

# TRANSPORTATION DISADVANTAGED LOCAL COORDINATING BOARD

Ocala Citizens Service Center  
201 SE 3<sup>rd</sup> Street, Ocala, FL 34471

**April 26, 2018**  
**2:00 PM**



## MEETING AGENDA

1. Call to Order and Roll Call
2. Proof of Publication

## ACTION ITEMS

3. TDLCB By-Laws Update
4. Shirly Conoy Grant
5. CTC Review

## OTHER ITEMS

6. Approval of Minutes
7. Comments by TDLCB Members
8. Comments by Community Transportation Coordinator (CTC)
9. Comments by TPO Staff
10. Public Comment
11. Adjournment

*The next meeting of the TDLCB will be held on July 19, 2018.*

If reasonable accommodations are needed for you to participate in this meeting, please call the TPO Office at (352) 629-8297 forty-eight (48) hours in advance, so arrangements can be made.

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**April 13, 2018**

**TO: TDLCB Members**

**FROM: Kenneth Odom, Transportation Planner**

**SUBJECT: UPDATE OF THE TRANSPORTATION DISADVANTAGED LOCAL  
COORDINATING BOARD (TDLCB) BYLAWS**

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It is incumbent upon TPO staff to regularly review and/or amend the TDLCB bylaws to remain concurrent with State of Florida regulations and code as they relate to the operations of the local Community Transportation Coordinator and the Florida CTD. TPO staff have rewritten the TDLCB bylaws and respectfully request the TDLCB Board review and recommend changes or approval to said bylaws.

All elements included in the TDLCB bylaws are pursuant to Chapter 427 Florida Statutes (FS); Rule 41-2, Florida Administrative Code (FAC); and subsequent laws setting forth requirements for the coordination of transportation services to the TD.

Any additional comments and/or suggestions should be submitted to Kenneth Odom at [kodom@ocalafl.org](mailto:kodom@ocalafl.org) or 352-629-8475.

**BYLAWS OF THE  
OCALA/MARION COUNTY  
TRANSPORTATION DISADVANTAGED LOCAL COORDINATING BOARD**

**Article I: Preamble Section 1: Preamble**

The following sets forth the bylaws, which shall serve to guide the proper functioning of the coordination of transportation disadvantaged through the Ocala/Marion County Transportation Disadvantaged (TD) Local Coordinating Board (LCB). The intent is to provide procedures and policies for fulfilling the requirements of Chapter 427, Florida Statutes (FS); Rule 41-2, Florida Administrative Code (FAC); and subsequent laws setting forth requirements for the coordination of transportation services to the TD.

**Article II: Name and Purpose**

**Section 1: Name:** The name of the coordinating board shall be the Ocala/Mario County TDLCB, hereinafter referred to as the Board.

**Section 2: Purpose:** The primary purpose of the Board is to identify local service needs and provide information, advice, and direction to the Community Transportation Coordinator (CTC) on the coordination of services to be provided to the TD pursuant to Chapter 427.0157, FS.

**Article III: Membership, Appointment, Term of Office, and Termination of Membership**

**Section 1: Voting Members:** In accordance with Chapter 427.0157, FS, the designated official planning agency for Ocala/Marion County, which is the Ocala/Marion County Transportation Planning Organization (TPO), shall appoint all members of the Board.

The following agencies or groups shall be represented on the Board as voting members:

1. One local elected official, who will serve as Chairperson.
2. A local representative of the Florida Department of Transportation.
3. A local representative of the Florida Department of Children and Families.
4. A local representative of the Public Education Community, which could include, but not be limited to, a representative of the District School Board, School Board Transportation Office, Department of Education or Headstart Program in areas where the School District is responsible.
5. In areas where they exist, a local representative of the Florida Division of Vocational Rehabilitation or the Division of Blind Services, representing the Department of Education.
6. A person recommended by the local Veterans Service Office representing the veterans of the County.
7. A person who is recognized by the Florida Association for Community Action (President), representing the economically disadvantaged in the County.
8. A person over sixty representing the elderly in the County.

9. A person with a disability representing the disabled in the County.
10. One citizen advocate representative in the County; one who must be a person who uses the transportation service(s) of the system as their primary means of transportation.
11. In areas where they exist, the Chairperson or designee of the local Mass Transit or Public Transit System's Board, except in cases where they are also the CTC.
12. A local representative of the Florida Department of Elder Affairs.
13. An experienced representative of the local private for profit transportation industry. In areas where such representative is not available, a local private nonprofit representative will be appointed, except where said representative is also the CTC.
14. A local representative of the Florida Agency for Health Care Administration.
15. A representative of the Regional Workforce Development Board established in Chapter 445, Florida Statutes.
16. A representative of the local medical community, which may include, but not be limited to, kidney dialysis centers, long term care facilities, assisted living facilities, hospitals, local health department or other home and community based services, etc.

**Section 2: Alternate Members:** Each member of the Board may name one alternate in writing who may vote only in absence of that member on a one-vote-per-member basis.

**Section 3: Nonvoting Members:** Additional non-voting members may be appointed by the TPO.

**Section 4: Terms of Appointments:** Except for the Chairperson and State agency representatives, the members of the Board shall be appointed for three-year terms. The Chairperson shall serve until being replaced by the TPO. Appointments to the Board for non-agency positions will be chosen utilizing the following procedures: The position vacancy will be advertised in such a manner as to generate the greatest response from 3 potential candidates. The Chairperson of the Board will appoint a selection subcommittee. The subcommittee will then review all applicants and make their recommendations to the Board. The Board will then vote on the recommendations for appointment of the new member(s).

**Section 5: Termination of Membership:** Any member of the Board may resign at any time by notice in writing to the Chairperson. Unless otherwise specified in such notice, such resignation shall take effect upon receipt thereof by the TPO Director.

**Section 6: Membership Attendance:** Each member of the Board is expected to demonstrate his/her interest in the Board's activities through attendance of the scheduled meetings, except for reasons of an unavoidable nature. In each instance of an avoidable absence, the absent member should ensure that his/her alternate attends. Should a Board member miss two consecutive meetings, an attendance reminder letter will be sent to that member. The letter is to remind each member of attendance requirements and requests that the member notify the Board of his/her intention to remain on the LCB. Based on this response, appropriate action may be taken by the Board.

#### **Article IV: Officers and Duties**

**Section 1: Number:** The officers of the Board shall be a Chairperson and a Vice-Chairperson.

**Section 2: Chairperson:** The TPO shall appoint one of its members, who are an elected official, to serve as the official Chairperson for all Board meetings. The Chairperson shall preside at all meetings, and in the event of his/her absence or at his/her direction, the Vice-Chairperson shall assume the powers and duties of the Chairperson. The Chairperson shall serve until replaced by the TPO. If the Chairperson and Vice-Chairperson are absent at the same time, the body shall appoint a member to act as chair in their absence during that meeting.

**Section 3: Vice-Chairperson:** The Board shall nominate and elect a Vice-Chairperson at one of the regular meetings each year. The Vice-Chairperson shall be elected by a majority vote of a quorum of the members of the Board present and voting at the meeting. The Vice-Chairperson shall serve a term of one-year starting with the next meeting.

#### **Article V: Board Meetings**

**Section 1: Regular Meetings:** The Board shall meet as often as necessary in order to meet its responsibilities. However, as required by Chapter 427.0157, FS, the Board shall meet at least quarterly.

**Section 2: Notice of Meetings:** A notice and an agenda shall be sent to all Board members, other interested parties, and the news media within a reasonable amount of time prior to the Board meeting. Such notice shall state the date, time, and place of the meetings.

**Section 3: Quorum:** At all meetings of the Board, the presence in person of a majority of the voting members (50%+1) shall be necessary and sufficient to constitute a quorum for the transaction of business. In the absence of a quorum those present may, without notice other than by announcement at the meeting, recess the meeting from time to time until a quorum shall be present. At any such recessed meeting, any business may be transacted which might have been transacted at the meeting as originally called.

**Section 4: Voting:** At all meetings of the Board at which a quorum is present, all matters, except as otherwise expressly required by law or these By-laws, shall be decided by the vote of a majority of the members of the Board present.

**Section 5: Parliamentary Procedures:** The Board will conduct business using parliamentary procedures according to Robert's Rules of Order, except when in conflict with these Bylaws. Section 6: Minutes. The Clerk of the Circuit Court, Board of Records, shall maintain an official set of minutes for each Board meeting. The minutes shall include an attendance roster and reflect official actions taken by the Board. Copies of all Board minutes shall be sent to the Commission for the Transportation Disadvantaged (CTD) office and the Chairperson of the TPO.

#### **Article VI: Staff**

**Section 1: General:** The TPO shall provide the Board with sufficient staff support and resources to enable the Board to fulfill its responsibilities as set forth in Chapter 427.0157, FS. These responsibilities include providing sufficient staff to manage and oversee the operations of the Board and assist in the scheduling of meetings, preparing meeting agenda packets, and other necessary administrative duties as required by the Board within the limits of the resources available.

## **Article VII: Board Duties**

**Section 1: Board Duties:** The Board shall perform the following duties as specified in Chapter 427.0157, FS.

1. Review and approve the Transportation Disadvantaged Service Plan, including the Memorandum of Agreement, prior to submittal to the Commission.
2. Evaluate services provided in meeting the approved plan.
3. In cooperation with the CTC, review and provide recommendations to the CTD on funding applications affecting the TD.
4. Assist the CTC in establishing priorities with regard to the recipients of non-sponsored TD services that are purchased with TD Trust Fund monies.
5. Review the coordination strategies of service provision to the TD in the designated service area.
6. Evaluate multi-county or regional transportation opportunities.
7. Work cooperatively with local Welfare Transition Program (WTP) coalitions established in Chapter 445, FS, to provide assistance in the development of innovative transportation services for WTP participants.

## **Article VIII: Subcommittees**

**Section 1: Subcommittees:** As necessary, the Chairman shall designate subcommittees to investigate and report on specific subject areas of interest to the Board and to deal with administrative and legislative procedures. A Grievance Subcommittee shall be established to serve as a mediator to process and investigate complaints from agencies, users, potential users of the system and the CTC in the designated service area, and make recommendations to the Board for improvement of service.

## **Article IX: Communication with Other Agencies and Entities**

**Section 1: General:** The TPO authorizes the Board to communicate directly with other agencies and entities as necessary to carry out its duties and responsibilities in accordance with Rule 41-2, FAC.



Florida Commission for the



**Transportation  
Disadvantaged**

**FISCAL YEAR 2018-2019**

**PROGRAM MANUAL AND APPLICATION  
FOR THE SHIRLEY CONROY RURAL AREA  
CAPITAL ASSISTANCE GRANT**

Issued By:

FLORIDA COMMISSION FOR THE TRANSPORTATION DISADVANTAGED

605 Suwannee Street, Mail Station 49

Tallahassee, Florida 32399-0450

850-410-5700

[www.fdot.gov/ctd](http://www.fdot.gov/ctd)

# **SHIRLEY CONROY RURAL AREA CAPITAL ASSISTANCE GRANT APPLICATION DOCUMENTS**

- Application Form
- Proposed Project Scope
- Proposed Project Funding
- Standard Assurances
- Sample Authorizing Resolution
- Current Vehicle Inventory

\* Actual forms are "Fill-In" documents and are provided separately.



SHIRLEY CONROY RURAL AREA CAPITAL ASSISTANCE GRANT APPLICATION APPLICATION FORM

- 1. DATE SUBMITTED: February 27, 2018
2. LEGAL NAME OF APPLICANT: Marion Senior Services, Inc. d/b/a Marion Transit
3. FEDERAL IDENTIFICATION NUMBER: 23-7362750
4. REGISTERED ADDRESS: 1101 S.W. 20 Court CITY AND STATE: Ocala ZIP CODE: 34471
5. CONTACT PERSON FOR THIS GRANT: Mr. Tom Wilder, Transportation Director
6. PHONE NUMBER: 352-620-3519
7. E-MAIL ADDRESS: twilder@marionseniorservices.org
8. PROJECT LOCATION [County(ies)]: Marion County
9. PROPOSED START DATE: July 1, 2018 ENDING DATE: June 30, 2019

10. 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.

Ms. Jennifer Martinez, Executive Director TYPED NAME OF AUTHORIZED REPRESENTATIVE AND TITLE

SIGNATURE OF AUTHORIZED REPRESENTATIVE DATE 2/27/18

11. Local Coordinating Board Approval

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

Marion County Coordinating Board.

COORDINATING BOARD CHAIRPERSON'S SIGNATURE DATE 2/27/2018



## SHIRLEY CONROY RURAL AREA CAPITAL ASSISTANCE GRANT APPLICATION PROPOSED PROJECT SCOPE

### **Describe the Capital Equipment Requested:**

Marion Transit is requesting the replacement of two 24' paratransit buses. These buses will be equipped with a lift and wheelchair positions with a maximum ambulatory seating arrangement of 12 passengers and two wheelchair positions.

### **Explain Why the Equipment is Needed:**

In order to maintain our fleet with safe, reliable and efficient buses it is imperative that we replace older buses with new ones. Currently we have a fleet of 41 buses with 30 to 32 buses in-service working a daily schedule, Monday - Friday serving the Transportation Disadvantaged throughout the rural areas of Marion County. Our individual buses average over 20,000 miles per year with several that average over 30,000 miles due to the size of Marion County, 1,652 square miles.

If approved, these two new buses will replace two older buses purchased in 2006 and 2007 respectively which have been recently used as spares. The new buses would be put into full-time service so that other older/high-mileage buses can be placed in as spare buses.

### **Identify Local Match Required and Source for Match:**

Matching funds will come from funds already approved by the local Board of County Commissioners for FY2017-2018.

### **Describe the Procurement Process and Timeline:**

Buses will be ordered following the TRIPS process as soon as the Shirley Conroy grant is approved. Timeline is expected to take several months however, it is expected that the whole process should not take longer than 3 - 4 months. Funds would be expended before the June 30, 2019 deadline.

Once received, the buses will be put in service immediately.



**SHIRLEY CONROY RURAL AREA CAPITAL ASSISTANCE GRANT APPLICATION PROPOSED PROJECT FUNDING**

Project Description and Estimated Cost:

- Capital equipment - **Prioritize based on need.**
- If vehicle, specify type of vehicle.
- Include a copy of the TRIPS vehicle order form used to determine price or quote received for other capital equipment to document cost.

1.	2 Cutaway Paratransit Buses - Replacements	\$175,816
2.		\$
3.		\$
4.		\$
5.		\$
6.		\$

**Total Project Cost** \$175,816.00

Funding Participation

Transportation Disadvantaged Trust Funds	(90%)	158,234.40
Local Match	(10%) *	<b>17,581.60</b>
<b>Total Project Cost</b>		175,816.00

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



## SHIRLEY CONROY RURAL AREA CAPITAL ASSISTANCE GRANT APPLICATION STANDARD ASSURANCES

The recipient hereby assures and certifies that:

1. The recipient has the requisite fiscal, managerial, and legal capacity to carry out the Transportation Disadvantaged Program and to receive and disburse State funds.
2. The recipient intends to accomplish all tasks as identified in this grant application.
3. 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.
4. The recipient is aware that the approved project must be complete by June 30, 2019, which means the equipment must be received by the recipient by that date or reimbursement will not be approved.
5. Transportation Disadvantaged Trust Funds will not be used to supplant or replace existing federal, state, or local government funds.
6. Capital equipment purchased through this grant shall comply with the recipient's competitive procurement requirements or Chapter 287 and Chapter 427, Florida Statutes.

This certification is valid for the agreement period for which the grant application is filed.

Signature: \_\_\_\_\_

Date: 2/27/2018

Name: Jennifer Martinez

Title: Executive Director

Agency: Marion Senior Services, Inc. d/b/a Marion Transit

Service Area: Marion County, Florida



**SHIRLEY CONROY RURAL AREA CAPITAL ASSISTANCE GRANT APPLICATION**

A RESOLUTION of the Marion Senior Services, Inc. d/b/a Marion Transit, hereinafter BOARD, hereby authorizes the filing and execution of a Transportation Disadvantaged Shirley Conroy Rural Area Capital Assistance Grant Application and Agreement with the Florida Commission for the Transportation Disadvantaged.

WHEREAS, this BOARD is eligible to receive a Transportation Disadvantaged Shirley Conroy Rural Area Capital Assistance Grant and to undertake a transportation disadvantaged service project as authorized by Section 427.0159, Florida Statutes, and Rule 41-2, Florida Administrative Code.

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

1. The BOARD has the authority to enter into this grant agreement.
2. The BOARD authorizes Jennifer Martinez, Executive Director to execute the grant agreement, amendments, warranties, certifications and any other documents which may be required in connection with the agreement with the Florida Commission for the Transportation Disadvantaged on behalf of the Marion Senior Services, Inc. d/b/a Marion Transit.
3. The BOARD'S Registered Agent in Florida is Ms. Jennifer Wood.

The Registered Agents address is: 1101 S.W. 20<sup>th</sup> Court, Ocala, Florida 34471.

DULY PASSED AND ADOPTED THIS 26 DAY OF FEB, 2018.

BOARD OF DIRECTORS – MARION SENIOR SERVICES, INC.

Jennifer Wood  
(Signature of Chairperson)

Jennifer Wood  
(Typed name of Chairperson)

ATTEST:

Signature Tom Wilder  
Tom Wilder, Transportation Director

YEAR/MAKE	Model	VIN #	AMBULATORY (Seats)	WHEELCHAIR (Seats)	Average Miles per Year	Mileage as of Feb 2018	Expected Retirement Date	Year of Grant Award and Program Number	AGENCY'S CONTROL NUMBER
*2006/Chevy	Glaval 4500	1GBE4V1G96F419736	14	4	16,000	174,140	2018	2006; Sec. 5310	0601 (38)
*2007/Chevy	Glaval 4500	1GBE4V1G177F419697	12	4	16,000	210,915	2018	2007; Sec. 5310	0703 (46)
2009/Chevy	Glaval	1GBKG31K191109679	14	2	13,000	190,240	2019	2009; Sec. 5310	0901 (22)
*2009/Chevy	Glaval 4500	1GBE4V1G59F404221	12	4	18,000	162,169	2019	2008; Sec. 5310	0902 (27)
*2009/Chevy	Glaval	1GBKG31K691108852	12	4	29,000	262,294	2019	2009; Sec. 5310	0904 (33)
*2011/Chevy	Glaval	1GBG6S5BG1B1174660	10	5	30,000	187,319	2020	2011; Sec. 5310	1102 (12)
2011/Chevy	Glaval	1GBG6S5BG9B1174731	12	4	19,000	179,265	2020	2011; Sec. 5310	1103 (14)
2011/Chevy	Glaval	1GBG6S5BG7B1165039	12	4	27,000	210,206	2020	2011; Sec. 5310	1104 (16)
2011/Chevy	Glaval	1GBG6S5BG9B1164202	10	4	22,000	189,237	2020	2011; Sec. 5310	1105 (19)
*2011/Chevy	Glaval	1GBG6S5BG8B1175160	8	5	26,000	182,507	2020	City of Ocala	1107 (35)
2012/Chevy	Glaval	1GBG6S5BG2C1113125	12	4	28,000	182,289	2021	2012; Sec. 5310	1201 (03)
2012/Chevy	Glaval	1GBG6S5BG2C1113660	13	4	21,000	165,422	2021	2012; Sec. 5310	1202 (32)
2012/Chevy	Glaval	1GBG6S5BG2C1113593	12	4	26,000	198,730	2021	2012; Sec. 5311	1203 (36)
2012/Chevy	Glaval	1GBG6S5BG6C1112253	12	4	21,000	135053	2021	2012; Sec. 5310	1204 (41)
2012/Dodge	Caravan	2C4RDGBG4CR281275	6	0	7,300	36,241	2025	Shirley Conroy	1205 (50)
2013/Chevy	Glaval	1GBG6S5BG9D1129596	10	6	33,000	170,357	2022	Shirley Conroy	1301 (04)
2013/Chevy	Glaval	1GBG6S5BG1D1122030	10	6	23,000	146,804	2022	2013; Sec. 5310	1302 (07)
2013/Chevy	Glaval	1GBG6S5BG2D1121971	10	2	25,000	167,406	2022	2013; Sec. 5310	1303 (24)
2013/Chevy	Glaval	1GBG6S5BG7D1120637	10	4	20,000	166,444	2022	2013; Sec. 5310	1304 (26)
2013/Chevy	Glaval	1GBG6S5BG4D1121678	10	6	15,000	102,552	2022	2013; Sec. 5310	1305 (31)
2013/Chevy	Glaval	1GBG6S5BG5D1121172	10	6	32,000	186,914	2022	2013; Sec. 5310	1306 (42)
2014/Chevy	Glaval	1GBG6S5BG7E1171119	10	6	34,000	101,419	2023	2014; Sec. 5310	1401 (08)
2014/Chevy	Glaval	1GBG6S5BG8E1187734	10	6	37,000	130650	2023	TD Commission	1402 (10)
2014/Chevy	Glaval	1GBG6S5BG6E1187506	10	4	27,000	107,941	2023	2014; Sec. 5310	1403 (17)
2014/Chevy	Glaval	1GBG6S5BG8E1171940	10	6	28,000	97,021	2023	2014; Sec. 5311	1404 (18)

Mission - "Is to provide Public Transportation that offers riders a high-quality safe, reliable, and efficient Paratransit experience."



2014/Chevy	Glaval	1GB6G5BG6E1188493	10	6	29,000	112,927	2023	2014; Sec. 5310	1405 (29)
2014/Chevy	Glaval	1GB6G5BG9E1170795	10	6	29,000	107,569	2023	2014; Sec. 5310	1406 (34)
2014/Chevy	Glaval	1GB6G5BG3E1171067	10	6	26,000	90,064	2023	2014; Sec. 5310	1407 (37)
2015/Ford E-450	Glaval	1FDFE4FS3FDA30490	10	6	29,000	84,621	2024	Shirley Conroy	1501 (15)
2015/Ford E-450	Glaval	1FDFE4FS5FDA30491	10	6	22,000	71,881	2024	Shirley Conroy	1502 (40)
2016/Ford E-450	Glaval	1FDFE4FS4GDC03211	10	6	20,000	51,691	2025	2015; Sec. 5310	1601 (05)
2016/Ford E-450	Glaval	1FDFE4FS8GDC03213	10	6	33,000	81,062	2025	2015; Sec. 5310	1602 (09)
2016/Ford E-450	Glaval	1FDFE4FS1GDC03215	10	6	32,000	72,150	2025	2015; Sec. 5310	1603 (11)
2016/Ford E-450	Glaval	1FDFE4FSXGDC03214	10	6	21,000	47,145	2025	2015; Sec. 5310	1604 (20)
2016/Ford E-450	Glaval	1FDFE4FS6GDC03212	10	6	24,000	62,393	2025	2015; Sec. 5310	1605 (21)
2017/Ford/Tran	Nations	1FDVU4XG7HKA67565	9	2	8,500	8,531	2026	2015; Sec. 5310	1701
2017/Ford/Tran	Nations	1FDVU4XG9HKA67566	9	2	6,400	6,402	2026	2015; Sec. 5310	1702
2017/Ford/Tran	Nations	1FDVU4XG0HKA67567	9	2	15,000	15,026	2026	2015; Sec. 5310	1703
2017/Ford/Tran	Nations	1FDVU4XG2HKA67568	9	2	17,000	17,066	2026	2015; Sec. 5310	1704
2017/Ford/Tran	Nations	1FDVU4XG4HKA67569	9	2	11,000	10,939	2026	2016; Sec. 5310	1705

\*=Spare Bus

Replacement Bus if Awarded  
 1. 2006 Chev 1GBE4V1G96F419736  
 2. 2007 Chev 1GBE4V1G17F419697

Mission - "Is to provide Public Transportation that offers riders a high-quality safe, reliable, and efficient Paratransit experience"

**Florida Department of Transportation**  
**Office of Freight, Logistics and Passenger Operations**

Order Packet

**ORDER FORM – PAGE ONE**  
**CONTRACT #TRIPS-17-CA-NBS**

## REV GROUP CUTAWAY TRANSIT VEHICLES-NATIONS BUS SALES

AGENCY NAME: Marion Senior Services, Inc.DATE: 2/27/2018PURCHASE ORDER NUMBER: N/A

CONTACT PERSON: Tom Wilder, Transportation Director  
 (Name, Telephone Number and Email Address)

July 2017

Item	Unit Cost	Quantity	Total Cost
<b>Base Vehicle Type</b>			
Ford E350 6.8L Gas World Trans 11,500 22'	\$67,757		
Chevrolet G3500 6.0L Gas World Trans 12,300 22'	\$67,796		
Chevrolet G4500 6.0L Gas World Trans 14,200 23'	\$69,400	2	\$138,800
24' Option add	\$1,538	2	\$3,076
26' Option add	\$2,850		
Ford E450 6.8L Gas World Trans 14,500 23'	\$69,723		
24' Option add	\$1,998		
26' Option add	\$2,320		
<b>Vinyl Stripe Choices</b>			
Scheme #1	\$321		
Scheme #2	\$495	2	\$990
Scheme #3	\$430		
<b>Base Seating</b>			
Standard Seat (per person)	\$289		
Foldaway Seat (per person)	\$312	24	\$7,488
Children's Seat (per person)	\$562		
<b>Securement Systems</b>			
Q'Straint slide and click securement (per position)	\$545	12	\$6,540
Sure-Lok Titan securement (per position)	\$590		
WC-18 Compliant Occupant Restraint-Q-Straint QRT360 (per position)	\$990		
Seat belt extensions	\$18		
Freedman TDSS tie-down system	\$110	12	\$1,320
<b>Side Wheelchair Lift Choices (ILO Standard Lift Add~)</b>			
Braun Model NCL919IB-2 (or latest)	Standard		
Braun Millennium lift	N/A		
Braun Model NCL1000 1000 lb Lift	Add \$687	2	\$1,374
Ricon Model S5510 (or latest)	Add \$690		
Ricon Model S-5510 Titanium 1000 lb Lift	Add \$990		
Ricon model K-5510 800 LBS	N/A		
<b>PAGE ONE SUB-TOTAL</b>	----	----	\$159,588

**Florida Department of Transportation**  
**Office of Freight, Logistics and Passenger Operations**

Order Packet

**ORDER FORM – PAGE TWO**  
**CONTRACT #TRIPS-17-CA-NBS**

## REV GROUP CUTAWAY TRANSIT VEHICLES-NATIONS BUS SALES

July 2017

Item	Unit Cost	Quantity	Total Cost
<b>Rear Wheelchair Lift Choices (ILO Standard Lift Add-)</b>			
Ricon Klear-View lift (prior approval from FDOT required)	Add \$300		
Braun model NVL917IB lift (prior approval from FDOT required)	Add \$400		
<b>Optional Engines</b>			
Diesel engine meeting current EPA requirements	N/A		
Ford E350 Gas 6.2L	Deduct (\$260)		
Ford E450 Gas 6.2L	Deduct (\$250)		
<b>Alternative Fuel Systems</b>			
Compressed Natural Gas (CNG) or Liquid Petroleum Gas (LPG) Engine meeting current EPA requirements: pricing for Alternate Fuel Vehicles include upcharge for delivery and Methane detection system (CNG only).			
Compressed Natural Gas (CNG) Size: 24 GGE Make: IMPCO Installer: A1 Alternatives	\$26,450		
Compressed Natural Gas (CNG) Size: 30 GGE Make: IMPCO Installer: A1 Alternatives	\$23,919		
Compressed Natural Gas (CNG) Size: 32 GGE Make: IMPCO Installer: A1 Alternatives	\$27,896		
Compressed Natural Gas (CNG) Size: 38 GGE Make: IMPCO Installer: A1 Alternatives	\$27,359		
Compressed Natural Gas (CNG) Size: 40 GGE Make: IMPCO Installer: A1 Alternatives	\$27,359		
Liquid Petroleum Gas (LPG) – Size: 25 GGE Make: Roush Installer: A1 Alternatives	\$17,576		
Liquid Petroleum Gas (LPG) – Size: 41 GGE Make: Roush Installer: A1 Alternatives	\$20,900		
Liquid Petroleum Gas (LPG) – Size: 69 GGE Make: Roush Installer: A1 Alternatives	\$19,995		
Engine Prep: Gaseous fuel deliver	\$315		
<b>Wheels/Rims</b>			
Aluminum wheels	\$3,029		
Stainless steel wheel liners / inserts, front and rear wheels	\$335		
<b>Seating</b>			
Dimensions vinyl line of coated transit bus seating fabric with antimicrobial Nanocide (per seat)	Standard	2	0
Upgrade interior side wall panels with Nanocide;	N/A		
USSC Evolution G2E Driver's seat, comes with Adnik 6-way power pedestal.	\$1,446		
<b>PAGE TWO SUB-TOTAL</b>	----	----	0

