

TRANSPORTATION DISADVANTAGED LOCAL COORDINATING BOARD

Ocala Citizens Service Center
201 SE 3rd Street, Ocala, FL 34471

**January 19, 2017
2:00 PM**



MEETING AGENDA

1. Call to Order and Roll Call
2. Proof of Publication
3. Community Transportation Coordinator Evaluation
4. 5310 Application Capital
5. 5311 Application Operating
6. Comments by TDLCB Members
7. Comments by Community Transportation Coordinator (CTC)
8. Comments by TPO Staff
9. Public Comment
10. Adjournment

The next meeting of the TDLCB will be held on Thursday, April 20, 2017.

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.



January 17, 2014

TO: TDLCB Members

FROM: Kenneth Odom, Transportation Planner

SUBJECT: FY 2017 DRAFT 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 January 13th. However, additional comments and/or suggestions can be included by TDLCB members after the submittal of the evaluation to the CTD. Please review the DRAFT 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.

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: _____

COUNTY (IES): _____

ADDRESS: _____

CONTACT: _____ **PHONE:** _____

REVIEW PERIOD: _____ **REVIEW DATES:** _____

PERSON CONDUCTING THE REVIEW: _____

CONTACT INFORMATION: _____

LCB EVALUATION WORKBOOK

| ITEM | PAGE |
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REVIEW CHECKLIST & SCHEDULE

COLLECT FOR REVIEW:

- APR Data Pages
- QA Section of TDSP
- Last Review (Date: _____)
- List of Omb. Calls
- QA Evaluation
- Status Report (from last review)
- AOR Submittal Date
- TD Clients to Verify
- TDTF Invoices
- Audit Report Submittal Date

ITEMS TO REVIEW ON-SITE:

- SSPP
- Policy/Procedure Manual
- Complaint Procedure
- Drug & Alcohol Policy (see certification)
- Grievance Procedure
- Driver Training Records (see certification)
- Contracts
- Other Agency Review Reports
- Budget
- Performance Standards
- 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:

- Measuring Tape
- 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, COMPILER 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:

5. NAME THE GROUPS THAT YOUR COMPANY HAS COORDINATION CONTRACTS WITH:

| Coordination Contract Agencies | | | | |
|---------------------------------------|----------------|-------------------------|-------------------------|----------------|
| Name of Agency | Address | City, State, Zip | Telephone Number | Contact |
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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 |
|----------------|------------|-----------------|------------------|
| | | | |
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7. REVIEW AND DISCUSS TD HELPLINE CALLS:

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

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?

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?
 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?

Clients must be vetted by SunTran and Marion Transit Services.

Please Verify These Passengers Have an Eligibility Application on File:

| TD Eligibility Verification | | | |
|------------------------------------|--------------------------|---------------------|-----------------------------|
| Name of Client | Address of client | Date of Ride | Application on File? |
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13. WHAT INNOVATIVE IDEAS HAVE YOU IMPLEMENTED IN YOUR COORDINATED SYSTEM?

GENERAL QUESTIONS

Findings:

Recommendations:

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 Yes No
- Any issues that need clarification? Yes No

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

List:

- b. Memorandum of Agreement Yes No
- c. Transportation Disadvantaged Service Plan Yes No
- d. Grant Applications to TD Trust Fund Yes No
- e. All other grant application (____%) Yes 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?

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?

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?

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?

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?

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.

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?

HOW ARE THESE PRIORITIES CARRIED OUT?

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:

2. Hours of Intake:

3. Provisions for After Hours Reservations/Cancellations?

4. What is the minimum required notice for reservations?

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

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?

HAVE ANY INNOVATIVE WAGES TRANSPORTATION SERVICES BEEN DEVELOPED?

IS THE CTC IN COMPLIANCE WITH THIS SECTION? 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?

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

HOW MUCH DOES THE INSURANCE COST (per operator)?

| Operator | Insurance Cost |
|----------|----------------|
| | |
| | |
| | |
| | |

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(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: _____

IS THE CTC IN COMPLIANCE WITH THIS SECTION? Yes No

Comments:

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) | | | | | |
| Detail other rates as needed: (e.g. ambulatory, wheelchair, stretcher, out-of-county, group) | | | | | |
| | | | | | |
| | | | | | |
| 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. | |
| Vehicle Cleanliness | |
| Passenger/Trip Database | |

| | |
|------------------------------|--|
| Adequate seating | |
| Driver Identification | |
| Passenger Assistance | |
| Smoking, Eating and Drinking | |

| | |
|--------------------------|--|
| Two-way Communications | |
| Air Conditioning/Heating | |
| Billing Requirements | |

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 | |
| Use, Responsibility, and cost of child restraint devices | |
| Out-of-Service Area trips | |
| CPR/1st Aid | |
| Driver Criminal Background Screening | |
| Rider Personal Property | |
| Advance reservation requirements | |
| Pick-up Window | |

| <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 | CTC | CTC | |
| | Operator A | Operator A | |
| | Operator B | Operator B | |
| | Operator C | Operator C | |
| On-time performance | CTC | CTC | |
| | Operator A | Operator A | |
| | Operator B | Operator B | |
| | Operator C | Operator C | |
| Passenger No-shows | CTC | CTC | |
| | Operator A | Operator A | |
| | Operator B | Operator B | |
| | Operator C | Operator C | |
| Accidents | CTC | CTC | |
| | Operator A | Operator A | |
| | Operator B | Operator B | |
| | Operator C | Operator C | |
| Roadcalls <i>Average age of fleet:</i> | CTC | CTC | |
| | Operator A | Operator A | |
| | Operator B | Operator B | |
| | Operator C | Operator C | |
| Complaints <i>Number filed:</i> | CTC | CTC | |
| | Operator A | Operator A | |
| | Operator B | Operator B | |
| | Operator C | Operator C | |
| Call-Hold Time | CTC | CTC | |
| | Operator A | Operator A | |
| | Operator B | Operator B | |
| | Operator C | Operator C | |

LOCAL STANDARDS

Findings:

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?

DO YOU HAVE TTY EQUIPMENT OR UTILIZE THE FLORIDA RELAY SYSTEM?
 Yes No

IS 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:

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

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? Yes No

ARE THE BATHROOMS ACCESSIBLE? 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:

Date:

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

- The lift must have a weight limit of at least 600 pounds.
- The lift must be equipped with an emergency back-up system (in case of loss of power to vehicle). Is the pole present?
- 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:

- Controls to operate the lift must require constant pressure.
- Controls must allow the up/down cycle to be reversed without causing the platform to "stow" while occupied.
- 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:

- 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.
- Side barriers must be at least 1 ½ inches high.
- The outer barrier must be sufficient to prevent a wheelchair from riding over it.
- The platform must be slip-resistant.
- Gaps between the platform and any barrier must be no more than 5/8 of an inch.
- The lift must have two handrails.
- The handrails must be 30-38 inches above the platform surface.
- 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.
- 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.

- If the ramp is not flush with the ground, for each inch off the ground the ramp must be 8 inches long.
- 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):

- When in the fully raised position, the platform surface must be horizontally within 5/8 inch of the floor of the vehicle.
- 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.
- The lift must be designed to allow boarding in either direction.

While inside the vehicle:

- Each securement system must have a clear floor area of 30 inches wide by 48 inches long.
- The securement system must accommodate all common wheelchairs and mobility aids.
- The securement system must keep mobility aids from moving no more than 2 inches in any direction.
- 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:

- One securement system that can be either forward or rear-facing.
- 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:

- Must have 2 securement systems, and one must be forward-facing, the other can be either forward or rear-facing.
- 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.
- Aisles, steps, and floor areas must be slip resistant.
- 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 |
|---|--|-------------------------------------|--|
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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 _____ / _____ GRANT QUESTIONS

**The following questions relate to items specifically addressed in the FY _
/ _____ 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 _____)

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 _____)

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 _____)

Yes No

STATUS REPORT FOLLOW-UP FROM LAST REVIEW(S)

DATE OF LAST REVIEW: _____

STATUS REPORT DATED: _____

CTD RECOMMENDATION:

CTC Response:

Current Status:

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

RIDER/BENEFICIARY 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:

Contractor Survey

_____ County

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:



Scheduled Trips Summary - FL_Marion

For Time Period: 1/6/2017

Printed: 1/5/2017 6:20:09PM

CASH \$ 20.00

Run Name: Unassigned Vehicle: Bus 1403 Wanda
Driver Name:

| Customer Name | Pick Up Time | Pick Up Address | Drop Off Time | Drop Off Address | Mobility Type | Customer Pay | Telephone Ext. |
|---------------|--------------|---|---------------|---|---------------|--------------|----------------|
| Nurse, Nurse | 6:30:00AM | Cradling Hands Ped. Care 2319 Se 58th Ave Ocala, FL 34472 | 9:01:00AM | Cradling Hands Ped. Care 2319 Se 58th Ave Ocala, FL 34472 | Ambulatory | \$ 0.00 | (352) 620-0700 |

Funding Source: Access2Care

| | | | | | | | |
|----------------|-----------|--|-----------|---|------------|---------|----------------|
| Flynn, Nevaeha | 8:30:00AM | MHP 16759 S Us Highway 301 Summerfield, FL 34491 | 9:00:00AM | Cradling Hands 2319 Baseline Rd Ocala, FL 34472 | Ambulatory | \$ 0.00 | (352) 454-6353 |
|----------------|-----------|--|-----------|---|------------|---------|----------------|

Funding Source: Access2Care

| | | | | | | | |
|--------------------|-----------|--|-----------|---|----------|---------|----------------|
| Menjivar, Isabella | 8:30:00AM | Silver Springs Shores 446 Water Rd Ocala, FL 34472 | 9:00:00AM | Cradling Hands 2319 Baseline Rd Ocala, FL 34472 | Car Seat | \$ 0.00 | (972) 268-5862 |
|--------------------|-----------|--|-----------|---|----------|---------|----------------|

Funding Source: Access2Care

| | | | | | | | |
|---------------------|-----------|--|-----------|---|----------|---------|----------------|
| Plasencia, Santiago | 8:30:00AM | Ocala Park Estates 5869 NW 63rd Pl Ocala, FL 34482 | 9:00:00AM | Cradling Hands 2319 Baseline Rd Ocala, FL 34472 | Car Seat | \$ 0.00 | (352) 547-7100 |
|---------------------|-----------|--|-----------|---|----------|---------|----------------|

Funding Source: Access2Care



RouteMatch
Software

| Pick Up Time | Pick Up Address | Drop Off Time | Drop Off Address | Mobility Type | Customer Pay | Telephone Ext. |
|--------------|---|---------------|---|---------------|--------------|----------------|
| 8:30:00AM | Carriage House Phase 2 2631 NE 10th St #505 Ocala, FL 34470 | 9:00:00AM | Cradling Hands 2319 Baseline Rd Ocala, FL 34472 | Wheelchair | \$ 0.00 | (352) 509-3153 |

Funding Source: Access2Care

| | | | | | | |
|-----------|-----------------------------------|-----------------------------|---|--------------|---------------|----------------|
| 9:15:00AM | 5220 NE 7th St Ocala, FL 34470 | 9:45:00AM PIU 8:40 RT | Labcorp 2100 SE 17th St #902 Ocala, FL 34471 P. 1017 | Lift to Load | \$ 2.00 WJ | (352) 216-9000 |
|-----------|-----------------------------------|-----------------------------|---|--------------|---------------|----------------|

Funding Source: TD

| | | | | | | |
|-----------|------------------------------------|------------------------------|---|--------------|---------------|----------------|
| 9:30:00AM | 5625 Se 12th St Ocala, FL 34480 | 10:00:00AM PIU 8:35 RT | WalMart Supercenter in Silver Springs 4980 E Silver Springs Blvd Ocala, FL 34470 P. 11054 | Lift to Load | \$ 2.00 WJ | (352) 694-5625 |
|-----------|------------------------------------|------------------------------|---|--------------|---------------|----------------|

Funding Source: TD

| | | | | | | |
|-----------|-----------------------------------|------------------------------|--|------------|---------------|----------------|
| 9:45:00AM | 3231 Se 6th St Ocala, FL 34471 | 10:15:00AM PIU 9:10 RT | Chandra, Ravi 1920 SW 20th Pl #100 Ocala, FL 34471 P. 10150 | Ambulatory | \$ 2.00 WJ | (203) 444-6548 |
|-----------|-----------------------------------|------------------------------|--|------------|---------------|----------------|

Funding Source: ADA

| | | | | | | |
|------------|--|-------------------------------|---|------------|---------------|----------------|
| 10:30:00AM | Hidden Village 1757 SE 27th Loop Ocala, FL 34471 | 11:00:00AM PIU 10:10 RT | Advanced Physical Therapy 3845 Se Lake Weir Ave Ocala, FL 34471 | Ambulatory | \$ 2.00 WJ | (352) 622-4060 |
|------------|--|-------------------------------|---|------------|---------------|----------------|

Funding Source: TD

| | | | | | | |
|------------|--|-------------------------------|---|------------|---------------|----------------|
| 10:30:00AM | Crestwood Village/Northside 1946 Se 37th Court Cir Ocala, FL 34471 | 11:00:00AM PIU 10:10 RT | Radiology Associates 1490 Se Magnolia Ext Ocala, FL 34471 | Wheelchair | \$ 2.00 WJ | (352) 624-1889 |
|------------|--|-------------------------------|---|------------|---------------|----------------|

Paratransit



RouteMatch
Software

| Pick Up Time | Pick Up Address | Drop Off Time | Drop Off Address | Mobility Type | Customer Pay | Telephone Ext. |
|---------------------|--|---------------|--|---------------|----------------------|----------------|
| Funding Source: TD | | | | | | |
| 11:45:00AM | Labcorp 2100 SE 17th St #902 Ocala, FL 34471 | 12:15:00PM | 5220 NE 7th St Ocala, FL 34470 | Lift to Load | \$ 2.00 <i>WJ</i> | (352) 216-9000 |
| Funding Source: TD | | | | | | |
| 12:00:00PM | Walmart Supercenter in Silver Springs 4980 E Silver Springs Blvd Ocala, FL 34470 | 12:30:00PM | 5625 Se 12th St Ocala, FL 34480 | Lift to Load | \$ 2.00 <i>WJ</i> | (352) 694-5625 |
| Funding Source: TD | | | | | | |
| 12:15:00PM | Chandra, Ravi 1920 SW 20th Pl #100 Ocala, FL 34471 | 12:45:00PM | 3231 Se 6th St Ocala, FL 34471 | Ambulatory | \$ 2.00 <i>WJ</i> | (203) 444-6548 |
| Funding Source: ADA | | | | | | |
| 1:00:00PM | Advanced Physical Therapy 3845 Se Lake Weir Ave Ocala, FL 34471 | 1:30:00PM | Hidden Village 1757 SE 27th Loop Ocala, FL 34471 | Ambulatory | \$ 2.00 <i>WJ</i> | (352) 622-4060 |
| Funding Source: TD | | | | | | |
| 1:00:00PM | Radiology Associates 1490 Se Magnolia Ext Ocala, FL 34471 | 1:30:00PM | Crestwood Village/Northside 1946 Se 37th Court Cir Ocala, FL 34471 | Wheelchair | \$ 2.00 <i>WJ</i> | (352) 624-1889 |
| Funding Source: TD | | | | | | |



| Pick Up Time | Pick Up Address | Drop Off Time | Drop Off Address | Mobility Type | Customer Pay | Telephone Ext. |
|--------------|--|----------------------|------------------------------------|---------------|------------------|----------------|
| 1:30:00PM | WPC Beauty Salon 1505 Nw 10th St Ocala, FL 34475 | 9/10/13 2:00:00PM | 2048 NE 45th St Ocala, FL 34479 | Ambulatory | \$ 2.00 ① ① ① | (352) 622-8858 |

Funding Source: ADA





Scheduled Trips Summary - FL_Marion

For Time Period: 1/3/2017

Printed: 1/3/2017 11:17:31AM

Run Name: Unassigned
Driver Name:

Vehicle: Bus 1306 Bill

| Customer Name | Pick Up Time | Pick Up Address | Drop Off Time | Drop Off Address | Mobility Type | Customer Pay | Telephone Ext. |
|-------------------|--------------|--|---------------|---|---------------|--------------|----------------|
| Barriner, Leonard | 7:30:00AM | 2048 NE 45th St Ocala, FL 34479 | 8:00:00AM | WPC Beauty Salon 1505 NW 10th St Ocala, FL 34475 | Ambulatory | \$ 2.00 | (352) 622-8858 |
| Mozell, Tamika | 7:30:00AM | 1361 Nw 33rd Ave Ocala, FL 34475 | 8:00:00AM | Community Education Center 1014 SW 7th Rd Ocala, FL 34471 | Ambulatory | \$ 2.00 | (352) 867-5687 |
| Giles, Calvin | 9:30:00AM | 3080 Ne 169th St Citra, FL 32113 | 10:00:00AM | Anderson, Norman 2020 SE 17th St Ocala, FL 34471 | Lift to Load | \$ 2.00 | (352) 817-2221 |
| Heney, Barbara | 9:30:00AM | Victory MHP 9588 NE Jacksonville Rd Lot #49 Anthony, FL 32617 | 10:00:00AM | Southeastern Lab 3305 SW 34th Cir #100 Ocala, FL 34474 | Wheelchair | \$ 2.00 | (352) 620-0208 |

ON-SITE OBSERVATION OF THE SYSTEM

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

Bus #12

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? N/A ~~Yes No~~

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

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

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:

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: BUS # 42

Please list any special guests that were present:

Location:

Number of Passengers picked up/dropped off: - APT CANCELLED

Ambulatory - APT CANCELLED

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:

RIDER/BENFICIARY SURVEY

Staff making call: _____
Date of Call: / /

County: _____
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?

\$2 Exact Way

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: _____

#12

RIDER/BENFICIARY SURVEY

Staff making call: _____
Date of Call: 1/4/17

County: MARION
Funding Source: _____

- 1) Did you receive transportation service on 1/4/17? Yes or No
- 2) Where you charged an amount in addition to the co-payment? Yes or No If so, how much?
\$ 2.00 (STANDARD 1-WAY)

- 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 permally 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 SALVATORE LATO for use in publications.)

Additional Comments: WOULD NOT BE ABLE TO SEE
PHYSICIAN BECAUSE CLIENT DOES NOT OWN VEHICLE.
SERVICE IS VERY GOOD!

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?

\$2 Extra Way

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: THEY'RE GREAT

RIDER/BENFICIARY SURVEY

Staff making call: _____
Date of Call: / /

County: MARION
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?
\$2 Each Way

- 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 Called Too Late For DAPT

- 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 1/4/17?
 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

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?

\$2 Each Way

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: BUSY SIGNAL FOR ABOUT AN HOUR

WHEN BOOKING APPT.

RIDER/BENFICIARY SURVEY

Staff making call: _____
Date of Call: / /

County: _____
Funding Source: _____

- 1) Did you receive transportation service on 11/6/17? Yes or No
- 2) Where you charged an amount in addition to the co-payment? Yes or No If so, how much?
\$2 EACH WAY
- 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: EXTREMELY IMPRESSED WITH OVERALL SERVICE. DRIVERS ARE VERY EFFICIENT, KIND AND HELPFUL.

RIDER/BENFICIARY SURVEY

Staff making call: _____
Date of Call: / /

County: _____
Funding Source: _____

- 1) Did you receive transportation service on 1/6? Yes or ~~Yes~~ 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/BENFICIARY SURVEY

Staff making call: _____
Date of Call: / /

County: _____
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: _____

2017

49 U.S.C. SECTION 5310

FORMULA GRANTS FOR THE ENHANCED MOBILITY
OF SENIORS AND INDIVIDUALS WITH DISABILITIES

CFDA 20.513

OPERATING & CAPITAL ASSISTANCE APPLICATIONS

FLORIDA DEPARTMENT OF TRANSPORTATION - PUBLIC TRANSIT OFFICE

CAPITAL ASSISTANCE APPLICATION

1.1. CAPITAL ASSISTANCE APPLICATION CHECKLIST

Name of Applicant: Marion Senior Services, Inc.

Check One: First Time Applicant: _____ Previous Applicant: _____

The following must be included in the Section 5310 Grant application in the following order:

- 1.1** Capital Assistance Application Checklist (this form)
- 1.2** Applicant's Cover Letter
- 1.3** Governing board's Resolution
- 1.4** Form 424: Application for Federal Assistance
- 1.5** Exhibit A: Current System Description
- 1.6** Exhibit A-1: Fact Sheet
- 1.7** Exhibit B: Proposed Project Description
- 1.8** Form C-1: Operating & Administrative Expenses
- 1.9** Form C-2: Operating & Administrative Revenues
- 1.10** Form C-3: Proof of Local Match
- 1.11** Form C-4: Current Vehicle and Transportation Equipment Inventory Form
- 1.12** Form C-5: Capital Request Form
- 1.13** Form C-6: Capital Request Methodology Form
- N/A 1.14** Exhibit C: Public Hearing Notice and Publisher's Affidavit (public agencies only)
- 1.15** Exhibit D: Leasing (**Required for all applications for capital assistance**)
- 1.16** Exhibit E: Federal Certifications and Assurances
- 1.17** Exhibit F: Certification of Equivalent Service (if grant is for non-accessible vehicles)
- 1.18** Exhibit G: Applicant Certification and Assurance to FDOT
- 1.19** Exhibit I: Coordinated Public Transit-Human Services Transportation Plan (TDSP)
- 1.20** Exhibit J: Standard Lobbying Certification Form
- 1.21** Exhibit L: CTC Agreement
- N/A 1.22** Exhibit M: Transportation Operating Procedure (if agency receives 5310 funding only)
- N/A 1.23** Copy of Certification of Incorporation (if both private-non-profit and a first time applicant)
- 1.24** Proof of non-profit status (if a private-non-profit agency)
- N/A 1.25** Copy of the Title VI Plan (if not previously submitted to the Department)

If grant is for facilities only:

N/A **1.26** Copy of cover letter sent with application submitted to Local Clearinghouse
Agency/RPC Date: _____

N/A **1.27** Exhibit H: Protection of the Environment (if grant is for facilities)

FOR DEPARTMENT USE ONLY

Date: _____ Letter received from the Local RPC/Clearinghouse



1101 S.W. 20th Court Ocala, FL 34471
Office (352) 620-3501 Fax (352) 629-6122
www.marionseniorservices.org

"assisting the elderly, disabled and disadvantaged residents of Marion County to maintain independent living status"

STATE OF FLORIDA DEPARTMENT OF TRANSPORTATION

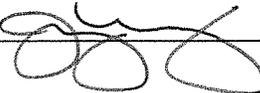
GRANT APPLICATION

Marion Senior Services, Inc. / Marion Transit submits this Application for the Section 5310 Program Grant and agrees to comply with all assurances and exhibits attached hereto and by this reference made a part thereof, as itemized in the Checklist for Application Completeness.

