce Board | Sheryl Rehberg | P | P | P | A |
| Alternate Member | Anthony Jennings | A | A | A | 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."