**Florida Department of Transportation**  
**Office of Freight, Logistics and Passenger Operations**

Order Packet

**ORDER FORM – PAGE THREE**  
**CONTRACT #TRIPS-17-CA-NBS**

**REV GROUP CUTAWAY TRANSIT VEHICLES-NATIONS BUS SALES**

July 2017

Item	Unit Cost	Quantity	Total Cost
Freedman Sport Driver's seat with Relaxor	\$905		
Power seat base (drivers)	\$175		
Recaro Ergo LXS Driver seat: Freightliner = (N/A)	\$1,110		
Mesh pocket on seat back, (per seat)	\$22		
<b>Fire Suppression</b>			
Fog Maker Fire Detection and Suppression System	Standard	2	0
Kidde Automatic Fire Detection and Suppression System	Add \$1,000		
<b>Route/Head Signs</b>			
Transign manually operated roller curtain type sign	\$1,500		
TwinVision "Elyse" (software needed) electronic destination system (FR/SD/RE)	\$6,500		
TwinVision "Mobi-Lite" electronic destination sign (FR/SD)	\$4,400		
Transign "Vista Star" electronic destination sign (FR/SD)	\$4,250		
Transign LLC 2-digit Block / Run Number box unit	\$400		
Transign LLC3-digit Block / Run Number box unit	\$725		
Transign LLC passenger "STOP REQUESTED" sign	\$1,050		
<b>Camera Systems-Add Amounts</b>			
SEON 2 camera system = (\$3,465); 4 camera system = (\$5,005); 6 camera system = (\$6,105); 8 camera system = (\$6,545)	See Item		
REI 2 camera system = (\$2,200); 4 camera system = (\$2,453); 6 camera system = (\$3,657); 8 camera system = (\$3,850)	See Item		
Gatekeeper 2 camera system = (\$2,565); 4 camera system = (\$5,005); 6 camera system = (\$6,105); 8 camera system = (\$6,545)	See Item		
AngelTrax 2 camera system = (\$1,915); 4 camera system = (\$2,805); 6 camera system = (\$3,839); 8 camera system = (\$4,235)	See Item	2 (6 camera	\$7,678
Apollo 2 camera system = (\$3,565); 4 camera system = (\$5,005); 6 camera system = (\$6,105); 8 camera system = (\$6,545)	See Item		
24/7 2 camera system = (\$2,025); 4 camera system = (\$3,025); 6 camera system = (\$3,795); 8 camera system = (\$4,510)	See Item		
Price for single replacement camera	\$360		
<b>Other Options Available</b>			
Altro Transflor slip resistant vinyl flooring	\$265		
Gerflor slip resistant sheet vinyl flooring	Standard	2	0
<b>PAGE THREE SUB-TOTAL</b>	---	---	\$7,678

**Florida Department of Transportation**  
**Office of Freight, Logistics and Passenger Operations**

Order Packet

**ORDER FORM – PAGE FOUR**  
**CONTRACT #TRIPS-17-CA-NBS**

## REV GROUP CUTAWAY TRANSIT VEHICLES-NATIONS BUS SALES

July 2017

Item	Unit Cost	Quantity	Total Cost
Reverse camera and monitor backing system: <i>Manufacturer: Rear View Safety</i>	\$375	2	\$750
Air purification system	\$2,200		
"Mentor Ranger" in-vehicle computer	\$5,900		
REI Public Address System	\$250		
Upgrade the standard vehicle AM/FM Radio	\$300		
Flat Floor	\$450		
Kelderman 2-stage rear air suspension	\$3,247		
Bentec Powder-Coated handrails and stanchions ( <i>provide standard colors</i> )	\$275		
Exterior remote controlled mirrors	\$650		
Romeo Rim HELP bumper (rear only)	\$645		
HawKEye Reverse Assistance System (with rear HELP bumper)	\$1,082		
Pull cord "Stop Request"	\$275		
Passenger request touch tape	\$350		
W/C position stop request button	\$225		
Drivers running board	\$150	2	\$300
Driver Safety Partition	\$110	2	\$220
Intermotive "Pre-Trip Inspection" module	\$550		
Intermotive idle lock	\$190		
DVD 22" monitor	\$2,200		
Overhead luggage racks w/ lighting	\$1,650		
Aisle side folding Armrest - each	\$22		
Avail MDT – Includes Para Transit Kit #FC-2012 – Driver Interface, Communications, Interface Expansion Box (IEB), Emergency Alarm, and Navigational Assistance Unit	\$16,654		
2-Position Sportworks bike rack (black)	\$1,250	2	\$2,500
2-Position Sportworks bike rack (stainless)	\$2,200		
Diamond model D firebox	\$2,025		
Diamond model SV firebox	\$1,315	2	\$2,630
Diamond model XV firebox	\$1,450		
GFI farebox prep	\$50		
Stanchion for farebox	\$190		
Rosco remote mirrors	\$650		
Velvac remote control mirrors	\$600	2	\$1,200
<b>PAGE FOUR SUB-TOTAL</b>	----	----	\$7,600

**Florida Department of Transportation**  
**Office of Freight, Logistics and Passenger Operations**

Order Packet

**ORDER FORM – PAGE FIVE**  
**CONTRACT #TRIPS-17-CA-NBS**

**REV GROUP CUTAWAY TRANSIT VEHICLES-NATIONS BUS SALES**

July 2017

Item	Unit Cost	Quantity	Total Cost
Advertising racks ( interior)	\$350		
Front mud flaps	\$30		
Extra spare tire	\$250		
All buses keyed alike	\$125	2	\$250
Extra set of ignition keys	\$40		
Entry door keyless entry	\$350		
Overhead cab storage	\$110		
Add two (2) rear lights (7")	\$350	2	\$700
LYTX Drive Cam	\$1,720		
Rosco Dual Vision	\$1,572		
<b>Air Conditioning</b>			
<b>ILO Base System-Add or Deduct the following amounts</b>		2	0
ACC Roof Mount Condenser:	Add \$636		
TK Skirt Mount	Add \$4,538		
TK Roof Mount Condenser: 11,500, 12,300 = ( Add \$5,835); 14,200, 14,500 = ( Add \$6,335)	See Item		
ACT Roof Mount Condenser	Deduct \$315		
TA Roof Mount Condenser: 11,500, 12,300 Only	Deduct \$454		
<b>PAGE FIVE SUB-TOTAL</b>	---	---	\$950

**Order Summary**

<b>PAGE FIVE SUB-TOTAL</b> <i>(sub-total of fourth page)</i>	---	---	\$950
<b>PAGE FOUR SUB-TOTAL</b> <i>(sub-total of fourth page)</i>	---	---	\$7,600
<b>PAGE THREE SUB-TOTAL</b> <i>(sub-total of third page)</i>	---	---	\$7,678
<b>PAGE TWO SUB-TOTAL</b> <i>(sub-total of second page)</i>	---	---	\$0
<b>PAGE ONE SUB-TOTAL</b> <i>(sub-total of first page)</i>	---	---	\$159,588
<b>GRAND TOTAL</b> <i>(sum of pages 1, 2, 3, 4, and 5 sub-totals)</i>	---	---	\$175,816

CERTIFIED TO BE A TRUE &  
EXACT COPY OF ORIGINAL

*Tom Miller*

TENTH AMENDMENT TO AGREEMENT

In accordance with the original Agreement for Senior/Transit Services entered into December 15, 1992 (the "Agreement"), this Tenth Amendment to the Agreement (this "Amendment") is made and entered into by and between Marion Senior Services, Inc, located at 1101 SW 20<sup>th</sup> Ct, Ocala, FL 34471 (Provider) a not-for-profit Florida Corporation and Marion County, a political subdivision of the State of Florida (Owner), 601 SE 25<sup>th</sup> Ave., Ocala, FL 34471.

WITNESSETH

WHEREAS, the Agreement 10C-031 shall remain in full force and effect until all completion of services required of the Provider, and the parties wish to amend the Agreement.

IN CONSIDERATION of the mutual covenants and promises contained herein, the parties do hereby agree as follows:

1. Allocation of Funds. Owner has allocated \$906,290 to provide for Senior and other Transit Services.
2. Term. The term of the Agreement shall be amended and extended for services performed during FY17/18 defined as October 1, 2017 through September 30, 2018.
3. Compensation. Payments shall be made monthly upon submission of invoices, paid receipts or documentation for all reimbursements pursuant to the Agreement.
4. Maintenance of Records. Provider shall retain copies of all financial records to the Agreement for a minimum of three (3) years from the date funds are dispersed. Owner shall have the right to review, inspect, copy and audit all such records during normal business hours and upon reasonable notice.
5. Audit. Provider will conduct an annual audit of all its accounts by a Certified Public Accountant. A copy of the audit is to be provided to Owner.

IN WITNESS WHEREOF the parties have entered into this Amendment on the date of the last signature below.

ATTEST:

*David R. Ellspermann*  
NOV 08 2017  
DAVID R. ELLSPERMANN, DATE  
CLERK OF COURT

MARION COUNTY, A POLITICAL SUB-  
DIVISION OF THE STATE OF FLORIDA

*Kathy Buford*  
NOV 07 2017  
CARL ZALAK, III DATE  
CHAIRMAN

APPROVED AS TO FORM  
AND LEGAL SUFFICIENCY

*Matthew G. Minter*  
10-20-17  
to: MATTHEW G. MINTER, DATE  
COUNTY ATTORNEY

MARION SENIOR SERVICES, INC.

*Jennifer Martinez*  
10/17/17  
BY: DATE  
PRINTED:  
Executive Director  
ITS: (TITLE)

WITNESS:

*Tom Miller*  
SIGNATURE  
*Tom Miller*  
PRINTED NAME

WITNESS:

*Herman G. Schultz*  
SIGNATURE  
Herman G. Schultz  
PRINTED NAME



**April 13, 2018**

**TO: TDLCB Members**

**FROM: Kenneth Odom, Transportation Planner**

**SUBJECT: FY 2018 EVALUATION OF THE  
COMMUNITY TRANSPORTATION COORDINATOR (CTC)**

---

Pursuant to Chapter 427 Florida Statutes 427.015(2), the performance of the Community Transportation Coordinator (CTC) shall be evaluated based on the Commission for the Transportation Disadvantaged's (CTD) approved evaluation criteria by the coordinating board. TPO staff conducted the evaluation during the last half of December and the first half of January.

The evaluation includes an analysis of all relevant elements within the operations of Marion Transit Services. Examples include:

- Policies & Procedures
- Vehicle Operations & Maintenance
- Grievance Procedures
- Budget
- Contracts
- Driver Certification & Training
- Performance Standards

The CTC Evaluation was submitted to the CTD on February 1<sup>st</sup>, 2018. Please review the CTC Evaluation Report and be prepared to discuss the elements therein. Any additional comments and/or suggestions should be submitted to Kenneth Odom at [kodom@ocalafl.org](mailto:kodom@ocalafl.org).

If you have any questions regarding this evaluation, please contact TPO staff at 629-8297.



# ***CTC*** ***EVALUATION WORKBOOK***

Florida Commission for the



## **Transportation Disadvantaged**

**CTC BEING REVIEWED:** MARION TRANSIT SERVICES

**COUNTY (IES):** MARION

**ADDRESS:** 1101 SW 20<sup>TH</sup> COURT, OCALA, FL 34471

**CONTACT:** TOM WILDER      **PHONE:** 352-620-3519

**REVIEW PERIOD:** FY 2016 - 2017      **REVIEW DATES:** 12/2017

**PERSON CONDUCTING THE REVIEW:** KENNETH ODOM

**CONTACT INFORMATION:** (352) 629-8297

**KODOM@OCALAFI.ORG**

**REVISED JANUARY 2010**

# ***LCB EVALUATION WORKBOOK***

<b>ITEM</b>	<b>PAGE</b>
<b>REVIEW CHECKLIST _____</b>	<b>3</b>
<b>EVALUATION INFORMATION _____</b>	<b>4</b>
<b>ENTRANCE INTERVIEW QUESTIONS _____</b>	<b>5</b>
<b>GENERAL QUESTIONS _____</b>	<b>7</b>
<b>CHAPTER 427, F.S. _____</b>	<b>10</b>
<b>RULE 41-2, F.A.C. _____</b>	<b>19</b>
<b>COMMISSION STANDARDS _____</b>	<b>25</b>
<b>LOCAL STANDARDS _____</b>	<b>27</b>
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<b>FY GRANT QUESTIONS _____</b>	<b>36</b>
<b>STATUS REPORT _____</b>	<b>37</b>
<b>ON-SITE OBSERVATION _____</b>	<b>39</b>
<b>SURVEYS _____</b>	<b>40</b>
<b>LEVEL OF COST WORKSHEET # 1 _____</b>	<b>44</b>
<b>LEVEL OF COMPETITION WORKSHEET #2 _____</b>	<b>45</b>
<b>LEVEL OF AVAILABILITY WORKSHEET #3 _____</b>	<b>47</b>

# REVIEW CHECKLIST & SCHEDULE

## **COLLECT FOR REVIEW:**

- |  |   |   |
|--|---|---|
| <input type="checkbox"/> APR Data Pages              | <input type="checkbox"/> QA Section of TDSP   | <input type="checkbox"/> Last Review (Date: _____)        |
| <input type="checkbox"/> List of Omb. Calls          | <input type="checkbox"/> QA Evaluation        | <input type="checkbox"/> Status Report (from last review) |
| <input type="checkbox"/> AOR Submittal Date          | <input type="checkbox"/> TD Clients to Verify | <input type="checkbox"/> TDTF Invoices                    |
| <input type="checkbox"/> Audit Report Submittal Date |   |   |

## **ITEMS TO REVIEW ON-SITE:**

- |  |  |
|--|--|
| <input type="checkbox"/> SSPP                | <input type="checkbox"/> Policy/Procedure Manual                     |
| <input type="checkbox"/> Complaint Procedure | <input type="checkbox"/> Drug & Alcohol Policy (see certification)   |
| <input type="checkbox"/> Grievance Procedure | <input type="checkbox"/> Driver Training Records (see certification) |
| <input type="checkbox"/> Contracts           | <input type="checkbox"/> Other Agency Review Reports                 |
| <input type="checkbox"/> Budget              | <input type="checkbox"/> Performance Standards                       |
| <input type="checkbox"/> Medicaid Documents  |  |

## **ITEMS TO REQUEST:**

- REQUEST INFORMATION FOR RIDER/BENEFICIARY SURVEY** (Rider/Beneficiary Name, Agency who paid for the trip [sorted by agency and totaled], and Phone Number)
- REQUEST INFORMATION FOR CONTRACTOR SURVEY** (Contractor Name, Phone Number, Address and Contact Name)
- REQUEST INFORMATION FOR PURCHASING AGENCY SURVEY** (Purchasing Agency Name, Phone Number, Address and Contact Name)
- REQUEST ANNUAL QA SELF CERTIFICATION** (Due to CTD annually by January 15th).
- MAKE ARRANGEMENTS FOR VEHICLES TO BE INSPECTED** (Only if purchased after 1992 and privately funded).

## **INFORMATION OR MATERIAL TO TAKE WITH YOU:**

- |   |                                     |
|---|-------------------------------------|
| <input type="checkbox"/> Measuring Tape | <input type="checkbox"/> Stop Watch |
|---|-------------------------------------|

## EVALUATION INFORMATION

**An LCB review will consist of, but is not limited to the following pages:**

1	Cover Page
5 - 6	Entrance Interview Questions
12	Chapter 427.0155 (3) Review the CTC monitoring of contracted operators
13	Chapter 427.0155 (4) Review TDSP to determine utilization of school buses and public transportation services
19	Insurance
23	Rule 41-2.011 (2) Evaluation of cost-effectiveness of Coordination Contractors and Transportation Alternatives
25 - 29	Commission Standards and Local Standards
39	On-Site Observation
40 – 43	Surveys
44	Level of Cost - Worksheet 1
45- 46	Level of Competition – Worksheet 2
47 - 48	Level of Coordination – Worksheet 3

**Notes to remember:**

- **The CTC should not conduct the evaluation or surveys. If the CTC is also the PA, the PA should contract with an outside source to assist the LCB during the review process.**
- **Attach a copy of the Annual QA Self Certification.**

## ENTRANCE INTERVIEW QUESTIONS

### INTRODUCTION AND BRIEFING:

- Describe the evaluation process (LCB evaluates the CTC and forwards a copy of the evaluation to the CTD).
- The LCB reviews the CTC once every year to evaluate the operations and the performance of the local coordinator.  
  
The LCB will be reviewing the following areas:
  - Chapter 427, Rules 41-2 and 14-90, CTD Standards, and Local Standards
  - Following up on the Status Report from last year and calls received from the Ombudsman program.
  - Monitoring of contractors.
  - Surveying riders/beneficiaries, purchasers of service, and contractors
- The LCB will issue a Review Report with the findings and recommendations to the CTC no later than 30 working days after the review has concluded.
- Once the CTC has received the Review Report, the CTC will submit a Status Report to the LCB within 30 working days.
- Give an update of Commission level activities (last meeting update and next meeting date), if needed.

### USING THE APR, COMPILE THIS INFORMATION:

1. OPERATING ENVIRONMENT:       RURAL                       URBAN
  
2. ORGANIZATION TYPE:             PRIVATE-FOR-PROFIT  
     PRIVATE NON-PROFIT  
     GOVERNMENT  
     TRANSPORTATION AGENCY
  
3. NETWORK TYPE:                     SOLE PROVIDER  
     PARTIAL BROKERAGE  
     COMPLETE BROKERAGE
  
4. NAME THE OPERATORS THAT YOUR COMPANY HAS CONTRACTS WITH:  
  
    N/A
  
5. NAME THE GROUPS THAT YOUR COMPANY HAS COORDINATION CONTRACTS WITH:  
  
    *ARC of Marion*

6. NAME THE ORGANIZATIONS AND AGENCIES THAT PURCHASE SERVICE FROM THE CTC AND THE PERCENTAGE OF TRIPS EACH REPRESENTS?  
(Recent APR information may be used)

Name of Agency	% of Trips	Name of Contact	Telephone Number
<i>None</i>			

**7. REVIEW AND DISCUSS TD HELPLINE CALLS:**

*No TD Helpline calls were received by Marion Transit Services this year.*

	Number of calls	Closed Cases	Unsolved Cases
Cost	0	0	0
Medicaid	0	0	0
Quality of Service	0	0	0
Service Availability	0	0	0
Toll Permit	0	0	0
Other	0	0	0

## GENERAL QUESTIONS

Use the TDSP to answer the following questions. If these are not addressed in the TDSP, follow-up with the CTC.

1. DESIGNATION DATE OF CTC:

2. WHAT IS THE COMPLAINT PROCESS?

*Marion Senior Services administrative staff fields calls and directs accordingly.*

IS THIS PROCESS IN WRITTEN FORM?                     Yes     No  
(Make a copy and include in folder)

Is the process being used?                             Yes     No

3. DOES THE CTC HAVE A COMPLAINT FORM?         Yes     No  
(Make a copy and include in folder)

4. DOES THE COMPLAINT FORM INCORPORATE ALL ELEMENTS OF THE CTD'S  
UNIFORM SERVICE REPORTING GUIDEBOOK?  
 Yes     No

5. DOES THE FORM HAVE A SECTION FOR RESOLUTION OF THE COMPLAINT?  
 Yes     No

**Review completed complaint forms to ensure the resolution section is being filled out and follow-up is provided to the consumer.**

6. IS A SUMMARY OF COMPLAINTS GIVEN TO THE LCB ON A REGULAR BASIS?  
 Yes     No

7. WHEN IS THE DISSATISFIED PARTY REFERRED TO THE TD HELPLINE?

*Dependent upon circumstances of complaint, but complaints are typically resolved in-house.*

8. WHEN A COMPLAINT IS FORWARDED TO YOUR OFFICE FROM THE OMBUDSMAN  
PROGRAM, IS THE COMPLAINT ENTERED INTO THE LOCAL COMPLAINT  
FILE/PROCESS?  
 Yes     No

If no, what is done with the complaint?

9. DOES THE CTC PROVIDE WRITTEN RIDER/BENEFICIARY INFORMATION OR  
BROCHURES TO INFORM RIDERS/ BENEFICIARIES ABOUT TD SERVICES?  
 Yes     No                    If yes, what type?

10. DOES THE RIDER/ BENEFICIARY INFORMATION OR BROCHURE LIST THE  
OMBUDSMAN NUMBER?  
 Yes     No



11. DOES THE RIDER/ BENEFICIARY INFORMATION OR BROCHURE LIST THE COMPLAINT PROCEDURE?

Yes  No

12. WHAT IS YOUR ELIGIBILITY PROCESS FOR TD RIDERS/ BENEFICIARIES?

*A structured vetting process is conducted for each applicant considering physical abilities, age, medical conditions, income level and location of residence.*

*Please Verify These Passengers Have an Eligibility Application on File:*

<b>TD Eligibility Verification</b>			
Name of Client	Address of client	Date of Ride	Application on File?
<i>Helen Grinstead</i>	<i>2603 SW 10<sup>th</sup> Street, Ocala, 34471</i>	<i>11/28/17</i>	<i>Yes</i>
<i>Theresa Proctor</i>	<i>4347 NW 22<sup>nd</sup> Ave, Ocala 34475</i>	<i>8/1/17</i>	<i>Yes</i>
<i>Angelina Iovino</i>	<i>6505 SW 111<sup>th</sup> Loop</i>	<i>3/28/17</i>	<i>Yes</i>
<i>Debbie Sullivan</i>	<i>13815 SE 175<sup>th</sup> St, Weirsdale, 32195</i>	<i>11/14/14</i>	<i>Yes</i>
<i>Louise Pham</i>	<i>13472 SW 114<sup>th</sup> Ln, Dunnellon, 34432</i>		<i>Yes</i>
<i>Katharine Matthews</i>	<i>4900 SW 46<sup>th</sup> Ct #1903, Ocala, 34474</i>		<i>Yes</i>
<i>Marie Grimes</i>	<i>13440 NW US 27, Ocala,</i>	<i>1/12/18</i>	<i>Yes</i>
<i>Melinda Aguirre</i>	<i>3381 SW 150<sup>th</sup> Ln. Rd., Ocala, 34473</i>	<i>8/22/17</i>	<i>Yes</i>
<i>Doris Abbott</i>	<i>16190 NE 2<sup>nd</sup> Street, Ocala, 34488</i>	<i>8/1/2017</i>	<i>Yes</i>
<i>David Acton</i>	<i>1920 SW 31<sup>st</sup> Ave, Ocala, 34474</i>	<i>11/9/17</i>	<i>Yes</i>
<i>Lelia Bowers</i>	<i>15992 NW 43<sup>rd</sup> Ct, Reddick, 32686</i>	<i>12/6/17</i>	<i>Yes</i>
<i>Jaime Falke</i>	<i>16870 SE 101<sup>st</sup> Ave Rd, Summerfield, 34491</i>	<i>11/29/17</i>	<i>Yes</i>
<i>Mark Farrow</i>	<i>16010 NE 13<sup>th</sup> Ct, Ft. McCoy, 32134</i>	<i>9/28/17</i>	<i>Yes</i>

13. WHAT INNOVATIVE IDEAS HAVE YOU IMPLEMENTED IN YOUR COORDINATED SYSTEM?

*Over the course of the past thirteen months, Marion Transit Services (MTS) have added live camera feeds, Route Match software to all vehicles. MTS has also implemented client notification phone systems and added additional vendors in order to foster more competitive pricing for all aspects of vehicle maintenance.*

14. ARE THERE ANY AREAS WHERE COORDINATION CAN BE IMPROVED?

*Marion Senior Services continuously analyzes and evaluates options to improve the efficiency of the system. Additionally, Marion Transit Services has recently gone live with the Route Match dispatch and tracking platform in order to create a more efficient operating system.*

15. WHAT BARRIERS ARE THERE TO THE COORDINATED SYSTEM?

*Based on Marion County's current development patterns, including the mix of suburban, urban, and rural land uses, there is a significant barrier to providing countywide service due to the large area of jurisdiction. Additionally, uncertainty regarding the status of the TD Trust Fund and local funding constraints present more barriers for the system.*

16. ARE THERE ANY AREAS THAT YOU FEEL THE COMMISSION SHOULD BE AWARE OF OR CAN ASSIST WITH?

*None at this time.*

17. WHAT FUNDING AGENCIES DOES THE CTD NEED TO WORK CLOSELY WITH IN ORDER TO FACILITATE A BETTER-COORDINATED SYSTEM?

*In discussion with the CTC, we felt that there a multiple funding agencies the CTD needs to work closely with to facilitate a better-coordinated system. Agencies we discussed included: Agency for Persons with Disabilities, Vocational Rehabilitation, Agency for Health Care Administration and Area Agency on Aging.*

18. HOW ARE YOU MARKETING THE VOLUNTARY DOLLAR?

*Marion Transit Services is not currently marketing the voluntary dollar.*

## GENERAL QUESTIONS

Findings:

Recommendations:

## COMPLIANCE WITH CHAPTER 427, F.S.

**Review the CTC contracts for compliance with 427.0155(1), F.S.**  
*“Execute uniform contracts for service using a standard contract, which includes performance standards for operators.”*

ARE YOUR CONTRACTS UNIFORM?                                **X**    Yes        No

IS THE CTD’S STANDARD CONTRACT UTILIZED?        **X**    Yes        No

DO THE CONTRACTS INCLUDE PERFORMANCE STANDARDS FOR THE TRANSPORTATION OPERATORS AND COORDINATION CONTRACTORS?

**X**    Yes        No

DO THE CONTRACTS INCLUDE THE PROPER LANGUAGE CONCERNING PAYMENT TO SUBCONTRACTORS? (Section 21.20: Payment to Subcontractors, T&E Grant, and FY)

**X**    Yes        No

IS THE CTC IN COMPLIANCE WITH THIS SECTION?        **X**    Yes        No

Operator Name	Exp. Date	SSPP	AOR Reporting	Insurance
<i>Marion Transit Services</i>	<i>Certification 1/5/2019</i>	<i>6/29/2017</i>	<i>9/2017</i>	<i>1/26/2018</i>

**COMPLIANCE WITH CHAPTER 427, F.S.**

**Review the CTC last AOR submittal for compliance with 427. 0155(2)**  
*“Collect Annual Operating Data for submittal to the Commission.”*

**REPORTING TIMELINESS**

Were the following items submitted on time?

- |                                     |                                     |     |                                     |    |
|-------------------------------------|-------------------------------------|-----|-------------------------------------|----|
| a. Annual Operating Report          | <input checked="" type="checkbox"/> | Yes | <input type="checkbox"/>            | No |
| Any issues that need clarification? | <input type="checkbox"/>            | Yes | <input checked="" type="checkbox"/> | No |

Any problem areas on AOR that have been re-occurring?