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

This Application is submitted on this 18 day of Nov 2016 with two (2) original resolutions or certified copies of the original resolution authorizing Ms. Jennifer Martinez, Executive Director to sign this Application.

Marion Senior Services, Inc. / Marion Transit

By , Executive Director

Date 11/18/16

Marion Senior Services is funded through The State of Florida Department of Elder Affairs; Florida Department of Children & Families Services; Florida Department of Transportation; Commission for the Transportation Disadvantaged; United Way of Marion County; Marion County Commission; Community Support; Client Contributions

"assisting the elderly, disabled and disadvantaged residents of Marion County to maintain independent living status"

RESOLUTION - 5310

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

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

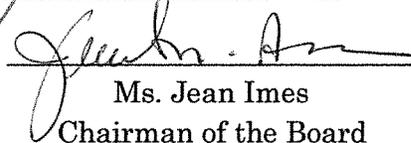
NOW, THEREFORE, BE IT RESOLVED BY THE Marion Senior Services, Inc., Board of Directors located at 1101 S.W. 20th Court, Ocala, Florida 34471:

1. This resolution applies to Federal Program(s) under U.S.C. Section(s) 5310.
2. The submission of a grant application(s), supporting documents, and assurances to the Florida Department of Transportation is approved.
3. **Ms. Jennifer Martinez, Executive Director** is authorized to sign the application, accept a grant award, purchase vehicles/equipment and/or expend grant funds pursuant to a grant award, unless specifically rescinded.

DULY PASSED AND ADOPTED THIS

11/18/2016, 20__

By:


Ms. Jean Imes
Chairman of the Board

ATTEST:



"assisting the elderly, disabled and disadvantaged residents of Marion County to maintain independent living status"

RESOLUTION - 5310

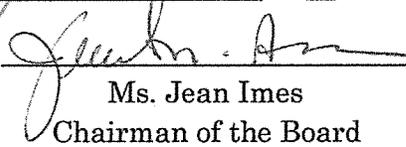
A **RESOLUTION** of the Marion Senior Services, Inc. authorizing the signing and submission of a grant application and supporting documents and assurances to the Florida Department of Transportation, the acceptance of a grant award from the Florida Department of Transportation, and the purchase of vehicles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

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

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1. This resolution applies to Federal Program(s) under U.S.C. Section(s) 5310.
2. The submission of a grant application(s), supporting documents, and assurances to the Florida Department of Transportation is approved.
3. **Ms. Jennifer Martinez, Executive Director** is authorized to sign the application, accept a grant award, purchase vehicles/equipment and/or expend grant funds pursuant to a grant award, unless specifically rescinded.

DULY PASSED AND ADOPTED THIS 11/18/2016, 20__

By: 
Ms. Jean Imes
Chairman of the Board

ATTEST: 

1.4 FORM 424: APPLICATION FOR FEDERAL ASSISTANCE

Attach the completed Form 424 here.

Application for Federal Assistance SF-424*** 1. Type of Submission:**

- Preapplication
 Application
 Changed/Corrected Application

*** 2. Type of Application:**

- New
 Continuation
 Revision

*** If Revision, select appropriate letter(s):**

*** Other (Specify):**

*** 3. Date Received:**

4. Applicant Identifier:

5a. Federal Entity Identifier:

5b. Federal Award Identifier:

State Use Only:**6. Date Received by State:**

7. State Application Identifier:

8. APPLICANT INFORMATION:*** a. Legal Name:** *** b. Employer/Taxpayer Identification Number (EIN/TIN):**

*** c. Organizational DUNS:**

d. Address:*** Street1:** **Street2:** *** City:** **County/Parish:** *** State:** **Province:** *** Country:** *** Zip / Postal Code:** **e. Organizational Unit:****Department Name:**

Division Name:

f. Name and contact information of person to be contacted on matters involving this application:**Prefix:**

*** First Name:**

Middle Name: *** Last Name:** **Suffix:** **Title:** **Organizational Affiliation:** *** Telephone Number:** **Fax Number:** *** Email:**

Application for Federal Assistance SF-424

*** 9. Type of Applicant 1: Select Applicant Type:**

M: Nonprofit with 501C3 IRS Status (Other than Institution of Higher Education)

Type of Applicant 2: Select Applicant Type:

Type of Applicant 3: Select Applicant Type:

* Other (specify):

*** 10. Name of Federal Agency:**

Federal Transit Administration

11. Catalog of Federal Domestic Assistance Number:

20.513

CFDA Title:

Formula Grants for the Enhanced Mobility of Seniors and Individuals with Disabilities.

*** 12. Funding Opportunity Number:**

Not Applicable

* Title:

13. Competition Identification Number:

Not Applicable

Title:

14. Areas Affected by Project (Cities, Counties, States, etc.):

Add Attachment

Delete Attachment

View Attachment

*** 15. Descriptive Title of Applicant's Project:**

Section 5310 Grant Application. This request is for capital funding to purchase five replacement vehicles.

Attach supporting documents as specified in agency instructions.

Add Attachments

Delete Attachments

View Attachments

Application for Federal Assistance SF-424

16. Congressional Districts Of:

* a. Applicant

* b. Program/Project

Attach an additional list of Program/Project Congressional Districts if needed.

17. Proposed Project:

* a. Start Date:

* b. End Date:

18. Estimated Funding (\$):

| | |
|---------------------|---|
| * a. Federal | <input type="text" value="363,684.00"/> |
| * b. Applicant | <input type="text" value="0.00"/> |
| * c. State | <input type="text" value="45,460.50"/> |
| * d. Local | <input type="text" value="45,460.50"/> |
| * e. Other | <input type="text" value="0.00"/> |
| * f. Program Income | <input type="text" value="0.00"/> |
| * g. TOTAL | <input type="text" value="454,605.00"/> |

*** 19. Is Application Subject to Review By State Under Executive Order 12372 Process?**

- a. This application was made available to the State under the Executive Order 12372 Process for review on
- b. Program is subject to E.O. 12372 but has not been selected by the State for review.
- c. Program is not covered by E.O. 12372.

*** 20. Is the Applicant Delinquent On Any Federal Debt? (If "Yes," provide explanation in attachment.)**

Yes No

If "Yes", provide explanation and attach

21. *By signing this application, I certify (1) to the statements contained in the list of certifications and (2) that the statements herein are true, complete and accurate to the best of my knowledge. I also provide the required assurances** and agree to comply with any resulting terms if I accept an award. I am aware that any false, fictitious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties. (U.S. Code, Title 218, Section 1001)**

** I AGREE

** The list of certifications and assurances, or an internet site where you may obtain this list, is contained in the announcement or agency specific instructions.

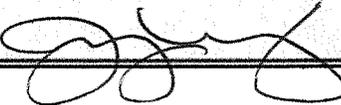
Authorized Representative:

Prefix: * First Name:
Middle Name:
* Last Name:
Suffix:

* Title:

* Telephone Number: Fax Number:

* Email:

* Signature of Authorized Representative: 

* Date Signed:

1.5 EXHIBIT A: CURRENT SYSTEM DESCRIPTION

1. What is a general overview of the organization including its mission, program goals and objectives?

The mission of Marion Senior Services, Inc. d/b/a Marion Transit is to provide quality transportation services to the transportation disadvantaged in Marion County, FL.

Our goals and objectives are simple; deliver excellent customer service, provide on-time performance, minimize dwell time, have high passenger satisfaction, ensure safe driving and passenger safety.

Marion County is the fifth largest county in the State of Florida with the majority of residents living in the unincorporated and rural areas of the county. The unincorporated population has been experiencing annual population increases in the thousands while the municipalities have little growth. Marion Transit between June – July 2015/2016 provided 119,367 trips for the transportation disadvantaged that include seniors and individuals with disabilities.

2. What is the organizational structure, type of operation, number of employees, and other pertinent organizational information? Is the organization a government authority or a private non-profit agency? Include an organizational chart that shows the positions that are involved in the transit department i.e. fleet manager, vehicle maintenance. The organizational chart may be placed after this exhibit.

Marion Senior Services, Inc. is a not-for-profit 501.c.3 organization. The agency has several divisions that include Community Care (i.e. meals-on-wheels, elder care, congregate dining, senior companions) and Marion Transit. The agency as a whole has 64 full-time employees, 32 part-time and 262 volunteers.

Marion Transit has the following positions: (1) Transportation Director, (1) Operations Manager, (1) Safety Manager, (1) Trips Manager, (39) FT Drivers, (3) Reservations Clerks, (1) Trip Scheduler, (1) Billing Clerk (2) Dispatchers and (1) Office Assistant (See Chart)

3. Who is responsible for insurance, training and management, and administration of the agencies transportation programs?

The Marion Transit Transportation Director has the ultimate responsibility for overseeing that the administration of the agency transportation program. The Safety Manager oversees the training of drivers to include an 80 hour Field Training Operator Program that trains and assesses every new driver before they are released to drive our buses. This program has three major themes; Vehicle Safety, Driver/Operator Safety, and Passenger Safety. Both the Operations and Safety Managers are responsible for continuing education for the drivers that include mandatory quarterly safety meetings.

4. Who provides maintenance for the vehicles? Is it outsourced? What type of Preventative Maintenance work does the agency do on-site?

Marion Transit outsources our fleet vehicle maintenance to a local vendor, Construction Tire and Maintenance. They have a one year contract that includes renewable terms. We follow the recommended A,B,C 6000 mile maintenance program outlined by the Florida Department of Transportation. We also outsource and contract with Advanced Vehicle Modification (AVL) for our wheelchair lift maintenance. Our A/C vendor is Thermo King.

Other than the daily pre & post check that may require adding fluids (i.e. oil, transmission fluid, etc.) we do not perform any on-site vehicle maintenance.

5. What is the agency's current number of transportation related employees?

Transportation has 51 employees. (1) Transportation Director; (3) Managers (Operations, Safety & Trip); (3) Reservationist; (1) Trip Scheduler; (1) Billing Clerk; (2) Dispatchers; (39) FTE Drivers; (1) Office Assistant. We share with Marion Senior Services, Inc. the Executive Director, a Finance Director and Human Resources Director.

6. Who will drive the vehicle, number of drivers, CDL certifications?

Marion Transit has 39 FTE drivers. Because of our bus size and capacity we do not require CDL certifications. Several of our support employees are also cross-trained to drive as needed.

7. What is a detailed description of service routes and ridership numbers?

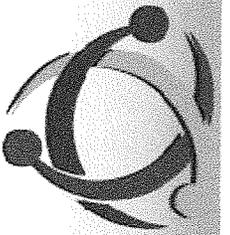
Marion Transit provides county wide transportation to all 1652 square miles of Marion County, Florida. All our buses are ADA equipped and our service is origin to destination. Drivers will assist passengers from their door to the door of their appointment. SunTran, the local mass transit bus service for Ocala contracts with Marion Transit to provide ADA complimentary transportation service.

We provide trips for: Medical appointments, life sustaining activities, education, work, business and recreational. 53% of our trips are for medical appointments.

Currently we have 32 front line buses and 11 spares that are cutaway buses ranging from 22' to 24' all equipped with lifts for wheelchairs. One spare is a Dodge Caravan also equipped with a wheelchair ramp.

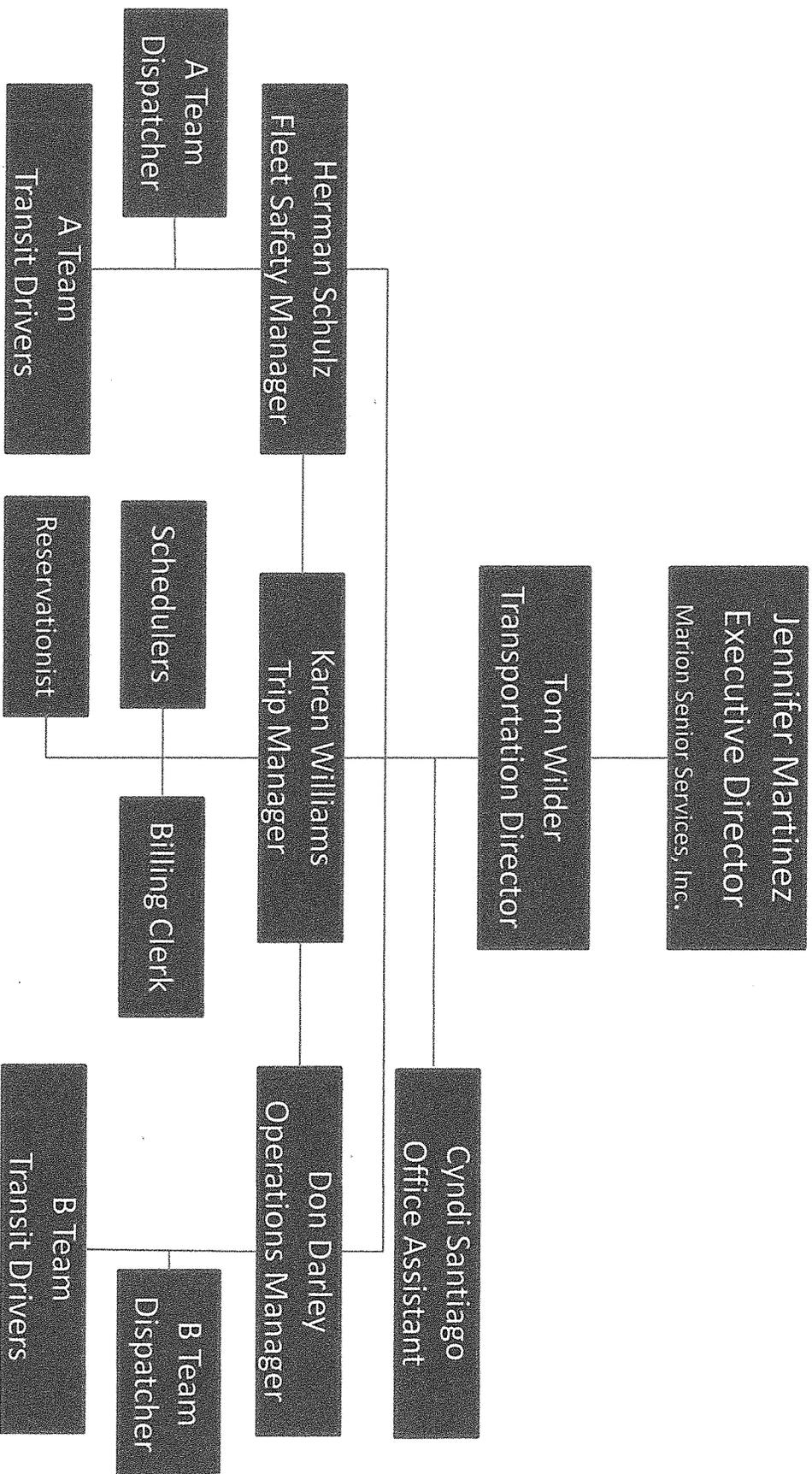
Marion Transit operates approximately 32 buses per day that average between 350 – 450 total trips per day.

If the applicant is a Community Transportation Coordinator (CTC), relevant pages of a Transportation Disadvantaged Service Plan (TDSP) and Annual Operating Report (AOR) containing the above information may be provided here. Please do not attach entire documents.



Marion
Senior Services
MEALS • TRANSIT • IN-HOME SUPPORT

TRANSIT DIVISION



FLCTD
Annual Operations Report
Section III: Passenger Trip Info

| | | | |
|--|---------------------|---|---------------|
| County: Marion | | Fiscal Year: July 1, 2015 - June 30, 2016 | |
| Status: Complete | | | |
| FLCTD Status: Approved | | | |
| Section III: Passenger Trip Information | | | |
| 1a. One-Way Passenger Trips | | | |
| Type of Service | Service Area | | |
| Fixed Route/Fixed Schedule | Within | Outside | Total |
| Daily Trip Tickets | 0 | 0 | 0 |
| Weekly Passes | 0 | 0 | 0 |
| Monthly Passes | 0 | 0 | 0 |
| Deviated Fixed Route Service | | | |
| | 0 | 0 | 0 |
| Paratransit | | | |
| Ambulatory | 87108 | 0 | 87108 |
| Non-Ambulatory | 32259 | 0 | 32259 |
| Stretcher | 0 | 0 | 0 |
| Other Services | | | |
| School Board Trips | 0 | 0 | 0 |
| Total Trips | 119367 | 0 | 119367 |
| 1b. How many of the total trips were provided by contracted transportation providers (do not include the CTC, if the CTC provides transportation services)? | | | 0 |
| 1c. How many of the total trips were provided by coordination contractors? | | | 30157 |
| 2. One-Way Trips by Funding Source | | | |
| Agency for Health Care Administration | | | 11262 |
| Agency for Persons with Disabilities | | | 30157 |
| Agency for Workforce Innovation | | | 0 |
| Commission for the Transportation Disadvantaged | | | 27424 |
| Department of Children and Families | | | 0 |
| Department of Community Affairs | | | 0 |
| Department of Education | | | 0 |
| Department of Elder Affairs | | | 0 |

| | |
|--|--------|
| Department of Health | 0 |
| Department of Juvenile Justice | 0 |
| Florida Department of Transportation | 33686 |
| Local Government | 16838 |
| Local Non-Government | 0 |
| Other Federal Programs | 0 |
| Total: | 119367 |
| 3. One-Way Trips by Passenger Type | |
| Was this information obtained by sampling? | no |
| Elderly | |
| Low Income: | 7853 |
| Disabled: | 21392 |
| Low Income and Disabled: | 10636 |
| Other: | 17240 |
| Children | |
| Low Income: | 1350 |
| Disabled: | 852 |
| Low Income and Disabled: | 9147 |
| Other: | 30 |
| Other | |
| Low Income: | 4078 |
| Disabled: | 39346 |
| Low Income and Disabled: | 1698 |
| Other: | 5745 |
| Total: | 119367 |
| 4. One-Way Passenger Trips - by Purpose | |
| Was this information obtained by sampling? | no |
| Medical Purpose | 63177 |
| Employment Purpose | 431 |
| Education/Training/Daycare Purpose | 34032 |
| Nutritional Purpose | 14031 |
| Life-Sustaining/Other Purpose | 7696 |
| Total: | 119367 |
| 5. Unduplicated Passenger Head Count | |

| | |
|--|------|
| 5a. Paratransit/Deviated Fixed Route/ School Brd | 3224 |
| 5b. Fixed Route | 0 |
| Total: | 3224 |
| 6. Number of Unmet Trip Requests | |
| | 553 |
| Unmet Trip Requests by Type of Trip | |
| Unmet Medical | 490 |
| Unmet Employment | 1 |
| Unmet Education/Training/Daycare | 8 |
| Unmet Nutritional | 11 |
| Unmet Life-Sustaining/Other | 43 |
| Reason Trip was Denied (Optional) | |
| Lack of Funding: | 0 |
| Lack of Vehicle Availability: | 0 |
| Lack of Driver Availability: | 0 |
| Other: | 0 |
| 7.) Number of Passenger No-shows | |
| | 2774 |
| Passenger No-Shows by Funding Source (optional) | |
| CTD: | 899 |
| AHCA: | 683 |
| AWI: | 0 |
| DCF: | 0 |
| APD: | 0 |
| DOE: | 0 |
| DOEA: | 0 |
| Other: | 1192 |
| 8. Complaints | |
| Complaints by Service | 12 |
| Complaints by Policy | 0 |
| Complaints by Vehicle | 1 |
| Complaints by Other | 0 |
| Complaint Total: | 13 |
| 9. Commendations | |

1.6 EXHIBIT A-1: FACT SHEET

Name of Applicant: Marion Senior Services, Inc.

| | CURRENTLY | IF GRANT IS AWARDED (Estimates are acceptable.) |
|---|---|--|
| 1. Number of total one-way trips served by the agency PER YEAR (for entire system)* Please include calculations. | 119,367 457 est.trips per day x 261 days of service per year | 119,367 <i>Grant is for replacement vehicles only. Not expanding service.</i> |
| 2. Number of one-way trips provided to seniors and individuals with disabilities PER YEAR* | 83,071 318 avg.trips per day x 261 days of service per year | 83,071 <i>Grant is for replacement vehicles only. Not expanding service.</i> |
| 3. Number of individual senior and disabled clients (unduplicated) PER YEAR | 3,224 | 3,224 <i>Due to not expanding service ridership is not expected to increase.</i> |
| 4. Total number of vehicles used to provide service to seniors and individuals with disabilities ACTUAL | 43 | 43 <i>Grant is to replace vehicles deemed beyond their useful life.</i> |
| 5. Number of 5310 vehicles used to provide service to seniors and individuals with disabilities eligible for replacement ACTUAL (Refer to Vehicle Life Span chart) | 5 | 5 <i>Replacement vehicles only.</i> |
| 6. Total fleet vehicle miles traveled to provide service to seniors and individuals with disabilities PER YEAR | 1,149,596 | 1,149,596 <i>Service is not expanding.</i> |
| 7. Number of days that vehicles are in operation to provide service to seniors and individuals with disabilities AVERAGE PER WEEK | 5 | 5 <i>Service is not expanding.</i> |
| 8. Posted hours of normal operation agency provides service to seniors and individuals with disabilities PER WEEK. (This does not include non-scheduled emergency availability) | M–F: 8:00am – 5:00pm Saturday: None Sunday: None Total (WEEK): 45hrs | M–F: 8:00am – 5:00pm Saturday: None Sunday: None Total (WEEK): 45hrs |

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

1.7 EXHIBIT B: PROPOSED PROJECT DESCRIPTION

1. **Is the project to continue the existing level of services, to expand present service, or to provide new service? How will a grant award be used? How many more hours of service will be provided? Will it expand service to a larger geographic area? Will it be used to reduce headways? If so, please specify). How many more trips will be provided? Please explain in detail.**

In order to help *maintain our existing level of service* our request to the Florida Department of Transportation for the 5310 Program funds will specifically be used to purchase and replace five small cutaway buses. The five (5) vehicles that are identified for replacement on our vehicle inventory list are small cutaways and all meet the age and mileage requirements. While they have been maintained per FDOT's maintenance guidelines and the manufacturer's recommendations, they are beginning to show signs of aging that will essentially increase our costs to maintain them. The dependability of these vehicles is limited thus creating restraints in our daily schedules as we are unable to use them for longer distance trips within our county which is 1652 square miles in size.

Regular service hours will remain Monday through Friday from 8:00 a.m. through 5:00 p.m., except holidays, for which we provide limited service. Our dispatch operation opens at 4:30 a.m. and closes at 6:30 p.m. or after the last driver is done and has returned to the yard. Our program provides origin to destination (door-to-door) demand response service to enhance the mobility of our seniors and individuals with disabilities. The service will provide users various types of trips to include, but not limited to, medical and life-sustaining appointments, their nutritional needs, employment related services, and for recreation.

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

Transportation services provided by Marion Senior Services, Inc. – Marion Transit will continue to be in compliance with the Federal Transit Administration's Section 5310/5311 Programs, Chapter 427, Florida Statutes, and Rule Chapter 14-90 and 41-2, FAC, Title VI requirements.

We are currently serving seniors and individuals with disabilities and have provided them with trips during a twelve month period. By replacing vehicles that have met or exceeded their useful life the fleet capacity is maintained and allows for continuance of existing levels of service.

3. **Provide a brief description of the project which includes the counties served, whether the applicant shall service minority populations and whether the applicant is minority-owned.**

Marion Senior Services, Inc. is a 501.c.3 not-for-profit organization and is not minority-owned. In 1982, the Metropolitan Planning Organization in Ocala designated Marion County Senior Services as the Community Transportation Coordination (CTC) Provider for the transportation

disadvantaged in Marion County. Operating, administrative and capital funds are provided by the Florida Department of Transportation. Since 1991, the Transportation Disadvantaged Commission has also provided funds to pay for clients not sponsored by any agency or organization. We currently operate Monday thru Friday to transport elderly, disabled and transportation-disadvantaged persons throughout Marion County, Florida that does include serving minority populations.

- 4. Agencies receiving Section 5310 funds must collect both quantitative and qualitative data to capture overarching program information as part of the Section 5310 annual report. Please outline how your agency will collect the quantitative and qualitative data required as a Section 5310 sub-recipient, for example, what will the time frame be/how will it be incorporated into program operations? What tools will be used to collect the data?**

Marion Transit has recently installed dispatching and record keeping software (by RouteMatch) that will assist in the collection of quantitative and qualitative data that will assist us in reaching our performance measures that includes on-time performance, reducing dwell time and improved routing of our buses. We will also continue to conduct periodic customer surveys to ensure that we are meeting or exceeding our goals.

- 5. Fully explain your transportation program:**

- a. Service hours, planned service, routes and trip types**

Regularly scheduled service hours are Monday through Friday from 8:00 a.m. through 5:00 p.m. Limited service hours that are specific to transporting riders to dialysis and urgent type trips are provided during times outside of our normal working hours. The operation begins as early as 4:00 a.m. and ends as late as 7:00 p.m. or until the last passenger's return trip is complete.

- b. Staffing – include plan for training on vehicle equipment such as wheelchair lifts, etc.**

Staffing includes three reservations clerks, one scheduler, two dispatchers, office assistant, four management employees, and thirty-nine full-time drivers. Training involves in-depth classroom and field instruction to include distracted and defensive driving, substance abuse (MSS is a zero tolerance agency), passenger sensitivity, wheelchair securement, agency policies and procedures, emergency/evacuation procedures, vehicle care, pre and post trip inspections, and customer service. At least eighty hours of hands-on training is provided through our Field Training Operator (FTO) Program. Quarterly, mandatory staff/safety meetings are held to maintain and promote a solid safety program.

c. Records maintenance– who, what methods, use of databases, spreadsheets etc.

Maintenance records are managed by Trips Manager excel spreadsheets and the new RouteMatch (new) and Paralogics (old) databases. Marion Transit follows the records retention schedule for all client records.

d. Vehicle maintenance – who, what, when and where. Include a section on how vehicles are maintained without interruptions in service.

Vehicle maintenance is performed by Construction Tire and Maintenance, Palm Chevrolet, and Advanced Vehicle Modifications. Maintenance records are managed by the Operations Manager and the Fleet Safety Manager using excel spreadsheets. Invoices and vehicle inspections are viewed daily for reconciliation. We follow the recommended A, B, C vehicle maintenance program. Annual inspections are also completed on each bus. Maintenance records are kept for the life of the vehicle. The utilization of spare buses assists us with maintaining our service without interruption.

e. System safety plan

Marion Transit has a System Safety Plan which recently was reviewed and updated for a Tri-annual inspection from which we received a letter of compliance. This plan is continually monitored and updated as changes occur.

f. Drug free work place

Marion Senior Services, Inc. – Marion Transit is a Drug Free workplace. We have a zero tolerance drug policy and conduct pre-employment, random as well as suspected drug testing on transit employees.

6. How do you currently fund the operations of your transit program? What are your transit sources of funding – state/local/federal/ private foundations?

The transit program is funded by the Florida Department of Transportation, the Commission for the Transportation Disadvantaged, City of Ocala (SunTran – ADA), County Commission, donations and client fares.

7. Why are operating funds being requested?

Operating funding is not being requested for 5310 grant funding.

8. If this grant is not fully funded, can you still proceed with this program?

Yes. We will still be able to provide services but because of the aging fleet we would begin to see an increase in vehicle maintenance costs.

9. New agencies only: Have you met with the CTC and, if so, how are you providing a service they cannot? Provide detailed information supporting this requirement. N/A

Applications submitted without the appropriate coordination agreement may be rejected by FDOT. Grant awards will not be made without an appropriate coordination agreement.

1.8 FORM C-1: TRANSIT-RELATED OPERATING AND ADMINISTRATIVE EXPENSES

Name of Applicant: _____ Marion Senior Services, Inc. _____

Name of Transit Program: Marion Transit

Applicant Fiscal period start and end dates: October 1, 2017 to September 30, 2018

State Fiscal period from: July 1, 2017 to June 30, 2018

| EXPENSE CATEGORY | EXPENSE \$ |
|---------------------------------|--------------------|
| Labor (501) | \$1,407,336 |
| Fringe and Benefits (502) | \$536,638 |
| Services (503) | \$ 44,459 |
| Materials and Supplies (504) | \$106,020 |
| Vehicle Maintenance (504.01) | \$905,712 |
| Utilities (505) | \$ 52,981 |
| Insurance (506) | \$172,475 |
| Licenses and Taxes (507) | \$ 1,050 |
| Purchased Transit Service (508) | \$ 0 |
| Miscellaneous (509) | \$ 16,842 |
| Leases and Rentals (512) | \$ 0 |
| Depreciation (513) | \$ 0 |
| TOTAL EXPENSE | \$3,243,513 |

1.9 FORM C-2: TRANSIT-RELATED OPERATING AND ADMINISTRATIVE REVENUES

Name of Applicant: Marion Senior Services, Inc.

Name of Transit Program: Marion Transit

Applicant Fiscal period start and end dates: October 1, 2017 to September 30, 2018

State Fiscal period from: July 1, 2017 to June 30, 2018

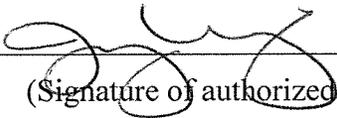
| OPERATING REVENUE CATEGORY | REVENUE \$ |
|---|--------------------|
| Passenger Fares for Transit Service (401) | \$439,390 |
| Special Transit Fares (402) | \$104,407 |
| Other (403 – 407) (identify by appropriate code) | \$ 2,528 |
| TOTAL OPERATING REVENUE | \$546,325 |
| OTHER REVENUE CATEGORY | |
| Taxes Levied Directly by the Transit System (408) | |
| Local Cash Grants and Reimbursements (409) | \$786,735 |
| Local Special Fare Assistance (410) | |
| State Cash Grants and Reimbursements (411) | \$1,244,142 |
| State Special Fare Assistance (412) | |
| Federal Cash Grants & Reimbursements (413) | \$770,718 |
| Interest Income (414) | 0 |
| Contributed Services (430) | |
| Contributed Cash (431) | |
| Subsidy from Other Sectors of Operations (440) | |
| TOTAL OF OTHER REVENUE | \$2,801,595 |
| GRAND TOTAL ALL REVENUE | \$3,347,920 |

1.10 FORM C-3: PROOF OF LOCAL MATCH

Name of Applicant: Marion Senior Services, Inc. – Marion Transit

Sources and amounts of local share for the vehicles/equipment, or mobility management, being requested:

| SOURCE: | AMOUNT: |
|---|-----------|
| Marion County Board of County Commissioners | \$825,735 |
| | |
| | |
| | |
| | |



(Signature of authorized representative)

Jennifer Martinez, Executive Director

(Name and title of authorized representative)

Attach documentation of vehicle match funds immediately behind this page. Proof may consist of, but not be limited to: written statements from county commissions, state agencies, city managers, mayors, town councils, organizations, accounting firms and financial institutions.

NINTH AMENDMENT TO AGREEMENT

In accordance with the original Agreement for Senior/Transit Services entered into December 15, 1992 (the "Agreement"), this Ninth Amendment to the Agreement (this "Amendment") is made and entered into by and between Marion Senior Services, Inc, located at 1101 SW 20th 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 25th 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 \$825,735 to provide for Senior and other Transit Services.
2. **Term.** The term of the Agreement shall be amended and extended for services performed during FY16/17 defined as October 1, 2016 through September 30, 2017.
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.
6. **Provider Conduct:** These Guidelines govern Provider doing work on Owner property, as well as its employees, agents, consultants, and others on Owner property in connection with the Provider's work or at the Provider's express or implied invitation.
 - **Courtesy and Respect:** Owner is a diverse government institution and it is critical that Provider and its employees conduct themselves in a manner that is lawful, courteous, businesslike, and respectful of all staff, guests, or visitors.
 - **Language and Behavior:** Provider and its employees cannot engage in behavior that is rude, threatening, or offensive. Use of profane or insulting language is prohibited. Harassment of any type, including sexual harassment is strictly prohibited. Abusive, derogatory, obscene or improper language, gestures, remarks, whistling, cat calls or other disrespectful behavior cannot be tolerated. Roughhousing, fighting, fisticuffs, physical threats, destruction of property, vandalism, littering, or physical abuse of anyone on Owner property is not permitted under any circumstance.
 - **No Weapons, Alcohol, or Drugs:** The use, possession, distribution, or sale of any weapon, alcohol, illegal drug, or controlled dangerous substance by Provider or its employees is prohibited. Offenders will be removed from Owner property and/or reported to law enforcement.
 - **Smoking:** Provider and its employees are not permitted to smoke in or near any Owner buildings.
 - **Fraternization:** Provider and its employees may not fraternize or socialize with Owner staff.
 - **Appearance:** Provider and its employees are required to wear appropriate work wear, hard hats and safety footwear, as the case may be, while on the job. Articles of clothing must be neat and tidy in appearance, and cannot display offensive or inappropriate language, symbols or graphics. Owner has the right to decide if such clothing is inappropriate.
7. **Public Records Compliance**
 - A. **IF PROVIDER HAS QUESTIONS REGARDING THE APPLICATION OF CHAPTER 119, FLORIDA STATUTES, TO PROVIDER'S DUTY TO PROVIDE PUBLIC RECORDS RELATING TO THE AGREEMENT, CONTACT OWNER'S CUSTODIAN OF PUBLIC RECORDS AT:**

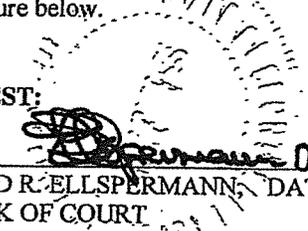
Office of Public Information
601 SE 25th Ave, Ocala, FL 34471
Phone: 352-438-2300 | Fax: 352-438-2309
Email: PIO@marioncountyfl.org

COPY

- B. Provider shall comply with public records laws, specifically:
1. Keep and maintain public records required by Owner to perform the services;
 2. Upon request from Owner's custodian of public records, provide Owner with a copy of the requested records or allow the records to be inspected or copied within a reasonable time at a cost that does not exceed the cost provided in Chapter 119, Florida Statutes, or as otherwise provided by law;
 3. Ensure that public records that are exempt or confidential and exempt from public records disclosure requirements are not disclosed except as authorized by law for the duration of the term and following completion of the Agreement if Provider does not transfer the records to Owner; and,
 4. Upon completion of the Agreement, transfer, at no cost, to Owner, all public records in possession of Provider or keep and maintain public records required by Owner to perform the services. If Provider transfers all public records to Owner upon completion of the Agreement, Provider shall destroy any duplicate public records that are exempt or confidential and exempt from public records disclosure requirements. If Provider keeps and maintains public records upon the completion of the Agreement, Provider shall meet all applicable requirements for retaining public records. All records stored electronically must be provided to Owner, upon request from Owner's custodian of public records, in a format that is compatible with the information technology systems of Owner.
- C. If Provider fails to provide the public records to Owner within a reasonable time, Provider may be subject to penalties under Section 119.10 Florida Statutes.
8. Any and all references throughout the Agreement to "County," "Owner," "Marion County Board of County Commissioner(s)," and "Board of County Commissioner(s), Marion County Florida," shall mean "Marion County, a political subdivision of the State of Florida," as defined herein.

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

ATTEST:


 DAVID R. ELLSPERMANN, DATE
 CLERK OF COURT

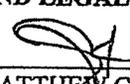
OCT 19 2016

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

KATHY BRYANT,
 CHAIRMAN

OCT 18 2016

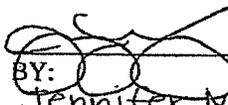
APPROVED AS TO FORM
 AND LEGAL SUFFICIENCY


 MATTHEW G. MINTER,
 COUNTY ATTORNEY

10-4-16
 DATE

10C-031-CA-09 | BCC 10/4/2016
 Senior Transit Services

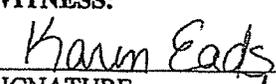
MARION SENIOR SERVICES, INC.


 BY: JENNIFER MARTINEZ

9/27/16
 DATE

PRINTED:
 Executive Director
 ITS: (TITLE)

WITNESS:


 SIGNATURE

Karen Eads
 PRINTED NAME

WITNESS:


 SIGNATURE

Tom Wilder
 PRINTED NAME

1.11 FORM C-4: CURRENT VEHICLE AND TRANSPORTATION EQUIPMENT INVENTORY FORM (A)

Name of Applicant: Marion Senior Services, Inc. Date of Inventory: 12/1/2016

| Model Yr. (b) | Make/size /type (c) | FDOT control # or VIN (d) | Ramp or lift (specify) | Seats & W/C positions (i.e. 12+2) | Avg. miles/ Yr. | Current Mileage | Vehicle Status (Active/Spare/ Other) | Expected retirement date | Other equipment (e) | Funding source (f) |
|---------------|---------------------|---------------------------|------------------------|-----------------------------------|-----------------|-----------------|--------------------------------------|--------------------------|---------------------|--------------------|
| *2006 | Chevy | 90537 | Lift | 14+4 | 16,520 | 165,201 | Spare | 2017 | Tablet | 5310 |
| *2006 | Chevy | 90535 | Lift | 14+4 | 34,815 | 348,158 | Spare | 2017 | Tablet | 5310 |
| *2006 | Chevy | 90534 | Lift | 12+4 | 30,322 | 303,220 | Spare | 2017 | Tablet | 5310 |
| 2007 | Chevy | 90566 | Lift | 14+4 | 21,930 | 197,373 | Spare | 2017 | Tablet | 5310 |
| *2007 | Chevy | 90567 | Lift | 14+4 | 35,214 | 316,931 | Spare | 2017 | Tablet | 5310 |
| 2007 | Chevy | 90568 | Lift | 12+4 | 23,293 | 209,638 | Spare | 2017 | Tablet | 5310 |
| 2007 | Chevy | 90569 | Lift | 14+4 | 36,202 | 325,824 | Spare | 2017 | Tablet | 5310 |
| 2009 | Chevy | 91534 | Lift | 14+2 | 24,603 | 172,222 | Daily Use | 2017 | Tablet | 5310 |
| 2009 | Chevy | 91524 | Lift | 12+4 | 23,084 | 161,590 | Spare | 2017 | Tablet | 5310 |
| *2009 | Chevy | 91522 | Lift | 12+4 | 46,546 | 325,824 | Not Used | 2017 | --- | 5310 |
| 2009 | Chevy | 91533 | Lift | 4+6 | 24,504 | 171,529 | Spare | 2017 | Tablet | 5310 |
| 2011 | Chevy | 91572 | Lift | 12+4 | 32,246 | 161,234 | Daily Use | 2017 | Tablet | 5310 |
| 2011 | Chevy | 91574 | Lift | 10+5 | 29,984 | 149,923 | Daily Use | 2018 | Tablet | 5310 |
| 2011 | Chevy | 91575 | Lift | 12+4 | 31,356 | 156,783 | Daily Use | 2018 | Tablet | 5310 |
| 2011 | Chevy | 91573 | Lift | 12+4 | 36,152 | 180,761 | Daily Use | 2018 | Tablet | 5310 |
| 2011 | Chevy | 91571 | Lift | 10+4 | 31,523 | 157,618 | Daily Use | 2018 | Tablet | 5310 |
| 2011 | Chevy | 1GB6G5BG B5B1175617 | Lift | 10+4 | 30,451 | 152,255 | Daily Use | 2018 | Tablet | TDC |
| 2011 | Chevy | 1GB6G5BG 8B1175160 | Lift | 8+5 | 33,914 | 169,570 | Daily Use | 2018 | Tablet | TDC |

| | | | | | | | | | | |
|------|-------|-----------------------|------|------|--------|---------|-----------|------|--------|------|
| 2012 | Chevy | 91590 | Lift | 12+4 | 36,201 | 144,807 | Daily Use | 2018 | Tablet | 5310 |
| 2012 | Chevy | 91591 | Lift | 13+4 | 34,071 | 136285 | Daily Use | 2018 | Tablet | 5310 |
| 2012 | Chevy | 1GB6G5BG 2C1113593 | Lift | 12+4 | 40,397 | 161590 | Daily Use | 2018 | Tablet | TDC |
| 2012 | Chevy | 91589 | Lift | 12+4 | 26,899 | 107598 | Daily Use | 2019 | Tablet | 5310 |
| 2012 | Dodge | 2C4RDGBG 4CR281275 | Ramp | 6 | 8,681 | 34724 | Spare | 2021 | Tablet | TDC |
| 2013 | Chevy | 1GB6G5BG 9D1129596 | Lift | 10+6 | 43,048 | 129145 | Daily Use | 2019 | Tablet | TDC |
| 2013 | Chevy | 94517 | Lift | 10+6 | 29,517 | 118071 | Daily Use | 2019 | Tablet | 5310 |
| 2013 | Chevy | 94516 | Lift | 10+2 | 33,929 | 135718 | Daily Use | 2019 | Tablet | 5310 |
| 2013 | Chevy | 94513 | Lift | 10+4 | 31,391 | 129564 | Daily Use | 2019 | Tablet | 5310 |
| 2013 | Chevy | 94514 | Lift | 10+6 | 17,096 | 68386 | Daily Use | 2020 | Tablet | 5310 |
| 2013 | Chevy | 94515 | Lift | 10+6 | 48,839 | 146517 | Daily Use | 2019 | Tablet | 5310 |
| 2014 | Chevy | 94556 | Lift | 10+6 | 29,500 | 59000 | Daily Use | 2020 | Tablet | 5310 |
| 2014 | Chevy | 1GB6G5BG 8E1187734 | Lift | 10+6 | 42,259 | 84518 | Daily Use | 2019 | Tablet | TDC |
| 2014 | Chevy | 94557 | Lift | 10+4 | 37,170 | 74340 | Daily Use | 2019 | Tablet | 5310 |
| 2014 | Chevy | 1GB6G5BG 8E1171940 | Lift | 10+6 | 31,615 | 63230 | Daily Use | 2020 | Tablet | TDC |
| 2014 | Chevy | 94558 | Lift | 10+6 | 38,034 | 76069 | Daily Use | 2019 | Tablet | 5310 |
| 2014 | Chevy | 94555 | Lift | 10+6 | 36,267 | 72534 | Daily Use | 2019 | Tablet | 5310 |
| 2014 | Chevy | 94549 | Lift | 10+6 | 28,945 | 57890 | Daily Use | 2020 | Tablet | 5310 |
| 2015 | Ford | 1FD4E4FS3 FDA30490 | Lift | 10+6 | 31,878 | 47818 | Daily Use | 2020 | Tablet | TDC |

| | | | | | | | | | | |
|------|------|-----------------------|------|------|--------|-------|-----------|------|--------|------|
| 2015 | Ford | 1FDFF4FS5 FDA30491 | Lift | 10+6 | 28,496 | 42744 | Daily Use | 2020 | Tablet | TDC |
| 2016 | Ford | 94583 | Lift | 10+6 | 26,527 | 26527 | Daily Use | 2020 | Tablet | 5310 |
| 2016 | Ford | 94585 | Lift | 10+6 | 39,506 | 39506 | Daily Use | 2020 | Tablet | 5310 |
| 2016 | Ford | 94591 | Lift | 10+6 | 32,474 | 32474 | Daily Use | 2020 | Tablet | 5310 |
| 2016 | Ford | 94586 | Lift | 10+6 | 22,473 | 22473 | Daily Use | 2021 | Tablet | 5310 |
| 2016 | Ford | 94584 | Lift | 10+6 | 32,816 | 32816 | Daily Use | 2020 | Tablet | 5310 |

(a) Applicants MUST use this form.

- (b) Identify vehicles to be replaced with this or other grant by placing an asterisk (*) next to the model year. In Exhibit B of the application, provide the name of the lessee or contractor, if applicable.
- (c) For example, Ford 22' bus; Dodge converted van.
- (d) Show FDOT control number OR VIN if bought with grant through FDOT. If bought through other funding, list the complete VIN.
- (e) Include computer hardware and software, copiers, printers, mobile radios, communication systems, etc.
- (f) Identify the grant or other funding source used for purchasing the vehicle/equipment.