List:

- |   |                                     |     |                          |    |
|---|-------------------------------------|-----|--------------------------|----|
| b. Memorandum of Agreement                                      | <input checked="" type="checkbox"/> | Yes | <input type="checkbox"/> | No |
| c. Transportation Disadvantaged Service Plan                    | <input checked="" type="checkbox"/> | Yes | <input type="checkbox"/> | No |
| d. Grant Applications to TD Trust Fund                          | <input checked="" type="checkbox"/> | Yes | <input type="checkbox"/> | No |
| e. All other grant application (_100%) <input type="checkbox"/> | <input checked="" type="checkbox"/> | Yes | <input type="checkbox"/> | No |

IS THE CTC IN COMPLIANCE WITH THIS SECTION?            Yes            No

Comments:

**COMPLIANCE WITH CHAPTER 427, F.S.**

**Review the CTC monitoring of its transportation operator contracts to ensure compliance with 427.0155(3), F.S.**

*“Review all transportation operator contracts annually.”*

WHAT TYPE OF MONITORING DOES THE CTC PERFORM ON ITS OPERATOR(S) AND HOW OFTEN IS IT CONDUCTED?

*N/A. No additional operators.*

Is a written report issued to the operator?            Yes            No

If NO, how are the contractors notified of the results of the monitoring?

WHAT TYPE OF MONITORING DOES THE CTC PERFORM ON ITS COORDINATION CONTRACTORS AND HOW OFTEN IS IT CONDUCTED?

*FDOT conducts annual monitoring and MTS is provided a copy of that inspection on an annual basis.*

Is a written report issued?            Yes            No

If NO, how are the contractors notified of the results of the monitoring?

WHAT ACTION IS TAKEN IF A CONTRACTOR RECEIVES AN UNFAVORABLE REPORT?

*A corrective action plan is initiated based on the circumstances of the report.*

IS THE CTC IN COMPLIANCE WITH THIS SECTION?            Yes            No

**ASK TO SEE DOCUMENTATION OF MONITORING REPORTS.**

## COMPLIANCE WITH CHAPTER 427, F.S.

**Review the TDSP to determine the utilization of school buses and public transportation services [Chapter 427.0155(4)]**

***“Approve and coordinate the utilization of school bus and public transportation services in accordance with the TDSP.”***

HOW IS THE CTC USING SCHOOL BUSES IN THE COORDINATED SYSTEM?

*School buses are not currently used in the coordinated system.*

**Rule 41-2.012(5)(b):** *“As part of the Coordinator’s performance, the local Coordinating Board shall also set an annual percentage goal increase for the number of trips provided within the system for ridership on public transit, where applicable. In areas where the public transit is not being utilized, the local Coordinating Board shall set an annual percentage of the number of trips to be provided on public transit.”*

HOW IS THE CTC USING PUBLIC TRANSPORTATION SERVICES IN THE COORDINATED SYSTEM?

N/A

IS THERE A GOAL FOR TRANSFERRING PASSENGERS FROM PARATRANSIT TO TRANSIT?

Yes  No

If YES, what is the goal?

*MTS continuously monitors the availability of transit services in Marion County and a mapping system is utilized to determine if potential riders reside within the transit service areas of SunTran, along with continuous monitoring of client eligibility.*

Is the CTC accomplishing the goal?  Yes  No

IS THE CTC IN COMPLIANCE WITH THIS REQUIREMENT?  Yes  No

Comments:

**COMPLIANCE WITH CHAPTER 427, F.S.**

**Review of local government, federal and state transportation applications for TD funds (all local, state or federal funding for TD services) for compliance with 427.0155(5).**

*“Review all applications for local government, federal, and state transportation disadvantaged funds, and develop cost-effective coordination strategies.”*

IS THE CTC INVOLVED WITH THE REVIEW OF APPLICATIONS FOR TD FUNDS, IN CONJUNCTION WITH THE LCB? (TD Funds include all funding for transportation disadvantaged services, i.e. Section 5310 [formerly Sec.16] applications for FDOT funding to buy vehicles granted to agencies who are/are not coordinated)

Yes     No

If Yes, describe the application review process.

*TD Fund applications are presented to the LCB for review and approval prior to submittal. Once approved, all applications are forwarded to the TD Commission and/or to the FDOT.*

If no, is the LCB currently reviewing applications for TD funds (any federal, state, and local funding)?     Yes     No

If no, is the planning agency currently reviewing applications for TD funds?

Yes     No

IS THE CTC IN COMPLIANCE WITH THIS SECTION?     Yes     No

Comments:



## COMPLIANCE WITH CHAPTER 427, F.S.

**Review priorities listed in the TDSP, according to Chapter 427.0155(7).**

*“Establish priorities with regard to the recipients of non-sponsored transportation disadvantaged services that are purchased with Transportation Disadvantaged Trust monies.”*

REVIEW THE QA SECTION OF THE TDSP (ask CTC to explain):

WHAT ARE THE PRIORITIES FOR THE TDTF TRIPS?

- 1) *Medical*
- 2) *Life-Sustaining Activities*
- 3) *Education*
- 4) *Employment*
- 5) *Business*
- 6) *Recreational Trips*

HOW ARE THESE PRIORITIES CARRIED OUT?

*The LCB sets the prioritization guidelines. Service is provided according to the amount of trips that are available following these guidelines.*

IS THE CTC IN COMPLIANCE WITH THIS SECTION?       Yes       No

Comments:

## COMPLIANCE WITH CHAPTER 427, F.S.

**Ensure CTC compliance with the delivery of transportation services, 427.0155(8).**

*“Have full responsibility for the delivery of transportation services for the transportation disadvantaged as outlined in s. 427.015(2).”*

Review the Operational section of the TDSP

1. Hours of Service:

*Monday – Friday: 5:00 AM – 6:00 PM or until all return trips are completed.*

2. Hours of Intake:

*Urban and near rural residents are requested to be ready two hours prior to appointment. Outlying rural residents are requested to be ready three hours prior to appointment.*

3. Provisions for After Hours Reservations/Cancellations?

*Special arrangements are available for after hours and Saturday trips. Trip requests are reviewed on a case-by-case basis. In the event that special requirements are needed and arranged, routes can begin as early as 4:30 AM and can extend until 7:00 PM.*

4. What is the minimum required notice for reservations?

*Customers are to notify the coordinator seventy-two (72) hours in advance. ADA requests have to be made twenty-four (24) hours in advance.*

5. How far in advance can reservations be place (number of days)?

*Customers are to notify the coordinator seventy-two (72) hours in advance. ADA requests have to be made twenty-four (24) hours in advance.*

IS THE CTC IN COMPLIANCE WITH THIS SECTION?       Yes       No

Comments:

**COMPLIANCE WITH CHAPTER 427, F.S.**

**Review the cooperative agreement with the local WAGES coalitions according to Chapter 427.0155(9).**

*“Work cooperatively with local WAGES coalitions established in Chapter 414 to provide assistance in the development of innovative transportation services for WAGES participants.”*

WHAT TYPE OF ARRANGEMENT DO YOU HAVE WITH THE LOCAL WAGES COALITION?

*None*

HAVE ANY INNOVATIVE WAGES TRANSPORTATION SERVICES BEEN DEVELOPED?

*None*

IS THE CTC IN COMPLIANCE WITH THIS SECTION?      **X**      Yes            No

Comments:

## CHAPTER 427

Findings:

Recommendations:

COMPLIANCE WITH 41-2, F.A.C.

**Compliance with 41-2.006(1), Minimum Insurance Compliance**

*“...ensure compliance with the minimum liability insurance requirement of \$100,000 per person and \$200,000 per incident...”*

WHAT ARE THE MINIMUM LIABILITY INSURANCE REQUIREMENTS?

*Marion Transit Services maintains insurance for coverage rates at \$100,000 per person and \$300,000 per incident.*

WHAT ARE THE MINIMUM LIABILITY INSURANCE REQUIREMENTS IN THE OPERATOR AND COORDINATION CONTRACTS?

*\$100,000 per person & \$300,000 per incident.*

HOW MUCH DOES THE INSURANCE COST (per operator)?

Operator	Insurance Cost
<i>Marion Transit Services</i>	<i>\$118,965.62</i>

DOES THE MINIMUM LIABILITY INSURANCE REQUIREMENTS EXCEED \$1 MILLION PER INCIDENT?

Yes  No

If yes, was this approved by the Commission?  Yes  No

IS THE CTC IN COMPLIANCE WITH THIS SECTION?  Yes  No

Comments:

**COMPLIANCE WITH 41-2, F.A.C.**

**Compliance with 41-2.006(2), Safety Standards.**

*“...shall ensure the purchaser that their operations and services are in compliance with the safety requirements as specified in Section 341.061(2)(a), F.S. and 14-90, F.A.C.”*

Date of last SSPP Compliance Review 6/29/17, Obtain a copy of this review.

Review the last FDOT SSPP Compliance Review, if completed in over a year, check drivers' records. If the CTC has not monitored the operators, check drivers' files at the operator's site.

IS THE CTC IN COMPLIANCE WITH THIS SECTION?  Yes  No

ARE THE CTC CONTRACTED OPERATORS IN COMPLIANCE WITH THIS SECTION? *N/A*

Yes  No

**DRIVER REQUIREMENT CHART**

Driver Last Name	Driver License	Last Physical	CPR/1st Aid	Def. Driving	ADA Training	Other-
<i>W. Ashberger</i>	<i>A216-921-53-257-0</i>	<i>5/19/17</i>	<i>Not Required</i>	<i>7/4/17</i>	<i>3/30/17</i>	<i>SSPP- 6/29/17</i>
<i>G. Bagley</i>	<i>B240-290-56-592-0</i>	<i>11/7/17</i>	<i>Not Required</i>	<i>9/14/17</i>	<i>3/30/17</i>	<i>SSPP- 6/29/17</i>
<i>A. Bogart</i>	<i>B263-010-66-946-0</i>	<i>12/29/17</i>	<i>Not Required</i>	<i>12/27/17</i>	<i>3/30/17</i>	<i>SSPP- 6/29/17</i>
<i>S. DeBoard</i>	<i>D163-785-61-520-0</i>	<i>11/8/17</i>	<i>Not Required</i>	<i>9/28/17</i>	<i>3/30/17</i>	<i>SSPP- 6/29/17</i>
<i>J. Dunn</i>	<i>D500-425-55-469-0</i>	<i>11/4/17</i>	<i>Not Required</i>	<i>9/14/17</i>	<i>3/30/17</i>	<i>SSPP- 6/29/17</i>
<i>R. Formella</i>	<i>F654-738-58-649-0</i>	<i>1/26/18</i>	<i>Not Required</i>	<i>11/16/17</i>	<i>3/30/17</i>	<i>SSPP- 6/29/17</i>
<i>P. Metevier</i>	<i>M316-692-69-676-0</i>	<i>1/8/18</i>	<i>Not Required</i>	<i>3/30/17</i>	<i>3/30/17</i>	<i>SSPP- 6/29/17</i>
<i>E. Alvera-Pina</i>	<i>A416-213-72-704-0</i>	<i>11/2/17</i>	<i>Not Required</i>	<i>11/16/17</i>	<i>3/30/17</i>	<i>SSPP- 6/29/17</i>
<i>L. Ramos</i>	<i>R520-520-61-252-0</i>	<i>2/23/17</i>	<i>Not Required</i>	<i>12/15/17</i>	<i>3/30/17</i>	<i>SSPP- 6/29/17</i>

COMPLIANCE WITH 41-2, F.A.C.

**Compliance with 41-2.006(3), Drug and Alcohol Testing**

*“...shall assure the purchaser of their continuing compliance with the applicable state or federal laws relating to drug testing...”*

With which of the following does the CTC (and its contracted operators) Drug and Alcohol Policy comply?

- FTA (Receive Sect. 5307, 5309, or 5311 funding)
- FHWA (Drivers required to hold a CDL)
- Neither

**REQUEST A COPY OF THE DRUG & ALCOHOL POLICY AND LATEST COMPLIANCE REVIEW.**

DATE OF LAST DRUG & ALCOHOL POLICY REVIEW: 12/22/17

IS THE CTC IN COMPLIANCE WITH THIS SECTION?  Yes  No

Comments:

*MTS staff and drivers are provided with the “Drug and Alcohol Testing Program Manual for FTA Covered Employees” provided by the FDOT as well as the accompanying video presentation.*

**COMPLIANCE WITH 41-2, F.A.C.**

**Compliance with 41-2.011(2), Evaluating Cost-Effectiveness of Coordination Contractors and Transportation Alternatives.**

*"...contracts shall be reviewed annually by the Community Transportation Coordinator and the Coordinating Board as to the effectiveness and efficiency of the Transportation Operator or the renewal of any Coordination Contracts."*

1. IF THE CTC HAS COORDINATION CONTRACTORS, DETERMINE THE COST-EFFECTIVENESS OF THESE CONTRACTORS.

Cost [CTC and Coordination Contractor (CC)]

	CTC	CC #1	CC #2	CC #3	CC #4
Flat contract rate (s) (\$ amount / unit)	NA				
Detail other rates as needed: (e.g. ambulatory, wheelchair, stretcher, out-of-county, group)	Ambulatory \$3.37/mile				
	Wheelchair \$5.78/mile				
Special or unique considerations that influence costs?					
Explanation:					

2. DO YOU HAVE TRANSPORTATION ALTERNATIVES?  Yes  No

(Those specific transportation services approved by rule or the Commission as a service not normally arranged by the Community Transportation Coordinator, but provided by the purchasing agency. Example: a neighbor providing the trip)

Cost [CTC and Transportation Alternative (Alt.)]

	CTC	Alt. #1	Alt. #2	Alt. #3	Alt. #4
Flat contract rate (s) (\$ amount / unit)					
Detail other rates as needed: (e.g. ambulatory, wheelchair, stretcher, out-of-county, group)					
Special or unique considerations that influence costs?					
Explanation:					

- IS THE CTC IN COMPLIANCE WITH THIS SECTION?  Yes  No



**RULE 41-2**

Findings:

Recommendations:

COMPLIANCE WITH 41-2, F.A.C.

**Compliance with Commission Standards**  
*"...shall adhere to Commission approved standards..."*

Review the TDSP for the Commission standards.

Commission Standards	Comments
Local toll free phone number must be posted in all vehicles.	<i>Local toll free contact information is posted on all MTS vehicles and is available from each driver.</i>
Vehicle Cleanliness	<i>Vehicles are cleaned after each daily use and are inspected before being dispatched before next scheduled use.</i>
Passenger/Trip Database	<i>Information on trips scheduled with the CTC and/or sub-contractors is maintained in a map-based computer software program RouteLogic.</i>
Adequate seating	<i>Vehicle seating will not exceed the manufacturer's recommended capacity. All passengers and driver will be properly seated using the provided seat restraint devices.</i>
Driver Identification	<i>When transporting passengers, all drivers will have a picture identification displayed at all times. Drivers may also have nametag and company logo on their uniform for identification.</i>
Passenger Assistance	<i>Door-to-door service is available to all clients. Drivers are required to assist all passengers from the door of their pick-up point onto the vehicle as well as off the vehicle and to the door of their destination. Drivers may not assist wheelchairs up or down more than one step unless it can be performed safely as determined by the driver.</i>
Smoking, Eating and Drinking	<i>Smoking, eating or drinking is prohibited onboard all MTS vehicles.</i>
Two-way Communications	<i>All vehicles are equipped with a two-way radio communication device to provide audible accessibility for the driver and base at all times.</i>
Air Conditioning/Heating	<i>All vehicles are equipped with air conditioners and heaters. In the event of mechanical failure, service is performed immediately.</i>
Billing Requirements	<i>All customers expected to pay fare at time that they receive transportation services. Passengers must have exact change; drivers do not carry cash.</i>

## COMMISSION STANDARDS

Findings:

Recommendations:

COMPLIANCE WITH 41-2, F.A.C.

**Compliance with Local Standards**

*"...shall adhere to Commission approved standards..."*

Review the TDSP for the Local standards.

Local Standards	Comments
Transport of Escorts and dependent children policy	<i>Passengers may have one escort for assistance, if medically necessary. Escorts must be at least age 16. Escorts pay no vehicle fare. Escorts for Medicaid passengers are not charged co-pay according to established Medicaid policy. Dependent children may be transported if medical appointment is for child.</i>
Use, Responsibility, and cost of child restraint devices	<i>Children under age of 5 or weighing less than 40 pounds must be in appropriate child seat. Child seat may be furnished by transport company if requested or may be furnished by customer. Driver is responsible for properly securing child and child seat.</i>
Out-of-Service Area trips	<i>Out-of-service area trips provided when determined locally and approved by LCB, except when local ordinances prohibit such trips.</i>
CPR/1st Aid	<i>Not required.</i>
Driver Criminal Background Screening	<i>Criminal check conducted with local Sheriff's office and at State level and abuse background checks are done prior to date of hire.</i>
Rider Personal Property	<i>Riders may carry personal property on vehicles if it can be placed on lap or under seat. Drivers may not handle customer's property. Exception is shopping trips; customer may have 2-3 bags, and driver may assist to ensure bags safely stowed on vehicle.</i>
Advance reservation requirements	<i>Trips must be scheduled a minimum of 72 hours prior to date of travel and at a maximum of 2 weeks in advance of date of travel, with exception of subscription service.</i>
Pick-up Window	<i>Customers must be ready for pick-up two-hours prior to appointment time. Three hours are required for out-lying areas and one-hour for ADA trips.</i>

<i>Measurable Standards/Goals</i>	<i>Standard/Goal</i>	<i>Latest Figures</i>	<i>Is the CTC/Operator meeting the Standard?</i>
Public Transit Ridership	<b>CTC – 10%</b>	<b>CTC – 110,494 (1.8%)</b>	<b>No</b>
	Operator A	Operator A	
	Operator B	Operator B	
	Operator C	Operator C	
On-time performance	<b>CTC – 90%</b>	<b>CTC – 95.7%</b>	<b>Yes</b>
	Operator A	Operator A	
	Operator B	Operator B	
	Operator C	Operator C	
Passenger No-shows	<b>CTC - &lt;10%</b>	<b>CTC – 2,957 (2.7%)</b>	<b>Yes</b>
	Operator A	Operator A	
	Operator B	Operator B	
	Operator C	Operator C	
Accidents	<b>CTC</b>	<b>CTC - 4</b>	
	Operator A	Operator A	
	Operator B	Operator B	
	Operator C	Operator C	
Roadcalls  <i>Average age of fleet:</i>	<b>CTC – No Set Standard Other than to maintain scheduled maintenance activities.</b>	<b>CTC -36</b>	<b>N/A</b>
	Operator A	Operator A	
	Operator B	Operator B	
	Operator C	Operator C	
Complaints  <i>Number filed: 51</i>	<b>CTC - No Set Standard other than to keep complaints to a minimum and resolve any received.</b>	<b>CTC - 51</b>	<b>N/A</b>
	Operator A	Operator A	
	Operator B	Operator B	
	Operator C	Operator C	
Call-Hold Time	<b>CTC – No Standard</b>	<b>CTC – No Standard</b>	<b>N/A</b>
	Operator A	Operator A	
	Operator B	Operator B	
	Operator C	Operator C	

## LOCAL STANDARDS

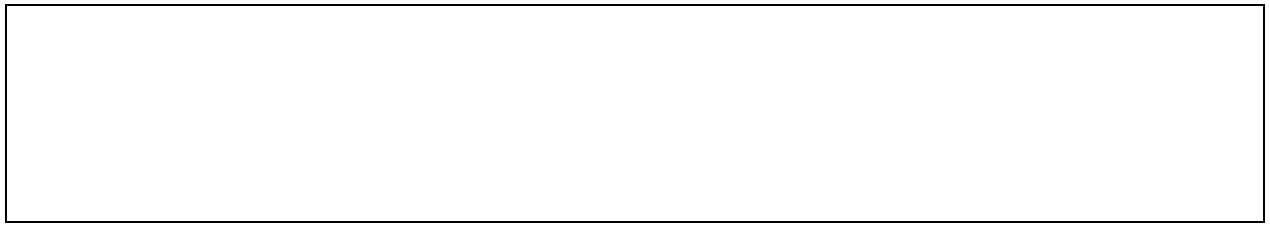
### Findings:

*Call Hold Time is currently. New RouteMatch software modules will allow for automated booking in the near future which will allow for near elimination of hold times unless the clients specifically wish to correspond with an operator/dispatcher.*

*MTS strives to keep Roadcalls to an absolute minimum by adhering to a strict maintenance schedule for all vehicles.*

*Complaints are handled on an individual basis as they arise. Serious consideration is given to any and all complaints and each one is resolved as efficiently and expeditiously as possible.*

### Recommendations:



COMPLIANCE WITH AMERICANS WITH DISABILITIES ACT

REVIEW COPIES OF THE PUBLIC INFORMATION PROVIDED.

DOES PUBLIC INFORMATION STATE THAT ACCESSIBLE FORMATS ARE AVAILABLE UPON REQUEST?

Yes  No

ARE ACCESSIBLE FORMATS ON THE SHELF?

Yes  No

IF NOT, WHAT ARRANGEMENTS ARE IN PLACE TO HAVE MATERIAL PRODUCED IN A TIMELY FASHION UPON REQUEST?

NA

DO YOU HAVE TTY EQUIPMENT OR UTILIZE THE FLORIDA RELAY SYSTEM?

Yes  No

ARE THE TTY NUMBER OR THE FLORIDA RELAY SYSTEM NUMBERS LISTED WITH THE OFFICE PHONE NUMBER?

Yes  No

Florida Relay System:  
Voice- 1-800-955-8770  
TTY- 1-800-955-8771



EXAMINE OPERATOR MANUALS AND RIDER INFORMATION. DO CURRENT POLICIES COMPLY WITH ADA PROVISION OF SERVICE REQUIREMENTS REGARDING THE FOLLOWING:

<b>Provision of Service</b>	<b>Training Provided</b>	<b>Written Policy</b>	<b>Neither</b>
Accommodating Mobility Aids	<i>Yes</i>	<i>Yes</i>	
Accommodating Life Support Systems (O <sub>2</sub> Tanks, IV's...)	<i>Yes</i>	<i>Yes</i>	
Passenger Restraint Policies	<i>Yes</i>	<i>Yes</i>	
Standee Policies (persons standing on the lift)	<i>Yes</i>	<i>Yes</i>	
Driver Assistance Requirements	<i>Yes</i>	<i>Yes</i>	
Personal Care Attendant Policies		<i>Yes</i>	
Service Animal Policies	<i>Yes</i>	<i>Yes</i>	
Transfer Policies (From mobility device to a seat)	<i>Yes</i>	<i>Yes</i>	
Equipment Operation (Lift and securement procedures)	<i>Yes</i>	<i>Yes</i>	
Passenger Sensitivity/Disability Awareness Training for Drivers	<i>Yes</i>	<i>Yes</i>	

RANDOMLY SELECT ONE OR TWO VEHICLES PER CONTRACTOR (DEPENDING ON SYSTEM SIZE) THAT ARE IDENTIFIED BY THE CTC AS BEING ADA ACCESSIBLE AND PURCHASED WITH PRIVATE FUNDING, AFTER 1992. CONDUCT AN INSPECTION USING THE ADA VEHICLE SPECIFICATION CHECKLIST.

INSPECT FACILITIES WHERE SERVICES ARE PROVIDED TO THE PUBLIC (ELIGIBILITY DETERMINATION, TICKET/COUPON SALES, ETC...).

IS A RAMP PROVIDED?                      **X**    Yes                          No

ARE THE BATHROOMS ACCESSIBLE?    **X**    Yes                          No

## Bus and Van Specification Checklist

Name of Provider:

Vehicle Number (either VIN or provider fleet number):

Type of Vehicle:        Minivan                          Van                          Bus (>22')  
                                      Minibus (<= 22')        Minibus (>22')

Person Conducting Review:                      Kenneth Odom, Ocala/Marion TPO

Date: 1/26/2017

Review the owner's manual, check the stickers, or ask the driver the following:

- X The lift must have a weight limit of at least 600 pounds.
- X The lift must be equipped with an emergency back-up system (in case of loss of power to vehicle). Is the pole present?
- X The lift must be "interlocked" with the brakes, transmission, or the door, so the lift will not move unless the interlock is engaged. Ensure the interlock is working correctly.

Have the driver lower the lift to the ground:

- X Controls to operate the lift must require constant pressure.
- X Controls must allow the up/down cycle to be reversed without causing the platform to "stow" while occupied.
- X Sufficient lighting shall be provided in the step well or doorway next to the driver, and illuminate the street surface around the lift, the lighting should activate when the door/lift is in motion. Turn light switch on, to ensure lighting is working properly.

Once the lift is on the ground, review the following:

- X Must have an inner barrier to prevent the mobility aid from rolling off the side closest to the vehicle until the platform is fully raised.
- X Side barriers must be at least 1 ½ inches high.
- X The outer barrier must be sufficient to prevent a wheelchair from riding over it.
- X The platform must be slip-resistant.
- X Gaps between the platform and any barrier must be no more than 5/8 of an inch.
- X The lift must have two handrails.
- X The handrails must be 30-38 inches above the platform surface.
- X The handrails must have a useable grasping area of 8 inches, and must be at least 1 ½ inches wide and have sufficient knuckle clearance.
- X The platform must be at least 28 1/2 inches wide measured at the platform surface, and 30 inches wide and 48 inches long measured 2 inches above the platform surface.
- X If the ramp is not flush with the ground, for each inch off the ground the ramp must be 8 inches long.
- X Lifts may be marked to identify the preferred standing position (suggested, not required)

Have the driver bring the lift up to the fully raised position (but not stowed):

- X When in the fully raised position, the platform surface must be horizontally within 5/8 inch of the floor of the vehicle.
- X The platform must not deflect more than 3 degrees in any direction. To test this, stand on the edge of

the platform and carefully jump up and down to see how far the lift sways.

- X The lift must be designed to allow boarding in either direction.

**While inside the vehicle:**

- X Each securement system must have a clear floor area of 30 inches wide by 48 inches long.
- X The securement system must accommodate all common wheelchairs and mobility aids.
- X The securement system must keep mobility aids from moving no more than 2 inches in any direction.
- X A seat belt and shoulder harness must be provided for each securement position, and must be separate from the security system of the mobility aid.

**Vehicles under 22 feet must have:**

- X One securement system that can be either forward or rear-facing.
- X Overhead clearance must be at least 56 inches. This includes the height of doors, the interior height along the path of travel, and the platform of the lift to the top of the door.

**Vehicles over 22 feet must have:**

- X Must have 2 securement systems, and one must be forward-facing, the other can be either forward or rear-facing.
- X Overhead clearance must be at least 68 inches. This includes the height of doors, the interior height along the path of travel, and the platform of the lift to the top of the door.
  
- X Aisles, steps, and floor areas must be slip resistant.
- X Steps or boarding edges of lift platforms must have a band of color which contrasts with the step/floor surface.

## COMPLIANCE WITH AMERICANS WITH DISABILITIES ACT

Table 1. ADA Compliance Review - Provider/Contractor Level of Service Chart

Name of Service Provider/ Contractor	Total # of Vehicles Available for CTC Service	# of ADA Accessible Vehicles	Areas/Sub areas Served by Provider/Contractor
<i>Marion Transit Services</i>	<i>57</i>	<i>57</i>	

BASED ON THE INFORMATION IN TABLE 1, DOES IT APPEAR THAT INDIVIDUALS REQUIRING THE USE OF ACCESSIBLE VEHICLES HAVE EQUAL SERVICE?

Yes       No

## ADA COMPLIANCE

Findings:

Recommendations:

**FY 2017 GRANT QUESTIONS**

The following questions relate to items specifically addressed in the FY 2017 Trip and Equipment Grant.

DO YOU KEEP ALL RECORDS PERTAINING TO THE SPENDING OF TDTF DOLLARS FOR FIVE YEARS? (Section 7.10: Establishment and Maintenance of Accounting Records, T&E Grant, and FY 2017)

Yes  No

ARE ALL ACCIDENTS THAT HAVE RESULTED IN A FATALITY REPORTED TO THE COMMISSION WITHIN 24 HOURS AFTER YOU HAVE RECEIVED NOTICE? (Section 14.80: Accidents, T/E Grant, and FY \_\_\_\_\_) *N/A*

Yes  No

ARE ALL ACCIDENTS THAT HAVE RESULTED IN \$1,000 WORTH OF DAMAGE REPORTED TO THE COMMISSION WITHIN 72 HOURS AFTER YOU HAVE RECEIVED NOTICE OF THE ACCIDENT? (Section 14.80: Accidents, T/E Grant, and FY 2017)

Yes  No

On-Site Observation of the System

RIDE A VEHICLE WITHIN THE COORDINATED SYSTEM. REQUEST A COPY OF THE MANIFEST PAGE THAT CONTAINS THIS TRIP.