1.12 FORM C-5: CAPITAL REQUEST FORM

VEHICLE REQUEST

Name of Agency: Marion Senior Services, Inc.

| R or E (a) | Quantity | Description (b) www.tripsflorida.org | Estimated Cost |
|--------------------------|----------|---|----------------|
| (R) Replacement Vehicles | 5 | 22'-24' Gas Cutaway Bus with lift and maximum seating of 10 ambulatory & 6 wheelchair + 6 restraints. | \$418,735.00 |
| | | | |
| | | | |
| | | | |
| | | | |
| Sub-total | 5 | | \$418,735.00 |

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

(b) Provide a brief description including the length and type vehicle, type of fuel, lift or ramp, number of seats and wheelchair positions. For example, 22' gasoline bus with lift, 12 ambulatory seats, and 2 wheelchair positions. Do not show the Make. **Any bus options that are part of purchasing the bus itself should be part of the vehicle request and NOT separated out under equipment.**

EQUIPMENT REQUEST

If item requested is after-market, it is recommended to gather and retain at least two estimates for the equipment requested. Purchases must be approved at the local level and follow Procurement Guidelines.

| | Number requested | Description (c) | Estimated Cost |
|----------------|------------------|--|----------------|
| Video Cameras | 5 | Angletrax 4 camera wireless video system | \$18,120.00 |
| Samsung Tablet | 5 | Tablet & mounting hardware | \$17,750.00 |
| | | | |
| Sub-total | | | \$35,870.00 |

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

VEHICLE SUBTOTAL \$418,735.00 + EQUIPMENT SUBTOTAL \$35,870.00 = \$454,605.00 (x).

(x) X 80% = \$363,684.00 [This equals the Federal request. Show this amount on Form 424 in block 18(a)]

1.13 FORM C-6: CAPITAL REQUEST METHODOLOGY FORM

Applicant Agency Name: Marion Senior Services, Inc., 1101 S.W. 20th Court, Ocala, FL 34471

Contact Person: Tom Wilder, Transportation Director, 352-620-3519,
twilder@marionseniorservices.org

(Name, Title, Telephone Number, and Email)

Vendor Name and Contact info: Nations Bus Sales – David Morris, Transit Sales Manager,
904-930-4465, dmorris@nationsbus.com

(Vendor, Dealer's Name, Telephone Number)

AngelTrax – Alecia Anderson, 334-714-1672

Contract #: N/A

Brief Vehicle Description: (5) – 22'-24' gas cutaways with lift, maximum 10 ambulatory and 6 wheelchair positions; Fogmaker fire suppression system; cameras; fold up seats; extra restraints for wheelchairs.

(Example: 3 – 22' gas cutaways with lift, 12 ambulatory seats and 2 wheelchair positions)

Price Estimation Table: Select only options available in the contract you are interested in. If there are no choices selected on any given row, we understand that you do not need that option.

Computer users – the rows in yellow have formulas to calculate totals. To make the formulas work, first fill out the columns of unit cost \$ and quantity # and then **right click in the yellow cell and click Update Field.**

| Item* | Unit Cost | Quantity | Unit Cost x Quantity (Total Cost) |
|--|-----------|----------|--------------------------------------|
| Base Vehicle Type (Make, Model, Size/Length) Chevrolet G4500 24' | \$74,102 | 5 | \$370,510 |
| Vehicle Description: Standard Cutaway | | | |
| Floor Plan: Seat Manufacturer Name: | | | |
| Floor Plan/Ambulatory Seats: May choose more than one type of seat if needed. | | 14 | |
| Standard Seat: | | | |
| Foldaway Seat: | \$384 | 50 | \$19,200 |
| Child Seat: | | 0 | |
| Other: | | 0 | |
| Securement Systems: Wheelchair Securement: 10 additional sets | \$625 | 10 | \$6,250 |
| Seat Belt Extensions <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes, if yes quantify | | | |
| Stretcher Securement: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes, if yes quantify | | | |
| Wheelchair Lift: Braun 1000# lift | \$3,755 | 5 | \$18,775 |
| Engine Type: Gas | | 5 | |
| Paint Scheme: <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes, if yes quantify | \$800 | 5 | \$4000 |
| Vehicle Subtotal: | | | \$418,735 |
| Title VI Notice Signs/Plaques: | | | |
| Equipment: Mobile Tablet with Stand Other: | \$3,550 | 5 | \$17,750 |
| Equipment: AngelTrax wireless camera system Other: | \$3,624 | 5 | \$18,120 |
| Equipment Subtotal: | | | \$35,870 |
| Total: | | | \$454,605 |

* Additional items besides those listed on the form can be added by inserting another line or by submitting a sample copy of the order form for the vehicle filled out to your specifications.

Add up the subtotals from all the Capital Request forms you filled out for this application to arrive at the total. The Total x 80% = Federal Portion (to be shown in block 18(a) of Form 424).

| | | | |
|--------------|---|------------------------|--------------------------|
| Total | | Federal Percent | = Federal Portion |
| \$454,605 | X | .8 (80%) | \$363,684 |

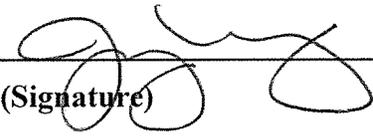
**1.14 EXHIBIT C: PUBLIC HEARING NOTICE AND PUBLISHERS
AFFIDAVIT (PUBLIC AGENCIES ONLY)**

N/A

1.15 EXHIBIT D: LEASING

MEMORANDUM for FTA 5310

Date: 1/5/17

From: 
(Signature)
Jennifer Martinez, Executive Director
Marion Senior Services, Inc.

To: FLORIDA DEPARTMENT OF TRANSPORTATION, DISTRICT OFFICE MODAL DEVELOPMENT OFFICE / PUBLIC TRANSIT

Subject: YEAR 2017 GRANT APPLICATION TO THE FEDERAL TRANSIT ADMINISTRATION, OPERATING OR CAPITAL ASSISTANCE FOR ENHANCED MOBILITY OF SENIORS AND INDIVIDUALS WITH DISABILITIES PROGRAM, 49 UNITED STATES CODE SECTION 5310

Leasing:

Will the Marion Senior Services, Inc., as applicant to the Federal Transit Administration Section 5310 Program, lease the proposed vehicle(s) or equipment out to a third-party?

No

Yes

If yes, specify to whom:

N/A

NOTE: It is the responsibility of the applicant agency to ensure District approval of all lease agreements.

1.16 EXHIBIT E: FEDERAL CERTIFICATIONS AND ASSURANCES

Please attach Federal Certifications and Assurances signature page here.

(Attached)

FTA FISCAL YEAR 2017 CERTIFICATIONS AND ASSURANCES

**FEDERAL FISCAL YEAR 2017 CERTIFICATIONS AND ASSURANCES FOR
FEDERAL TRANSIT ADMINISTRATION ASSISTANCE PROGRAMS**

(Signature pages alternative to providing Certifications and Assurances in TrAMS)

Name of Applicant: Marion Senior Services, Inc. - Marion Transit

The Applicant agrees to comply with applicable provisions of (Categories 01 – 23. X)
OR

The Applicant agrees to comply with applicable provisions of the Categories it has selected:

| <u>Category</u> | <u>Description</u> | |
|-----------------|---|-------|
| 01. | Required Certifications and Assurances for Each Applicant. | _____ |
| 02. | Lobbying. | _____ |
| 03. | Procurement and Procurement Systems. | _____ |
| 04. | Private Sector Protections. | _____ |
| 05. | Rolling Stock Reviews and Bus Testing. | _____ |
| 06. | Demand Responsive Service. | _____ |
| 07. | Intelligent Transportation Systems. | _____ |
| 08. | Interest and Financing Costs and Acquisition of Capital Assets by Lease. | _____ |
| 09. | Transit Asset Management Plan, Public Transportation Safety Program, and State Safety Oversight Requirements. | _____ |
| 10. | Alcohol and Controlled Substances Testing. | _____ |
| 11. | Fixed Guideway Capital Investment Grants Program (New Starts, Small Starts, and Core Capacity Improvement). | _____ |
| 12. | State of Good Repair Program. | _____ |
| 13. | Grants for Buses and Bus Facilities and Low or No Emission Vehicle Deployment Grant Programs. | _____ |
| 14. | Urbanized Area Formula Grants Programs and Passenger Ferry Grant Program. | _____ |
| 15. | Enhanced Mobility of Seniors and Individuals with Disabilities Programs. | _____ |
| 16. | Rural Areas and Appalachian Development Programs. | _____ |
| 17. | Tribal Transit Programs (Public Transportation on Indian Reservations Programs). | _____ |
| 18. | State Safety Oversight Grant Program. | _____ |
| 19. | Public Transportation Emergency Relief Program. | _____ |
| 20. | Expedited Project Delivery Pilot Program. | _____ |
| 21. | Infrastructure Finance Programs. | _____ |
| 22. | Paul S. Sarbanes Transit in Parks Program. | _____ |
| 23. | Construction Hiring Preferences. | _____ |

FTA FISCAL YEAR 2017 CERTIFICATIONS AND ASSURANCES

FEDERAL FISCAL YEAR 2017 FTA CERTIFICATIONS AND ASSURANCES SIGNATURE PAGE

(Required of all Applicants for federal assistance to be awarded by FTA and all FTA Grantees with an active Capital or Formula Award)

AFFIRMATION OF APPLICANT

Name of the Applicant: Marion Senior Services, Inc. - Marion Transit

Name and Relationship of the Authorized Representative: Jennifer Martinez, Executive Director

BY SIGNING BELOW, on behalf of the Applicant, I declare that it has duly authorized me to make these Certifications and Assurances and bind its compliance. Thus, it agrees to comply with all federal laws, regulations, and requirements, follow applicable federal guidance, and comply with the Certifications and Assurances as indicated on the foregoing page applicable to each application its Authorized Representative makes to the Federal Transit Administration (FTA) in federal fiscal year 2017, irrespective of whether the individual that acted on his or her Applicant's behalf continues to represent it.

FTA intends that the Certifications and Assurances the Applicant selects on the other side of this document should apply to each Award for which it now seeks, or may later seek federal assistance to be awarded during federal fiscal year 2017.

The Applicant affirms the truthfulness and accuracy of the Certifications and Assurances it has selected in the statements submitted with this document and any other submission made to FTA, and acknowledges that the Program Fraud Civil Remedies Act of 1986, 31 U.S.C. § 3801 *et seq.*, and implementing U.S. DOT regulations, "Program Fraud Civil Remedies," 49 CFR part 31, apply to any certification, assurance or submission made to FTA. The criminal provisions of 18 U.S.C. § 1001 apply to any certification, assurance, or submission made in connection with a federal public transportation program authorized by 49 U.S.C. chapter 53 or any other statute

In signing this document, I declare under penalties of perjury that the foregoing Certifications and Assurances, and any other statements made by me on behalf of the Applicant are true and accurate.

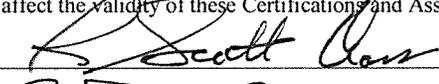
Signature  Date: 1/5/17
Name Jennifer Martinez, Executive Director
Authorized Representative of Applicant

AFFIRMATION OF APPLICANT'S ATTORNEY

For (Name of Applicant): Marion Senior Services, Inc.

As the undersigned Attorney for the above named Applicant, I hereby affirm to the Applicant that it has authority under state, local, or tribal government law, as applicable, to make and comply with the Certifications and Assurances as indicated on the foregoing pages. I further affirm that, in my opinion, the Certifications and Assurances have been legally made and constitute legal and binding obligations on it.

I further affirm that, to the best of my knowledge, there is no legislation or litigation pending or imminent that might adversely affect the validity of these Certifications and Assurances, or of the performance of its FTA assisted Award.

Signature  Date: 1/9/2017
Name R. Scott Cross
Attorney for Applicant

Each Applicant for federal assistance to be awarded by FTA and each FTA Recipient with an active Capital or Formula Project or Award must provide an Affirmation of Applicant's Attorney pertaining to the Applicant's legal capacity. The Applicant may enter its electronic signature in lieu of the Attorney's signature within FTA's electronic award and management system, provided the Applicant has on file and uploaded to FTA's electronic award and management system this hard-copy Affirmation, signed by the attorney and dated this federal fiscal year.

1.17 EXHIBIT F: CERTIFICATION OF EQUIVALENT SERVICE

CERTIFICATION OF EQUIVALENT SERVICE

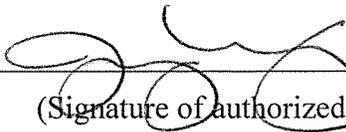
Marion Senior Services, Inc. certifies that its demand responsive service offered to individuals with disabilities, including individuals who use wheelchairs, is equivalent to the level and quality of service offered to individuals without disabilities. Such service, when viewed in its entirety, is provided in the most integrated setting feasible and is equivalent with respect to:

1. Response time;
2. Fares;
3. Geographic service area;
4. Hours and days of service;
5. Restrictions on trip purpose;
6. Availability of information and reservation capability; and
7. Constraints on capacity or service availability.

In accordance with 49 CFR Part 37, public entities operating demand responsive systems for the general public which receive financial assistance under 49 U.S.C. 5310 and 5311 of the Federal Transit Administration (FTA) funds must file this certification with the appropriate state program office before procuring any inaccessible vehicle. Such public entities not receiving FTA funds shall also file the certification with the appropriate state office program. Such public entities receiving FTA funds under any other section of the FTA Programs must file the certification with the appropriate FTA regional office. This certification is valid for no longer than one year from its date of filing. Non-public transportation systems that serve their own clients, such as social service agencies, are required to complete this form.

Executed this 5th day of _____, 2017.

Jennifer Martinez, Executive Director



(Signature of authorized representative)

1.18 EXHIBIT G: APPLICANT CERTIFICATION AND ASSURANCE TO FDOT

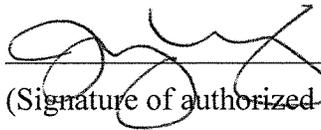
The Marion Senior Services, Inc. certifies and assures to the Florida Department of Transportation in regard to its Application under U.S.C. Section 5310 dated 1/5/17 :

- 1) It shall adhere to all Certifications and Assurances made to the federal government in its Application.
- 2) It shall comply with Florida Statutes:
 - a. Section 341.051- Administration and financing of public transit and intercity bus service programs and projects
 - b. Section 341.061 (2) - Transit Safety Standards; Inspections and System Safety Reviews
- 3) It shall comply with Florida Administrative Code (Does not apply to Section 5310 only recipients):
 - a. Rule Chapter 14-73 - Public Transportation
 - b. Rule Chapter 14-90 - Equipment and Operational Safety Standards for Bus Transit Systems
 - c. Rule Chapter 14-90.0041 - Medical Examination for Bus System Driver
 - d. Rule Chapter 41-2 - Definitions
- 4) It shall comply with FDOT's:
 - a. Bus Transit System Safety Program Procedure No. 725-030-009 (Does not apply to Section 5310 only recipients)
 - b. Public Transit Substance Abuse Management Program Procedure No. 725-030-035
 - c. Transit Vehicle Inventory Management Procedure No. 725-030-025
 - d. Public Transportation Vehicle Leasing Procedure No. 725-030-001
 - e. Guidelines for Acquiring Vehicles
 - f. Procurement Guidance for Transit Agencies Manual (Does not apply to Section 5310 only recipients)
- 5) It has the fiscal and managerial capability and legal authority to file the application.
- 6) Local matching funds will be available to purchase vehicles/equipment at the time an order is placed.
- 7) It will carry adequate insurance to maintain, repair, or replace project vehicles/equipment in the event of loss or damage due to an accident or casualty.
- 8) It will maintain project vehicles/equipment in good working order for the useful life of the vehicles/equipment.
- 9) It will return project vehicles/equipment to FDOT if, for any reason, they are no longer needed or used for the purpose intended.
- 10) It recognizes FDOT's authority to remove vehicles/equipment from its premises, at no cost to FDOT, if FDOT determines the vehicles/equipment are not used for the purpose intended, improperly maintained, uninsured, or operated unsafely.

- 11) It will not enter into any lease of project vehicles/equipment or contract for transportation services with any third party without prior approval of FDOT.
- 12) It will notify FDOT **within 24 hours** of any accident or casualty involving project vehicles/equipment, and submit related reports as required by FDOT.
- 13) It will notify FDOT and request assistance if a vehicle would become unserviceable.
- 14) It will submit an annual financial audit report to FDOT (FDOTSingleAudit@dot.state.fl.us), if required.

Date: 1/5/17

Jennifer Martinez, Executive Director



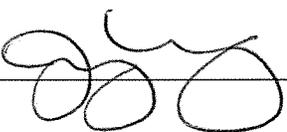
(Signature of authorized representative)

1.19 EXHIBIT I: COORDINATED PUBLIC TRANSIT-HUMAN SERVICES TRANSPORTATION PLAN

Marion Senior Services, Inc. certifies and assures to the Florida Department of Transportation in regard to its application for assistance under 49 U.S.C. 5310 dated 1/5/17:

1. This grant request is included in a coordinated plan compliant with Federal Transit Administration Circular FTA C 9070.1G.
2. The name of this coordinated plan is provided below.
Transportation Disadvantaged Service Plan (TDSP)
3. The agency that adopted this coordinated plan is provided below.
Marion Senior Services, Inc. authorized by the Local Coordinating Board
4. The date the coordinated plan was adopted is provided below.
January 17, 2013 (Plan was updated in July 2015)
5. List the page number(s) of the coordinated plan that this application supports below.
Section 1 – Pages 1 through 12

Date: 1/5/17

Signature: 

Typed name and title: Jennifer Martinez, Executive Director

OCALA/MARION COUNTY
TRANSPORTATION PLANNING
ORGANIZATION

TRANSPORTATION DISADVANTAGED
SERVICE PLAN
2015 – UPDATE



December 2015

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APPENDIX A (Summary of Existing Plans & Goals, Objectives & Policies

APPENDIX B (Local Coordinating Board Certification)

TRANSPORTATION DISADVANTAGED SERVICE PLAN-2015 UPDATE

I. DEVELOPMENT PLAN

A. Introduction and Background

The mission statement of the Commission for the Transportation Disadvantaged is, "to enhance mobility, uniformity and coordination to transportation services for the state's transportation disadvantaged in conformity with applicable law". The Transportation Disadvantaged Commission was created by the 1989 Florida Legislature to coordinate the provision of transportation services to the transportation disadvantaged citizens. Transportation disadvantaged is defined in Chapter 427, Florida Statutes, and Rule 41-2, Florida Code as "those persons who because of physical or mental disability, income status, or age and are unable to transport themselves or to purchase transportation and are, therefore, dependent upon others to obtain access to health care, employment, education, shopping, social activities, or other life sustaining activities, or children who are handicapped or high-risk or at-risk as defined in statute 411.202". The amended Chapter 427, F.S. and Rule 41-2 FAC provide the guidelines for the Transportation Disadvantaged program and its legislative responsibilities. The responsibilities of the Commission are carried out with the cooperation of state, regional and local agencies. The Transportation Planning Organization (TPO) has the responsibility for transportation disadvantaged planning. They recommend to the Commission the Community Transportation Coordinator to service their specific area.

1. The Ocala/Marion County Transportation Planning Organization (TPO) accepted the responsibilities of Designated Official Planning Agency for the transportation disadvantaged program, and established the Transportation Disadvantaged Local Coordinating Board in 1990. The TPO, based upon recommendations the Local Coordinating Board, unanimously endorse the appointment of Marion County Senior Services, Inc. (MCSS) as the Community Transportation Coordinator (CTC) for Marion County.

Marion County Senior Services d/b/a Marion Transit, a non-profit agency began servicing the transportation needs of the elderly in 1976. Pursuant to Chapter 427, F.S. and Rule 41-2 FAC, the Ocala/Marion County TPO, on September 1982 designated MCSS as the CTC provider for the Ocala/Marion County area. Subsequently, a Memorandum of Agreement was executed between MCSS and the Florida Department of Transportation on January 5, 1983.

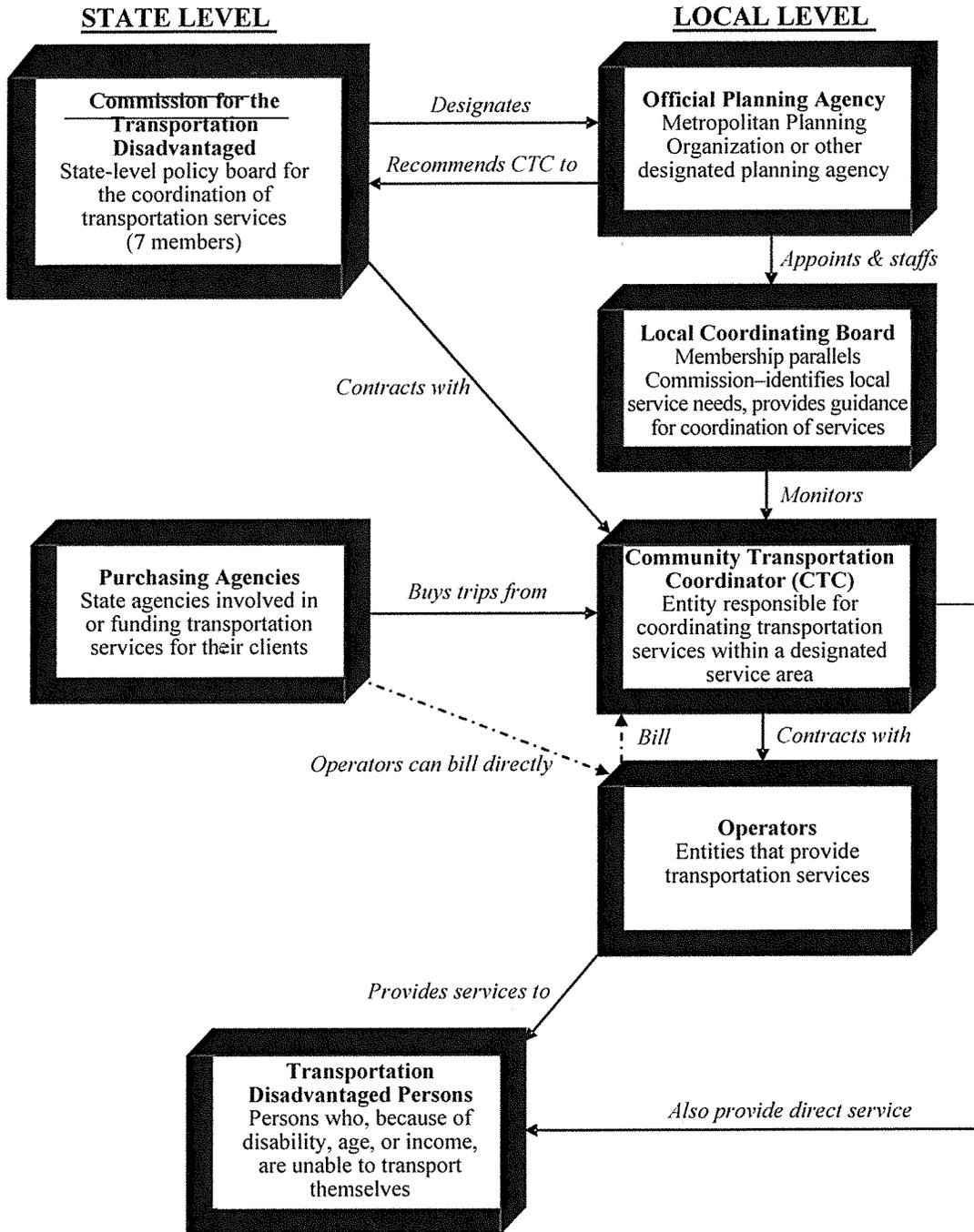


Figure 1-1
Florida's Transportation Disadvantaged Program Organization Chart

3. The Service Plan is consistent, to the maximum extent feasible, with the locally adopted Comprehensive Plans, the Ocala/Marion County Transit Development plan, the Ocala/Marion County 2040 Long Range Plan and Transportation Improvement Program.