Date of Observation:

Please list any special guests that were present:

Location:

Number of Passengers picked up/dropped off:

Ambulatory

Non-Ambulatory

Was the driver on time?  Yes  No, how many minutes late/early? +-3

Did the driver provide any passenger assistance?  Yes  No

Was the driver wearing any identification?  Yes:  Uniform  Name Tag  ID Badge  
 No

Did the driver render an appropriate greeting?  Yes  No  Driver regularly transports the rider, not necessary

If CTC has a policy on seat belts, did the driver ensure the passengers were properly belted?  Yes  No

Was the vehicle neat and clean, and free from dirt, torn upholstery, damaged or broken seats, protruding metal or other objects?  Yes  No

Is there a sign posted on the interior of the vehicle with both a local phone number and the TD Helpline for comments/complaints/commendations?  Yes  No

Does the vehicle have working heat and air conditioning?  Yes  No

Does the vehicle have two-way communications in good working order?  Yes  No

If used, was the lift in good working order?  Yes  No

Was there safe and appropriate seating for all passengers?  Yes  No

Did the driver properly use the lift and secure the passenger?  Yes  No  
If no, please explain:

CTC: Marion Transit County: Marion

Date of Ride: 1/23/17

Funding Source	No. of Trips	No. of Riders/Beneficiaries	No. of Calls to Make	No. of Calls Made
CTD	5	5	5	5
Medicaid				
Other				
Other				
Other)				
Other				
Totals	5	5	5	5

Number of Round Trips	Number of Riders/Beneficiaries to Survey
0 – 200	30%
201 – 1200	10%
1201 +	5%

Note: Attach the manifest



## RIDER/BENFICIARY SURVEY

Staff making call: \_\_\_\_\_

County: \_\_\_\_\_

Date of Call: / /

Funding Source: \_\_\_\_\_

- 1) Did you receive transportation service on \_\_\_\_\_?  Yes or  No
- 2) Where you charged an amount in addition to the co-payment?  Yes or  No If so, how much?
- 3) How often do you normally obtain transportation?  
 Daily 7 Days/Week  Other  
 1-2 Times/Week  3-5Times/Week
- 4) 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 refused transportation services?  
 None  3-5 Times  
 1-2 Times  6-10 Times  
If none, skip to question # 4.  
B. What was the reason given for refusing you transportation services?  
 Ineligible  Space not available  
 Lack of funds  Destination outside service area  
 Other \_\_\_\_\_
- 5) What do you normally use the service for?  
 Medical  Education/Training/Day Care  
 Employment  Life-Sustaining/Other  
 Nutritional
- 6) Did you have a problem with your trip on \_\_\_\_\_?  
 Yes. If yes, please state or choose problem from below  
 No. If no, skip to question # 6  
What type of problem did you have with your trip?  
 Advance notice  Cost  
 Pick up times not convenient  Late pick up-specify time of wait  
 Assistance  Accessibility  
 Service Area Limits  Late return pick up - length of wait  
 Drivers - specify  Reservations - specify length of wait  
 Vehicle condition  Other
- 7) On a scale of 1 to 10 (10 being most satisfied) rate the transportation you have been receiving.  
\_\_\_\_\_
- 8) What does transportation mean to you? (Permission granted by \_\_\_\_\_ for use in publications.)

Additional Comments: \_\_\_\_\_ *Rider Surveys are included in appendix.*

Contractor Survey  
Marion County

*N/A - No additional contractors.*

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Contractor name (optional)

1. Do the riders/beneficiaries call your facility directly to cancel a trip?

Yes      No

2. Do the riders/beneficiaries call your facility directly to issue a complaint?

Yes      No

3. Do you have a toll-free phone number for a rider/beneficiary to issue commendations and/or complaints posted on the interior of all vehicles that are used to transport TD riders?

Yes      No

If yes, is the phone number posted the CTC's?

Yes      No

4. Are the invoices you send to the CTC paid in a timely manner?

Yes      No

5. Does the CTC give your facility adequate time to report statistics?

Yes      No

6. Have you experienced any problems with the CTC?

Yes      No

If yes, what type of problems?

Comments: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

## PURCHASING AGENCY SURVEY

Staff making call: \_\_\_\_\_

Purchasing Agency name: \_\_\_\_\_

Representative of Purchasing Agency: \_\_\_\_\_

1) Do you purchase transportation from the coordinated system?

YES

NO If no, why?

2) Which transportation operator provides services to your clients?

3) What is the primary purpose of purchasing transportation for your clients?

Medical

Employment

Education/Training/Day Care

Nutritional

Life Sustaining/Other

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

7 Days/Week

1-3 Times/Month

1-2 Times/Week

Less than 1 Time/Month

3-5 Times/Week

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? \_\_\_\_\_

# Level of Cost Worksheet 1

Insert Cost page from the AOR.

<p><b>Level of Competition</b> <b>Worksheet 2</b></p>
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1. Inventory of Transportation Operators in the Service Area

*N/A. There are no additional operators in the area.*

	Column A Operators Available	Column B Operators Contracted in the System.	Column C Include Trips	Column D % of all Trips
Private Non-Profit				
Private For-Profit				
Government				
Public Transit Agency				
<b>Total</b>				

- 2. How many of the operators are coordination contractors? \_\_\_\_\_
- 3. Of the operators included in the local coordinated system, how many have the capability of expanding capacity? \_\_\_\_\_  
Does the CTC have the ability to expand? \_\_\_\_\_
- 4. Indicate the date the latest transportation operator was brought into the system. \_\_\_\_\_  
\_\_\_\_\_
- 5. Does the CTC have a competitive procurement process? \_\_\_\_\_
- 6. In the past five (5) years, how many times have the following methods been used in selection of the transportation operators?

	Low bid
	Requests for qualifications
	Negotiation only

	Requests for proposals
	Requests for interested parties

Which of the methods listed on the previous page was used to select the current operators?

- 7. Which of the following items are incorporated in the review and selection of transportation operators for inclusion in the coordinated system?

	Capabilities of operator
	Age of company
	Previous experience
	Management
	Qualifications of staff
	Resources
	Economies of Scale
	Contract Monitoring
	Reporting Capabilities
	Financial Strength
	Performance Bond
	Responsiveness to Solicitation

	Scope of Work
	Safety Program
	Capacity
	Training Program
	Insurance
	Accident History
	Quality
	Community Knowledge
	Cost of the Contracting Process
	Price
	Distribution of Costs
	Other: (list)

8. If a competitive bid or request for proposals has been used to select the transportation operators, to how many potential operators was the request distributed in the most recently completed process? \_\_\_\_\_

How many responded? \_\_\_\_\_

The request for bids/proposals was distributed:

\_\_\_\_\_ Locally      \_\_\_\_\_ Statewide      \_\_\_\_\_ Nationally

9. Has the CTC reviewed the possibilities of competitively contracting any services other than transportation provision (such as fuel, maintenance, etc...)? \_\_\_\_\_

## Level of Availability (Coordination)

### Worksheet 3

Planning – What are the coordinated plans for transporting the TD population?

*Coordinated plans are organized between Marion Transit Services and the LCB.*

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

*Multiple print news sources (Ocala Star Banner, Riverland News, South Marion Citizen, etc.) and brochure distributions are utilized.*

Certification – How are individual certifications and registrations coordinated for local TD transportation services?

*Applicants must be disabled, impoverished and/or have no other transportation alternatives.*

Eligibility Records – What system is used to coordinate which individuals are eligible for special transportation services in the community?

*The LCB determines eligibility according to the TD Commission guidelines.*

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

*Three reservationists are on schedule and they are typically enough to handle the volume of reservation calls at any given time. In the event that it is necessary for a client to wait to speak to a reservationist, the phone system allows for 'Parking' any hold calls and they are attended to as quickly as possible.*

Reservations – What is the reservation process? How is the duplication of a reservation prevented?

*Call reservationists document the trip and it is entered into the trip database and the RouteMatch scheduling module prevents duplication.*

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

*N/A No providers are utilized at this time.*

Scheduling – How is the trip assignment to vehicles coordinated?

*A scheduler utilizing the RouteMatch software system is able to allocate trips accordingly.*

Transport – How are the actual transportation services and modes of transportation coordinated?

*A scheduler utilizes the RouteMatch software system to allocate trips according to trip type and by time of day.*

Dispatching – How is the real time communication and direction of drivers coordinated?

*Two-way communicators and the RouteMatch software tablets located on each transport vehicle.*

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

*Hierarchal Management. The Director oversees managers and the managers oversee the operators.*

Daily Service Monitoring – How are real-time resolutions to trip problems coordinated?

*MTS dispatchers utilize the RouteMatch software system in order coordinate real-time anomalies as they occur. The system allows the dispatchers to identify nearby drivers available to lend assistance for additional pick-ups in these instances.*

Trip Reconciliation – How is the confirmation of official trips coordinated?

*A volunteer is currently being utilized to make calls to clients in order to remind and confirm the upcoming trip. A new RouteMatch software module will be activated in the Spring of 2018 that will automatically call clients utilizing an automated message appropriate to the trip type.*

Billing – How is the process for requesting and processing fares, payments, and reimbursements coordinated?

*The Trips Manager coordinates all payment methods and coordinates with the clients to ensure that they are fully aware of any and all financial obligations that are relevant to their individual trip types.*

Reporting – How is operating information reported, compiled, and examined?

*All reports are compiled according to CTD guidelines and submitted based on established deadlines.*

Cost Resources – How are costs shared between the coordinator and the operators (s) in order to reduce the overall costs of the coordinated program?

*N/A. No additional operators are utilized in the system.*

Information Resources – How is information shared with other organizations to ensure smooth service provision and increased service provision?

*Continuous coordination between SunTran and Marion Transit Services is utilized for client vetting and route optimization. The two agencies are currently coordinating the potential transfer of one of the fixed-routes to the CTC.*

Overall – What type of formal agreement does the CTC have with organizations, which provide transportation in the community?

*ARC and MTS maintain a contractual agreement in the event that additional trip purchases are necessary. (Contract is included.)*





**Scheduled Trips Summary - FL\_Marion**  
**For Time Period: 1/29/2018**

Printed: 1/26/2018 2:59:20PM

6.00

Run Name: Unassigned  
 Driver Name:

Vehicle: Bus 1404

Driver Sandi H.

Miles Out 95.630

Cash 6.00

Signature [Signature]

Miles In 95.754 ✓

Tickets 2

Customer Name	Pick Up Time	Pick Up Address	Drop Off Time	Drop Off Address	Mobility Type	Customer Pay	Telephone Ext.
Nurse, Nurse	6:00:00AM	PPEC 2102 SW 20th Pl #500 Ocala, FL 34471	8:46:00AM	PPEC 2102 SW 20th Pl #500 Ocala, FL 34471	Ambulatory	\$0.00	(352) 873-7241

Funding Source: Access2Cafe  
 Assistance Needs:

Fare Type: Assorted Cash Check No Charge Pre-Purchased Ticket

Coleman, Journey	8:15:00AM	210 NW 55th Ave Ocala, FL 34482	8:45:00AM	PPEC 2102 SW 20th Pl #500 Ocala, FL 34471	Car Seat	\$0.00	(352) 816-6271
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Funding Source: Access2Cafe  
 Assistance Needs:

Fare Type: Assorted Cash Check No Charge Pre-Purchased Ticket

Keys, Zamariah	8:15:00AM	2905 NW 3rd Terrace Ocala, FL 34475	8:45:00AM	PPEC 2102 SW 20th Pl #500 Ocala, FL 34471	Wheelchair	\$0.00	(352) 426-9673
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Customer Name	Pick Up Time	Pick Up Address	Drop Off Time	Drop Off Address	Mobility Type	Customer Pay	Telephone Ext.
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Funding Source: Access2Care  
 Assistance Needs: Assorted Cash Check No Charge Pre-Purchased Ticket

Ocana, Evangeline	8:15:00AM	16030 SW 52nd Avenue Rd Ocala, FL 34473	8:45:00AM	PPEC 2102 SW 20th Pl #500 Ocala, FL 34471	Car Seat	\$0.00	(352) 631-0302
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Funding Source: Access2Care  
 Assistance Needs: General Comments [Needs Carseat]

Perez, Daneil	8:15:00AM	1706 NW 1st Ave Ocala, FL 34475	8:45:00AM	PPEC 2102 SW 20th Pl #500 Ocala, FL 34471	Ambulatory	\$0.00	(352) 812-7886
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Funding Source: Access2Care  
 Assistance Needs: Assorted Cash Check No Charge Pre-Purchased Ticket

Reid, Jahmir	8:15:00AM	Marion Oaks 3650 SW 150th Lane Rd Ocala, FL 34473	8:45:00AM	PPEC 2102 SW 20th Pl #500 Ocala, FL 34471	Car Seat	\$0.00	(352) 431-6097
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Funding Source: Access2Care  
 Assistance Needs: General Comments [Marion Oaks\*\*\*Must be home by 4PM]

Arakelian, Lucia	9:00:00AM	Heritage Oaks 2820 Sw 34th St #401 Ocala, FL 34474	9:30:00AM	Marion Cafe-MSS 1101 SW 20th Ct Ocala, FL 34471	Ambulatory	\$0.00	(352) 497-8110
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Funding Source: TD  
 Assistance Needs: Assorted Cash Check No Charge Pre-Purchased Ticket



Customer Name	Pick Up Time	Pick Up Address	Drop Off Time	Drop Off Address	Mobility Type	Customer Pay	Telephone Ext.
Blackman, Lavinia	9:00:00AM	Heritage Oaks 2820 Sw 34th St #419 Ocala, FL 34474	9:30:00AM	Marion Cafe-MSS 1101 SW 20th Ct Ocala, FL 34471	Ambulatory	\$ 0.00	(352) 237-7294

Funding Source: ADA

Assistance Needs: General Comments [Heritage Oaks]

Fare Type : Assorted Cash Check No Charge Pre-Purchased Ticket

Castillo, Julia	9:00:00AM	3415 Sw 34th Avenue Cir #101 Ocala, FL 34474	9:30:00AM	Marion Cafe-MSS 1101 SW 20th Ct Ocala, FL 34471	Wheelchair	\$ 0.00	(787) 409-1800
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Funding Source: ADA

Assistance Needs:

Fare Type : Assorted Cash Check No Charge Pre-Purchased Ticket

Miller, Theilma #1202	12:00:00PM	Kuhn, David-Trinity Health Care Med 321SE 29th Pl Ocala, FL 34471	12:30:00PM	Hawthorne Estates 3211 Sw 42nd St #100 Ocala, FL 34471	Lift to Load	<del>\$ 2.00</del> #1202	(352) 732-2881
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Funding Source: TD

Assistance Needs:

Fare Type : Assorted Cash Check No Charge Pre-Purchased Ticket

Restivo, Anthony	12:00:00PM	Dr Koka 2111 Sw 20th Pl Ocala, FL 34471	12:30:00PM	Quail Meadow 4757 NW 34th Pl Ocala, FL 34482	Ambulatory	\$ 2.00	(352) 732-8796
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Funding Source: 5311

Assistance Needs: General Comments [Knock on door]

Fare Type : Assorted Cash Check No Charge Pre-Purchased Ticket

Customer Name	Pick Up Time	Pick Up Address	Drop Off Time	Drop Off Address	Mobility Type	Customer Pay	Telephone Ext.
Arakelian, Lucia	12:30:00PM	Marion Cafe-MSS 1101 SW 20th Ct Ocala, FL 34471	1:00:00PM	Heritage Oaks 2820 Sw 34th St #401 Ocala, FL 34474	Ambulatory	\$0.00	(352) 497-8110

Funding Source: TD  
Assistance Needs:

Fare Type : Assorted Cash Check No Charge Pre-Purchased Ticket

Blackman, Lavinia	12:30:00PM	Marion Cafe-MSS 1101 SW 20th Ct Ocala, FL 34471	1:00:00PM	Heritage Oaks 2820 Sw 34th St #419 Ocala, FL 34474	Ambulatory	\$0.00	(352) 237-7294
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Funding Source: ADA

Assistance Needs: General Comments [Heritage Oaks]

Fare Type : Assorted Cash Check No Charge Pre-Purchased Ticket

Castillo, Julia	12:30:00PM	Marion Cafe-MSS 1101 SW 20th Ct Ocala, FL 34471	1:00:00PM	3415 Sw 34th Avenue Cir #101 Ocala, FL 34474	Wheelchair	\$0.00	(787) 409-1800
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Funding Source: ADA

Assistance Needs:

Fare Type : Assorted Cash Check No Charge Pre-Purchased Ticket

Clem, Chad	2:30:00PM	ARC Adult Daycare 2800 Se Maricamp Rd Ocala, FL 34471	3:00:00PM	2314 NE 18th Ter Ocala, FL 34470	Ambulatory	\$2.00	(352) 255-6369
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Funding Source: ADA

Assistance Needs: General Comments [Blind / speech difficulty]

Fare Type : Assorted Cash Check No Charge Pre-Purchased Ticket

Customer Name	Pick Up Time	Pick Up Address	Drop Off Time	Drop Off Address	Mobility Type	Customer Pay	Telephone Ext.
Aguirre, Elias	3:00:00PM	Wound & Hyperbaric Center 3300 SW 34th Avenue #104 Ocala, FL 34474	3:30:00PM	Paddock Oaks 2937 Sw 32nd Ave Ocala, FL 34474	Wheelchair	\$ 2.00	(352) 266-5097

Funding Source: TD

Assistance Needs: General Comments [right leg amputee]

Fare Type : Assorted Cash Check No Charge Pre-Purchased Ticket

Matthews, Katherine	3:00:00PM	Wound & Hyperbaric Center 3300 SW 34th Avenue #104 Ocala, FL 34474	3:30:00PM	Palm Gardens 2700 SW 34th St North Ocala, FL 34474	Wheelchair	\$ 2.00	(352) 299-1326
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Funding Source: TD

Assistance Needs:

Fare Type : Assorted Cash Check No Charge Pre-Purchased Ticket

Markoski, Cynthia	3:00:00PM	Ocala Family Medical Center 2230 SW 19th Avenue Rd Ocala, FL 34471	3:30:00PM	Foxwood Farms 2303 Nw 48th Ter Ocala, FL 34482	Ambulatory	\$ 0.00	(717) 712-3813
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Funding Source: 5311

Assistance Needs:

Fare Type : Assorted Cash Check No Charge Pre-Purchased Ticket

# Add-on/Assist Form

Driver: Sandra H Route #: 1404 Bus #: 1404 Date: 1-29-18

Add-On	Amb/WC	Escort	Client Name, Address & Phone Number	Pick 1 Time	Drop 1 Time
			Monica Curbeam - Koh - Central FL		
Assist Bus #	Appt. Time	Fare \$	2494 SW 19th Ave Rd, Ocala	Pick 2 Time	Drop 2 Time
		0	Destination Address & Phone Number		
Reason:			1822 SW 5th St, Ocala	Notes:	

Add-On	Amb/WC	Escort	Client Name, Address & Phone Number	Pick 1 Time	Drop 1 Time
			<del>Barbara Blackman</del> - Evrora Masynlog		
Assist Bus #	Appt. Time	Fare \$	2501 SW 10th St, Ocala	Pick 2 Time	Drop 2 Time
		0	Destination Address & Phone Number		
Reason:			1415 NW 5th St, Ocala (Harvy Dining Site)	Notes:	

Add-On	Amb/WC	Escort	Client Name, Address & Phone Number	Pick 1 Time	Drop 1 Time
Assist Bus #	Appt. Time	Fare \$	Destination Address & Phone Number	Pick 2 Time	Drop 2 Time
Reason:				Notes:	

Add-On	Amb/WC	Escort	Client Name, Address & Phone Number	Pick 1 Time	Drop 1 Time
Assist Bus #	Appt. Time	Fare \$	Destination Address & Phone Number	Pick 2 Time	Drop 2 Time
Reason:				Notes:	

Reasons for requesting a Green Sheet: Too many clients, need a larger bus, not enough time, etc.  
 Before you submit a Green Sheet - ask if there is a larger vehicle available



**Scheduled Trips Summary - FL\_Marion**  
**For Time Period: 1/25/2018**

Printed: 1/24/2018 3:22:52PM

11/15

*24.00  
 24.00*

Run Name: Unassigned  
 Driver Name:

Vehicle: Bus 0901

Driver Amy Bogart  
 Signature Amy Bogart

Miles Out 188805  
 Miles In 188900

Cash 24.00  
 Tickets 4

Customer Name	Pick Up Time	Pick Up Address	Drop Off Time	Drop Off Address	Mobility Type	Customer Pay	Telephone Ext.
Odom, Ken ✓	8:30:00AM	TPO OCALA 121 Se Watula Ave Ocala, FL 34471	9:00:00AM	Marion Senior Services 1101 SW 20th Ct Ocala, FL 34470	Ambulatory	\$ 0.00 NP	(352) 629-8297

Funding Source: TD  
 Assistance Needs:

Fare Type: Assorted Cash Check No Charge Pre-Purchased Ticket

Customer Name	Pick Up Time	Pick Up Address	Drop Off Time	Drop Off Address	Mobility Type	Customer Pay	Telephone Ext.
Aiello, Margaret ✓	9:30:00AM	Pine Run 8901 SW 102nd Ln Ocala, FL 34481	10:00:00AM	Publix-Canopy Oaks 8075 Fl-200 Ocala, FL 34481	Ambulatory	\$ 2.00 <i>NP 400</i>	(352) 237-3458

Funding Source: 5311  
 Assistance Needs: General Comments []

Fare Type: Assorted Cash Check No Charge Pre-Purchased Ticket

Customer Name	Pick Up Time	Pick Up Address	Drop Off Time	Drop Off Address	Mobility Type	Customer Pay	Telephone Ext.
Edwards, Dennis ✓	9:30:00AM	Oak Run**Fountains 11062 Sw 73rd Cir Ocala, FL 34476	10:00:00AM	Walmart/200 9570 Sw Highway 200 Ocala, FL 34481	Ambulatory	\$ 2.00 <i>2 tickets</i>	(352) 854-5537

Customer Name	Pick Up Time	Pick Up Address	Drop Off Time	Drop Off Address	Mobility Type	Customer Pay	Telephone Ext.
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Funding Source: 5311  
 Assistance Needs: General Comments [Walker]  
 Fare Type: Assorted Cash Check No Charge Pre-Purchased Ticket

Huckel, Barbara	9:30:00AM	On Top of the World 9253 SW 83rd Ter #C Ocala, FL 34481	10:00:00AM	Lifetime Fitness Cardiopulmonary 9521 Sw Highway 200 Ocala, FL 34481	Lift to Load	\$ 2.00 <i>2.00</i>	(352) 804-7717
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Funding Source: 5311  
 Assistance Needs: Oxygen Tank [portable 02 (4hrs will bring extra 02)]  
 Fare Type: Assorted Cash Check No Charge Pre-Purchased Ticket

Kozimor, Dolores	9:30:00AM	Pine Run 10190 SW 96th Ct Ocala, FL 34481	10:00:00AM	Walmart/200 9570 Sw Highway 200 Ocala, FL 34481	Ambulatory	\$ 2.00 <i>2.00</i>	(352) 854-8993
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Funding Source: 5311  
 Assistance Needs: Visually Impaired [Pine Run\*\*Please Blow Horn]; Requires Door-to-Door assistance  
 Fare Type: Assorted Cash Check No Charge Pre-Purchased Ticket

LaSala, Agatha	9:30:00AM	OTOW 8725 Sw 95th St # F Ocala, FL 34481	10:00:00AM	Publix-Canopy Oaks 8075 Fl-200 Ocala, FL 34481	Ambulatory	\$ 2.00 <i>2.00</i>	(352) 854-1597
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Funding Source: 5311  
 Assistance Needs:  
 Fare Type: Assorted Cash Check No Charge Pre-Purchased Ticket

Remus, Nancy	9:30:00AM	Pine Run Estates 10075 Sw 91st Ave Ocala, FL 34481	10:00:00AM	Walmart/200 9570 Sw Highway 200 Ocala, FL 34481	Ambulatory	\$ 2.00 <i>2.00</i>	(352) 877-3086
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Funding Source: 5311  
 Assistance Needs:  
 Fare Type: Assorted Cash Check No Charge Pre-Purchased Ticket



Customer Name	Pick Up Time	Pick Up Address	Drop Off Time	Drop Off Address	Mobility Type	Customer Pay	Telephone Ext.
Castellaneta, Mary <i>MS</i>	10:30:00AM	Marion Landing 6302 SW 84th St Ocala, FL 34476	11:00:00AM	Publix-Canopy Oaks 8075 FL200 Ocala, FL 34481	Ambulatory	\$ 2.00 <i>MS</i>	(352) 854-3232

Funding Source: 5311  
 Assistance Needs: General Comments [Don't use Driveway]  
 Fare Type : Assorted Cash Check No Charge Pre-Purchased Ticket

Castellaneta, Rosina <i>✓</i>	10:30:00AM	Marion Landing 6302 SW 84th St Ocala, FL 34476	11:00:00AM	Publix-Canopy Oaks 8075 FL200 Ocala, FL 34481	Ambulatory	\$ 2.00 <i>PD 400</i>	(352) 854-3232
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Funding Source: 5311  
 Assistance Needs: General Comments [Don't use Driveway]  
 Fare Type : Assorted Cash Check No Charge Pre-Purchased Ticket

Hewitt, Maryann <i>✓</i>	10:30:00AM	Saddle Oak 5587 SW 59th St Lot #152 Ocala, FL 34474	11:00:00AM	Walmart/200 9570 Sw Highway 200 Ocala, FL 34481	Ambulatory	\$ 2.00 <i>PD 400</i>	(215) 206-3150
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Funding Source: 5311  
 Assistance Needs: General Comments [Saddle Oaks Club]  
 Fare Type : Assorted Cash Check No Charge Pre-Purchased Ticket

Atiello, Margaret <i>✓</i>	12:00:00PM	Publix-Canopy Oaks 8075 FL200 Ocala, FL 34481	12:30:00PM	Pine Run 8901 SW 102nd Ln Ocala, FL 34481	Ambulatory	\$ 2.00	(352) 237-3458
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Funding Source: 5311  
 Assistance Needs: General Comments []  
 Fare Type : Assorted Cash Check No Charge Pre-Purchased Ticket

Customer Name	Pick Up Time	Pick Up Address	Drop Off Time	Drop Off Address	Mobility Type	Customer Pay	Telephone Ext.
Edwards, Dennis	12:00:00PM	Walmart200 9570 Sw Highway 200 Ocala, FL 34481	12:30:00PM	Oak Run**Fountains 11062 Sw 73rd Cir Ocala, FL 34476	Ambulatory	\$ 2.00	(352) 854-5537

Funding Source: 5311

Assistance Needs: General Comments [Walker]

Fare Type : Assorted Cash Check No Charge Pre-Purchased Ticket

Huckel, Barbara	12:00:00PM	Lifetime Fitness Cardiopulmonary 9521 Sw Highway 200 Ocala, FL 34481	12:30:00PM	On Top of the World 9253 SW 83rd Ter #C Ocala, FL 34481	Lift to Load	\$ 2.00	(352) 804-7717
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Funding Source: 5311

Assistance Needs: Oxygen Tank [portable 02 (4hrs will bring extra 02)]

Fare Type : Assorted Cash Check No Charge Pre-Purchased Ticket

Kozimor, Dobres	12:00:00PM	Walmart200 9570 Sw Highway 200 Ocala, FL 34481	12:30:00PM	Pine Run 10190 SW 96th Ct Ocala, FL 34481	Ambulatory	\$ 2.00	(352) 854-8993
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Funding Source: 5311

Assistance Needs: Visually Impaired [Pine Run\*\*Please Blow Horn]; Requires Door-to-Door assistance

Fare Type : Assorted Cash Check No Charge Pre-Purchased Ticket

LaSala, Agatha	12:00:00PM	Publix-Canopy Oaks 8075 Fl-200 Ocala, FL 34481	12:30:00PM	OTOW 8725 Sw 95th St # F Ocala, FL 34481	Ambulatory	\$ 2.00	(352) 854-1597
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Funding Source: 5311

Assistance Needs:

Fare Type : Assorted Cash Check No Charge Pre-Purchased Ticket

Customer Name	Pick Up Time	Pick Up Address	Drop Off Time	Drop Off Address	Mobility Type	Customer Pay	Telephone Ext.
Remmus, Nancy	12:00:00PM	Walmart/200 9570 Sw Highway 200 Ocala, FL 34481	12:30:00PM	Pine Run Estates 10075 Sw 91st Ave Ocala, FL 34481	Ambulatory	\$ 2.00	(352) 877-3086

Funding Source: 5311  
Assistance Needs:

Fare Type : Assorted Cash Check No Charge Pre-Purchased Ticket

<del>Castellaneta, Mary</del>	<del>1:00:00PM</del>	<del>Publix-Canopy Oaks 8075 Fl-200 Ocala, FL 34481</del>	<del>1:30:00PM</del>	<del>Marion Landing 6302 SW 84th St Ocala, FL 34476</del>	<del>Ambulatory</del>	<del>\$ 2.00</del>	<del>(352) 854-3232</del>
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Funding Source: 5311  
Assistance Needs: General Comments [Don't use Driveway]

Fare Type : Assorted Cash Check No Charge Pre-Purchased Ticket

Castellaneta, Rosina	1:00:00PM	Publix-Canopy Oaks 8075 Fl-200 Ocala, FL 34481	1:30:00PM	Marion Landing 6302 SW 84th St Ocala, FL 34476	Ambulatory	\$ 2.00	(352) 854-3232
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Funding Source: 5311  
Assistance Needs: General Comments [Don't use Driveway]

Fare Type : Assorted Cash Check No Charge Pre-Purchased Ticket

Hewitt, Maryann	1:00:00PM	Walmart/200 9570 Sw Highway 200 Ocala, FL 34481	1:30:00PM	Saddle Oak 5587 SW 59th St Lot #152 Ocala, FL 34474	Ambulatory	\$ 2.00	(215) 206-3150
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Funding Source: 5311  
Assistance Needs:

Fare Type : Assorted Cash Check No Charge Pre-Purchased Ticket

Customer Name	Pick Up Time	Pick Up Address	Drop Off Time	Drop Off Address	Mobility Type	Customer Pay	Telephone Ext.
Odom, Ken	2:00:00PM	Marion Senior Services 1101 SW 20th Ct Ocala, FL 34470	2:30:00PM	TPO OCALA 121 Se Watula Ave Ocala, FL 34471	Ambulatory	\$ 0.00 <i>NP</i>	(352) 629-8297

Funding Source: TD

Assistance Needs:

Fare Type : Assorted Cash Check No Charge Pre-Purchased Ticket



# Scheduled Trips Summary - FL\_Marion

For Time Period: 1/24/2018

Printed: 1/23/2018 2:52:17PM

Run Name: Unassigned  
Driver Name: Vehicle: Bus 0901

Driver: Amy Baggett  
Signature: Amy Baggett  
Miles Out: 188741  
Miles In: 188805  
Cash: 24.00  
Tickets:         

Customer Name	Pick Up Time	Pick Up Address	Drop Off Time	Drop Off Address	Mobility Type	Customer Pay	Telephone Ext.
✓ Odom, Ken	8:30:00AM	TPO OCALA 121 Se Watula Ave Ocala, FL 34471	9:00:00AM	Marion Senior Services 1101 SW 20th Ct Ocala, FL 34470	Ambulatory	\$ 0.00 NP	(352) 629-8297

Funding Source: TD  
Assistance Needs:

Fare Type: Assorted Cash Check No Charge Pre-Purchased Ticket

2 Bari, Kenneth ✓	9:30:00AM	5913 NW 9th St Ocala, FL 34482	10:00:00AM	Walmart/19th Ave Rd 2600 SW 19th Avenue Rd Ocala, FL 34471	Ambulatory	\$ 2.00 <u>Pay cash</u>	(352) 229-9251
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Funding Source: Medicaid  
Assistance Needs:

Fare Type: Assorted Cash Check No Charge Pre-Purchased Ticket

2 Bissinger, Arthur ✓	9:30:00AM	Oak Tree Village 4037 NW Blitchton Rd #96-d Ocala, FL 34475	10:00:00AM	Walmart/19th Ave Rd 2600 SW 19th Avenue Rd Ocala, FL 34471	Ambulatory	\$ 0.00 NP	(352) 622-7390
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Customer Name	Pick Up Time	Pick Up Address	Drop Off Time	Drop Off Address	Mobility Type	Customer Pay	Telephone Ext.
Funding Source: 5311 Assistance Needs: General Comments [Oak Tree Village] Fare Type: Assorted Cash Check No Charge Pre-Purchased Ticket							
Hicks, Pamela ✓	9:30:00AM	Ocala Ridge 5585 Nw 3rd Pl Ocala, FL 34482	10:00:00AM	Walmart/19th Ave Rd 2600 SW 19th Avenue Rd Ocala, FL 34471	Ambulatory	\$ 0.00 NP	(352) 732-0950

Funding Source: TD Assistance Needs: General Comments [Ocala Ridge] Fare Type: Assorted Cash Check No Charge Pre-Purchased Ticket							
Luke, Willie ✓	9:30:00AM	Ocala Park Estates 5961 NW 60th Ter Ocala, FL 34482	10:00:00AM	Walmart/19th Ave Rd 2600 SW 19th Avenue Rd Ocala, FL 34471	Ambulatory	\$ 2.00 PD 10/1	(352) 390-0342

Funding Source: 5311 Assistance Needs: General Comments [Ocala Park Estates] Fare Type: Assorted Cash Check No Charge Pre-Purchased Ticket							
Pierce, Diana ✓	9:30:00AM	Sweet Water Oaks MHP 3151 NW 44th Ave Lot #174 Ocala, FL 34482	10:00:00AM	Walmart/19th Ave Rd 2600 SW 19th Avenue Rd Ocala, FL 34471	Ambulatory	\$ 2.00 PD 10/1	(352) 622-9071

Funding Source: 5311 Assistance Needs: General Comments [Sweetwater Oaks**Gate Code 8200] Fare Type: Assorted Cash Check No Charge Pre-Purchased Ticket							
Pierce, Donna ✓	9:30:00AM	Sweet Water Oaks MHP 3151 NW 44th Ave Lot #174 Ocala, FL 34482	10:00:00AM	Walmart/19th Ave Rd 2600 SW 19th Avenue Rd Ocala, FL 34471	Ambulatory	\$ 2.00 PD 10/1	(352) 622-9071

Funding Source: 5311 Assistance Needs: General Comments [Sweetwater Oaks**Gate Code 8200] Fare Type: Assorted Cash Check No Charge Pre-Purchased Ticket							
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Customer Name	Pick Up Time	Pick Up Address	Drop Off Time	Drop Off Address	Mobility Type	Customer Pay	Telephone Ext.
Sneed, Natalie ✓	9:30:00AM	5460 NW 3rd St Ocala, FL 34482	10:00:00AM	Walmart/19th Ave Rd 2600 SW 19th Avenue Rd Ocala, FL 34471	Ambulatory	\$ 0.00 NP	(352) 622-3132

Funding Source: 5311  
Assistance Needs:

Fare Type: Assorted Cash Check No Charge Pre-Purchased Ticket

Cartagena, Alba ✓	10:30:00AM	CARLTON ARMS 5001 Sw 20th St Apt 3510 Ocala, FL 34474	11:00:00AM	Walmart/19th Ave Rd 2600 SW 19th Avenue Rd Ocala, FL 34471	Ambulatory	\$ 2.00 <i>AS 10/1</i>	(917) 842-3593
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Funding Source: TD  
Assistance Needs: General Comments []

Fare Type: Assorted Cash Check No Charge Pre-Purchased Ticket

Herold, David ✓	10:30:00AM	Carlton Arms 5001 Sw 20th St #7907 Ocala, FL 34474	11:00:00AM	Publix-Grand Oaks Town Center 2575 Sw 42nd St Ocala, FL 34471	Ambulatory	\$ 2.00 <i>CX</i>	(631) 356-5612
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Funding Source: TD  
Assistance Needs:

Fare Type: Assorted Cash Check No Charge Pre-Purchased Ticket

Pericherla, Varma ✓	10:30:00AM	Carlton Arms 5001 Sw 20th St #306 Ocala, FL 34474	11:00:00AM	Walmart/19th Ave Rd 2600 SW 19th Avenue Rd Ocala, FL 34471	Ambulatory	\$ 2.00 <i>PD 4/07</i>	(352) 300-3358
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Funding Source: TD  
Assistance Needs: General Comments [Carlton Arms]

Fare Type: Assorted Cash Check No Charge Pre-Purchased Ticket

Customer Name	Pick Up Time	Pick Up Address	Drop Off Time	Drop Off Address	Mobility Type	Customer Pay	Telephone Ext.
Bari, Kenneth	12:00:00PM	Walmart/19th Ave Rd 2600 SW 19th Avenue Rd Ocala, FL 34471	12:30:00PM	5913 NW 9th St Ocala, FL 34482	Ambulatory	\$ 2.00	(352) 229-9251

Funding Source: TD

Assistance Needs:

Fare Type: Assorted Cash Check No Charge Pre-Purchased Ticket

Bissinger, Arthur	12:00:00PM	Walmart/19th Ave Rd 2600 SW 19th Avenue Rd Ocala, FL 34471	12:30:00PM	Oak Tree Village 4037 NW Blitchton Rd #96-d Ocala, FL 34475	Ambulatory	\$ 0.00	(352) 622-7390
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Funding Source: 5311

Assistance Needs: General Comments [Oak Tree Village]

Fare Type: Assorted Cash Check No Charge Pre-Purchased Ticket

Hicks, Pamela	12:00:00PM	Walmart/19th Ave Rd 2600 SW 19th Avenue Rd Ocala, FL 34471	12:30:00PM	Ocala Ridge 5585 Nw 3rd Pl Ocala, FL 34482	Ambulatory	\$ 0.00	(352) 732-0950
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Funding Source: TD

Assistance Needs: General Comments [Ocala Ridge]

Fare Type: Assorted Cash Check No Charge Pre-Purchased Ticket

Luke, Willie	12:00:00PM	Walmart/19th Ave Rd 2600 SW 19th Avenue Rd Ocala, FL 34471	12:30:00PM	Ocala Park Estates 5961 NW 60th Ter Ocala, FL 34482	Ambulatory	\$ 2.00	(352) 390-0342
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Funding Source: 5311

Assistance Needs: General Comments [Ocala Park Estates]

Fare Type: Assorted Cash Check No Charge Pre-Purchased Ticket



Customer Name	Pick Up Time	Pick Up Address	Drop Off Time	Drop Off Address	Mobility Type	Customer Pay	Telephone Ext.
Pierce, Diana	12:00:00PM	Walmart/19th Ave Rd 2600 SW 19th Avenue Rd Ocala, FL 34471	12:30:00PM	Sweet Water Oaks MHP 3151NW 44th Ave Lot #174 Ocala, FL 34482	Ambulatory	\$ 2.00	(352) 622-9071

Funding Source: 5311

Assistance Needs: General Comments [Sweetwater Oaks\*\*Gate Code 8200]

Fare Type : Assorted Cash Check No Charge Pre-Purchased Ticket

Pierce, Donna	12:00:00PM	Walmart/19th Ave Rd 2600 SW 19th Avenue Rd Ocala, FL 34471	12:30:00PM	Sweet Water Oaks MHP 3151NW 44th Ave Lot #174 Ocala, FL 34482	Ambulatory	\$ 2.00	(352) 622-9071
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Funding Source: 5311

Assistance Needs: General Comments [Sweetwater Oaks\*\*Gate Code 8200]

Fare Type : Assorted Cash Check No Charge Pre-Purchased Ticket

Sneed, Natalie	12:00:00PM	Walmart/19th Ave Rd 2600 SW 19th Avenue Rd Ocala, FL 34471	12:30:00PM	5460 NW 3rd St Ocala, FL 34482	Ambulatory	\$ 0.00	(352) 622-3132
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Funding Source: 5311

Assistance Needs:

Fare Type : Assorted Cash Check No Charge Pre-Purchased Ticket

Cartagena, Alba	1:00:00PM	Walmart/19th Ave Rd 2600 SW 19th Avenue Rd Ocala, FL 34471	1:30:00PM	CARLTON ARMS 5001 Sw 20th St Apt 3510 Ocala, FL 34474	Ambulatory	\$ 2.00	(917) 842-3593
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Funding Source: TD

Assistance Needs: General Comments []

Fare Type : Assorted Cash Check No Charge Pre-Purchased Ticket

Customer Name	Pick Up Time	Pick Up Address	Drop Off Time	Drop Off Address	Mobility Type	Customer Pay	Telephone Ext.
Herold, David	1:00:00PM	Publix-Grand Oaks Town Center 2575 Sw 42nd St Ocala, FL 34471	1:30:00PM	Carlton Arms 5001 Sw 20th St #7907 Ocala, FL 34474	Ambulatory	\$ 2.00	(631) 356-5612

Funding Source: TD

Assistance Needs:

Fare Type : Assorted Cash Check No Charge Pre-Purchased Ticket

Pericherla, Varma	1:00:00PM	Walmart/19th Ave Rd 2600 SW 19th Avenue Rd Ocala, FL 34471	1:30:00PM	Carlton Arms 5001 Sw 20th St #306 Ocala, FL 34474	Ambulatory	\$ 2.00	(352) 300-3358
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Funding Source: TD

Assistance Needs: General Comments [Carlton Arms]

Fare Type : Assorted Cash Check No Charge Pre-Purchased Ticket

Odom, Ken	2:00:00PM	Marion Senior Services 1101 SW 20th Ct Ocala, FL 34470	2:30:00PM	TPO OCALA 121 Se Watula Ave Ocala, FL 34471	Ambulatory	\$ 0.00	(352) 629-8297
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Funding Source: TD

Assistance Needs:

Fare Type : Assorted Cash Check No Charge Pre-Purchased Ticket



**Scheduled Trips Summary - FL\_Marion**  
**For Time Period: 1/23/2018**

Printed: 1/22/2018 3:17:36PM

P. 11 30

Run Name: Unassigned Vehicle: Bus 0901  
 Driver Name: \_\_\_\_\_

Driver: Army Baggart Miles Out: 188658 Cash: 20.00  
 Signature: Army Baggart Miles In: 188741 Tickets: 2

Customer Name	Pick Up Time	Pick Up Address	Drop Off Time	Drop Off Address	Mobility Type	Customer Pay	Telephone Ext.
✓ Odom, Ken	8:30:00AM	TPO OCALA 121 Se Watula Ave Ocala, FL 34471	9:00:00AM	Marion Senior Services 1101 SW 20th Ct Ocala, FL 34470	Ambulatory	NP \$ 0.00	(352) 629-8297

Funding Source: TD  
 Assistance Needs:

Fare Type	Assorted	Cash	Check	No Charge	Pre-Purchased Ticket
✓ Knighten, Jacqueline	9:30:00AM	3835 SE 13th St Ocala, FL 34471	10:00:00AM	Publix-40 East 3450 E Silver Springs Blvd Ocala, FL 34470	PD \$ 2.00 400

Funding Source: ADA  
 Assistance Needs:

Fare Type	Assorted	Cash	Check	No Charge	Pre-Purchased Ticket
✓ Mautner, Howard	9:30:00AM	3150 NE 36th Ave Lot #166 Ocala, FL 34479	10:00:00AM	Publix-40 East 3450 E Silver Springs Blvd Ocala, FL 34470	PD \$ 2.00 400



Customer Name	Pick Up Time	Pick Up Address	Drop Off Time	Drop Off Address	Mobility Type	Customer Pay	Telephone Ext.
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Funding Source: ADA

Assistance Needs: General Comments [Spanish Oaks]

Fare Type: Assorted Cash Check No Charge Pre-Purchased Ticket

<input checked="" type="checkbox"/>	Peltier, Sylvia	9:30:00AM	Cypress Villas 667 Ne 26th Ct Apt #A Ocala, FL 34470	10:00:00AM	Walmart 4980 E Silver Springs Blvd Ocala, FL 34470	Ambulatory	\$ 2.00 PD H	(618) 435-7365
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Funding Source: ADA

Assistance Needs: General Comments [Client is requesting for driver to honk the horn...]

Fare Type: Assorted Cash Check No Charge Pre-Purchased Ticket

<input checked="" type="checkbox"/>	Brown, Patricia	10:30:00AM	Rolling Greens 7175 Cherry Pass Ocala, FL 34472	11:00:00AM	Publix-40 East 3450 E Silver Springs Blvd Ocala, FL 34470	Lift to Load	\$ 2.00 PD H	(352) 624-2824
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Funding Source: TD

Assistance Needs: General Comments [Rolling Greens]

Fare Type: Assorted Cash Check No Charge Pre-Purchased Ticket

<input checked="" type="checkbox"/>	Cerne, Lynette	10:30:00AM	5625 Se 12th St Ocala, FL 34480	11:00:00AM	Publix 40 East 3450 E Silver Springs Blvd Ocala, FL 34470	Lift to Load	\$ 2.00 PD H	(352) 694-5625
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Funding Source: TD

Assistance Needs: General Comments [Uses rolling walker]

Fare Type: Assorted Cash Check No Charge Pre-Purchased Ticket

<input checked="" type="checkbox"/>	Rogers, Faye	11:30:00AM	1119 Ne 12th Ave Ocala, FL 34470	12:00:00PM	Walmart/19th Ave Rd 2600 SW 19th Avenue Rd Ocala, FL 34471	Wheelchair	\$ 2.00	(352) 351-2824
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Funding Source: ADA

Assistance Needs: General Comments [Marion Woods]

Fare Type: Assorted Cash Check No Charge Pre-Purchased Ticket

Paratransit



Customer Name	Pick Up Time	Pick Up Address	Drop Off Time	Drop Off Address	Mobility Type	Customer Pay	Telephone Ext.
Knigheten, Jacqueline	12:00:00PM	Publix-40 East 3450 E Silver Springs Blvd Ocala, FL 34470	12:30:00PM	3835 SE 13th St Ocala, FL 34471	Ambulatory	\$ 2.00	(352) 694-2643

Funding Source: ADA

Assistance Needs:

Fare Type: Assorted Cash Check No Charge Pre-Purchased Ticket

Mautner, Howard	12:00:00PM	Publix-40 East 3450 E Silver Springs Blvd Ocala, FL 34470	12:30:00PM	3150 NE 36th Ave Lot #166 Ocala, FL 34479	Ambulatory	\$ 2.00	(352) 622-8881
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Funding Source: ADA

Assistance Needs: General Comments [Spanish Oaks]

Fare Type: Assorted Cash Check No Charge Pre-Purchased Ticket

Peltier, Sylvia	12:00:00PM	Walmart 4980 E Silver Springs Blvd Ocala, FL 34470	12:30:00PM	Cypress Villas 667 Ne 26th Ct Apt #A Ocala, FL 34470	Ambulatory	\$ 2.00	(618) 435-7365
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Funding Source: ADA

Assistance Needs: General Comments [Client is requesting for driver to honk the horn..]

Fare Type: Assorted Cash Check No Charge Pre-Purchased Ticket

Brown, Patricia	1:00:00PM	Publix-40 East 3450 E Silver Springs Blvd Ocala, FL 34470	1:30:00PM	Rolling Greens 7175 Cherry Pass Ocala, FL 34472	Lift to Load	\$ 2.00	(352) 624-2824
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Funding Source: TD

Assistance Needs: General Comments [Rolling Greens]

Fare Type: Assorted Cash Check No Charge Pre-Purchased Ticket

Customer Name	Pick Up Time	Pick Up Address	Drop Off Time	Drop Off Address	Mobility Type	Customer Pay	Telephone Ext.
Cerne, Lynette	1:00:00PM	Publix 40 East 3450 E Silver Springs Blvd Ocala, FL 34470	1:30:00PM	5625 Se 12th St Ocala, FL 34480	Lift to Load	\$ 2.00	(352) 694-5625

Funding Source: TD

Assistance Needs: General Comments [Uses rolling walker]

Fare Type : Assorted Cash Check No Charge Pre-Purchased Ticket

Rogers, Faye	2:00:00PM	Walmart/19th Ave Rd 2600 SW 19th Avenue Rd Ocala, FL 34471	2:30:00PM	1119 Ne 12th Ave Ocala, FL 34470	Wheelchair	\$ 2.00	(352) 351-2824
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Funding Source: ADA

Assistance Needs: General Comments [Marion Woods]

Fare Type : Assorted Cash Check No Charge Pre-Purchased Ticket

Odom, Ken	3:00:00PM	Marion Senior Services 1101 SW 20th Ct Ocala, FL 34470	3:30:00PM	TPO OCALA 121 Se Watula Ave Ocala, FL 34471	Ambulatory	\$ 0.00	(352) 629-8297
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Funding Source: TD

Assistance Needs:

Fare Type : Assorted Cash Check No Charge Pre-Purchased Ticket



MARIOSE

QP ID: SP

**CERTIFICATE OF LIABILITY INSURANCE**

DATE (MM/DD/YYYY)  
01/26/2018

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

**IMPORTANT:** If the certificate holder is an **ADDITIONAL INSURED**, the policy(ies) must have **ADDITIONAL INSURED** provisions or be endorsed. If **SUBROGATION IS WAIVED**, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

<b>PRODUCER</b> Brown & Brown of Florida, Inc. Ocala Division 1720 SE 16th Avenue, Suite 201 Ocala, FL 34471-4620 Will Thames	352-732-5010		<b>CONTACT NAME:</b> Will Thames <b>PHONE (A/C, No, Ext):</b> 352-732-5010 <b>FAX (A/C, No):</b> 352-732-5344 <b>E-MAIL ADDRESS:</b>
			<b>INSURER(S) AFFORDING COVERAGE</b> <b>INSURER A:</b> Bridgefield Employers Ins. Co. <b>NAIC #</b> 10701 <b>INSURER B:</b> Philadelphia Indemnity Ins Co <b>18058</b> <b>INSURER C:</b> Hanover Insurance <b>22292</b> <b>INSURER D:</b> <b>INSURER E:</b> <b>INSURER F:</b>
<b>INSURED</b> Marion Senior Services Inc 1101 SW 20th Court Ocala, FL 34471			

**COVERAGES                                      CERTIFICATE NUMBER:                                      REVISION NUMBER:**

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
B	<input checked="" type="checkbox"/> <b>COMMERCIAL GENERAL LIABILITY</b> <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC OTHER:			PHPK1745884	01/01/2018	01/01/2019	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000 MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000
B	<b>AUTOMOBILE LIABILITY</b> <input checked="" type="checkbox"/> ANY AUTO OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY			PHPK1745884	01/01/2018	01/01/2019	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
B	<input checked="" type="checkbox"/> <b>UMBRELLA LIAB</b> <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> <b>EXCESS LIAB</b> <input type="checkbox"/> CLAIMS-MADE DED <input checked="" type="checkbox"/> RETENTION \$ 10000			PHUB609313	01/01/2018	01/01/2019	EACH OCCURRENCE \$ 1,000,000 AGGREGATE \$ 1,000,000
A	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) <input type="checkbox"/> Y / N If yes, describe under DESCRIPTION OF OPERATIONS below		N / A	83050566	03/31/2017	03/31/2018	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$ 1,000,000 E.L. DISEASE - EA EMPLOYEE \$ 1,000,000 E.L. DISEASE - POLICY LIMIT \$ 1,000,000
C	<b>Directors&amp;Officers</b>			LHJ94101520	01/01/2018	01/01/2019	1,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

**CERTIFICATE HOLDER                                      COMMISS                                      CANCELLATION**

<b>Commission for the Transportation Disadvantaged</b> 605 Suwannee St MS-49 Tallahassee, FL 32399	<b>SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.</b>
	<b>AUTHORIZED REPRESENTATIVE</b> 



January 5, 2018

District Five  
Florida Department of Transportation  
Attn: Diane Poitras, Transit Programs Administrator  
133 South Semoran Boulevard  
Orlando, Florida 32807

RE: ANNUAL CERTIFICATION - 2017  
49 U.S.C. 5310 - VEHICLES

To: District Five

This letter provides certification that Marion Senior Services, Inc. d/b/a Marion Transit is in compliance with the following criteria:

1. The Section 5310 vehicles(s) continue to be used for the purpose for which the grant was approved.
2. The vehicle(s) and equipment do not exceed that which is needed for operations.
3. The vehicle(s) have not been sold, damaged or otherwise taken out of service.
4. There has not been a reduction in local contributions made to the project.

  
Tom Wilder, Transportation Director

**Attachments**

1101 S.W. 20<sup>th</sup> Court, Ocala, Florida 34471  
Office – 352-620-3519



# Drug and Alcohol Testing Program Manual for FTA Covered Employees



Diana Byrnes, C-SAPA  
Center for Urban Transportation Research  
University of South Florida  
Tampa, Florida

RIDER/BENEFICIARY SURVEY

Staff making call: Amy  
Date of Call: 1/23/18

County: MARION  
Funding Source: \_\_\_\_\_

- 1) Did you receive transportation service on 1/23/18?  Yes or  No
- 2) Where you charged an amount in addition to the co-payment?  Yes or  No If so, how much?

- 3) How often do you normally obtain transportation?  
 Daily 7 Days/Week  Other  
 1-2 Times/Week  3-5Times/Week

- 4) 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 refused transportation services?  
 None  3-5 Times  
 1-2 Times  6-10 Times  
 If none, skip to question # 4.
  - B. What was the reason given for refusing you transportation services?  
 Ineligible  Space not available  
 Lack of funds  Destination outside service area  
 Other SCHEDULING ERROR

- 5) What do you normally use the service for?  
 Medical  Education/Training/Day Care  
 Employment  Life-Sustaining/Other  
 Nutritional

- 6) Did you have a problem with your trip on 1/23/18?  
 Yes. If yes, please state or choose problem from below  
 No. If no, skip to question # 6  
  - What type of problem did you have with your trip?  
 Advance notice  Cost  
 Pick up times not convenient  Late pick up-specify time of wait  
 Assistance  Accessibility  
 Service Area Limits  Late return pick up - length of wait  
 Drivers - specify  Reservations - specify length of wait  
 Vehicle condition  Other

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

8) What does transportation mean to you? (Permission granted by Sylvia Peltier for use in publications.) OVERALL MOBILITY

Additional Comments: AMY TAKES CARE OF EVERYTHING FOR HER.  
RIDER IS VISUALLY IMPAIRED  
(SYLVIA PELTIER)-REQUESTED TO HAVE NAME INCLUDED.

RIDER/BENFICIARY SURVEY

Staff making call: Amy  
Date of Call: 1/23/18

County: MARION  
Funding Source:

1) Did you receive transportation service on 1/23/18?  Yes or  No

2) Where you charged an amount in addition to the co-payment?  Yes or  No If so, how much?