B. County Profile/Demographics

1. Service area description

The service area as well as the planning area for Ocala/Marion County TPO incorporates all of Marion County. Located in north central Florida, Marion County contains 1,579 square miles of rolling woodlands, lakes and more than 430,000 acres of national forest. Marion County includes the municipalities of Ocala, Belleview, Dunnellon, Reddick and McIntosh. The county includes a number of major highways including Interstate 75, U.S. Routes 441, 41, 301 and 27 in the north-south direction and State Routes 40 and 200 in the east-west direction.

The Transportation Disadvantaged Service Plan (TDSP) explores the current and future transportation disadvantaged population, demand, service provided, quality of service, cost/revenue and rate structure. The TDSP is revised annually or earlier as needed.

2. Demographics

a. Population/Composition

The demand forecast for Marion County's specialized transportation services was estimated based on the 2010 census total population results and the population distribution estimated in the Ocala/Marion Transit Development Plan (2012). The feasibility of using other forecasting methods is limited to the availability of data to model demand.

The starting point of the population and paratransit demand estimate in Marion County is the 2010 total population results reported by the U.S. Census Bureau. Table 3-1 provides a quick overview of the population growth from 2000 to 2010 and includes the segment breakdown between elderly and non-elderly.

| Table 3-1: Marion County Population | | |
|---|-------------------|----------------|
| Year | Population | Percent |
| 2010 | 331,298 | |
| 2015 Estimated | 341,205 | |
| Growth 9,907 | | 2.9% |
| Estimated Annual Growth* | | 0.59% |
| | | |
| 2010 Population Description | | |
| Under 65 years | 246,009 | 72.1% |
| 65 years and over | 95,196 | 27.9% |
| | | |
| Median age (years) | 47.3 | |
| Source: U.S. Census Bureau. | | |
| * Annual growth estimated using a exponential population growth | | |

The population in Marion County has increased by 9,907 from 2010 to 2015. The population over 65 years of age represents 27.9 percent of the 2015 population. The 2010 Census detailed demographic characteristics of the population in Marion County was released in 2012 by the Census Bureau. The 2013 and beyond estimates were calculated using the demand methodology approach and are widely accepted as a reliable estimate.

b. Economy and Employment

The per capita income in Marion County in 2013 was \$21,992, ranking 36th of the 67 counties in the State of Florida. The median household income in 1993 was \$39,453, in the same year, 18.1 percent of families had an income below the poverty level. Along with senior citizens, low income persons constitute a strong market for transit services.

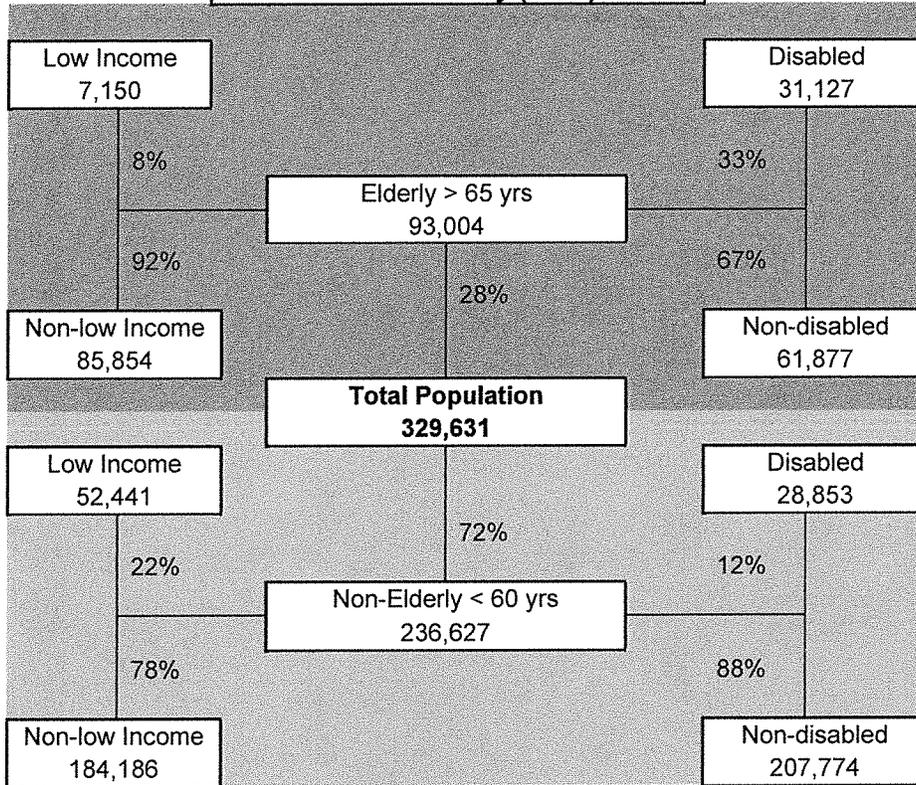
In 2013, the median value of a single-family home in Marion County was \$119,400.

In 2013, 85.0 percent were high school graduates in Marion County.

In 2013, the highest employment in Marion County was in retail trade and services.

The leading employers in the retail trade sector were restaurants/bars and food stores.

**Figure 3-1
Category I population Distribution
Marion County (2014)**



Historical population estimates from 2011 to 2014 and census population from 2010 are summarized in Table 3-2. The subsets—disabled and low income—are estimated based on the breakdown of rates shown in Figure 3-1.

c. Major Attractions and Traffic Generators

Most of the major activity centers fall within the Ocala city limits. Existing SunTran bus routes penetrate these areas, though there are some gaps in serving the northeast area of Ocala. Some of the major activity centers and attractions in Ocala and Marion County are described below.

- 1) Shopping centers are always major attractions:

In Marion County, most major shopping centers are concentrated around downtown Ocala and often follow the

major highways. For example, along SR 200 (from southwest to northeast) are the following shopping centers: Kingsland Plaza, Dillen Plaza, 103rd Street Square Plaza, 103rd Street Square Shopping Center, Steeplechase Plaza, Friendship Center, Circle Square Shopping Center, Jasmine Plaza, Jasmine Square, Sam's Club, Park Centre Commons Shopping Center, Lowes, Home Depot, Colours Plaza, Paddock Park Village Shopping Center, Paddock Mall, College Park Plaza Shopping Center, Gaitway Plaza, Ocala West Shopping Center, Shady Oaks Shopping Center, Wal-Mart, Target, and Flechbilt Plaza. Northeast of downtown Ocala is another concentration of shopping centers, including Skylark Plaza, Oakbrook Plaza, Spring Hill Shopping Center, Hillside Center, Ocala Shopping Center, Forty East Shopping Center, Chelsea Square, Kmart Plaza, Forty East, Shoppes at Silver Springs, and Wal-Mart.

There are also eight shopping centers along SR 464, plus scattered centers north and northwest of downtown Ocala.

- 2) Hospitals and medical centers are concentrated in and around downtown Ocala, particularly Munroe Regional Medical Center and Ocala Regional Medical Center, which are located on SW 15th Street and SW 1st Avenue, respectively. Other medical facilities not centered around downtown Ocala are in the southwest, generally along SR 200, and include Timber Ridge Nursing Home, Timber Ridge Professional Center, Prompt Primary Care of Ocala, Ocala Podiatry Center, Ocala Eye Surgeons, Mid Florida Physical Therapy, Medical Park West, and Marion Citrus Mental Health. Closer to downtown Ocala, but also concentrated around SR 200 are Surgery Center of Ocala, Central Florida Heart Center, Ocala Eye Surgery Center, Hospice of Marion County, Paddock Park Professional Center, Ocala Pulmonary Associates, Ocala Regional Cancer Center, Central Florida Eye Institute, Ocala Sleep and Diagnostic Center, Velisetti Medical Park Common, Urology Center of Florida, Palm Garden of Ocala, Central Florida Heart Group, Wound Care, Ocala Family Medical Center, HealthSouth Urgent Care Facility, and Cardiology Associates of Central Florida. The Marion County Health Department and Ocala Regional Physical Therapy Center are both located to the southeast of downtown Ocala, just off SR 464. There are also several newer facilities that been constructed in the last few years in the southeast, northeast, or northwest sections of the county.
- 3) In addition to the elementary, middle, and high schools in the area, Ocala is also home to the College of Central

Florida, Rasmussen College and Webster College, all of which are located just southwest of central Ocala.

- 4) The social services facilities in Ocala are also located in central Ocala, including the Department of Children and Families, the Ocala Housing Authority, Volunteer Service Bureau, and the Community Education Center
- 5) Other employers in the area circle downtown Ocala, generally to the southwest, northwest, and southeast. Some examples of the major employers include Closet Maid, Emergency One, Inc., Lockheed-Martin (in the far southeast of the county along CR 464), Clairson International (just west of downtown Ocala), Kmart Distribution Center (west of downtown off SR 40), Fluid Routing Solutions Inc. (southeast on SR 464), and Georgia Pacific (southeast on CR 464).
- 6) Major public facilities in Ocala/Marion County include the Marion County Court House (in downtown Ocala), the City of Ocala Complex (northeast of downtown Ocala), the Marion County Sheriff's Complex and the Marion County Jail (west of downtown Ocala), and the City of Ocala City Hall (downtown Ocala). Virtually all the public facilities are concentrated in and around downtown Ocala.
- 7) The Ocala/Marion County parks are also concentrated in and around downtown Ocala, but also include facilities in outlying areas, such as the Belleview Sports Complex (far southeast Marion County in Belleview), the Ocala Regional Sportsplex (southwest of downtown on SW 38th Street), and Coehadjoe Park (in the far northeast).
- 8) In addition, Silver Springs State Park and Wild Waters are major tourist attractions in the area. Ocala is also home to the Ocala National Forest, the Appleton Museum of Art, the Don Garlitt's Museum of Drag Racing, the Discovery Science Center, the Marion County Museum, and the Silver River Museum and Education Center. Major annual events in Ocala and Marion County include God and Country Day, the Chamber of Commerce Christmas Parade, Ocala-Fest, Light-Up Ocala, Brick City Days, the McIntosh 1890 Festival, Boomtown Days and Withlacoochee River Bluegrass Jamboree in Dunnellon and Belleview Founder's Day.
- 9) Marion County is a major equine breeding and training hub and there are numerous horse farms, events, riding areas, and other equestrian facilities and events.

C. Service Analysis

1. The methodology to estimate demand for specialized transportation combines the actual 2010 population numbers reported by US Census Bureau and the detailed demographic characteristics. Ideally, the demographic characteristics should also describe the uniqueness of the 2010 U.S. population. Therefore, the methodology applied in this service demand estimate assumes a similar distribution pattern among disabled and low-income groups as the Ocala/Marion Transit Development Plan. Figure 3-1 illustrates the findings and methodology.

| Table 3-2: 2010-2014 Population History, Marion County | | | | | |
|---|----------------|----------------|----------------|----------------|----------------|
| | Year | | | | |
| | 2010 | 2011 | 2012 | 2013 | 2014 |
| Total Population Estimate | 319,337 | 321,817 | 323,803 | 325,289 | 329,631 |
| Elderly | 79,820 | 82,196 | 84,490 | 86,684 | 93,004 |
| Disabled | 27,602 | 28,979 | 29,041 | 29,452 | 31,127 |
| Non-disabled | 52,218 | 53,217 | 55,449 | 57,232 | 61,877 |
| Low-income | 7,022 | 6,303 | 6,461 | 6,923 | 7,150 |
| Non-Low income | 72,798 | 75,893 | 78,029 | 79,761 | 85,854 |
| Non Elderly | 239,517 | 239,621 | 239,313 | 238,605 | 236,627 |
| Disabled | 25,084 | 26,862 | 25,923 | 29,003 | 28,853 |
| Non-disabled | 214,433 | 212,759 | 213,390 | 209,602 | 207,774 |
| Low-income | 41,727 | 46,642 | 49,542 | 52,034 | 52,441 |
| Non-Low income | 197,790 | 192,979 | 189,771 | 186,571 | 184,186 |

Note that the demand for special transportation services is a “derived” demand from certain combinations of groups shown in Table 3-2. Furthermore, the TD population groups can be double counted—the demand methodology eliminates potential sources of double counting. The categories that will be included in TD Category I are disabled, elderly, and low income. The disabled group includes all individuals with a disability regardless of age and income. The elderly group includes non-disabled and non-low income individuals over 60 years of age. The low-income group includes non-disabled individuals under the low-income category. In essence, these groups generate demand for special transportation services. Table 3-3 summarizes the TD population.

| Table 3-3: Transportation-Disadvantaged Population Estimate, Category I, Marion County | | | | | | | |
|---|----------------|----------------|----------------|----------------|----------------|----------------|----------------|
| | Year | | | | | | |
| | 2015 | 2016 | 2017 | 2018 | 2019 | 2020 | 2021 |
| Disabled | 75,261 | 76,680 | 78,127 | 79,601 | 81,102 | 82,362 | 84,191 |
| Elderly* | 90,378 | 92,083 | 93,820 | 95,590 | 97,393 | 99,230 | 101,102 |
| Low-Income** | 60,715 | 61,861 | 64,002 | 64,240 | 65,429 | 66,662 | 67,919 |
| Total TD Category I | 226,354 | 230,624 | 235,949 | 239,431 | 243,924 | 248,254 | 253,212 |

* Non Disabled, non-Low income

** Non-disabled

An important subset of the Category I trips includes the non-disabled, low-income individuals who do not have access to private or public transportation. Category II trips further breaks down the Category I trips to identify the TD by age that are unable to transport themselves or to purchase transportation. It is assumed that 12.2 percent of the elderly population and 3.3 percent of the non-elderly population represents the transportation-disabled population.

| Table 3-4: Transportation-Disadvantaged Population Estimate, Category II, Marion County | | | | | | | |
|--|---------------|---------------|---------------|---------------|---------------|---------------|---------------|
| | Year | | | | | | |
| | 2015 | 2016 | 2017 | 2018 | 2019 | 2020 | 2021 |
| Transportation Disabled Elderly Population | 28,837 | 29,524 | 30,227 | 30,947 | 31,683 | 31,310 | 30,160 |
| Transportation Disabled Non-Elderly Population | 7,627 | 7,806 | 7,987 | 8,175 | 8,366 | 8,264 | 7,956 |
| Non-Transportation disabled, low-income | 8,778 | 8,995 | 9,219 | 9,448 | 9,682 | 9,578 | 9,234 |
| no auto, no public transit* | | | | | | | |
| Total TD Category II | 45,242 | 46,325 | 47,433 | 48,570 | 49,732 | 49,151 | 47,350 |

Demand Projections

This section summarizes forecasts of TD trip demand, supply, and unmet demand for Marion County for the time period from 2015 through 2021. These estimates are based on the TD population forecasts that were presented previously and on information from the Marion County CTC Annual Performance Report. Florida's TD system provides two types of trips: program trips and general trips. Demand for program trips is forecasted

Demand for Program Trips

Persons in Category I are eligible to receive governmental and social service subsidies for program trips. A program trip is one made by a client of a government or social service agency for the purpose of participating in a program of that agency. Examples of program trips are trips to congregate meal sites or trips to job training facilities.

Based on the TD population estimate, the actual trip demand for specialized transit services can be estimated by using factors that represent the trip frequency of these groups. Using nationally recognized travel characteristics for the TD Category I market segment, the demand for Cate-

gory I can be estimated. The levels of trip-making by various market segments are available from the Nationwide Personal Transportation Study (NPTS) and National Survey of Transportation for Handicapped People (NSTHP) and are summarized in Table 3-4.

It is important to point out that the trip-making might have varied over time due to the expansion of accessible service. Ideally, the trip-making traits should be characterized by geographic location to reflect the travel behavior and transit service in different regions. Current county ridership data indicates that these trip-making rate assumptions are not representative of the actual rates in Marion County. This factor should be taken into account in further TD estimates.

The estimated demand for program trips compared to the Potential TD estimates prepared by CUTR is shown in Table 3-5. Program trip demand is dependent upon the existence of the program to which the potential TD population group is transported. For example, demand for trips to sheltered workshops exists only because there are sheltered workshop programs. Thus, the demand for program trips is equal to the number of trips required to take advantage of the service offered by the program. Therefore, the demand for program trips depends on the funding level for the various social service programs. It also assumes that the supply of program trips will increase at a rate sufficient to continue to provide the current level of service to the Category I population. If local social service or governmental agencies undergo major changes in the scope of their programs that require TD transportation service, the estimates may increase or decrease at the same rate. Therefore, the demand for program trips depends on the funding level for the various social service programs.

| Table 3-5, Trip Demand and Supply Category I, Marion County | | | | | | | | |
|---|------------|---------|---------|---------|---------|---------|---------|---------|
| | Mode Split | Year | | | | | | |
| | | 2015 | 2016 | 2017 | 2018 | 2019 | 2020 | 2021 |
| Potential TD Cat1 | 0.60% | 172,192 | 176,953 | 181,858 | 186,913 | 192,050 | 197,328 | 202,750 |
| Elderly | 0.30% | 263,846 | 271,233 | 278,828 | 286,635 | 294,512 | 302,606 | 310,922 |
| Low-Income | 0.30% | 263,846 | 271,233 | 278,828 | 286,635 | 294,512 | 302,606 | 310,922 |

Source: CUTR, "Florida Statewide TDSP Population Demand and Forecasts"

Demand for General Trips

General trips are trips made by TD persons (Category II) to destinations of their choice (not to agency programs). Examples of general trips are trips to work or grocery stores and non-medicaid medical trips. Deriving the demand for general trips is different than for program trips. The methodology developed to forecast demand for general trips involves the use of trip rates derived in a study of paratransit demand conducted in 1990 for the San Francisco Bay Area Metropolitan Transportation Commission by Crain & Associates, Inc., and others ("San Francisco Bay Area Regional Paratransit Plan: Final Report"). Trip rates are the average number of trips taken by a single transportation disadvantaged individual. The trip rates were developed from the actual experiences of paratransit systems around the country that were meeting most or all of the trip demand in their service areas. The use of these trip rates is recommended by the Federal Transit Administration (FTA) for estimating demand for ADA complementary paratransit.

Total demand for general trips is simply the TD population multiplied by the trip rates. The TD population (rather than the Potential TD population) was used to forecast demand because the

TD population is the population eligible for general trips funded by the state. According to the county level forecasts of the demand for TD services completed by CUTR, the average monthly trip rate for Marion County is 1.2 trips per person per month. Table 3-6 shows the annual demand and supply estimates for general trips by the TD population for Marion County for the years 2015 through 2021. As shown in the table, a gap exists between the demand for general trips and the supply of these trips. Unmet demand refers to demand that currently exists in the TD transportation market but is not being met due to factors such as funding, price, convenience, comfort, eligibility and the availability of other transportation modes.

| Table 3-6, Trip Demand and Supply Category II, Marion County | | | | | | | |
|---|----------------|----------------|----------------|----------------|----------------|----------------|----------------|
| | Year | | | | | | |
| | 2015 | 2016 | 2017 | 2018 | 2019 | 2020 | 2021 |
| TD Population Cat II | 45,632 | 46,836 | 48,075 | 49,352 | 50,647 | 51,977 | 53,341 |
| Demand - General Trips | 657,101 | 674,438 | 692,280 | 710,669 | 729,334 | 748,469 | 768,116 |
| Supply - General Trips | 67,932 | 69,834 | 71,790 | 73,800 | 75,737 | 77,725 | 79,766 |
| Unmet Demand | 589,169 | 604,604 | 620,490 | 636,869 | 653,597 | 670,744 | 688,350 |

Source: CUTR. "Florida Statewide TDSP Population Demand and Forecasts"

Needs Assessments

This section includes the assessment of existing needs and unmet public transportation needs for low-income and persons with disabilities. An inventory of existing transportation providers and identification of redundancies and gaps in service were also used to identify unmet needs or duplications of public transportation services.

Map 3-1, presented previously in this section, shows the employment densities within Marion County. Map 3-2 depicts the percent of the total population age 65 and above in Marion County. Map 3-3 presents the traditional transit market assessment that includes population segments that historically have a higher propensity to use transit and/or are dependent on public transit for their transportation needs. Traditional transit users include the older adults, youths, and households that are low income and/or have not vehicles. To create the TOI, 2010 Environmental Systems Research Institute (ESRI) demographic data estimates were compiled at the block group level and categorized according to each block group's relative ability to support transit based on the prevalence of specific demographic characteristics. For this analysis, five population and demographic characteristics were used to develop the TOI. Each characteristic is traditionally associated with the propensity to use transit. The five characteristics that were used to produce the index include the following:

- Population density (persons per square mile)
- Proportion of the population age 65 and over (older adults)
- Proportion of the population under age 16 (youths)
- Proportion of the population below the poverty level
- Proportion of households with no vehicles (zero-vehicle households)

ESRI data do not include zero-vehicle household information. As a surrogate measure, the number of households with an annual income equal to or less than \$10,000 was used. It was assumed that households earning less than \$10,000 were not able to afford vehicles or other costs associated with vehicle ownership. The block groups are rated as "Very High," "High," "Medium," or "Low" in their respective levels of transit orientation, where "Very High" reflects a very high transit orientation, i.e., a high proportion of transit dependent populations.

Based on the existing transit services and concentrations of targeted populations, the following needs have been identified as priority areas for increased mobility options:

- Based on the TOI analysis, block groups containing high proportions of transit dependent populations are located southwest of Ocala to the east and west of SR 200.
- Block groups with existing employment densities of more than 1,500 people per square mile are located in Ocala, southwest of Ocala, Dunnellon, Belleview, and just south of Reddick along Interstate 75. The future employment densities appear to grow within the same areas that contain the existing employment densities, with the exception of two block groups located in north Marion County near the Sumter County and Lake County lines and one block group to the west of Ocala along SR 40.
- Current data depicting the county's population of persons with disabilities are not available for mapping purposes; therefore, this analysis relies on the TD population estimates presented earlier in this section and the percent of population at or above age 65. Block groups containing higher percentages of the population age 65 and over and limited transit service, include the areas the block group between NW 60 Avenue and US HWY 27, south of Belleview along HWY 441 to the Sumter County line, Dunnellon, and to the east and west of SR 200 between SW 60 Avenue and SW CR 484.
- Other areas with higher percentages of the population age 65 and above that contain fixed-route transit service include Ocala and Silver Springs Shores. While these areas have existing transit service, they may be considered for new and innovative projects that go beyond the existing ADA requirements.

1.20 EXHIBIT J: STANDARD LOBBYING CERTIFICATION FORM

The undersigned [Marion Senior Services Inc.] certifies, to the best of his or her knowledge and belief, that:

(1) No Federal appropriated funds have been paid or will be paid, by or on behalf of the undersigned, to any person for influencing or attempting to influence an officer or employee of an agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with the awarding of any Federal contract, the making of any Federal grant, the making of any Federal loan, the entering into of any cooperative agreement, and the extension, continuation, renewal, amendment, or modification of any Federal contract, grant, loan, or cooperative agreement.

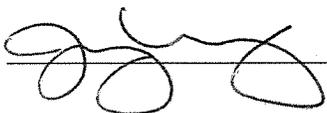
(2) If any funds other than Federal appropriated funds have been paid or will be paid to any person for making lobbying contacts to an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with this Federal contract, grant, loan, or cooperative agreement, the undersigned shall complete and submit Standard Form--LLL, "Disclosure Form to Report Lobbying," (a copy the form can be obtained from <http://www.dot.state.fl.us/transit/Pages/grantsadministration.shtm>) in accordance with its instructions [as amended by "Government wide Guidance for New Restrictions on Lobbying," 61 Fed. Reg. 1413 (1/19/96). Note: Language in paragraph (2) herein has been modified in accordance with Section 10 of the Lobbying Disclosure Act of 1995 (P.L. 104-65, to be codified at 2 U.S.C. 1601, *et seq.*)]

(3) The undersigned shall require that the language of this certification be included in the award documents for all subawards at all tiers (including subcontracts, subgrants, and contracts under grants, loans, and cooperative agreements) and that all subrecipients shall certify and disclose accordingly.

This certification is a material representation of fact upon which reliance was placed when this transaction was made or entered into. Submission of this certification is a prerequisite for making or entering into this transaction imposed by 31, U.S.C. § 1352 (as amended by the Lobbying Disclosure Act of 1995). Any person who fails to file the required certification shall be subject to a civil penalty of not less than \$10,000 and not more than \$100,000 for each such failure.

[Note: Pursuant to 31 U.S.C. § 1352(c)(1)-(2)(A), any person who makes a prohibited expenditure or fails to file or amend a required certification or disclosure form shall be subject to a civil penalty of not less than \$10,000 and not more than \$100,000 for each such expenditure or failure.]

The Contractor, Marion Senior Services, Inc., certifies or affirms the truthfulness and accuracy of each statement of its certification and disclosure, if any. In addition, the Contractor understands and agrees that the provisions of 31 U.S.C. A 3801, *et seq.*, apply to this certification and disclosure, if any.



Signature of Contractor's Authorized Official

Jennifer Martinez, Executive Director Name and Title of Contractor's Authorized Official

1/5/17 Date

1.21 EXHIBIT L: CTC AGREEMENT

See Grant Application Instruction Manual for Exhibit L requirements.

ATTACHED.

STATE OF FLORIDA
COMMISSION FOR THE TRANSPORTATION DISADVANTAGED
MEMORANDUM OF AGREEMENT

This Memorandum of Agreement is between the COMMISSION FOR THE TRANSPORTATION DISADVANTAGED, hereby referred to as the "Commission," and Marion Senior Services, 1101 SW 20th Court, Ocala, Florida, 34471, the COMMUNITY TRANSPORTATION COORDINATOR, designated pursuant to Chapter 427, F.S., to serve the transportation disadvantaged for the community that includes the entire area of Marion county(ies), and hereafter referred to as the "Coordinator."

This Agreement is made in consideration of the mutual benefits to both parties; said consideration acknowledged hereto by the parties as good and valuable consideration.

The Parties Agree:

I. The Coordinator Shall:

- A. Become and remain totally apprised of all of the Transportation Disadvantaged resources available or planned in their designated service area. This knowledge will be used to plan, coordinate, and implement the most cost effective transportation disadvantaged transit system possible under the economic and other conditions that exist in the designated service area.
- B. Plan and work with Community Transportation Coordinators in adjacent and other areas of the state to coordinate the provision of community trips that might be handled at a lower overall cost to the community by another Coordinator. This includes honoring any Commission-approved statewide certification program that allows for intercounty transportation opportunities.
- C. Arrange for all services in accordance with Chapter 427, Florida Statutes, and Rule 41-2, FAC, and as further required by the Commission and the local Coordinating Board approved Transportation Disadvantaged Service Plan.
- D. Return any acquired profits or surplus funds originating through the course of business as the Coordinator that are beyond the amount(s) specifically identified and approved in the accompanying Transportation Disadvantaged Service Plan. Such profits or funds shall be returned to the Coordinator's transportation system or to any subsequent Coordinator, as a total transportation system subsidy, to be applied to the immediate following operational year. The Coordinator will include similar language in all coordination contracts to assure that transportation disadvantaged related revenues are put back into transportation disadvantaged services.

E. Accomplish this Project by:

1. Developing a Transportation Disadvantaged Service Plan for approval by the local Coordinating Board and the Commission. Coordinators who are newly designated to a particular service area shall submit a local Coordinating Board approved Transportation Disadvantaged Service Plan, within 120 calendar days following the execution of the Coordinator's initial memorandum of agreement with the Commission, for approval by the Commission. All subsequent Transportation Disadvantaged Service Plans shall be submitted and approved with the corresponding memorandum of agreement. The approved Transportation Disadvantaged Service Plan will be implemented and monitored to provide for community-wide transportation services for purchase by non-sponsored transportation disadvantaged persons, contracting social service agencies, and other entities that use local, state, or federal government funds for the purchase of transportation for the transportation disadvantaged.

2. Maximizing the use of available public school transportation resources and public fixed route or fixed schedule transit services and assuring that private or public transit, paratransit operators, and school boards have been afforded a fair opportunity to participate to the maximum extent feasible in the planning process and in the development of the provisions of the Transportation Disadvantaged Service Plan for the transportation disadvantaged.
3. Providing or arranging 24-hour, 7-day per week transportation disadvantaged service as required in the designated service area by any Federal, State or Local Government agency sponsoring such services. The provision of said services shall be furnished in accordance with the prior notification requirements identified in the local Coordinating Board and Commission approved Transportation Disadvantaged Service Plan.
4. Complying with all local, state, and federal laws and regulations that apply to the provision of transportation disadvantaged services.
5. Submitting to the Commission an Annual Operating Report detailing demographic, operational, and financial data regarding coordination activities in the designated service area. The report shall be prepared on forms provided by the Commission and according to the instructions of said forms.

F. 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. Community Transportation Coordinators 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. Assuming the responsibility of invoicing for any transportation services arranged, unless otherwise stipulated by a purchase of service contract or coordination contract.
 3. Maintaining and filing with the Commission, local Coordinating Board, and all purchasing agencies/entities such progress, fiscal, inventory, and other reports as those entities may require during the period of this Agreement.
 4. Providing copies of finance and compliance audits to the Commission and local Coordinating Board as requested by the Commission or local Coordinating Board.
- G. 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 five (5) years, the records shall be retained until resolution of the audit findings. The Coordinator shall assure that these records shall be subject to inspection, review, or audit at all reasonable times by persons duly authorized by the Commission or this Agreement. They shall have full access to and the right to examine any of the said records and documents during the retention period.
- H. Comply with Safety Requirements by:
1. Complying with Section 341.061, F.S., and Rule 14-90, FAC, concerning System Safety; or complying with Chapter 234.051, F.S., regarding school bus safety requirements for those services provided through a school board; and
 2. Assuring compliance with local, state, and federal laws, and Commission policies relating to drug testing. Conduct 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.
- I. Comply with Commission insurance requirements by maintaining at least minimum liability insurance coverage in the amount of \$200,000 for any one person and \$300,000 per occurrence at all times during the existence of this Agreement for all transportation services purchased or provided for the transportation disadvantaged through the Community Transportation Coordinator. Upon the execution of this Agreement, the Coordinator shall add the Commission 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 Commission. The Coordinator shall insure that contracting transportation operators and coordination contractors also maintain the same minimum liability insurance, or an equal governmental insurance program. Insurance coverage in excess of \$1 million per occurrence must be approved by the Commission and the local Coordinating Board before inclusion in the Transportation Disadvantaged Service Plan or in the justification of rates and fare structures. Such coverage may be provided by a self-insurance program established and operating under the laws of the State of Florida and written verification of insurance protection in accordance with Section 768.28, Florida Statutes, shall be provided to the Commission upon request.

J. 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 (45 CFR, Part 205.50), except upon order of a court, written consent of the recipient, or his/her responsible parent or guardian when authorized by law.

K. Protect Civil Rights by:

1. Complying with state and federal laws including but not limited to laws regarding discrimination on the basis of sex, race, religion, age, disability, sexual orientation, or national origin. The Coordinator 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 requested by the Commission.

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 Coordinator, its successors, subcontractors, transferee, and assignees for the period during which such assistance is provided. Assure that all operators, subcontractors, subgrantee, 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 Coordinator agrees that the Commission 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.

L. To the extent allowed by Section 768.28, Florida Statutes, and only to the monetary and other limitations contained therein, indemnify and hold harmless the Commission and all of the Commission's members, officers, agents, and employees; purchasing agency/entity officers, agents, and employees; and the local, state, and federal governments from any claim, loss, damage, cost, charge or expense arising out of any act, action, neglect or omission by the Coordinator during the performance of this Agreement, whether direct or indirect, and whether to any person or property to which the Commission or said parties may be subject, except that neither the Coordinator nor any of its sub-contractors will be liable under this section for damages arising out of injury or damage to persons or property directly caused or resulting from the sole negligence of the Commission or any of its members, officers, agents or employees; purchasing agency/entity, officers, agents, and employees; and local, state, or federal governments. Nothing herein is intended to serve as a waiver of sovereign immunity by any agency/entity or Coordinator to which sovereign immunity may be applicable. Nothing herein shall be construed as consent by a state agency/entity or political subdivision of the State of Florida or the federal government to be sued by third parties in any matter arising out of any Agreement or contract. Notwithstanding the foregoing, pursuant to Section 768.28, Florida Statutes, no agency or subdivision of the state shall be required to indemnify, insure, or assume any liability for the Commission's negligence.

M. Comply with standards and performance requirements of the Commission, the local Coordinating Board approved Transportation Disadvantaged Service Plan, and any purchase of service contracting agencies/entities. Failure to meet the requirements or obligations set forth in this MOA, and performance requirements established and monitored by the local 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 Commission.

N. Comply with subcontracting requirements by executing or negotiating contracts for transportation services with Transportation Operators and Coordination Contractors, and assuring that the conditions of such contracts are maintained. The requirements of Part 1, Paragraph E.5. through M are to be included in all contracts, subcontracts, coordination contracts, and assignments made by the Coordinator for services under this Agreement. Said contracts, subcontracts, coordination contracts, and assignments will be reviewed and approved annually by the Coordinator and local Coordinating Board for conformance with the requirements of this Agreement.

O. Comply with the following requirements concerning drivers and vehicles:

1. 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.
2. 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 wheelchair 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.
3. All vehicles shall be equipped with two-way communications in good working order and be audible to the driver at all times to the base.
4. All vehicles 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.

P. Comply with other requirements as follows:

1. Transport an escort of a passenger and dependent children as locally negotiated and identified in the local Transportation Disadvantaged Service Plan.
2. Determine locally in the Transportation Disadvantaged Service Plan, the use, responsibility, and cost of child restraint devices.
3. Transport with the passenger at no additional charge, passenger property that can be carried by the passenger and/or driver in one trip and can be safely stowed on the vehicle. 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.

4. Provide shelter, security, and safety of passengers at vehicle transfer points.
5. Post a local or other toll-free number for complaints or grievances inside each 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.
6. Provide out-of-service-area trips, when determined locally and approved by the local Coordinating Board, except in instances where local ordinances prohibit such trips.
7. Keep interior of all vehicles 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.
8. Determine locally by the local Coordinating Board and provide in the local Transportation Disadvantaged Service Plan the billing requirements of the Community Transportation Coordinator. All bills shall be paid to subcontractors within 7 calendar days after receipt of said payment by the Coordinator, in accordance with Section 287.0585, Florida Statutes.
9. Maintain or have access to a passenger/trip database on each rider being transported within the system.
10. Provide each rider and escort, child, or personal care attendant adequate seating for paratransit services. 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.
11. First Aid shall be determined locally and provided in the local Transportation Disadvantaged Service Plan.

12. Cardiopulmonary Resuscitation shall be determined locally and provided in the local Transportation Disadvantaged Service Plan.

II. The Commission Shall:

- A. Recognize the Coordinator as the entity described in Section 427.011(5), Florida Statutes, and Rule 41-2.002(4), F.A.C.
- B. Attempt to insure that all entities with transportation disadvantaged funds will purchase transportation disadvantaged services through the Coordinator's system.

III. The Coordinator and the Commission Further Agree:

- A. ~~Nothing in this Agreement shall require the Commission 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 of the provisions of this Agreement is found by a court of law to violate any applicable state law, the purchasing agency/entity will at once notify the Commission in writing in order that appropriate changes and modifications may be made by the Commission and the Coordinator to the end that the Coordinator may proceed as soon as possible with the provision of transportation services.~~
- B. If any part or provision of this Agreement is held invalid, the remainder of this Agreement shall be binding on the parties hereto.
- C. Termination Conditions:
 1. Termination at Will - This Agreement 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 for Breach - Unless the Coordinator's breach is waived by the Commission in writing, the Commission may, by written notice to the Coordinator, terminate this Agreement upon no less than twenty-four (24) hours notice. Said notice shall be delivered by certified mail, return receipt requested, or in person with proof of delivery. Waiver by the Commission of breach of any provision of this Agreement 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 Agreement, and shall not act as a waiver or estoppel to enforcement of any provision of this Agreement. The provisions herein do not limit the Commission's right to remedies at law or to damages.
- D. This agreement will expire unless an extension is granted to the Coordinator in writing by the Commission, in accordance with Chapter 287, Florida Statutes.
- E. Renegotiations or Modifications of this Agreement shall only be valid when they have been reduced to writing, duly approved by the Commission, and signed by both parties hereto.

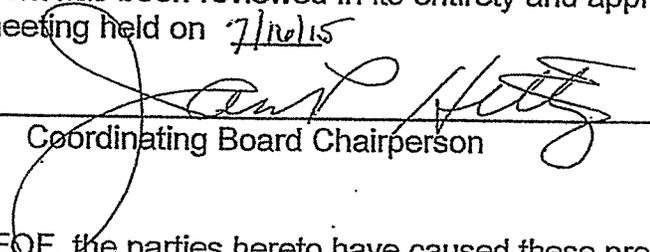
F. Notice and Contact:

The name and address of the contract manager for the Commission for this Agreement is: **Executive Director, 605 Suwannee Street, MS-49, Tallahassee, FL 32399-0450.** The representative/position of the Coordinator responsible for administration of the program under this Agreement is:

Julie Poole, Interim Executive Director
Marion Senior Services, 1101 SW 20th Court, Ocala, Florida, 34471

In the event that either party designates different representatives after execution of this Agreement, 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 Agreement.

This document has been reviewed in its entirety and approved by the local Coordinating Board at its official meeting held on 7/16/15



Coordinating Board Chairperson

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

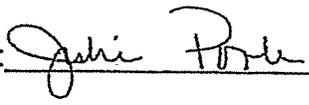
COMMUNITY TRANSPORTATION
COORDINATOR:

Marion Senior Services

Agency Name

Julie Poole

Printed Name of Authorized Individual.

Signature: 

Title: Interim Executive Director

STATE OF FLORIDA, COMMISSION FOR
THE TRANSPORTATION DISADVANTAGED:

Steve Holmes

Printed Name of Authorized Individual

Signature: 

Title: Executive Director

**1.22 EXHIBIT M: TRANSPORTATION OPERATING PROCEDURE (TOP)
(APPLIES TO SECTION 5310-ONLY APPLICANTS)**

Attach the agency's most recent TOP. See Grant Application Instruction Manual for TOP requirements.

N/A – Marion Transit is also a 5311 Applicant/Recipient.

1.23 CERTIFICATION OF INCORPORATION

All first-time private non-profit applicants must include a copy of their certification of incorporation here.

N/A

– Not “first-time” applicant.

1.24 PROOF OF NON-PROFIT STATUS

All private non-profit applicants must include proof of non-profit status here.

ATTACHED

Address any reply to:

P. O. Box 737, Atlanta, Georgia 30301

Department of the Treasury

District Director

Internal Revenue Service

Date: **MAR 29 1974**

In reply refer to:
411-12:JCB:A7017



Service on Wheels, Inc.
511 S. E. Third Street
Ocala, Fla. 32670

Advance Ruling Periods Ends: August 31, 1975

Gentlemen:

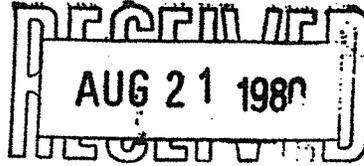
Based on information supplied, and assuming your operations will be as stated in your application for recognition of exemption, we have determined you are exempt from Federal income tax under section 501(c)(3) of the Internal Revenue Code.

We have further determined you can reasonably be expected to be an organization of the type described in sections 170(b)(1)(A)(vi) and 509(a)(1). Accordingly, for your first two tax years, you will be treated as an organization which is not a private foundation.

At the end of your first two tax years, however, you must establish with the Internal Revenue Service that for such two years you were in fact an organization of the type described in section 170(b)(1)(A)(vi). If you establish this fact with the Service, you will be classified as a section 509(a)(1) organization for all purposes beginning with the first day of your third tax year and you must normally meet the requirements of section 170(b)(1)(A)(vi) thereafter. If, however, you do not meet the requirements of section 170(b)(1)(A)(vi) for your first two tax years, you will be classified as a private foundation as of the first day of your third tax year. Furthermore, you will be treated as a private foundation as of the first day of your first tax year for purposes of sections 507(d) and 4940.

Grantors and donors may rely on the determination that you are not a private foundation for your first two tax years, unless notice that you will no longer be treated as a section 509(a)(1) organization is published in the Internal Revenue Bulletin. However, a grantor or donor may not rely on such determination if he was in part responsible for, or was aware of, the act or failure to act that resulted in your loss of section 509(a)(1) status, or acquired knowledge that the Internal Revenue Service had given notice that you would be removed from classification as a section 509(a)(1) organization.

**Internal Revenue Service
District Director**



Department of the Treasury

Date: August 20, 1980

Person to Contact:

**C. Lannon
Telephone Number:**

**9040791-3425
Refer Reply to:**

158

▷ **Marion County Senior Services, Inc.
1644 N. E. 22nd Ave.
Ocala, Florida 32670**

**Date of Exemption: March 29, 1974
Internal Revenue Code Section: 501(c)(3)**

Gentlemen:

Thank you for submitting the information shown below. We have made it a part of your file.

The changes indicated do not adversely affect your exempt status and the exemption letter issued to you continues in effect.

Please let us know about any future change in the character, purpose, method of operation, name or address of your organization. This is a requirement for retaining your exempt status.

Thank you for your cooperation.

Sincerely yours,

Michael J. Murphy
District Director

Item Changed

From

To

Name and Address

Services on Wheels, Inc.
511 S. E. 3rd. St.
Ocala, FL 32670

Marion County Senior Services, Inc.
1644 N. E. 2nd. Ave.
Ocala, FL 32670

OGDEN UT 84201-0046

In reply refer to: 0423291513
Sep. 08, 2011 LTR 252C 0
23-7362750 000000 00
00005251
BODC: TE

MARION SENIOR SERVICES INC
1101 SW 20TH CT
OCALA FL 34471-8885



020260

Taxpayer Identification Number: 23-7362750

Dear Taxpayer:

Thank you for your Form 990.

We have changed the name on your account as requested. The number shown above is valid for use on all tax documents.

If you need forms, schedules, or publications, you may get them by visiting the IRS website at www.irs.gov or by calling toll-free at 1-800-TAX-FORM (1-800-829-3676).

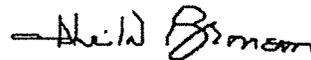
If you have any questions, please call us toll free at 1-877-829-5500.

If you prefer, you may write to us at the address shown at the top of the first page of this letter.

Whenever you write, please include this letter and, in the spaces below, give us your telephone number with the hours we can reach you. Also, you may want to keep a copy of this letter for your records.

Telephone Number () _____ Hours _____

Sincerely yours,



Sheila Bronson
Dept. Manager, Code & Edit/Entity 3

Enclosure(s):
Copy of this letter



Consumer's Certificate of Exemption

DR-14
R. 04/11

Issued Pursuant to Chapter 212, Florida Statutes

| | | | |
|--------------------|----------------|-----------------|------------------------|
| 85-8012628199C-7 | 10/31/2014 | 10/31/2019 | 501(C)(3) ORGANIZATION |
| Certificate Number | Effective Date | Expiration Date | Exemption Category |

This certifies that

MARION SENIOR SERVICES INC
1101 SW 20TH CT
OCALA FL 34471-8885



is exempt from the payment of Florida sales and use tax on real property rented, transient rental property rented, tangible personal property purchased or rented, or services purchased.