3) How often do you normally obtain transportation?  
 Daily 7 Days/Week  Other  
 1-2 Times/Week  3-5 Times/Week

4) 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 refused transportation services?
  - None  3-5 Times
  - 1-2 Times  6-10 Times
 If none, skip to question # 4.
- B. What was the reason given for refusing you transportation services?
  - Ineligible  Space not available
  - Lack of funds  Destination outside service area
  - Other \_\_\_\_\_

5) What do you normally use the service for?  
 Medical  Education/Training/Day Care  
 Employment  Life-Sustaining/Other  
 Nutritional BANK

6) Did you have a problem with your trip on \_\_\_\_\_?  
 Yes. If yes, please state or choose problem from below  
 No. If no, skip to question # 6  
What type of problem did you have with your trip?  
 Advance notice  Cost  
 Pick up times not convenient  Late pick up-specify time of wait  
 Assistance  Accessibility  
 Service Area Limits  Late return pick up - length of wait  
 Drivers - specify  Reservations - specify length of wait  
 Vehicle condition  Other

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

8) What does transportation mean to you? (Permission granted by \_\_\_\_\_ for use in publications.)

Additional Comments: ~~MTS~~ MTS allows her to maintain mobility, as she has no other transportation alternatives.

RIDER/BENFICIARY SURVEY

Staff making call: Dmy  
Date of Call: 1/23/18

County: Madison  
Funding Source: \_\_\_\_\_

- 1) Did you receive transportation service on 1/23/18?  Yes or  No
- 2) Where you charged an amount in addition to the co-payment?  Yes or  No If so, how much?

- 3) How often do you normally obtain transportation?  
 Daily 7 Days/Week  Other  
 1-2 Times/Week  3-5Times/Week

- 4) 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 refused transportation services?  
 None  3-5 Times  
 1-2 Times  6-10 Times  
 If none, skip to question # 4.
  - B. What was the reason given for refusing you transportation services?  
 Ineligible  Space not available  
 Lack of funds  Destination outside service area  
 Other \_\_\_\_\_

- 5) What do you normally use the service for?  
 Medical  Education/Training/Day Care  
 Employment  Life-Sustaining/Other  
 Nutritional

- 6) Did you have a problem with your trip on \_\_\_\_\_?  
 Yes. If yes, please state or choose problem from below  
 No. If no, skip to question # 6  
 What type of problem did you have with your trip?  
 Advance notice  Cost  
 Pick up times not convenient  Late pick up-specify time of wait  
 Assistance  Accessibility  
 Service Area Limits  Late return pick up - length of wait  
 Drivers - specify  Reservations - specify length of wait  
 Vehicle condition  Other

7) On a scale of 1 to 10 (10 being most satisfied) rate the transportation you have been receiving.  
9

8) What does transportation mean to you? (Permission granted by \_\_\_\_\_ for use in publications.)

Additional Comments: ALL THE DRIVERS ARE TERRIFIC.

RIDER/BENFICIARY SURVEY

Staff making call: Aly  
Date of Call: 1/23/18

County: Albion  
Funding Source: \_\_\_\_\_

- 1) Did you receive transportation service on 1/23/18?  Yes or  No
- 2) Where you charged an amount in addition to the co-payment?  Yes or  No If so, how much?
- 3) How often do you normally obtain transportation?  
 Daily 7 Days/Week     Other  
 1-2 Times/Week         3-5Times/Week

- 4) 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 refused transportation services?  
 None                                     3-5 Times  
 1-2 Times                                 6-10 Times  
 If none, skip to question # 4.
  - B. What was the reason given for refusing you transportation services?  
 Ineligible                     Space not available  
 Lack of funds                 Destination outside service area  
 Other \_\_\_\_\_

- 5) What do you normally use the service for?  
 Medical                                     Education/Training/Day Care  
 Employment                             Life-Sustaining/Other  
 Nutritional

- 6) Did you have a problem with your trip on \_\_\_\_\_?  
 Yes. If yes, please state or choose problem from below  
 No. If no, skip to question # 6  
 What type of problem did you have with your trip?  
 Advance notice                                     Cost  
 Pick up times not convenient                     Late pick up-specify time of wait  
 Assistance     Accessibility  
 Service Area Limits                                 Late return pick up - length of wait  
 Drivers - specify                                     Reservations - specify length of wait  
 Vehicle condition                                     Other

7) On a scale of 1 to 10 (10 being most satisfied) rate the transportation you have been receiving.  
9

8) What does transportation mean to you? (Permission granted by \_\_\_\_\_ for use in publications.)

Additional Comments: Was emergency fall-back options, but MTS is primary alternative.

RIDER/BENFICIARY SURVEY

Staff making call: AMY  
Date of Call: 1/23/18

County: MARION  
Funding Source: \_\_\_\_\_

- 1) Did you receive transportation service on 1/23/18?  Yes or  No
- 2) Where you charged an amount in addition to the co-payment?  Yes or  No If so, how much?
- 3) How often do you normally obtain transportation?  
 Daily 7 Days/Week  Other  
 1-2 Times/Week  3-5Times/Week

- 4) 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 refused transportation services?  
 None  3-5 Times  
 1-2 Times  6-10 Times  
 If none, skip to question # 4.
- B. What was the reason given for refusing you transportation services?  
 Ineligible  Space not available  
 Lack of funds  Destination outside service area  
 Other \_\_\_\_\_

- 5) What do you normally use the service for?  
 Medical  Education/Training/Day Care  
 Employment  Life-Sustaining/Other  
 Nutritional

- 6) Did you have a problem with your trip on 1/23/18?  
 Yes. If yes, please state or choose problem from below  
 No. If no, skip to question # 6
- What type of problem did you have with your trip?  
 Advance notice  Cost  
 Pick up times not convenient  Late pick up-specify time of wait  
 Assistance  Accessibility  
 Service Area Limits  Late return pick up - length of wait  
 Drivers - specify  Reservations - specify length of wait  
 Vehicle condition  Other

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

8) What does transportation mean to you? (Permission granted by \_\_\_\_\_ for use in publications.)

Additional Comments: No Other Transportation Alternatives.

RIDER/BENFICIARY SURVEY

Staff making call: Amy  
Date of Call: 1/24/18

County: MARION  
Funding Source: \_\_\_\_\_

- 1) Did you receive transportation service on 1/24/18?  Yes or  No
- 2) Where you charged an amount in addition to the co-payment?  Yes or  No If so, how much?

- 3) How often do you normally obtain transportation?  
 Daily 7 Days/Week     Other  
 1-2 Times/Week             3-5Times/Week

- 4) 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 refused transportation services?  
       None                                     3-5 Times  
       1-2 Times                             6-10 Times  
      If none, skip to question # 4.  
    B. What was the reason given for refusing you transportation services?  
       Ineligible                     Space not available  
       Lack of funds                     Destination outside service area  
       Other \_\_\_\_\_

- 5) What do you normally use the service for?  
 Medical                                     Education/Training/Day Care  
 Employment                             Life-Sustaining/Other  
 Nutritional

- 6) Did you have a problem with your trip on \_\_\_\_\_?  
 Yes. If yes, please state or choose problem from below  
 No. If no, skip to question # 6  
    What type of problem did you have with your trip?  
       Advance notice                                     Cost  
       Pick up times not convenient                     Late pick up-specify time of wait  
       Assistance     Accessibility  
       Service Area Limits                                     Late return pick up - length of wait  
       Drivers - specify                                     Reservations - specify length of wait  
       Vehicle condition                                     Other

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

8) What does transportation mean to you? (Permission granted by \_\_\_\_\_ for use in publications.)

Additional Comments: All Staff Members Are Terrific From The Drivers To The Dispatchers.

RIDER/BENFICIARY SURVEY

Staff making call: Amy  
Date of Call: 1/24/18

County: MARION  
Funding Source: \_\_\_\_\_

- 1) Did you receive transportation service on 1/24/18?  Yes or  No
- 2) Where you charged an amount in addition to the co-payment?  Yes or  No If so, how much?
- 3) How often do you normally obtain transportation?  
 Daily 7 Days/Week     Other  
 1-2 Times/Week                       3-5 Times/Week

- 4) 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 refused transportation services?  
 None                                       3-5 Times  
 1-2 Times                                   6-10 Times  
 If none, skip to question # 4.
  - B. What was the reason given for refusing you transportation services?  
 Ineligible                       Space not available  
 Lack of funds                       Destination outside service area  
 Other \_\_\_\_\_

- 5) What do you normally use the service for?  
 Medical                                       Education/Training/Day Care  
 Employment                               Life-Sustaining/Other  
 Nutritional

- 6) Did you have a problem with your trip on \_\_\_\_\_?  
 Yes. If yes, please state or choose problem from below  
 No. If no, skip to question # 6  
 What type of problem did you have with your trip?  
 Advance notice                               Cost  
 Pick up times not convenient               Late pick up-specify time of wait  
 Assistance                                       Accessibility  
 Service Area Limits                               Late return pick up - length of wait  
 Drivers - specify                               Reservations - specify length of wait  
 Vehicle condition                               Other

7) On a scale of 1 to 10 (10 being most satisfied) rate the transportation you have been receiving.  
9

8) What does transportation mean to you? (Permission granted by \_\_\_\_\_ for use in publications.)

Additional Comments: WOULD LIKE TO SEE MORE GROCERY LOCATION OPTIONS. WOULD LIKE ONE DAY OUT OF THE MONTH TO BE EXTENDED BY ONE HOUR FOR RETAIL PURCHASES.



RIDER/BENFICIARY SURVEY

Staff making call: Amy  
Date of Call: 1/24/18

County: MARION  
Funding Source: \_\_\_\_\_

- 1) Did you receive transportation service on 1/24/18?  Yes or  No
- 2) Where you charged an amount in addition to the co-payment?  Yes or  No If so, how much?
- 3) How often do you normally obtain transportation?  
 Daily 7 Days/Week  Other  
 1-2 Times/Week  3-5Times/Week

- 4) 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 refused transportation services?  
 None  3-5 Times  
 1-2 Times  6-10 Times  
 If none, skip to question # 4.
  - B. What was the reason given for refusing you transportation services?  
 Ineligible  Space not available  
 Lack of funds  Destination outside service area  
 Other \_\_\_\_\_

- 5) What do you normally use the service for?  
 Medical  Education/Training/Day Care  
 Employment  Life-Sustaining/Other  
 Nutritional

- 6) Did you have a problem with your trip on \_\_\_\_\_?  
 Yes. If yes, please state or choose problem from below  
 No. If no, skip to question # 6  
 What type of problem did you have with your trip?  
 Advance notice  Cost  
 Pick up times not convenient  Late pick up-specify time of wait  
 Assistance  Accessibility  
 Service Area Limits  Late return pick up - length of wait  
 Drivers - specify  Reservations - specify length of wait  
 Vehicle condition  Other

7) On a scale of 1 to 10 (10 being most satisfied) rate the transportation you have been receiving.  
9

8) What does transportation mean to you? (Permission granted by \_\_\_\_\_ for use in publications.)

Additional Comments: WOULD LIKE TO SEE MORE GROCERY STORE OPTIONS. WOULD LIKE ONE DAY OUT OF THE MONTH TO BE EXTENDED BY ONE HOUR FOR RETAIL PURCHASES.

RIDER/BENFICIARY SURVEY

Staff making call: Amy  
Date of Call: 1/24/10

County: Marion  
Funding Source: \_\_\_\_\_

- 1) Did you receive transportation service on 1/24/10?  Yes or  No
- 2) Where you charged an amount in addition to the co-payment?  Yes or  No If so, how much?
- 3) How often do you normally obtain transportation?  
 Daily 7 Days/Week     Other  
 1-2 Times/Week                       3-5Times/Week

- 4) 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 refused transportation services?  
          None                                       3-5 Times  
          1-2 Times                               6-10 Times  
         If none, skip to question # 4.  
     B. What was the reason given for refusing you transportation services?  
          Ineligible                       Space not available  
          Lack of funds                       Destination outside service area  
          Other \_\_\_\_\_

- 5) What do you normally use the service for?  
 Medical                                       Education/Training/Day Care  
 Employment                               Life-Sustaining/Other  
 Nutritional

- 6) Did you have a problem with your trip on \_\_\_\_\_?  
 Yes. If yes, please state or choose problem from below  
 No. If no, skip to question # 6  
     What type of problem did you have with your trip?  
          Advance notice                                       Cost  
          Pick up times not convenient                       Late pick up-specify time of wait  
          Assistance                                       Accessibility  
          Service Area Limits                                       Late return pick up - length of wait  
          Drivers - specify                                       Reservations - specify length of wait  
          Vehicle condition                                       Other

7) On a scale of 1 to 10 (10 being most satisfied) rate the transportation you have been receiving.  
9

8) What does transportation mean to you? (Permission granted by William Luke for use in publications.)

Additional Comments: \_\_\_\_\_  
WOULD LIKE TO BE ABLE TO BE TAKEN TO THE BANK ONCE A MONTH.

RIDER/BENFICIARY SURVEY

Staff making call: AMV  
 Date of Call: 1 / 24 / 18

County: MARION  
 Funding Source: \_\_\_\_\_

- 1) Did you receive transportation service on 1/24/18?  Yes or  No
- 2) Where you charged an amount in addition to the co-payment?  Yes or  No If so, how much?
- 3) How often do you normally obtain transportation?  
 Daily 7 Days/Week  Other  
 1-2 Times/Week  3-5Times/Week
- 4) 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 refused transportation services?  
 None  3-5 Times  
 1-2 Times  6-10 Times  
 If none, skip to question # 4.  
 B. What was the reason given for refusing you transportation services?  
 Ineligible  Space not available  
 Lack of funds  Destination outside service area  
 Other \_\_\_\_\_
- 5) What do you normally use the service for?  
 Medical  Education/Training/Day Care  
 Employment  Life-Sustaining/Other  
 Nutritional
- 6) Did you have a problem with your trip on \_\_\_\_\_?  
 Yes. If yes, please state or choose problem from below  
 No. If no, skip to question # 6  
 What type of problem did you have with your trip?  
 Advance notice  Cost  
 Pick up times not convenient  Late pick up-specify time of wait  
 Assistance  Accessibility  
 Service Area Limits  Late return pick up - length of wait  
 Drivers - specify  Reservations - specify length of wait  
 Vehicle condition  Other
- 7) On a scale of 1 to 10 (10 being most satisfied) rate the transportation you have been receiving.  
9

8) What does transportation mean to you? (Permission granted by Marion Transit for use in publications.)

Additional Comments: MARION TRANSIT HAS BEEN GOOD WHEN READJUSTING SCHEDULES. HOWEVER ADDITIONAL COORDINATION WITH SS PAYMENTS WOULD BE APPRECIATED FOR SHOPPERS.

RIDER/BENFICIARY SURVEY

Staff making call: AMY  
Date of Call: 1/24/18

County: Marion  
Funding Source: \_\_\_\_\_

- 1) Did you receive transportation service on 1/24/18?  Yes or  No
- 2) Where you charged an amount in addition to the co-payment?  Yes or  No If so, how much?

- 3) How often do you normally obtain transportation?  
 Daily 7 Days/Week  Other  
 1-2 Times/Week  3-5Times/Week

- 4) 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 refused transportation services?  
 None  3-5 Times  
 1-2 Times  6-10 Times  
 If none, skip to question # 4.
  - B. What was the reason given for refusing you transportation services?  
 Ineligible  Space not available  
 Lack of funds  Destination outside service area  
 Other \_\_\_\_\_

- 5) What do you normally use the service for?  
 Medical  Education/Training/Day Care  
 Employment  Life-Sustaining/Other  
 Nutritional

- 6) Did you have a problem with your trip on \_\_\_\_\_?  
 Yes. If yes, please state or choose problem from below  
 No. If no, skip to question # 6  
 What type of problem did you have with your trip?  
 Advance notice  Cost  
 Pick up times not convenient  Late pick up-specify time of wait  
 Assistance  Accessibility  
 Service Area Limits  Late return pick up - length of wait  
 Drivers - specify  Reservations - specify length of wait  
 Vehicle condition  Other

7) On a scale of 1 to 10 (10 being most satisfied) rate the transportation you have been receiving.  
5

8) What does transportation mean to you? (Permission granted by PDM for use in publications.)

Additional Comments: \_\_\_\_\_

RIDER/BENFICIARY SURVEY

Staff making call: AMY  
Date of Call: 1/24/18

County: MARION  
Funding Source: \_\_\_\_\_

- 1) Did you receive transportation service on 1/24/18?  Yes or  No
- 2) Where you charged an amount in addition to the co-payment?  Yes or  No If so, how much?
- 3) How often do you normally obtain transportation?  
 Daily 7 Days/Week  Other  
 1-2 Times/Week  3-5 Times/Week

- 4) 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 refused transportation services?  
 None  3-5 Times  
 1-2 Times  6-10 Times  
 If none, skip to question # 4.
  - B. What was the reason given for refusing you transportation services?  
 Ineligible  Space not available  
 Lack of funds  Destination outside service area  
 Other \_\_\_\_\_

- 5) What do you normally use the service for?  
 Medical  Education/Training/Day Care  
 Employment  Life-Sustaining/Other  
 Nutritional

- 6) Did you have a problem with your trip on \_\_\_\_\_?  
 Yes. If yes, please state or choose problem from below  
 No. If no, skip to question # 6  
 What type of problem did you have with your trip?  
 Advance notice  Cost  
 Pick up times not convenient  Late pick up-specify time of wait  
 Assistance  Accessibility  
 Service Area Limits  Late return pick up - length of wait  
 Drivers - specify  Reservations - specify length of wait  
 Vehicle condition  Other

7) On a scale of 1 to 10 (10 being most satisfied) rate the transportation you have been receiving.  
7

8) What does transportation mean to you? (Permission granted by \_\_\_\_\_ for use in publications.)

Additional Comments: MEDICID SHOULD BE BROUGHT BACK TO MTS.

RIDER/BENFICIARY SURVEY

Staff making call: DMY  
 Date of Call: 1/24/18

County: MARION  
 Funding Source: \_\_\_\_\_

- 1) Did you receive transportation service on 1/24/18?  Yes or  No
- 2) Where you charged an amount in addition to the co-payment?  Yes or  No If so, how much?
- 3) How often do you normally obtain transportation?  
 Daily 7 Days/Week  Other  
 1-2 Times/Week  3-5Times/Week
- 4) 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 refused transportation services?  
 None  3-5 Times  
 1-2 Times  6-10 Times  
 If none, skip to question # 4.  
 B. What was the reason given for refusing you transportation services?  
 Ineligible  Space not available  
 Lack of funds  Destination outside service area  
 Other \_\_\_\_\_

- 5) What do you normally use the service for?  
 Medical  Education/Training/Day Care  
 Employment  Life-Sustaining/Other  
 Nutritional Bank

- 6) Did you have a problem with your trip on \_\_\_\_\_?  
 Yes. If yes, please state or choose problem from below  
 No. If no, skip to question # 6  
 What type of problem did you have with your trip?  
 Advance notice  Cost  
 Pick up times not convenient  Late pick up-specify time of wait  
 Assistance  Accessibility  
 Service Area Limits  Late return pick up - length of wait  
 Drivers - specify  Reservations - specify length of wait  
 Vehicle condition  Other

7) On a scale of 1 to 10 (10 being most satisfied) rate the transportation you have been receiving.  
8/10

8) What does transportation mean to you? (Permission granted by \_\_\_\_\_ for use in publications.)

Additional Comments: MORE SHOPPING OPTIONS FOR GROCERY.  
WOULD LIKE FOR RELIGIOUS/WORSHIP TRIPS TO BE  
AVAILABLE = ALL DRIVERS ARE VERY GOOD!

RIDER/BENFICIARY SURVEY

Staff making call: Ami  
Date of Call: 1 / 23 / 18

County: Marion  
Funding Source: \_\_\_\_\_

- 1) Did you receive transportation service on 1/23/18?  Yes or  No
- 2) Where you charged an amount in addition to the co-payment?  Yes or  No If so, how much?
- 3) How often do you normally obtain transportation?  
 Daily 7 Days/Week     Other  
 1-2 Times/Week                       3-5Times/Week
- 4) 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 refused transportation services?  
 None                                       3-5 Times  
 1-2 Times                                 6-10 Times  
 If none, skip to question # 4.
  - B. What was the reason given for refusing you transportation services?  
 Ineligible                       Space not available  
 Lack of funds                       Destination outside service area  
 Other \_\_\_\_\_

- 5) What do you normally use the service for?  
 Medical                                       Education/Training/Day Care  
 Employment                                 Life-Sustaining/Other  
 Nutritional                                      SHOPPING

- 6) Did you have a problem with your trip on \_\_\_\_\_?  
 Yes. If yes, please state or choose problem from below  
 No. If no, skip to question # 6  
 What type of problem did you have with your trip?  
 Advance notice                                       Cost  
 Pick up times not convenient                       Late pick up-specify time of wait  
 Assistance     Accessibility  
 Service Area Limits                                       Late return pick up - length of wait  
 Drivers - specify                                       Reservations - specify length of wait  
 Vehicle condition                                       Other

7) On a scale of 1 to 10 (10 being most satisfied) rate the transportation you have been receiving.  
9/10

8) What does transportation mean to you? (Permission granted by \_\_\_\_\_ for use in publications.)

Additional Comments: No TRANSPORTATION ALTERNATIVES  
OTHER THAN MTS

RIDER/BENFICIARY SURVEY

Staff making call: Any  
Date of Call: 1 / 25 / 18

County: MARION  
Funding Source: \_\_\_\_\_

- 1) Did you receive transportation service on 1 / 25 / 18 ?  Yes or  No
- 2) Where you charged an amount in addition to the co-payment?  Yes or  No If so, how much?
- 3) How often do you normally obtain transportation?  
 Daily 7 Days/Week  Other  
 1-2 Times/Week  3-5Times/Week

- 4) 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 refused transportation services?  
 None  3-5 Times  
 1-2 Times  6-10 Times  
 If none, skip to question # 4.
  - B. What was the reason given for refusing you transportation services?  
 Ineligible  Space not available  
 Lack of funds  Destination outside service area  
 Other \_\_\_\_\_

- 5) What do you normally use the service for?  
 Medical  Education/Training/Day Care  
 Employment  Life-Sustaining/Other  
 Nutritional

- 6) Did you have a problem with your trip on \_\_\_\_\_?  
 Yes. If yes, please state or choose problem from below  
 No. If no, skip to question # 6  
 What type of problem did you have with your trip?  
 Advance notice  Cost  
 Pick up times not convenient  Late pick up-specify time of wait  
 Assistance  Accessibility  
 Service Area Limits  Late return pick up - length of wait  
 Drivers - specify  Reservations - specify length of wait  
 Vehicle condition  Other

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

8) What does transportation mean to you? (Permission granted by No Other Alternatives publications.)

Additional Comments: DISPATCHERS ARE WONDERFUL -  
DRIVERS REALLY CARE ABOUT THE RIDERS.



RIDER/BENFICIARY SURVEY

Staff making call: Amy  
Date of Call: 1/25/18

County: MARION  
Funding Source: \_\_\_\_\_

- 1) Did you receive transportation service on 1/25/18?  Yes or  No
- 2) Where you charged an amount in addition to the co-payment?  Yes or  No If so, how much?
- 3) How often do you normally obtain transportation?  
 Daily 7 Days/Week     Other  
 1-2 Times/Week                       3-5Times/Week

- 4) 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 refused transportation services?  
 None                                       3-5 Times  
 1-2 Times                                   6-10 Times  
 If none, skip to question # 4.
  - B. What was the reason given for refusing you transportation services?  
 Ineligible                       Space not available  
 Lack of funds                       Destination outside service area  
 Other \_\_\_\_\_

- 5) What do you normally use the service for?  
 Medical                                       Education/Training/Day Care  
 Employment                               Life-Sustaining/Other  
 Nutritional

- 6) Did you have a problem with your trip on \_\_\_\_\_?  
 Yes. If yes, please state or choose problem from below  
 No. If no, skip to question # 6  
 What type of problem did you have with your trip?  
 Advance notice                                       Cost  
 Pick up times not convenient                       Late pick up-specify time of wait  
 Assistance     Accessibility  
 Service Area Limits                                       Late return pick up - length of wait  
 Drivers - specify                                       Reservations - specify length of wait  
 Vehicle condition                                       Other

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

8) What does transportation mean to you? (Permission granted by THIS/SL for use in publications.)

Additional Comments: OFFICE STAFF AND DRIVERS ARE WONDERFUL  
HAS BEEN RIDING 23 YEARS

RIDER/BENFICIARY SURVEY

Staff making call: Dmy  
Date of Call: 1/25/18

County: Marion  
Funding Source: \_\_\_\_\_

- 1) Did you receive transportation service on 1/25/18?  Yes or  No
- 2) Where you charged an amount in addition to the co-payment?  Yes or  No If so, how much?
- 3) How often do you normally obtain transportation?  
 Daily 7 Days/Week  Other  
 1-2 Times/Week  3-5Times/Week

- 4) 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 refused transportation services?  
 None  3-5 Times  
 1-2 Times  6-10 Times  
 If none, skip to question # 4.
  - B. What was the reason given for refusing you transportation services?  
 Ineligible  Space not available  
 Lack of funds  Destination outside service area  
 Other \_\_\_\_\_

- 5) What do you normally use the service for?  
 Medical  Education/Training/Day Care  
 Employment  Life-Sustaining/Other  
 Nutritional Bank

- 6) Did you have a problem with your trip on \_\_\_\_\_?  
 Yes. If yes, please state or choose problem from below  
 No. If no, skip to question # 6  
 What type of problem did you have with your trip?  
 Advance notice  Cost  
 Pick up times not convenient  Late pick up-specify time of wait  
 Assistance  Accessibility  
 Service Area Limits  Late return pick up - length of wait  
 Drivers - specify  Reservations - specify length of wait  
 Vehicle condition  Other

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

8) What does transportation mean to you? (Permission granted by \_\_\_\_\_ for use in publications.) MTS IS ONLY REAL ALTERNATIVE

Additional Comments: MORE SELECTION FOR RETAIL / GROCERY  
VERY SATISFIED WITH ALL FACETS OF SERVICE

RIDER/BENEFICIARY SURVEY

Staff making call: DHY  
Date of Call: 1/25/18

County: MARION  
Funding Source: \_\_\_\_\_

- 1) Did you receive transportation service on 1/25/18?  Yes or  No
- 2) Where you charged an amount in addition to the co-payment?  Yes or  No If so, how much?
- 3) How often do you normally obtain transportation?  
 Daily 7 Days/Week  Other  
 1-2 Times/Week  3-5Times/Week

- 4) 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 refused transportation services?  
 None  3-5 Times  
 1-2 Times  6-10 Times  
If none, skip to question # 4.
  - B. What was the reason given for refusing you transportation services?  
 Ineligible  Space not available  
 Lack of funds  Destination outside service area  
 Other \_\_\_\_\_

- 5) What do you normally use the service for?  
 Medical  Education/Training/Day Care  
 Employment  Life-Sustaining/Other  
 Nutritional POST OFFICE

- 6) Did you have a problem with your trip on \_\_\_\_\_?  
 Yes. If yes, please state or choose problem from below  
 No. If no, skip to question # 6  
What type of problem did you have with your trip?  
 Advance notice  Cost  
 Pick up times not convenient  Late pick up-specify time of wait  
 Assistance  Accessibility  
 Service Area Limits  Late return pick up - length of wait  
 Drivers - specify  Reservations - specify length of wait  
 Vehicle condition  Other

7) On a scale of 1 to 10 (10 being most satisfied) rate the transportation you have been receiving.  
8

8) What does transportation mean to you? (Permission granted by \_\_\_\_\_ for use in publications.)

Additional Comments: DRIVERS ARE WONDERFUL. STOPPED WITH CLIENT WHEN MEDICAL SERVICES ADDRESS WAS INCORRECT.