Important Information for Exempt Organizations

DR-14
R. 04/11

1. You must provide all vendors and suppliers with an exemption certificate before making tax-exempt purchases. See Rule 12A-1.038, Florida Administrative Code (F.A.C.).
2. Your *Consumer's Certificate of Exemption* is to be used solely by your organization for your organization's customary nonprofit activities.
3. Purchases made by an individual on behalf of the organization are taxable, even if the individual will be reimbursed by the organization.
4. This exemption applies only to purchases your organization makes. The sale or lease to others of tangible personal property, sleeping accommodations, or other real property is taxable. Your organization must register, and collect and remit sales and use tax on such taxable transactions. Note: Churches are exempt from this requirement except when they are the lessor of real property (Rule 12A-1.070, F.A.C.).
5. It is a criminal offense to fraudulently present this certificate to evade the payment of sales tax. Under no circumstances should this certificate be used for the personal benefit of any individual. Violators will be liable for payment of the sales tax plus a penalty of 200% of the tax, and may be subject to conviction of a third-degree felony. Any violation will require the revocation of this certificate.
6. If you have questions regarding your exemption certificate, please contact the Exemption Unit of Account Management at 800-352-3671. From the available options, select "Registration of Taxes," then "Registration Information," and finally "Exemption Certificates and Nonprofit Entities." The mailing address is PO Box 6480, Tallahassee, FL 32314-6480.

2.13 TITLE VI PROGRAM

If an applicant has not previously submitted their Title VI plan to the Department, a copy must be included here.

TITLE VI HAS BEEN PREVIOUSLY SUBMITTED by Marion Senior Services, Inc. / Marion Transit

2.14 LOCAL CLEARINGHOUSE AGENCY LETTER

If grant application is for facilities, please include a copy of the cover letter submitted to the local clearinghouse agency or RPC.

N/A

2.15 EXHIBIT H: PROTECTION OF THE ENVIRONMENT

Required if the proposed project is for the construction of facilities. Please see Grant Application Instruction Manual for details.

N/A

END OF APPLICATION

5310 Grant Application Revised on 23 September 2016

Revised by: Kayla Costello, Section 5310 Program Manager

FDOT Public Transit Office

605 Suwannee Street (MS 26)

Tallahassee, Florida 32399-0450

Work Phone: 850-414-4239 Email: kayla.costello@dot.state.fl.us

2017

49 U.S.C. SECTION 5311
FORMULA GRANTS FOR RURAL AREAS
CFDA 20.509

OPERATING & CAPITAL ASSISTANCE APPLICATIONS
FLORIDA DEPARTMENT OF TRANSPORTATION - PUBLIC TRANSIT OFFICE

1. OPERATING ASSISTANCE APPLICATION.....3

1.1. Operating Assistance Application Checklist.....3

1.2. Cover Letter – Sample4

1.3. Resolution Form – Sample.....5

1.4. Form 424: Application for Federal Assistance **Error! Bookmark not defined.**

1.5. Exhibit A: Current System Description **Error! Bookmark not defined.**

1.6. Exhibit A-1: Fact Sheet..... **Error! Bookmark not defined.**

1.7. Exhibit B: Proposed Project Description **Error! Bookmark not defined.**

1.8. Form B-1: Transit-related operating and administrative expenses9

1.9. Form B-2: Transit-Related Operating and Administrative Revenues..... 13

1.10. Form B-3: Proof of Local Match 14

1.11. Form B-4: Breakdown of Direct Transportation Costs..... 15

1.12. Form B-5: Calculating Service Area Percentages..... 16

1.13. Exhibit E: Federal Certifications and Assurances..... 18

1.14. Exhibit J: Standard Lobbying Certification Form..... 19

1.15. Exhibit K: FTA Section 5333 (b) Assurance 20

1.16. Title VI Program 21

OPERATING ASSISTANCE APPLICATION

1.1. OPERATING ASSISTANCE APPLICATION CHECKLIST

Name of Applicant: Marion Senior Services, Inc.

Check One: **New Applicant** _____ **Recurring Applicant** X

The following documents must be included in section 5311 Operating Assistance Applications in the order listed:

- 1.1** Operating Assistance Application Checklist (this form)
- 1.2** Applicant's cover letter
- 1.3** Governing board's Resolution
- 1.4** Form 424: Application for Federal Assistance
- 1.5** Exhibit A: Current System Description
- 1.6** Exhibit A-1: Fact Sheet
- 1.7** Exhibit B: Proposed Project Description
- 1.8** Form B-1: Transit-Related Operating and Administrative Expenses
- 1.9** Form B-2: Operating and Administrative Expense & Revenues; Grant Request
- 1.10** Form B-3: Proof of Local Match
- 1.11** Form B-4: Breakdown of Transportation Costs
- N/A 1.12** Form B-5: Calculating Service Area Percentages
- 1.13** Exhibit E: Federal Certifications and Assurances
- 1.14** Exhibit J: Standard Lobbying Certification Form
- 1.15** Exhibit K: FTA Section 5333(b) Assurance
- N/A 1.16** Copy of the Title VI Plan (if not previously submitted to the Department)



1101 S.W. 20th Court Ocala, FL 34471
Office (352) 620-3501 Fax (352) 629-6122
www.marionseniorservices.org

"assisting the elderly, disabled and disadvantaged residents of Marion County to maintain independent living status"

STATE OF FLORIDA DEPARTMENT OF TRANSPORTATION

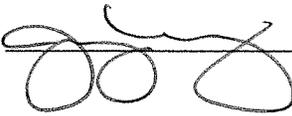
GRANT APPLICATION

Marion Senior Services, Inc. / Marion Transit submits this Application for the Section 5311 Program Grant and agrees to comply with all assurances and exhibits attached hereto and by this reference made a part thereof, as itemized in the Checklist for Application Completeness.

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

This Application is submitted on this 18 day of Nov., 2016 with two (2) original resolutions or certified copies of the original resolution authorizing Ms. Jennifer Martinez, Executive Director to sign this Application.

Marion Senior Services, Inc. / Marion Transit

By , Executive Director

Date 11/18/16

Marion Senior Services is funded through The State of Florida Department of Elder Affairs; Florida Department of Children & Families Services; Florida Department of Transportation; Commission for the Transportation Disadvantaged; United Way of Marion County; Marion County Commission; Community Support; Client Contributions



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RESOLUTION - 5311

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

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

NOW, THEREFORE, BE IT RESOLVED BY THE Marion Senior Services, Inc., Board of Directors located at 1101 S.W. 20th Court, Ocala, Florida 34471:

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

DULY PASSED AND ADOPTED THIS 11/18, 2016
 By: Jean Imes
 Ms. Jean Imes
 Chairman of the Board

ATTEST: [Signature]

"assisting the elderly, disabled and disadvantaged residents of Marion County to maintain independent living status"

RESOLUTION - 5311

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

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

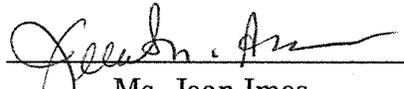
NOW, THEREFORE, BE IT RESOLVED BY THE Marion Senior Services, Inc., Board of Directors located at 1101 S.W. 20th Court, Ocala, Florida 34471:

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

DULY PASSED AND ADOPTED THIS

11/18, 2016

By:


Ms. Jean Imes
Chairman of the Board

ATTEST:



1.4. FORM 424: APPLICATION FOR FEDERAL ASSISTANCE

Attach the completed Form 424 here.

Application for Federal Assistance SF-424*** 1. Type of Submission:**

- Preapplication
 Application
 Changed/Corrected Application

*** 2. Type of Application:**

- New
 Continuation
 Revision

*** If Revision, select appropriate letter(s):**

*** Other (Specify):**

*** 3. Date Received:**

4. Applicant Identifier:

5a. Federal Entity Identifier:

5b. Federal Award Identifier:

State Use Only:**6. Date Received by State:**

7. State Application Identifier:

8. APPLICANT INFORMATION:*** a. Legal Name:** *** b. Employer/Taxpayer Identification Number (EIN/TIN):**

*** c. Organizational DUNS:**

d. Address:*** Street1:** **Street2:** *** City:** **County/Parish:** *** State:** **Province:** *** Country:** *** Zip / Postal Code:** **e. Organizational Unit:****Department Name:**

Division Name:

f. Name and contact information of person to be contacted on matters involving this application:**Prefix:**

*** First Name:**

Middle Name: *** Last Name:** **Suffix:** **Title:** **Organizational Affiliation:***** Telephone Number:** **Fax Number:** *** Email:**

Application for Federal Assistance SF-424

*** 9. Type of Applicant 1: Select Applicant Type:**

M: Nonprofit with 501C3 IRS Status (Other than Institution of Higher Education)

Type of Applicant 2: Select Applicant Type:

Type of Applicant 3: Select Applicant Type:

* Other (specify):

*** 10. Name of Federal Agency:**

Federal Transit Administration

11. Catalog of Federal Domestic Assistance Number:

20.509

CFDA Title:

Formula Grants for Rural Areas Program

*** 12. Funding Opportunity Number:**

Not Applicable

* Title:

Not Applicable

13. Competition Identification Number:

Not Applicable

Title:

14. Areas Affected by Project (Cities, Counties, States, etc.):

Add Attachment

Delete Attachment

View Attachment

*** 15. Descriptive Title of Applicant's Project:**

Section 5311 Grant Application. This request is for operating assistance funds to provide transportation services to residents of unincorporated Marion County, Florida.

Attach supporting documents as specified in agency instructions.

Add Attachments

Delete Attachments

View Attachments

Application for Federal Assistance SF-424

16. Congressional Districts Of:

* a. Applicant

* b. Program/Project

Attach an additional list of Program/Project Congressional Districts if needed.

Add Attachment

Delete Attachment

View Attachment

17. Proposed Project:

* a. Start Date:

* b. End Date:

18. Estimated Funding (\$):

| | |
|---------------------|---|
| * a. Federal | <input type="text" value="770,718.00"/> |
| * b. Applicant | <input type="text" value="0.00"/> |
| * c. State | <input type="text" value="1,244,142.00"/> |
| * d. Local | <input type="text" value="786,735.00"/> |
| * e. Other | <input type="text" value="441,918.00"/> |
| * f. Program Income | <input type="text" value="0.00"/> |
| * g. TOTAL | <input type="text" value="3,243,513.00"/> |

*** 19. Is Application Subject to Review By State Under Executive Order 12372 Process?**

a. This application was made available to the State under the Executive Order 12372 Process for review on

b. Program is subject to E.O. 12372 but has not been selected by the State for review.

c. Program is not covered by E.O. 12372.

*** 20. Is the Applicant Delinquent On Any Federal Debt? (If "Yes," provide explanation in attachment.)**

Yes No

If "Yes", provide explanation and attach

Add Attachment

Delete Attachment

View Attachment

21. *By signing this application, I certify (1) to the statements contained in the list of certifications and (2) that the statements herein are true, complete and accurate to the best of my knowledge. I also provide the required assurances** and agree to comply with any resulting terms if I accept an award. I am aware that any false, fictitious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties. (U.S. Code, Title 218, Section 1001)**

** I AGREE

** The list of certifications and assurances, or an internet site where you may obtain this list, is contained in the announcement or agency specific instructions.

Authorized Representative:

Prefix:

* First Name:

Middle Name:

* Last Name:

Suffix:

* Title:

* Telephone Number:

Fax Number:

* Email:

* Signature of Authorized Representative: 

* Date Signed:

1.3. EXHIBIT A: CURRENT SYSTEM DESCRIPTION

1. What is a general overview of the organization including its mission, program goals and objectives?

The mission of Marion Senior Services, Inc. d/b/a Marion Transit is to provide quality transportation services to the transportation disadvantaged in Marion County, FL. Our goals and objectives are simple; deliver excellent customer service, provide on-time performance, minimize dwell time, have high passenger satisfaction, ensure safe driving and passenger safety.

Marion County is the fifth largest county in the State of Florida with the majority of residents living in the unincorporated and rural areas of the county. The unincorporated population has been experiencing annual population increases in the thousands while the municipalities have little growth. Marion Transit between June – July 2015/2016 provided 119,367 trips for the transportation disadvantaged that include seniors and individuals with disabilities.

2. What is the organizational structure, type of operation, number of employees, and other pertinent organizational information? Is the organization a government authority or a private non-profit agency? Include an organizational chart that shows the positions that are involved in the transit department i.e. fleet manager, vehicle maintenance. The organizational chart may be placed after this exhibit.

Marion Senior Services, Inc. is a not-for-profit 501.c.3 organization. The agency has several divisions that include Community Care (i.e. meals-on-wheels, elder care, congregate dining, senior companions) and Marion Transit. The agency as a whole has 64 full-time employees, 32 part-time and 262 volunteers.

(1) Marion Transit has the following positions: (1) Transportation Director, (1) Operations Manager, (1) Safety Manager, (1) Trips Manager, (39) FT Drivers, (3) Reservations Clerks, (1) Trip Scheduler, Billing Clerk and (2) Dispatchers, and. (1) Office Assistant (See Chart)

3. Who is responsible for insurance, training and management, and administration of the agencies transportation programs?

The Marion Transit Transportation Director has the ultimate responsibility for overseeing the administration of the agency transportation program. The Safety Manager oversees the training of drivers to include an 80 hour Field Training Operator Program that trains and assesses every new driver before they are released to drive our buses. This program has three major themes; Vehicle Safety, Driver/Operator Safety, and Passenger Safety. Both the Operations and Safety Managers are responsible for continuing education for the drivers that include mandatory quarterly safety meetings.

4. Who provides maintenance for the vehicles? Is it outsourced? What type of Preventative Maintenance work does the agency do on-site?

Marion Transit outsources our fleet vehicle maintenance to a local vendor, Construction Tire and Maintenance. They have a one year contract that includes renewable terms. We follow the recommended A,B,C 6000 mile maintenance program outlined by the Florida Department of Transportation. We also outsource and contract with Advanced Vehicle Modification (AVL) for our wheelchair lift maintenance. Our A/C vendor is Thermo King.

Other than the daily pre & post check that may require adding fluids (i.e. oil, transmission fluid, etc.) we do not perform any on-site vehicle maintenance.

5. What is the agency's current number of transportation related employees?

Transportation has 51 employees. (1) Transportation Director; (3) Managers (Operations, Safety & Trip); (3) Reservationist; (1) Trip Scheduler; (1) Billing Clerk; (2) Dispatchers; (39) FTE Drivers; (1)

Office Assistant. We share with Marion Senior Services, Inc. the Executive Director, a Finance Director and Human Resources Director.

6. Who will drive the vehicle, number of drivers, CDL certifications?

Marion Transit has 39 FTE drivers. Because of our bus size and capacity we do not require CDL certifications. Several of our support employees are also cross-trained to drive as needed.

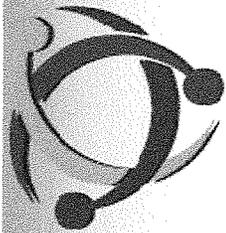
7. What is a detailed description of service routes and ridership numbers?

Marion Transit provides county wide transportation to all 1652 square miles of Marion County, Florida. All our buses are ADA equipped and our service is origin to destination. Drivers will assist passengers from their door to the door of their appointment. SunTran, the local mass transit bus service for Ocala contracts with Marion Transit to provide ADA complimentary transportation service.

We provide trips for; medical appointments, life sustaining activities, education, work, business and recreational. 53% of our trips are for medical appointments. Currently we have 32 front line buses and 11 spares that are cutaway buses ranging from 22' to 24' all equipped with lifts for wheelchairs. One spare is a Dodge Caravan also equipped with a wheelchair ramp.

Marion Transit averages between 350 to 450 trips per day (Monday – Friday) with a total unduplicated passenger count of 3224.

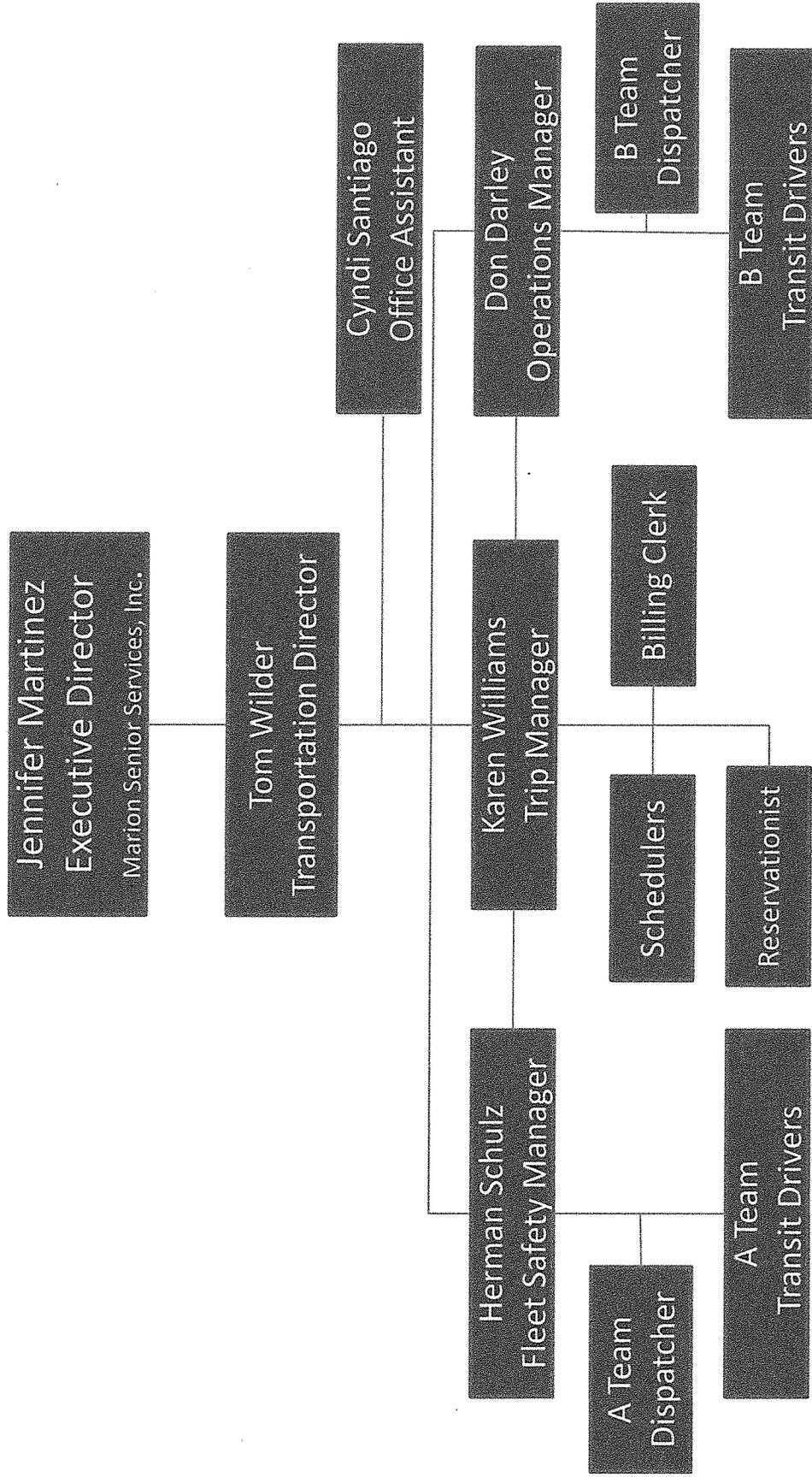
If the applicant is a Community Transportation Coordinator (CTC), relevant pages of a Transportation Disadvantaged Service Plan (TDSP) and Annual Operating Report (AOR) containing the above information may be provided here. Please do not attach entire documents.



Marion Senior Services

MEALS • TRANSIT • IN-HOME SUPPORT

TRANSIT DIVISION



FLCTD

Annual Operations Report

Section III: Passenger Trip Info

| County: Marion | | Fiscal Year: July 1, 2015 - June 30, 2016 | |
|--|--------------|---|--------|
| Status: Complete | | | |
| FLCTD Status: Approved | | | |
| Section III: Passenger Trip Information | | | |
| 1a. One-Way Passenger Trips | | | |
| Type of Service | Service Area | | Total |
| | Within | Outside | |
| Fixed Route/Fixed Schedule | | | |
| Daily Trip Tickets | 0 | 0 | 0 |
| Weekly Passes | 0 | 0 | 0 |
| Monthly Passes | 0 | 0 | 0 |
| | | | |
| Deviated Fixed Route Service | 0 | 0 | 0 |
| Paratransit | | | |
| Ambulatory | 87108 | 0 | 87108 |
| Non-Ambulatory | 32259 | 0 | 32259 |
| Stretcher | 0 | 0 | 0 |
| Other Services | | | |
| School Board Trips | 0 | 0 | 0 |
| Total Trips | 119367 | 0 | 119367 |
| 1b. How many of the total trips were provided by contracted transportation providers (do not include the CTC, if the CTC provides transportation services)? | | | 0 |
| 1c. How many of the total trips were provided by coordination contractors? | | | 30157 |
| | | | |
| 2. One-Way Trips by Funding Source | | | |
| Agency for Health Care Administration | | | 11262 |
| Agency for Persons with Disabilities | | | 30157 |
| Agency for Workforce Innovation | | | 0 |
| Commission for the Transportation Disadvantaged | | | 27424 |
| Department of Children and Families | | | 0 |
| Department of Community Affairs | | | 0 |
| Department of Education | | | 0 |
| Department of Elder Affairs | | | 0 |

| | |
|--------------------------------------|--------|
| Department of Health | 0 |
| Department of Juvenile Justice | 0 |
| Florida Department of Transportation | 33686 |
| Local Government | 16838 |
| Local Non-Government | 0 |
| Other Federal Programs | 0 |
| Total: | 119367 |

3. One-Way Trips by Passenger Type

Was this information obtained by sampling? no

Elderly

Low Income: 7853

Disabled: 21392

Low Income and Disabled: 10636

Other: 17240

Children

Low Income: 1350

Disabled: 852

Low Income and Disabled: 9147

Other: 30

Other

Low Income: 4078

Disabled: 39346

Low Income and Disabled: 1698

Other: 5745

Total: 119367

4. One-Way Passenger Trips - by Purpose

Was this information obtained by sampling? no

Medical Purpose 63177

Employment Purpose 431

Education/Training/Daycare Purpose 34032

Nutritional Purpose 14031

Life-Sustaining/Other Purpose 7696

Total: 119367

5. Unduplicated Passenger Head Count

| | |
|--|------|
| 5a. Paratransit/Deviated Fixed Route/ School Brd | 3224 |
| 5b. Fixed Route | 0 |
| Total: | 3224 |
| 6. Number of Unmet Trip Requests | |
| | 553 |
| Unmet Trip Requests by Type of Trip | |
| Unmet Medical | 490 |
| Unmet Employment | 1 |
| Unmet Education/Training/Daycare | 8 |
| Unmet Nutritional | 11 |
| Unmet Life-Sustaining/Other | 43 |
| Reason Trip was Denied (Optional) | |
| Lack of Funding: | 0 |
| Lack of Vehicle Availability: | 0 |
| Lack of Driver Availability: | 0 |
| Other: | 0 |
| 7.) Number of Passenger No-shows | |
| | 2774 |
| Passenger No-Shows by Funding Source (optional) | |
| CTD: | 899 |
| AHCA: | 683 |
| AWI: | 0 |
| DCF: | 0 |
| APD: | 0 |
| DOE: | 0 |
| DOEA: | 0 |
| Other: | 1192 |
| 8. Complaints | |
| Complaints by Service | 12 |
| Complaints by Policy | 0 |
| Complaints by Vehicle | 1 |
| Complaints by Other | 0 |
| Complaint Total: | 13 |
| 9. Commendations | |

1.6. EXHIBIT A-1: FACT SHEET

Name of Applicant: Marion Senior Services, Inc.

| | CURRENTLY | IF GRANT IS AWARDED (Estimates are acceptable.) |
|---|---|--|
| 1. Number of total one-way trips served by the agency PER YEAR (for entire system)* Please include calculations. | 119,367 457 average trips per day x 261 days of service per year – entire system. | 119,367 <i>Grant is for replacement vehicles only. Not expanding service.</i> |
| 2. Number of one-way trips provided to seniors and individuals with disabilities PER YEAR* | 83,071 318 avg. trips per day x 261 days of service per year | 83,071 <i>Grant is for replacement vehicles only. Not expanding service.</i> |
| 3. Number of individual senior and disabled clients (unduplicated) PER YEAR | 3,224 | 3,224 <i>Due to not expanding service ridership is not expected to increase.</i> |
| 4. Total number of vehicles used to provide service to seniors and individuals with disabilities ACTUAL | 43 | 43 |
| 5. Number of 5310 vehicles used to provide service to seniors and individuals with disabilities eligible for replacement ACTUAL (Refer to Vehicle Life Span chart) | 5 | 5 <i>Replacement vehicles only.</i> |
| 6. Total fleet vehicle miles traveled to provide service to seniors and individuals with disabilities PER YEAR | 1,149,596 | 1,149,596 <i>Service is not expanding.</i> |
| 7. Number of days that vehicles are in operation to provide service to seniors and individuals with disabilities AVERAGE PER WEEK | 5 | 5 <i>Service is not expanding.</i> |
| 8. Posted hours of normal operation agency provides service to seniors and individuals with disabilities PER WEEK. (This does not include non-scheduled emergency availability) | M–F: 8:00am – 5:00pm Saturday: None Sunday: None Total (WEEK): 45hrs | M–F: 8:00am – 5:00pm Saturday: None Sunday: None Total (WEEK): 45hrs |

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

1.7. EXHIBIT B: PROPOSED PROJECT DESCRIPTION

1. **Is the project to continue the existing level of services, to expand present service, or to provide new service? How will a grant award be used? How many more hours of service will be provided? Will it expand service to a larger geographic area? Will it be used to reduce headways? If so, please specify). How many more trips will be provided? Please explain in detail.**

In order to help *maintain our existing level of service* our request to the Florida Department of Transportation for the 5311 Program funds will specifically be used to support the Marion Senior Services, Inc. / Marion Transit Transportation Disadvantaged program providing services to rural areas of Marion County, Florida.