RIDER/BENFICIARY SURVEY

Staff making call: AMY  
Date of Call: 1 / 25 / 18

County: MARION  
Funding Source: \_\_\_\_\_

- 1) Did you receive transportation service on 1 / 25 / 18 ?  Yes or  No
- 2) Where you charged an amount in addition to the co-payment?  Yes or  No If so, how much?
- 3) How often do you normally obtain transportation?  
 Daily ~~7~~ Days/Week     Other  
 1-2 Times/Week                       3-5 Times/Week

- 4) 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 refused transportation services?  
 None                                       3-5 Times  
 1-2 Times                                 6-10 Times  
 If none, skip to question # 4.
  - B. What was the reason given for refusing you transportation services?  
 Ineligible                       Space not available  
 Lack of funds                       Destination outside service area  
 Other \_\_\_\_\_

- 5) What do you normally use the service for?  
 Medical                                       Education/Training/Day Care  
 Employment                                 Life-Sustaining/Other  
 Nutritional                                BANK

- 6) Did you have a problem with your trip on \_\_\_\_\_ ?  
 Yes. If yes, please state or choose problem from below  
 No. If no, skip to question # 6  
 What type of problem did you have with your trip?  
 Advance notice                                       Cost  
 Pick up times not convenient                       Late pick up-specify time of wait  
 Assistance     Accessibility  
 Service Area Limits                                       Late return pick up - length of wait  
 Drivers - specify                                       Reservations - specify length of wait  
 Vehicle condition                                       Other

7) On a scale of 1 to 10 (10 being most satisfied) rate the transportation you have been receiving.  
9

8) What does transportation mean to you? (Permission granted by \_\_\_\_\_ for use in publications.)

Additional Comments: NONE

RIDER/BENFICIARY SURVEY

Staff making call: Amy  
Date of Call: 1/25/18

County: Marion  
Funding Source: \_\_\_\_\_

- 1) Did you receive transportation service on 1/25/18?  Yes or  No  
2) Where you charged an amount in addition to the co-payment?  Yes or  No If so, how much?

- 3) How often do you normally obtain transportation?  
 Daily 7 Days/Week  Other  
 1-2 Times/Week  3-5 Times/Week

- 4) 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 refused transportation services?  
 None  3-5 Times  
 1-2 Times  6-10 Times  
If none, skip to question # 4.  
B. What was the reason given for refusing you transportation services?  
 Ineligible  Space not available  
 Lack of funds  Destination outside service area  
 Other \_\_\_\_\_

- 5) What do you normally use the service for?  
 Medical  Education/Training/Day Care  
 Employment  Life-Sustaining/Other  
 Nutritional REHAB

- 6) Did you have a problem with your trip on \_\_\_\_\_?  
 Yes. If yes, please state or choose problem from below  
 No. If no, skip to question # 6  
What type of problem did you have with your trip?  
 Advance notice  Cost  
 Pick up times not convenient  Late pick up-specify time of wait  
 Assistance  Accessibility  
 Service Area Limits  Late return pick up - length of wait  
 Drivers - specify  Reservations - specify length of wait  
 Vehicle condition  Other

7) On a scale of 1 to 10 (10 being most satisfied) rate the transportation you have been receiving.  
8

8) What does transportation mean to you? (Permission granted by \_\_\_\_\_ for use in publications.)

Additional Comments: WAIT IS TOO LONG TO BE PICKED UP  
SOMETIMES AFTER MEDICAL APPOINTMENTS

RIDER/BENFICIARY SURVEY

Staff making call: SOUND  
Date of Call: 1/29/18

County: MARION  
Funding Source: ADA

- 1) Did you receive transportation service on 1/29/18?  Yes or  No
- 2) Where you charged an amount in addition to the co-payment?  Yes or  No If so, how much?

- 3) How often do you normally obtain transportation?  
 Daily 7 Days/Week  Other  
 1-2 Times/Week  3-5Times/Week

- 4) 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 refused transportation services?

- None  3-5 Times
- 1-2 Times  6-10 Times

If none, skip to question # 4.

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

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

- 5) What do you normally use the service for?

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

- 6) Did you have a problem with your trip on \_\_\_\_\_?

- Yes. If yes, please state or choose problem from below
- No. If no, skip to question # 6

What type of problem did you have with your trip?

- Advance notice  Cost
- Pick up times not convenient  Late pick up-specify time of wait
- Assistance  Accessibility
- Service Area Limits  Late return pick up - length of wait
- Drivers - specify  Reservations - specify length of wait
- Vehicle condition  Other

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

10

- 8) What does transportation mean to you? (Permission granted by \_\_\_\_\_ for use in publications.) PERSONAL FREEDOM

Additional Comments: 19 YEAR CLIENT . ALSO USES SUNTRAIL

18-1404

RIDER/BENFICIARY SURVEY

Staff making call: SANDI  
Date of Call: 1/29/18

County: MARION  
Funding Source: ADA

- 1) Did you receive transportation service on 1/29/18?  Yes or  No
- 2) Where you charged an amount in addition to the co-payment?  Yes or  No If so, how much?

- 3) How often do you normally obtain transportation?  
 Daily 7 Days/Week  Other  
 1-2 Times/Week  3-5 Times/Week

- 4) 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 refused transportation services?  
 None  3-5 Times  
 1-2 Times  6-10 Times  
 If none, skip to question # 4.  
 B. What was the reason given for refusing you transportation services?  
 Ineligible  Space not available  
 Lack of funds  Destination outside service area  
 Other \_\_\_\_\_

- 5) What do you normally use the service for?  
 Medical  Education/Training/Day Care  
 Employment  Life-Sustaining/Other  
 Nutritional

- 6) Did you have a problem with your trip on \_\_\_\_\_?  
 Yes: If yes, please state or choose problem from below  
 No. If no, skip to question # 6  
 What type of problem did you have with your trip?  
 Advance notice  Cost  
 Pick up times not convenient  Late pick up-specify time of wait  
 Assistance  Accessibility  
 Service Area Limits  Late return pick up - length of wait  
 Drivers - specify  Reservations - specify length of wait  
 Vehicle condition  Other

7) On a scale of 1 to 10 (10 being most satisfied) rate the transportation you have been receiving.  
9

8) What does transportation mean to you? (Permission granted by \_\_\_\_\_ for use in publications.) NO ALTERNATIVES. NEWLY ARRIVED. DISPECTED BY

Additional Comments: American. Marion.

RIDER/BENFICIARY SURVEY

Staff making call: SANDI  
Date of Call: 1/29/18

County: Marion  
Funding Source: DDO

- 1) Did you receive transportation service on 1/29/18?  Yes or  No
- 2) Where you charged an amount in addition to the co-payment?  Yes or  No If so, how much?

3) How often do you normally obtain transportation?

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

4) 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 refused transportation services?
    - None  3-5 Times
    - 1-2 Times  6-10 Times
  - If none, skip to question # 4.
  - B. What was the reason given for refusing you transportation services?
    - Ineligible  Space not available
    - Lack of funds  Destination outside service area
    - Other \_\_\_\_\_

5) What do you normally use the service for?

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

6) Did you have a problem with your trip on \_\_\_\_\_?

- Yes. If yes, please state or choose problem from below
- No. If no, skip to question # 6
  - What type of problem did you have with your trip?
    - Advance notice  Cost
    - Pick up times not convenient  Late pick up-specify time of wait
    - Assistance  Accessibility
    - Service Area Limits  Late return pick up - length of wait
    - Drivers - specify  Reservations - specify length of wait
    - Vehicle condition  Other

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

8

8) What does transportation mean to you? (Permission granted by \_\_\_\_\_ for use in publications.) NO OTHER ALTERNATIVES.

Additional Comments: PRIMARILY NUTRITIONAL TRIPS. SOME MEDICAL



RIDER/BENFICIARY SURVEY

Staff making call: Sandoz  
Date of Call: 1/29/18

County: MARION  
Funding Source: ADA

- 1) Did you receive transportation service on 1/29/18?  Yes or  No
- 2) Where you charged an amount in addition to the co-payment?  Yes or  No If so, how much?
- 3) How often do you normally obtain transportation?  
 Daily 7 Days/Week  Other  
 1-2 Times/Week  3-5Times/Week

- 4) 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 refused transportation services?  
 None  3-5 Times  
 1-2 Times  6-10 Times  
 If none, skip to question # 4.
  - B. What was the reason given for refusing you transportation services?  
 Ineligible  Space not available  
 Lack of funds  Destination outside service area  
 Other \_\_\_\_\_

- 5) What do you normally use the service for?  
 Medical  Education/Training/Day Care  
 Employment  Life-Sustaining/Other  
 Nutritional

- 6) Did you have a problem with your trip on \_\_\_\_\_?  
 Yes. If yes, please state or choose problem from below  
 No. If no, skip to question # 6  
 What type of problem did you have with your trip?  
 Advance notice  Cost  
 Pick up times not convenient  Late pick up-specify time of wait  
 Assistance  Accessibility  
 Service Area Limits  Late return pick up - length of wait  
 Drivers - specify  Reservations - specify length of wait  
 Vehicle condition  Other

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

8) What does transportation mean to you? (Permission granted by \_\_\_\_\_ for use in publications.) MTS IS ONLY TRANSPORTATION ALTERNATIVE

Additional Comments: \_\_\_\_\_

RIDER/BENFICIARY SURVEY

Staff making call: Jenna  
Date of Call: 1/29/18

County: MARION  
Funding Source: \_\_\_\_\_

- 1) Did you receive transportation service on 1/29/18?  Yes or  No
- 2) Where you charged an amount in addition to the co-payment?  Yes or  No If so, how much?
- 3) How often do you normally obtain transportation?  
 Daily 7 Days/Week  Other  
 1-2 Times/Week  3-5Times/Week
- 4) 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 refused transportation services?  
 None  3-5 Times  
 1-2 Times  6-10 Times  
 If none, skip to question # 4.
  - B. What was the reason given for refusing you transportation services?  
 Ineligible  Space not available  
 Lack of funds  Destination outside service area  
 Other \_\_\_\_\_
- 5) What do you normally use the service for?  
 Medical  Education/Training/Day Care  
 Employment  Life-Sustaining/Other  
 Nutritional
- 6) Did you have a problem with your trip on \_\_\_\_\_?  
 Yes. If yes, please state or choose problem from below  
 No. If no, skip to question # 6  
 What type of problem did you have with your trip?  
 Advance notice  Cost  
 Pick up times not convenient  Late pick up-specify time of wait  
 Assistance  Accessibility  
 Service Area Limits  Late return pick up - length of wait  
 Drivers - specify  Reservations - specify length of wait  
 Vehicle condition  Other
- 7) On a scale of 1 to 10 (10 being most satisfied) rate the transportation you have been receiving.  
9
- 8) What does transportation mean to you? (Permission granted by \_\_\_\_\_ for use in publications.) No Family, No Other Alternatives.

Additional Comments: \_\_\_\_\_

RIDER/BENFICIARY SURVEY

Staff making call: Amy  
Date of Call: ( 1/25/18

County: MARION  
Funding Source: \_\_\_\_\_

- 1) Did you receive transportation service on 1/25/18?  Yes or  No
- 2) Where you charged an amount in addition to the co-payment?  Yes or  No If so, how much?

- 3) How often do you normally obtain transportation?  
 Daily 7 Days/Week  Other  
 1-2 Times/Week  3-5Times/Week

- 4) 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 refused transportation services?  
 None  3-5 Times  
 1-2 Times  6-10 Times  
 If none, skip to question # 4.
  - B. What was the reason given for refusing you transportation services?  
 Ineligible  Space not available  
 Lack of funds  Destination outside service area  
 Other \_\_\_\_\_

- 5) What do you normally use the service for?  
 Medical  Education/Training/Day Care  
 Employment  Life-Sustaining/Other  
 Nutritional BANK

- 6) Did you have a problem with your trip on \_\_\_\_\_?  
 Yes. If yes, please state or choose problem from below  
 No. If no, skip to question # 6  
  - What type of problem did you have with your trip?  
 Advance notice  Cost  
 Pick up times not convenient  Late pick up-specify time of wait  
 Assistance  Accessibility  
 Service Area Limits  Late return pick up - length of wait  
 Drivers - specify  Reservations - specify length of wait  
 Vehicle condition  Other

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

8) What does transportation mean to you? (Permission granted by \_\_\_\_\_ for use in publications.) NO OTHER TRANSPORTATION ALTERNATIVES

Additional Comments: VERY HAPPY WITH OVERALL SERVICE FROM DISPATCHERS TO DRIVERS, ESPECIALLY AMY.

**ON-SITE OBSERVATION OF THE SYSTEM**

RIDE A VEHICLE WITHIN THE COORDINATED SYSTEM. REQUEST A COPY OF THE MANIFEST PAGE THAT CONTAINS THIS TRIP.

Date of Observation:

Please list any special guests that were present:

Location:

Number of Passengers picked up/dropped off:

Ambulatory

Non-Ambulatory

Was the driver on time?  Yes  No, how many minutes late/early?

Did the driver provide any passenger assistance?  Yes  No

Was the driver wearing any identification?  Yes:  Uniform  Name Tag  ID Badge  No

Did the driver render an appropriate greeting?  Yes  No  Driver regularly transports the rider, not necessary

If CTC has a policy on seat belts, did the driver ensure the passengers were properly belted?  Yes  No

Was the vehicle neat and clean, and free from dirt, torn upholstery, damaged or broken seats, protruding metal or other objects?  Yes  No

Is there a sign posted on the interior of the vehicle with both a local phone number and the TD Helpline for comments/complaints/commendations?  Yes  No

Does the vehicle have working heat and air conditioning?  Yes  No

Does the vehicle have two-way communications in good working order?  Yes  No

If used, was the lift in good working order?  Yes  No

Was there safe and appropriate seating for all passengers?  Yes  No

Did the driver properly use the lift and secure the passenger?  Yes  No  
If no, please explain:

STATE OF FLORIDA  
COMMISSION FOR THE TRANSPORTATION DISADVANTAGED

**AGENCY CONTRACT**

Effective: January 1, 2017 to December 31, 2017

THIS CONTRACT is entered into between the COMMUNITY TRANSPORTATION COORDINATOR, **MARION SENIOR SERVICES, INC.** designated pursuant to Chapter 427, F.S., to serve the transportation disadvantaged for the community that includes the entire area of Marion County, and hereinafter referred to as the “Coordinator” and **ADVOCACY RESOURCE CENTER MARION, INC.** hereinafter referred to as the “Agency”.

WHEREAS, the Coordinator is required, under Rule 41-2.011, F.A.C., when cost effective and efficient, to enter into contract with a transportation Agency to provide transportation services; and

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

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

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

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

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

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

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

**THE AGENCY SHALL:**

- A. Provide services and vehicles according to the conditions specified in Attachment I.
- B. Coordinate available resources and make available transportation services to the Coordinator. Such services shall be provided in accordance with Attachment I.
- C. Annually, submit to the Coordinator a Year to Date Operating Report (from the Annual Operating Report) detailing demographic, operational and financial data regarding coordination activities in the designated service area period covering July 1, through June 30 and due by August 1 every year. The report shall be prepared on forms provided by the Commission for the Transportation Disadvantaged, hereinafter Commission, and according to the instructions for the forms.
- D. Comply with audit and record keeping requirements by:
  1. Utilizing the Commission recognized Chart of Accounts defined in the Transportation Accounting Consortium Model Uniform Accounting System for Rural and Specialized Transportation Providers (uniform accounting system) for all transportation disadvantaged accounting and reporting purposes. Agencies with existing and equivalent accounting systems are not required to adopt the Chart of Accounts in lieu of their existing Chart of Accounts but shall prepare all reports, invoices, and fiscal documents relating to the transportation disadvantaged functions and activities using the chart of accounts and accounting definitions as outlined in the above referenced manual.
  2. Maintaining and filing with the Coordinator such progress, fiscal, inventory and other reports as the Coordinator may require during the period of this contract.
  3. By reserving to the Coordinator, the right to conduct finance and compliance audits at any time. Such audits conducted by the Coordinator will be at the expense of the Coordinator.

- E. Retain all financial records, supporting documents, statistical records, and any other documents pertinent to this Agreement for a period of five (5) years after termination of this Agreement. If an audit has been initiated and audit findings have not been resolved at the end of the five (5) years, the records shall be retained until resolution of the audit findings. The Agency shall assure that these records shall be subject to inspection, review, or audit at all reasonable times by persons duly authorized by the Coordinator or Commission or this Agreement. The Commission and the Coordinator shall have full access to and the right to examine any of the records and documents during the retention period.
- F. Comply with Safety Requirements by:
1. Complying with Section 341 .061, F.S., and Rule 14-90, F.A.C., concerning System Safety or complying with Chapter 234.051, F.S., regarding school bus safety requirements for those services provided through a school board;
  2. Assuring compliance with local, state, and federal laws, and Commission policies relating to drug testing, and;
  3. Complying with Coordinator's System Safety Program Plan (SSPP) for designated service area.
- G. Comply with Commission insurance requirements by maintaining at least minimum liability insurance coverage in the amount of \$100,000 for any one person and \$200,000 per occurrence at all times during the existence of this Contract along with Workers Comp. Upon the execution of this Contract, the Agency shall add the Coordinator as an additional named insured to all insurance policies covering vehicles transporting the transportation disadvantaged. In the event of any cancellation or changes in the limits of liability in the insurance policy, the insurance agent or broker shall notify the Coordinator. The Agency shall furnish the Coordinator written verification of the existence of such insurance coverage prior to the execution of this Contract. School board vehicle insurance coverage shall be in accordance with Section 234.03, F.S. and 234.211, F.S. Insurance coverage in excess of \$1 million per occurrence must be approved by the Coordinator and/or the local Coordinating Board before inclusion in this contract or in the justification of rates and fare structures, s. 41- 2.006(1), FAC.
- H. Safeguard information by not using or disclosing any information concerning a user

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

I. Protect Civil Rights by:

1. Complying with Title VI of the Civil Rights Act of 1964 and Section 504 of the Rehabilitation Act of 1973, as amended. The Agency gives this assurance in consideration of and for the purpose of obtaining federal grants, loans, contracts (except contracts of insurance or guaranty), property, discounts, or other federal financial assistance to programs or activities receiving or benefiting from federal financial assistance and agreeing to complete a Civil Rights Compliance Questionnaire if so required by the Coordinator. Agency shall also assure compliance with:
  - a. Title VI of the Civil Rights Act of 1964, as amended, 42 U.S.C. 2000d et seq., which prohibits discrimination on the basis of race, color, or national origin in programs and activities receiving or benefiting from federal financial assistance.
  - b. Section 504 of the Rehabilitation Act of 1973, as amended, 29 U.S.C. 794, which prohibits discrimination on the basis of disability in programs and activities receiving or benefiting from federal financial assistance.
  - c. Title IX of the Education Amendments of 1972, as amended, 20 U.S.C. 1681 et seq., which prohibits discrimination on the basis of sex in education programs and activities receiving or benefiting from federal financial assistance.
  - d. The Age Discrimination Act of 1975, as amended, 42 U.S.C. 6101 et seq., which prohibits discrimination on the basis of age in programs or activities receiving or benefiting from federal financial assistance.
  - e. The Omnibus Budget Reconciliation Act of 1981, P.L. 97-35, which prohibits discrimination on the basis of sex and religion in programs and activities receiving or benefiting from federal financial assistance.
  - f. All regulations, guidelines, and standards lawfully adopted under the above statutes.



- g The Americans with Disabilities Act of 1990, as it may be amended from time to time.

**HIPAA:** Agency agrees to enter into an agreement with Coordinator to comply with requirements of the federal Health Insurance Portability and Accountability Act of 1996 (HIPPA) and the associated regulations, 45 C.F.R. parts 160-164, as may be amended (the Privacy Rule) and 45 C.F.R. 142.308 (a) as may be finalized and amended (Chain of Trust requirement) establishing required safeguards to ensure the security and confidentiality of protected client information. See Attachment IV

- 2. Agreeing that compliance with this assurance constitutes a condition of continued receipt of or benefit from federal financial assistance, and that it is binding upon the Agency, its successors, subcontractors, transferees, and assignees for the period during which such assistance is provided. Assuring that agency's, subcontractors, subgrantees, or others with whom the Coordinator arranges to provide services or benefits to participants or employees in connection with any of its programs and activities are not discriminating against those participants or employees in violation of the above statutes, regulations, guidelines, and standards. In the event of failure to comply, the Agency agrees that the Coordinator may, at its discretion, seek a court order requiring compliance with the terms of this assurance or seek other appropriate judicial or administrative relief, to include assistance being terminated and further assistance being denied.

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

- K. Comply with all standards and performance requirements of the:
1. The Commission for the Transportation Disadvantaged (Attachment II);
  2. The local Coordinating Board approved Transportation Disadvantaged Service Plan and;
  - 3 Any entities that purchase service.

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

- L. Provide Corrective Action. A corrective action notice is a written notice to the Agency that the Agency is in breach of certain provisions of this Contract and that correction is required. Any corrective action notice will specify a reasonable time for corrective action to be completed. Agency agrees to implement the Corrective Action specified in the notice and provide written documentation to substantiate the implementation of the Corrective Action.
- M. All contracts, subcontracts, coordination contracts will be reviewed annually by the Coordinator and local Coordinating Board for conformance with the requirements of this Contract.
- N Return to the Coordinator any overpayments due to unearned funds or funds disallowed pursuant to the terms of this Contract that were disbursed to the Agency by the Coordinator. The Agency shall return any overpayment within thirty (30) calendar days after either discovery by the Agency, or notification of the Agency by the Coordinator or entity purchasing transportation, whichever is earlier. In the event that the Coordinator first discovers an overpayment has been made, the Coordinator will notify the Agency by letter of such a finding. Should repayment not be made in a timely manner, the Coordinator or purchasing entity will charge interest after thirty (30) calendar days after the date of notification or discovery, or the Coordinator will deduct said amount from future invoices.

0. In performing this Contract, the Agency shall not discriminate against any employee or applicant for employment because of race, age, disability, creed, color, sex or national origin. Such action shall include, but not be limited to, the following: employment upgrading, demotion or transfer; recruitment or recruitment advertising; layoff or termination; rates of pay or other forms of compensation; and selection for training, including apprenticeship. The Agency shall insert the foregoing provision modified only to show the particular contractual relationship in all its contracts in connection with the development of operation of the Contract, except contracts for the standard commercial supplies or raw materials, and shall require all such contractors to insert a similar provision in subcontracts relating to the performance of this Contract, except subcontracts for standard commercial supplies or raw materials. The Agency shall post, in conspicuous places available to employees and applicants for employment for Project work, notices setting forth the provisions of the nondiscrimination clause.
  
- P. By execution of this Contract, the Agency represents that it has not paid and, also, agrees not to pay, any bonus or commission for the purpose of obtaining an approval of its application for the financing hereunder. Funds disbursed to the Agency under this Contract shall not be expended for the purpose of lobbying the Legislature, the judicial branch, or a state agency.

#### THE COORDINATOR SHALL:

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

#### THE AGENCY AND COORDINATOR FURTHER AGREE:

- A. Nothing in the Contract shall require the Coordinator to observe or enforce compliance with any provision thereof, perform any other act or do any other thing in contravention of any applicable state law. If any provision of the Contract is found by a court of law to violate any applicable state law, the purchasing entity will at once

notify the Coordinator in writing in order that appropriate changes and modification may be made by the Coordinator and the Agency to the end that the Agency may proceed as soon as possible with the provision of transportation services.

B. If any part or provision of this Contract is held invalid, the remainder of this Contract shall be binding on the parties hereto.

C. Termination Conditions:

1. Termination at Will - This Contract may be terminated by either party upon no less than thirty (30) days' notice, without cause. Said notice shall be delivered by certified mail, return receipt required, or in person with proof of delivery.
2. Termination due to Lack of Designation - In the event that the Coordinator so designated by the local Coordinating Board and approved by the Commission, loses its designation, this contract is terminated immediately upon notification to the Agency. Notice shall be delivered by certified mail, return receipt requested, or in person, with proof of delivery. Notice shall be effective upon receipt.
3. Termination due to Disapproval of Memorandum of Agreement - In the event that the Commission does not accept and approve any contracted transportation rates listed within the Memorandum of Agreement, this Contract is terminated immediately upon notification to the Agency. Notice shall be delivered by certified mail, return receipt requested, or in person, with proof of delivery. Notice shall be effective upon receipt.
4. Termination due to Lack of Funds - In the event funds to finance this contract become unavailable, the Coordinator may terminate the contract with no less than twenty-four (24) hours written notice to the Agency. Notice shall be delivered by certified mail, return receipt requested, or in person, with proof of delivery. Notice shall be effective upon receipt. The Coordinator shall be the final authority as to the availability of funds.
5. Termination for Breach - Unless the Agency's breach is waived by the Coordinator in writing, the Coordinator may, by written notice to the Agency, terminate this Contract upon no less than twenty-four (24) hours' notice. Notice shall be delivered by certified mail, return receipt requested, or in person with

proof of delivery. Waiver by the Coordinator of breach of any provision of this Contract shall not be deemed to be a waiver of any other breach and shall not be construed to be a modification of the terms of this Contract, and shall not act as a waiver or estoppel to enforcement of any provision of this Contract. The provisions herein do not limit the Coordinator's right to remedies at law or to damages.

6. Upon receipt of a notice of termination of this Contract for any reason, the Agency shall cease service and prepare all final reports and documents required by the terms of this Contract. A final invoice shall be sent to the Coordinator within thirty (30) days after the termination of this Contract.
- D. Renegotiations or Modifications of this Contract shall only be valid when they have been reduced to writing, duly approved by the Coordinator, and signed by both parties hereto.
- E. Agency shall assign no portion of this Contract without the prior written consent of the Coordinator.
- F. This Contract is the entire agreement between the parties.
- G. Attachments I and II are an integral part of the Contract and are hereby incorporated by reference into this Contract. All subsequent attachments are of an optional nature.
- H. Notice and Contact:

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

Name: Tom Wilder

Address: 1101 SW 20 Court, Ocala FL 34471

Title: Transportation Director

Telephone: 352-620-3519

The representative/position of the Agency responsible for administration of the program under this contract is: Hairon Gil, Telephone: 352-387-2216.

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

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

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

**Agency:**  
**Advocacy Resource Center Marion, Inc.**

**Community Transportation Coordinator**  
**Marion Senior Services**

  
\_\_\_\_\_  
Authorized Signature

  
\_\_\_\_\_  
Authorized Signature

Frank Sofia, CEO  
\_\_\_\_\_  
Name & Title of authorized individual

Jennifer Martinez, Executive Director  
\_\_\_\_\_  
Name & Title of authorized individual

1/4/17  
\_\_\_\_\_  
Date:

1/3/17  
\_\_\_\_\_  
Date:

Attachments that are part of this contract:

- I - Service Description
- II - Standards & Performance Requirements
- IV - HIPPA Assurance

**ATTACHMENT I  
SERVICE DESCRIPTION**

**ADVOCACY RESOURCE CENTER MARION, INC.**

1. The agency will be able to provide: (Type of service - ambulatory, non-ambulatory, stretcher, population, purpose)

Transportation for our 14 developmentally disabled adults to doctor & dental appointments, banks, grocery shopping, employment and volunteer jobs, weekly activities, church bowling, all Special Olympics events, outings (picnics, field trips, movies, etc.). All our residents are ambulatory.

2. The agency will be available to provide transportation: (Days & hours of availability). 24 hours a day, 7 days a week for our 14 residents.

Days agency will not be able to provide services: (Holidays & other days not available). We provide services 365 days a year.

3. Vehicles agency will use to transport all passengers: (Vehicle inventory attached)

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

- All vehicles must display the agency's name, phone number and vehicle number unless confidentially of client is required.

- Vehicles used to fulfill non-emergency medical transportation services needs must comply with provisions of Rule 10C-7-45, FL Administrative Code and be issued a wheelchair permit if vehicle is equipped and used for transportation of wheelchairs.

- Vehicles must be equipped with properly functioning heating and air conditioning units.

- Stanchions and grab rails shall be functionally located throughout appropriate vehicles.

- Vehicles shall be properly maintained within reasonable limits which prevent hazardous conditions from occurring. Vehicles purchased with federal, state or local government funds must be maintained according to grant conditions. Vehicles may be subject to inspection by the FL Dept. of Transportation and/or the Coordinator.

- Vehicles must have a first aid kit and fire extinguisher.

- Vehicles must be equipped with two-way radio or equivalent

communication device.

- Toll free number for complaints shall be posted in each vehicle. In Marion County: 352-620-3071. (MSS Transportation)

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

Drivers employed by the Agency shall:

- a) Perform their duties in due regard for the safety, comfort, and convenience of users and their property.
- b) Have a current valid Florida Chauffeurs/Class D License or commercial driver license.
- c) All drivers must pass a pre-employment and annual DOT physical examination and drug screen for public section bus driver and have vision which is correctable to 20/50.
- d) Dress appropriately and wear a photo identification.
- e) Announce him/herself at the address in an attempt to locate the user. If the user does not appear for pick up at the scheduled time, the driver must obtain clearance from the dispatcher before leaving the location without picking up the user.
- f) Open and close vehicle door when user enters and exits vehicle, and provide additional assistance to user if required or requested.

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

Driver and Agency personnel shall be trained by the Proposer to accommodate the special transportation needs of the elderly, disabled and/or socially disadvantaged users. The program developed should include a minimum of the following:

a.	Defensive driving technique.
b.	Instruction on minor, daily maintenance procedures, such as checking oil, and battery, fan belts, tire pressure, coolant level, etc.
c.	Training on the proper manipulation of wheelchair passengers.
d.	CPR
e.	First Aid
f.	Training in required forms and procedures.
g.	Sensitivity and awareness toward others.

7. Agency fare structure: (Identify fare structure and what services are eligible and ineligible) n/a



8. Billing/invoicing and reimbursement procedure for agency: (When, how often, what reports if any should be submitted) n/a

Reporting requirements: (Include all Requirements of Commission, Coordinator, Local Coordinating Board and any entities purchasing transportation)

Quarterly - Annual Operating Report cumulative data using approved TD Commission forms (previously distributed).

Other reports as may be required from time to time by CTC or funding entities.

## ATTACHMENT II

### The Commission for the Transportation Disadvantaged Standards and Performance Requirements

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

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

could soil items placed in the vehicle or provide discomfort for the passenger;

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

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

**HIPAA CONFIDENTIALITY AGREEMENT between**  
**Advocacy Resource Center Marion, Inc.. (Vendor)**

IV

and

Marion Senior Services, Inc.

**PURPOSE:**

This agreement is made and entered into in order to ensure that clients' Protected Health Information (PHI) is appropriately safeguarded and that exchange of information as a Vendor of MSS be made with integrity and confidentiality.

The Vendor agrees to maintain the confidentiality of any information provided to them by MSS in accordance with the Health Portability and Accountability Act of 1996 (HIPAA) and associated regulations as set forth in Title 45 Code of Federal Regulations, Part 160 and 164, as may be amended (the Privacy Rule) and 45 Code of Federal Regulations 142.308 (a) (2) as may be finalized and amended (Chain of Trust requirement)

Vendor may use and/or disclose PHI only as permitted or required by this agreement or as otherwise required by law. Vendor may disclose PHI to, and permit the use of PHI by its employees only to the extent directly related to and necessary for the performance of the services and will be no more than the minimum PHI necessary to perform the services. Vendor will not use or disclose PHI in a manner inconsistent with obligations under the Privacy Rule, or that would violate the Privacy Rule if disclosed or used in such a manner.

Security measures maintained by Vendor shall include administrative safeguards, physical safeguards, technical security services and technical security mechanisms as necessary to protect such PHI. Upon request by MSS, Vendor shall provide a written description of such safeguards.

The Vendor agrees to amend this agreement from time to time, as necessary, for MSS to comply with requirements of the Privacy Rule.

Vendor agrees that it will immediately report to MSS any use or disclosure of PHI received from MSS that is not authorized by or otherwise constitutes a violation of this agreement.

Vendor agrees that upon termination of this agreement, it shall contact MSS with regard to any information currently in its possession that was received from or created on behalf of MSS, to determine whether MSS wishes to have said information returned to them or for Vendor to provide certification that information was destroyed.

Authorized signature: \_\_\_\_\_

Title: CEODate: 1/4/12

**FLCTD**  
**Annual Operations Report**  
**Section VI: Revenue Sources**

County: <b>Marion</b>		Fiscal Year: <b>July 1, 2016 - June 30, 2017</b>									
Status: <b>Submitted to FLCTD</b>											
Section VI: <b>Financial Data</b>											
<b>1. Detailed Revenue and Trips Provided by Funding Source</b>											
Revenue Source	CTC and Transportation Providers	Coordination Contractors	TOTAL REVENUES								
<b>Agency for Health Care Administration</b>											
Medicaid Non-Emergency	\$0.00	\$0.00	\$0.00								
Medicaid Non-Emergency (under fixed fee service with AHCA)	\$305,031.00	\$0.00	\$305,031.00								
<b>Agency for Persons with Disabilities</b>											
Comm Care for Dis Adults/Aging & Adult Services	\$0.00	\$0.00	\$0.00								
Developmental Services	\$0.00	\$233,686.00	\$233,686.00								
This represents a 100.00% change in the value <b>Developmental Services Coordination Contractors</b> from last year.  <b>Possible resolution:</b> correct the value <b>Developmental Services Coordination Contractors</b> or add a comment to explain why this change is reasonable.		<b>Resolved: 0 was changed to 233686.00.</b>									
Other (specify):	\$0.00	\$0.00	\$0.00								
<b>Agency for Workforce Innovation</b>											
WAGES/Workforce Board	\$0.00	\$0.00	\$0.00								
Other (specify):	\$0.00	\$0.00	\$0.00								
<b>Commission for the Transportation Disadvantaged</b>											
Non-Sponsored Trip Program	\$934,009.00	\$0.00	\$934,009.00								
Non-Sponsored Cap. Equip.	\$0.00	\$0.00	\$0.00								
Rural Capital Equip.	\$56,779.00	\$0.00	\$56,779.00								
This represents a 100.00% change in the value <b>Rural Capital Equip. CTC and Transportation Providers</b> from last year.  <b>Possible resolution:</b> correct the value <b>Rural Capital Equip. CTC and Transportation Providers</b> or add a comment to explain why this change is reasonable.		<table border="1"> <thead> <tr> <th colspan="4">Comments</th> </tr> </thead> <tbody> <tr> <td>CTC:</td> <td>Other (requires short explanation)</td> <td>Did not receive Shirley Conroy grant in previous year.</td> <td>09/14/2017 4:20 PM</td> </tr> </tbody> </table>		Comments				CTC:	Other (requires short explanation)	Did not receive Shirley Conroy grant in previous year.	09/14/2017 4:20 PM
Comments											
CTC:	Other (requires short explanation)	Did not receive Shirley Conroy grant in previous year.	09/14/2017 4:20 PM								
TD Other (specify):	\$0.00	\$0.00	\$0.00								
<b>Department of Children and Families</b>											
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
<b>Department of Community Affairs</b>			
Community Services	\$0.00	\$0.00	\$0.00
Other (specify):	\$0.00	\$0.00	\$0.00
<b>Department of Education</b>			
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
<b>Department of Elder Affairs</b>			
Older Americans Act	\$0.00	\$0.00	\$0.00
Community Care for the Elderly	\$0.00	\$0.00	\$0.00
Other (specify):	\$0.00	\$0.00	\$0.00
<b>Department of Health</b>			
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
<b>Department of Juvenile Justice</b>			
(specify):	\$0.00	\$0.00	\$0.00
<b>Department of Transportation</b>			
49 USC 5307 (Section 9)	\$0.00	\$0.00	\$0.00
49 USC 5310 (Section 16)	\$220,131.00	\$0.00	\$220,131.00
<p>This represents a -36.40% change in the value <b>49 USC 5310 (Section 16) CTC and Transportation Providers</b> from last year.</p> <p><b>Possible resolution:</b>correct the value <b>49 USC 5310 (Section 16) CTC and Transportation Providers</b> or add a comment to explain why this change is reasonable.</p>	<b>Comments</b>		
	CTC:	Other (requires short explanation)	Decreased request for capitol expenditures.
<b>Department of Transportation</b>			
49 USC 5311 (Section 18)	\$516,482.00	\$0.00	\$516,482.00
<p>This represents a -39.06% change in the value <b>49 USC 5311 (Section 18) CTC and Transportation Providers</b> from last year.</p> <p><b>Possible resolution:</b>correct the value <b>49 USC 5311 (Section 18) CTC and Transportation Providers</b> or add a comment to explain why this change is reasonable.</p>	<b>Comments</b>		
	CTC:	Decreased Cost	
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
<b>Local Government</b>			
School Board Service	\$0.00	\$0.00	\$0.00
Complementary ADA Service	\$286,804.00	\$0.00	\$286,804.00
<p>This represents a -26.74% change in the value <b>Complementary ADA Service CTC and Transportation Providers</b> from last year.</p> <p><b>Possible resolution:</b>correct the value <b>Complementary ADA Service CTC and Transportation Providers</b> or add a comment to explain why this change is reasonable.</p>	<b>Comments</b>		
	CTC:	Decreased Demand	09/14/2017 4:22 PM
<b>County Cash</b>			
County Cash	\$629,348.00	\$0.00	\$629,348.00
<p>This represents a -40.56% change in the value <b>County Cash CTC and Transportation Providers</b> from last year.</p> <p><b>Possible resolution:</b>correct the value <b>County Cash CTC and Transportation Providers</b> or add a comment to explain why this change is reasonable.</p>	<b>Comments</b>		
	CTC:	Decreased Cost	09/14/2017 4:22 PM
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
<b>Local Non-Government</b>			
Farebox	\$89,837.00	\$0.00	\$89,837.00
<p>This represents a 100.00% change in the value <b>Farebox CTC and Transportation Providers</b> from last year.</p> <p><b>Possible resolution:</b>correct the value <b>Farebox CTC and Transportation Providers</b> or add a comment to explain why this change is reasonable.</p>	Resolved: \$0.00 was changed to \$89,837.00.		
Donations, Contributions	\$1,222.00	\$0.00	\$1,222.00
<p>This represents a 100.00% change in the value <b>Donations, Contributions Coordination Contractors</b> from last year.</p> <p><b>Possible resolution:</b>correct the value <b>Donations, Contributions Coordination Contractors</b> or add a comment to explain why this change is reasonable.</p>	<b>Comments</b>		
	CTC:	Other (requires short explanation)	Did not receive donations the previous year. 09/14/2017 4:24 PM
In-Kind Services	\$0.00	\$0.00	\$0.00
Other Non-Government	\$21,196.00	\$0.00	\$21,196.00
<p>This represents a 253.27% change in the value <b>Other</b></p>	<b>Comments</b>		



**Non-Government CTC and Transportation Providers**  
from last year.

**Possible resolution:** correct the value **Other Non-Government CTC and Transportation Providers** or add a comment to explain why this change is reasonable.

CTC:	Other (requires short explanation)	Credit from telephone. Sale of assets including 10 buses.	09/14/2017 4:29 PM
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**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
<b>GRAND TOTAL:</b>	<b>\$3,060,839.00</b>	<b>\$233,686.00</b>	<b>\$3,294,525.00</b>

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

County: Marion		Fiscal Year: July 1, 2016 - June 30, 2017									
Status: Submitted to FLCTD											
Section VII: Financial Data											
2. Expense Sources											
Expense Item	Community Transportation Coordinator	Coordination Contractor	TOTAL EXPENSES								
Labor (501):	\$1,276,119.00	\$128,040.00	\$1,404,159.00								
<p>This represents a 100.00% change in the value <b>Labor (501) Coordination Contractor</b> from last year.</p> <p><b>Possible resolution:</b>correct the value <b>Labor (501) Coordination Contractor</b> or add a comment to explain why this change is reasonable.</p>			<p><b>Resolved: \$0.00 was changed to \$128,040.00.</b></p>								
Fringe Benefits (502):	\$370,188.00	\$35,138.00	\$405,326.00								
<p>This represents a 60.68% change in the value <b>Fringe Benefits (502) Coordination Contractor</b> from last year.</p> <p><b>Possible resolution:</b>correct the value <b>Fringe Benefits (502) Coordination Contractor</b> or add a comment to explain why this change is reasonable.</p>			<table border="1"> <thead> <tr> <th colspan="4">Comments</th> </tr> </thead> <tbody> <tr> <td style="text-align: center;">CTC:</td> <td style="text-align: center;">Increased Cost</td> <td style="text-align: center;">Additional FT employees.</td> <td style="text-align: center;">09/14/2017 4:35 PM</td> </tr> </tbody> </table>	Comments				CTC:	Increased Cost	Additional FT employees.	09/14/2017 4:35 PM
Comments											
CTC:	Increased Cost	Additional FT employees.	09/14/2017 4:35 PM								
Services (503):	\$357,042.00	\$0.00	\$357,042.00								
Materials and Supplies Cons. (504):	\$395,599.00	\$46,764.00	\$442,363.00								
<p>This represents a 100.00% change in the value <b>Materials and Supplies Cons. (504) Coordination Contractor</b> from last year.</p> <p><b>Possible resolution:</b>correct the value <b>Materials and Supplies Cons. (504) Coordination Contractor</b> or add a comment to explain why this change is reasonable.</p>			<p><b>Resolved: \$0.00 was changed to \$46,764.00.</b></p>								
Utilities (505):	\$27,968.00	\$14,215.00	\$42,183.00								
<p>This represents a 58.92% change in the value <b>Utilities (505) Coordination Contractor</b> from last year.</p> <p><b>Possible resolution:</b>correct the value <b>Utilities (505) Coordination Contractor</b> or add a comment to explain why this change is reasonable.</p>			<table border="1"> <thead> <tr> <th colspan="3">Comments</th> </tr> </thead> <tbody> <tr> <td style="text-align: center;">CTC:</td> <td style="text-align: center;">Increased Cost</td> <td style="text-align: center;">09/14/2017 4:35 PM</td> </tr> </tbody> </table>	Comments			CTC:	Increased Cost	09/14/2017 4:35 PM		
Comments											
CTC:	Increased Cost	09/14/2017 4:35 PM									
Casualty and Liability (506):	\$142,046.00	\$19,520.00	\$161,566.00								
<p>This represents a -46.22% change in the value <b>Casualty and Liability (506) Coordination Contractor</b> from last year.</p> <p><b>Possible resolution:</b>correct the value <b>Casualty and Liability (506)</b></p>			<table border="1"> <thead> <tr> <th colspan="3">Comments</th> </tr> </thead> <tbody> <tr> <td style="text-align: center;">CTC:</td> <td style="text-align: center;">Decreased Cost</td> <td style="text-align: center;">09/14/2017 4:36 PM</td> </tr> </tbody> </table>	Comments			CTC:	Decreased Cost	09/14/2017 4:36 PM		
Comments											
CTC:	Decreased Cost	09/14/2017 4:36 PM									

<b>Coordination Contractor</b> or add a comment to explain why this change is reasonable.											
Taxes (507):	\$2,009.00	\$0.00	\$2,009.00								
This represents a 155.92% change in the value <b>Taxes (507) Community Transportation Coordinator</b> from last year. <b>Possible resolution:</b> correct the value <b>Taxes (507) Community Transportation Coordinator</b> or add a comment to explain why this change is reasonable.			<table border="1"> <thead> <tr> <th colspan="4">Comments</th> </tr> </thead> <tbody> <tr> <td>CTC:</td> <td>Increased Cost</td> <td>Tag costs increased.</td> <td>09/14/2017 4:38 PM</td> </tr> </tbody> </table>	Comments				CTC:	Increased Cost	Tag costs increased.	09/14/2017 4:38 PM
Comments											
CTC:	Increased Cost	Tag costs increased.	09/14/2017 4:38 PM								
<b>Purchased Transportation Services (508)</b>											
Bus Pass Expenses:	\$0.00	\$0.00	\$0.00								
School Bus Expenses:	\$0.00	\$0.00	\$0.00								
Other:	\$0.00	\$24,201.00	\$24,201.00								
This represents a 100.00% change in the value <b>Other Coordination Contractor</b> from last year. <b>Possible resolution:</b> correct the value <b>Other Coordination Contractor</b> or add a comment to explain why this change is reasonable.			Resolved: \$0.00 was changed to \$24,201.00.								
Miscellaneous (509):	\$13,463.00	\$0.00	\$13,463.00								
Interest (511):	\$356.00	\$0.00	\$356.00								
Leases and Rentals (512):	\$21,766.00	\$0.00	\$21,766.00								
This represents a 21.73% change in the value <b>Leases and Rentals (512) Community Transportation Coordinator</b> from last year. <b>Possible resolution:</b> correct the value <b>Leases and Rentals (512) Community Transportation Coordinator</b> or add a comment to explain why this change is reasonable.			<table border="1"> <thead> <tr> <th colspan="3">Comments</th> </tr> </thead> <tbody> <tr> <td>CTC:</td> <td>Increased Cost</td> <td>09/14/2017 4:39 PM</td> </tr> </tbody> </table>	Comments			CTC:	Increased Cost	09/14/2017 4:39 PM		
Comments											
CTC:	Increased Cost	09/14/2017 4:39 PM									
Annual Depreciation (513):	\$381,560.00	\$50,115.00	\$431,675.00								
This represents a 100.00% change in the value <b>Annual Depreciation (513) Coordination Contractor</b> from last year. <b>Possible resolution:</b> correct the value <b>Annual Depreciation (513) Coordination Contractor</b> or add a comment to explain why this change is reasonable.			Resolved: \$0.00 was changed to \$50,115.00.								
Contributed Services (530):	\$0.00	\$0.00	\$0.00								
Allocated Indirect Expenses:	\$0.00	\$93,964.00	\$93,964.00								
This represents a 61.01% change in the value <b>Allocated Indirect Expenses Coordination Contractor</b> from last year. <b>Possible resolution:</b> correct the value <b>Allocated Indirect Expenses Coordination Contractor</b> or add a comment to explain why this change is reasonable.			<table border="1"> <thead> <tr> <th colspan="3">Comments</th> </tr> </thead> <tbody> <tr> <td>CTC:</td> <td>Increased Cost</td> <td>09/14/2017 4:40 PM</td> </tr> </tbody> </table>	Comments			CTC:	Increased Cost	09/14/2017 4:40 PM		
Comments											
CTC:	Increased Cost	09/14/2017 4:40 PM									

<b>GRAND TOTAL:</b>	\$2,988,116.00	\$411,957.00	\$3,400,073.00



**TRANSPORTATION DISADVANTAGED  
LOCAL COORDINATING BOARD**

Marion Senior Services  
1101 SW 20<sup>th</sup> Ct., Ocala, FL 34471  
**October 19, 2017**

**MINUTES**

**Members Present:**

Councilman James Hilty, Chairman  
Jeffery Askew (*arrived 2:15pm*)  
Millie Chervoni  
Susan Hanley  
Carlos Colon  
Megan Crowley

**Members Not Present:**

Charmaine Anderson  
Kathleen Woodring

**Others Present:**

Kenneth Odom, TPO Staff  
Shakayla Jacobs, TPO Staff  
Tom Wilder, Marion Transit Services

**Item 1. Call to Order and Roll Call**

Chairman James Hilty called the meeting to order at 2:01 PM. Secretary Shakayla Jacobs called the roll of members; a quorum was present.

**Item 2. Proof of Publication**

Secretary Shakayla Jacobs announced the meeting was published online at the city of Ocala, Belleview, and Dunnellon websites and on the TPO's website.

**Item 3. 2017 Annual Operating Report**

Mr. Odom said that every year there was a requirement to publish several different reports and that Mr. Wilder spent time putting reports together from a fiscal sense. The Annual Operating Report referenced every operating aspect of Marion Transit and included the number of annual trips. Mr. Odom said there was also information in the report number of accidents and even included complaints.

Mr. Odom said there was a lot of data to review and the board was provided a copy of the report.

Mr. Wilder said that every county had to produce the Annual Operating Report and that it was his second year providing the report. A new system was put into place to pull accurate data.

Mr. Wilder said that the report had been accepted by the State.

Mr. Odom said although it was accepted by the State the TDLCB still had to approve.

*Mr. Colon made a motion to approve the 2017 Annual Operating Report and Ms. Chervoni seconded. The motion passed unanimously.*

**Item 4. 2017 Annual Expenditure Report**

Mr. Odom said that the Annual Expenditure Report provided information for Local and Direct Funding. The report was only one page but the numbers showed expenditures and number of trips, operating subsidy or Capital. The information was provided for Coordinated Transportation, Transportation Alternatives, and Other.

The board was provided a copy of the Annual Expenditure Report to review.

*Mr. Colon made a motion to approve the 2017 Annual Expenditure Report and Ms. Chervoni seconded. The motion passed unanimously.*

Approved –

**Item 5. FY 2017 Shirley Conroy Grant**

The Shirley Conroy Rural Area Capital Assistance Grant was named in honor of Mrs. Shirley Jenkins Conroy (1930-2010). Mrs. Conroy was a tireless advocate for coordinated community transportation services and those who were disadvantaged. A few of Mrs. Conroy's accomplishments included:

In the 1970's, she was instrumental in the development and passage of Chapter 427, F.S. In the 1980's, she served as the Executive Director of the first Community Transportation Coordinator (CTC) for Alachua County.

In the 1990's, she administered coordinated transportation for the Florida Department of Transportation (FDOT) District 2 as the liaison to their CTCs.

In the 2000's, she served as the Executive Director of the Florida Association of Coordinated Transportation Systems (FACTS).

While this grant was originally named to honor Mrs. Conroy, it continues to memorialize her legacy in Community Transportation by providing funding for capital purchases for the rural areas of Florida.

Mr. Wilder said that Marion Transit had applied for the grant to receive additional funding for purchasing Notifications Module Software for the buses and one Cutaway Paratransit Bus Replacement. The total requested for both the software and bus replacement was \$16,455.00.

Mr. Wilder said the software would help Marion Transit to be more efficient in data collection and would also send automated phone calls to clients where they could confirm or cancel their appointments prior to the trip.

*Mr. Colon made a motion to approve the FY 2017 Shirley Conroy Grant and Ms. Chervoni seconded. The motion passed unanimously.*

**Item 6. Approval of Minutes**

*Mr. Colon made a motion to approve the Minutes and Ms. Chervoni seconded. The motion passed unanimously.*

**Item 7. Comments by TDLCB Members**

*There were no comments by TDLCB Members.*

**Item 8. Comments by Community Transportation Coordinator (CTC)**

*There were no comments by the CTC.*

**Item 9. Comments by TPO Staff**

Mr. Odom said that Marion Transit had the new bus for display and that after the meeting the board was welcome to look at the new bus.

Mr. Wilder said that the bus would accommodate 9 ambulatory and 2 wheelchair trips.

*There was board discussion about the different types of trips and qualifications for trips.*

**Item 10. Public Comment**

*There was no public comment.*

**Item 11. Adjournment**

Chairman Hilty adjourned at 2:29pm.

Respectfully Submitted By:

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Shakayla Jacobs, TPO Administrative Assistant





**TRANSPORTATION DISADVANTAGED  
LOCAL COORDINATING BOARD**

Ocala Citizens Service Center  
201 SE 3<sup>rd</sup> Street, Ocala, FL 34471

**March 1, 2018**

**MINUTES**

**Members Present:**

Michelle Stone  
Jeffrey Askew  
Susan Hanley  
Kathleen Woodring  
Tracey Alesiani  
Andrea Melvin  
Jeff Aboumrad

**Members Not Present:**

Millie Chervoni  
Charmaine Anderson  
Megan Crowley  
Carlos Colon  
Anisa Brescia  
Carissa Hutchinson  
Dennis Yonce  
James Haines

**Others Present:**

Kenneth Odom, TPO Staff  
Shakayla Jacobs, TPO Staff  
Tom Wilder, Marion Transit Services

**Item 1. Call to Order and Roll Call**

Chairwoman Michelle Stone called the meeting to order at 2:02 PM. Secretary Shakayla Jacobs called the roll of members; a quorum was not present.

**Item 2. Proof of Publication**

Secretary Shakayla Jacobs announced the meeting was published online at the city of Ocala, Belleview, and Dunnellon websites and on the TPO's website.

**Item 5. Shirley Conroy Grant**

Mr. Wilder said that Marion Transit was rewarded the Shirley Conroy Grant and received funding for the Notifications Module Software for the buses and one Cutaway Paratransit Bus Replacement that totaled \$16,455.00.

Mr. Wilder said that the Shirley Conroy grant had come out early although Marion Transit applied for the grant the board would need to approve the grant at some point. Marion Transit was looking to get two Cutaway Paratransit Replacement Buses that would total \$175,816.00.

Mr. Wilder said that the replacement buses would have room for ten ambulatory and two wheelchair trips.

The Shirley Conroy Rural Area Capital Assistance Grant was named in honor of Mrs. Shirley Jenkins Conroy (1930-2010). Mrs. Conroy was a tireless advocate for coordinated community transportation services and those who were disadvantaged. A few of Mrs. Conroy's accomplishments included:

In the 1970's, she was instrumental in the development and passage of Chapter 427, F.S. In the 1980's, she served as the Executive Director of the first Community Transportation Coordinator (CTC) for Alachua County.

In the 1990's, she administered coordinated transportation for the Florida Department of Transportation (FDOT) District 2 as the liaison to their CTCs.

In the 2000's, she served as the Executive Director of the Florida Association of Coordinated Transportation Systems (FACTS).

While this grant was originally named to honor Mrs. Conroy, it continues to memorialize her legacy in Community Transportation by providing funding for capital purchases for the rural areas of Florida.

Approved –

**Item 6. Dunnellon “Blue Line” Deviated Service Route**

Mr. Wilder talked about the Dunnellon “Blue Line” Deviated Service Route and said that the route would provide transportation in the Dunnellon area and would stay in the Dunnellon area. There was a brochure provided along with a route map for the board to review.

Mr. Wilder said that the Marion Transit Buses were wheelchair accessible and that if a rider lived within a quarter mile of one of the bus stops, and were unable to get to a stop that the office of Marion Transit could be contacted and that the rider may be picked up at their home with a 24-hour notice on the Blue Line Bus.

Fares Included:

One Way Trip- \$2.00

Children Under 16- FREE

Mr. Wilder also talked about free bus passes for the Transportation Disadvantaged and Section 5311.

There was some board discussion about the Blue Line Route.

**Item 3. 2017 CTC Review**

There was no quorum present so Mr. Odom gave the board a brief overview of the 2017 CTC Review.

Mr. Odom said that Pursuant to Chapter 427 Florida Statutes 427.015(2), the performance of the Community Transportation Coordinator (CTC) shall be evaluated based on the Commission for the Transportation Disadvantaged’s (CTD) approved evaluation criteria by the coordinating board. TPO staff conducted the evaluation during the last half of December and the first half of January.

The evaluation includes an analysis of all relevant elements within the operations of Marion Transit Services. Examples include:

- Policies & Procedures
- Vehicle Operations & Maintenance
- Grievance Procedures
- Budget
- Contracts
- Driver Certification & Training
- Performance Standards

The CTC Evaluation had been submitted to the CTD on February 1st, 2018.

*No action was taken.*

**Item 4. TDLCB By-Laws Update**

Mr. Odom said it was incumbent upon TPO staff to regularly review and/or amend the TDLCB bylaws to remain concurrent with State of Florida regulations and code as they relate to the operations of the local Community Transportation Coordinator and the Florida CTD. TPO staff had rewritten the TDLCB bylaws and all elements included in the TDLCB bylaws were pursuant to Chapter 427 Florida Statutes (FS); Rule 41-2, Florida Administrative Code (FAC); and subsequent laws setting forth requirements for the coordination of transportation services to the TD.

*No action was taken.*

**Item 7. Comments by TDLCB Members**

The board members gave a brief introduction of themselves.

**Item 8. Comments by Community Transportation Coordinator (CTC)**

*There were no comments by the CTC.*

**Item 9. Comments by TPO Staff**

Mr. Odom reminded the board that the agendas and packets were electronic format and could be found posted on the TPO website.

Mr. Odom also said that a Vice-Chair would be appointed for the TDLCB but it would need to be advertised for Public notification.

**Item 10. Public Comment**

*There was no public comment.*

**Item 11. Adjournment**

Chairwoman Stone adjourned at 3:02pm.

Respectfully Submitted By:

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Shakayla Jacobs, TPO Administrative Assistant