Regular service hours will remain Monday through Friday from 8:00 a.m. through 5:00 p.m., except holidays, for which we provide limited service. Our dispatch operation opens at 4:30 a.m. and closes at 7:00 p.m. or after the last driver is done and has returned to the yard. Our program provides origin to destination (door-to-door) paratransit service to enhance the mobility of our transportation disadvantaged, seniors and individuals with disabilities. The service will provide users various types of trips to include, but not limited to, medical and life-sustaining appointments, their nutritional needs, employment related services and for recreation.

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

Transportation services provided by Marion Senior Services, Inc. – Marion Transit will continue to be in compliance with the Federal Transit Administration's Section 5310/5311 Programs, Chapter 427, Florida Statutes, and Rule Chapter 14-90 and 41-2, FAC, Title VI requirements.

We are currently serving seniors and individuals with disabilities meeting the transportation needs of individuals who are transportation disadvantaged. We continue to work with communities and provide outreach to qualified individuals with limited or no means of transportation.

3. **Provide a brief description of the project which includes the counties served, whether the applicant shall service minority populations and whether the applicant is minority-owned.**

Marion Senior Services, Inc. is a 501.c.3 not-for-profit organization and is not minority-owned. In 1982, the Metropolitan Planning Organization in Ocala designated Marion County Senior Services as the Community Transportation Coordination (CTC) Provider for the transportation disadvantaged in Marion County. Operating, administrative and capital funds are provided by the Florida Department of Transportation. Since 1991, the Transportation Disadvantaged Commission has also provided funds to pay for clients not sponsored by any agency or organization. We currently operate 32 daily routes (Monday - Friday) averaging between 350 and 450 trips per day to transport elderly, disabled transportation-disadvantaged persons throughout Marion County, Florida *this service does include serving minority populations within our community.*

4. **Agencies receiving Section 5310 funds must collect both quantitative and qualitative data to capture overarching program information as part of the Section 5310 annual report. Please outline how your agency will collect the quantitative and qualitative data required as a Section 5310 sub-recipient, for example, what will the time frame be/how will it be incorporated into program operations? What tools will be used to collect the data?**

Marion Transit has recently installed dispatching and record keeping software (by RouteMatch) that will assist in the collection of quantitative and qualitative data that will assist us in reaching our performance measures which includes on-time performance, reducing dwell time and improved routing of our buses. Data will be collected daily, reviewed monthly and reported annually. Each of our buses is equipped with an onboard tablet that will assist in collecting pertinent data into the

database in real-time. We will also continue to conduct periodic customer surveys to ensure that we are meeting or exceeding our goals.

5. Fully explain your transportation program:

a. Service hours, planned service, routes and trip types

Regularly scheduled service hours are Monday through Friday from 8:00 a.m. through 5:00 p.m. Limited service hours that are specific to transporting riders to dialysis and urgent type trips are provided during times outside of our normal working hours. The operation begins as early as 4:00 a.m. and ends as late as 7:00 p.m. or until the last passenger's return trip is complete.

b. Staffing – include plan for training on vehicle equipment such as wheelchair lifts, etc.

Staffing includes three reservations clerks, one scheduler, two dispatchers, office assistant, four management employees, and thirty-nine full-time drivers. Training involves in-depth classroom and field instruction to include: ADA, distracted and defensive driving, substance abuse (MSS is a zero tolerance agency), passenger sensitivity, wheelchair securement, agency policies and procedures, emergency/evacuation procedures, vehicle care, pre and post trip inspections, and customer service. At least eighty hours of hands-on training is provided through our Field Training Operator (FTO) Program. Quarterly, mandatory staff/safety meetings are held to maintain and promote a solid safety program.

c. Records maintenance– who, what methods, use of databases, spreadsheets etc.

Maintenance records are managed by Trips Manager excel spreadsheets and the new RouteMatch (new) and Paralogics (old) databases. Marion Transit follows the records retention schedule for all client records.

d. Vehicle maintenance – who, what, when and where. Include a section on how vehicles are maintained without interruptions in service.

Vehicle maintenance is performed by Construction Tire and Maintenance, Palm Chevrolet, and Advanced Vehicle Modifications. Maintenance records are managed by the Operations Manager and the Fleet Safety Manager using excel spreadsheets. Invoices and vehicle inspections are viewed daily for reconciliation. We follow the recommended A, B, C vehicle maintenance program. Annual inspections are also completed on each bus. Maintenance records are kept for the life of the vehicle. The utilization of spare buses assists us with the maintaining our service without interruption.

e. System safety plan

Marion Transit has a System Safety Plan which recently was reviewed and updated for a Tri-annual inspection from which we received a letter of compliance. This plan is continually monitored and updated as changes occur.

f. Drug free work place

Marion Senior Services, Inc. – Marion Transit is a Drug Free workplace. We have a zero tolerance drug policy and conduct pre-employment, random as well as suspected drug testing on transit employees.

6. How do you currently fund the operations of your transit program? What are your transit sources of funding – state/local/federal/ private foundations?

The transit program is funded by the Florida Department of Transportation, the Commission for the Transportation Disadvantaged, City of Ocala (SunTran – ADA), County Commission, donations and client fares.

7. Why are operating funds being requested?

Operating funds are necessary to augment the funding needed by Marion Senior Services, Inc. to provide the transportation service to those citizens who are qualified to ride. With between 350 to 450 estimated trips a day Monday thru Friday Marion Transit is the Community Transportation Coordinator (CTC) and lead transportation disadvantaged provider for Marion County, Florida. Without the 5311 funding we would have to drastically reduce our level of service leaving many customers without transportation to their medical, life sustaining, education, work, business, or recreational appointments. *53% of our trips are for medical purposes.*

8. If this grant is not fully funded, can you still proceed with this program?

Yes. However, we would have to reduce staff and would not be able to maintain the level of service we currently provide.

9. New agencies only: Have you met with the CTC and, if so, how are you providing a service they cannot? Provide detailed information supporting this requirement. **N/A**

1.8. APPLICATIONS SUBMITTED WITHOUT THE APPROPRIATE COORDINATION AGREEMENT MAY BE REJECTED BY FDOT. GRANT AWARDS WILL NOT BE MADE WITHOUT AN APPROPRIATE COORDINATION AGREEMENT. FORM B-1: TRANSIT-RELATED OPERATING AND ADMINISTRATIVE EXPENSES

Name of Applicant: **Marion Senior Services, Inc.**

Name of Transit Program: **Marion Transit**

Applicant Fiscal period start and end dates: **October 1, 2017 to September 30, 2018**

State Fiscal period from: **July 1, 2017 to June 30, 2018**

| EXPENSE CATEGORY | TOTAL EXPENSE | FTA ELIGIBLE EXPENSE |
|---------------------------------|----------------------|-----------------------------|
| Labor (501) | \$1,407,336 | \$714,119 |
| Fringe and Benefits (502) | <u>536,638</u> | <u>272,304</u> |
| Services (503) | <u>44,459</u> | <u>22,560</u> |
| Materials and Supplies (504) | <u>106,020</u> | <u>53,797</u> |
| Vehicle Maintenance (504.01) | <u>905,712</u> | <u>459,582</u> |
| Utilities (505) | <u>52,981</u> | <u>26,884</u> |
| Insurance (506) | <u>172,475</u> | <u>87,518</u> |
| Licenses and Taxes (507) | <u>1,050</u> | <u>533</u> |
| Purchased Transit Service (508) | <u>0</u> | <u>0</u> |
| Miscellaneous (509) | <u>16,842</u> | <u>8,546</u> |
| Leases and Rentals (512) | <u>0</u> | <u>0</u> |
| Depreciation (513) | <u>0</u> | <u>0</u> |
| TOTAL | \$3,243,513 | \$1,645,843 (a) |

SECTION 5311 GRANT REQUEST:

| | |
|--|-------------------------|
| Total FTA Eligible Expenses (from Form B-1, above) | \$1,645,843 (a) |
| Rural Passenger Fares (from Form B-2) | \$ 104,407 (b) |
| Operating Deficit | \$1,541,436 (c) |
| [FTA Eligible Expenses (a) minus Rural Passenger Fares (b)] (from Form B-2) | |
| Section 5311 Request | \$ 770,718 (d) |
| (No more than 50% of Operating Deficit) | |
| Grant Total All Revenues (from Form B-2) | \$3,243,513 *(e) |

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

1.9. FORM B-2: TRANSIT-RELATED OPERATING AND ADMINISTRATIVE REVENUES

Name of Applicant: **Marion Senior Services, Inc.**

Name of Transit Program: **Marion Transit**

Applicant Fiscal period start and end dates: **October 1, 2017 to September 30, 2018**

State Fiscal period from: **July 1, 2017 to June 30, 2018**

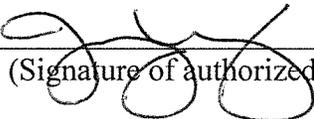
| OPERATING REVENUE CATEGORY | TOTAL REVENUE | REVENUE USED AS FTA MATCH |
|---|--|------------------------------|
| Passenger Fares for Transit Service (401) | Total= \$439,390 Rural =\$104,407 (b) | |
| Special Transit Fares (402) | 2,528 | |
| School Bus Service Revenues (403) | 0 | |
| Freight Tariffs (404) | 0 | |
| Charter Service Revenues (405) | 0 | |
| Auxiliary Transportation Revenues (406) | 0 | |
| Non-transportation Revenues (407) | 0 | |
| Total Operating Revenue | \$441,918 | \$ |
| OTHER REVENUE CATEGORY | | |
| Taxes Levied directly by the Transit System (408) | 0 | |
| Local Cash Grants and Reimbursements (409) | 786,735 | 770,718 |
| Local Special Fare Assistance (410) | 0 | |
| State Cash Grants and Reimbursements (411) | 1,244,142 | |
| State Special Fare Assistance (412) | 0 | |
| Federal Cash Grants and Reimbursements (413) | 770,718 | |
| Interest Income (414) | 0 | |
| Contributed Services (430) | 0 | |
| Contributed Cash (431) | 0 | |
| Subsidy from Other Sectors of Operations (440) | 0 | |
| Total of Other Revenue | \$2,801,595 | \$770,718 |
| GRAND TOTAL ALL REVENUE | \$3,243,513 | \$770,718 (c) |

1.10. FORM B-3: PROOF OF LOCAL MATCH

Name of Applicant: Marion Senior Service, Inc.

Sources and amounts of local share for the operating assistance being requested:

| SOURCE: | AMOUNT: |
|---|-----------|
| Marion County Board of County Commissioners | \$825,735 |
| | |
| | |
| | |
| | |



 (Signature of authorized representative)

_____ Jennifer Martinez, Executive Director _____
 (Name and title of authorized representative)

Attach documentation of match funds immediately behind this page. Proof may consist of, but not be limited to: Transportation Disadvantaged (TD) allocation, written statements from county commissions, state agencies, city managers, mayors, town councils, organizations, accounting firms and financial institutions.

NINTH AMENDMENT TO AGREEMENT

In accordance with the original Agreement for Senior/Transit Services entered into December 15, 1992 (the "Agreement"), this Ninth Amendment to the Agreement (this "Amendment") is made and entered into by and between **Marion Senior Services, Inc**, located at 1101 SW 20th 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 25th 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 \$825,735 to provide for Senior and other Transit Services.
2. **Term.** The term of the Agreement shall be amended and extended for services performed during FY16/17 defined as October 1, 2016 through September 30, 2017.
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.
6. **Provider Conduct:** These Guidelines govern Provider doing work on Owner property, as well as its employees, agents, consultants, and others on Owner property in connection with the Provider's work or at the Provider's express or implied invitation.
 - **Courtesy and Respect:** Owner is a diverse government institution and it is critical that Provider and its employees conduct themselves in a manner that is lawful, courteous, businesslike, and respectful of all staff, guests, or visitors.
 - **Language and Behavior:** Provider and its employees cannot engage in behavior that is rude, threatening, or offensive. Use of profane or insulting language is prohibited. Harassment of any type, including sexual harassment is strictly prohibited. Abusive, derogatory, obscene or improper language, gestures, remarks, whistling, cat calls or other disrespectful behavior cannot be tolerated. Roughhousing, fighting, fisticuffs, physical threats, destruction of property, vandalism, littering, or physical abuse of anyone on Owner property is not permitted under any circumstance.
 - **No Weapons, Alcohol, or Drugs:** The use, possession, distribution, or sale of any weapon, alcohol, illegal drug, or controlled dangerous substance by Provider or its employees is prohibited. Offenders will be removed from Owner property and/or reported to law enforcement.
 - **Smoking:** Provider and its employees are not permitted to smoke in or near any Owner buildings.
 - **Fraternalization:** Provider and its employees may not fraternize or socialize with Owner staff.
 - **Appearance:** Provider and its employees are required to wear appropriate work wear, hard hats and safety footwear, as the case may be, while on the job. Articles of clothing must be neat and tidy in appearance, and cannot display offensive or inappropriate language, symbols or graphics. Owner has the right to decide if such clothing is inappropriate.
7. **Public Records Compliance**

A. IF PROVIDER HAS QUESTIONS REGARDING THE APPLICATION OF CHAPTER 119, FLORIDA STATUTES, TO PROVIDER'S DUTY TO PROVIDE PUBLIC RECORDS RELATING TO THE AGREEMENT, CONTACT OWNER'S CUSTODIAN OF PUBLIC RECORDS AT:

Office of Public Information
601 SE 25th Ave, Ocala, FL 34471
Phone: 352-438-2300 | Fax: 352-438-2309
Email: PIO@marioncountyfl.org

COPY

- B. Provider shall comply with public records laws, specifically:
1. Keep and maintain public records required by Owner to perform the services;
 2. Upon request from Owner's custodian of public records, provide Owner with a copy of the requested records or allow the records to be inspected or copied within a reasonable time at a cost that does not exceed the cost provided in Chapter 119, Florida Statutes, or as otherwise provided by law;
 3. Ensure that public records that are exempt or confidential and exempt from public records disclosure requirements are not disclosed except as authorized by law for the duration of the term and following completion of the Agreement if Provider does not transfer the records to Owner; and,
 4. Upon completion of the Agreement, transfer, at no cost, to Owner, all public records in possession of Provider or keep and maintain public records required by Owner to perform the services. If Provider transfers all public records to Owner upon completion of the Agreement, Provider shall destroy any duplicate public records that are exempt or confidential and exempt from public records disclosure requirements. If Provider keeps and maintains public records upon the completion of the Agreement, Provider shall meet all applicable requirements for retaining public records. All records stored electronically must be provided to Owner, upon request from Owner's custodian of public records, in a format that is compatible with the information technology systems of Owner.
- C. If Provider fails to provide the public records to Owner within a reasonable time, Provider may be subject to penalties under Section 119.10 Florida Statutes.

8. Any and all references throughout the Agreement to "County," "Owner," "Marion County Board of County Commissioner(s)," and "Board of County Commissioner(s), Marion County Florida," shall mean "Marion County, a political subdivision of the State of Florida," as defined herein.

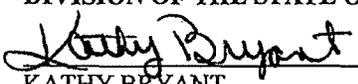
IN WITNESS WHEREOF the parties have entered into this Amendment on the date of the last signature below.

ATTEST:


 DAVID R. ELLSPERMANN, DATE
 CLERK OF COURT

OCT 19 2016

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


 KATHY BRYANT,
 CHAIRMAN

OCT 18 2016

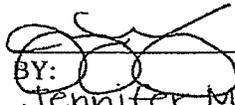
APPROVED AS TO FORM AND LEGAL SUFFICIENCY


 MATTHEW G. MINTER,
 COUNTY ATTORNEY

10-4-16
 DATE

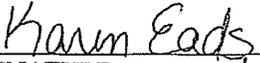
10C-031-CA-09 | BCC 10/4/2016
 Senior Transit Services

MARION SENIOR SERVICES, INC.


 BY: JENNIFER MARTINEZ
 PRINTED: Executive Director
 ITS: (TITLE)

9/27/16
 DATE

WITNESS:


 SIGNATURE
 PRINTED NAME Karen Eads

WITNESS:


 SIGNATURE
 PRINTED NAME Tom Wilder

1.11. FORM B-4: BREAKDOWN OF DIRECT TRANSPORTATION COSTS

Are you billing Direct Cost? Yes No

If yes, skip to Form B-5

Marion Transit uses the rate calculation worksheet developed by the TD Commission to calculate our direct costs. Attached is the 2016/2017 Exhibit “B” page 2 of 2 of the agreement showing the “Passenger Mile” rate for Ambulatory and Wheelchair only.

**TRANSPORTATION DISADVANTAGED TRUST FUND
SERVICE RATES
EXHIBIT B
PAGE 2 OF 2**

COMMUNITY TRANSPORTATION COORDINATOR: Marion Senior Services

EFFECTIVE DATE: July 1, 2016

| TYPE OF SERVICE TO BE PROVIDED | UNIT (Passenger Mile, Trip, or Pass) | COST PER UNIT \$ |
|--------------------------------|---|---------------------|
| Ambulatory | Passenger Mile | 3.27 |
| Wheelchair | Passenger Mile | 5.61 |
| | | |
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1.10. FORM B-5: CALCULATING SERVICE AREA PERCENTAGES

N/A

1.13. EXHIBIT E: FEDERAL CERTIFICATIONS AND ASSURANCES

Please attach Federal Certifications and Assurances signature page here.

FTA FISCAL YEAR 2017 CERTIFICATIONS AND ASSURANCES

**FEDERAL FISCAL YEAR 2017 CERTIFICATIONS AND ASSURANCES FOR
FEDERAL TRANSIT ADMINISTRATION ASSISTANCE PROGRAMS**

(Signature pages alternative to providing Certifications and Assurances in TrAMS)

Name of Applicant: Marion Senior Services, Inc. - Marion Transit

The Applicant agrees to comply with applicable provisions of (Categories 01 – 23. x
OR

The Applicant agrees to comply with applicable provisions of the Categories it has selected:

| <u>Category</u> | <u>Description</u> | |
|-----------------|---|-------|
| 01. | Required Certifications and Assurances for Each Applicant. | _____ |
| 02. | Lobbying. | _____ |
| 03. | Procurement and Procurement Systems. | _____ |
| 04. | Private Sector Protections. | _____ |
| 05. | Rolling Stock Reviews and Bus Testing. | _____ |
| 06. | Demand Responsive Service. | _____ |
| 07. | Intelligent Transportation Systems. | _____ |
| 08. | Interest and Financing Costs and Acquisition of Capital Assets by Lease. | _____ |
| 09. | Transit Asset Management Plan, Public Transportation Safety Program, and State Safety Oversight Requirements. | _____ |
| 10. | Alcohol and Controlled Substances Testing. | _____ |
| 11. | Fixed Guideway Capital Investment Grants Program (New Starts, Small Starts, and Core Capacity Improvement). | _____ |
| 12. | State of Good Repair Program. | _____ |
| 13. | Grants for Buses and Bus Facilities and Low or No Emission Vehicle Deployment Grant Programs. | _____ |
| 14. | Urbanized Area Formula Grants Programs and Passenger Ferry Grant Program. | _____ |
| 15. | Enhanced Mobility of Seniors and Individuals with Disabilities Programs. | _____ |
| 16. | Rural Areas and Appalachian Development Programs. | _____ |
| 17. | Tribal Transit Programs (Public Transportation on Indian Reservations Programs). | _____ |
| 18. | State Safety Oversight Grant Program. | _____ |
| 19. | Public Transportation Emergency Relief Program. | _____ |
| 20. | Expedited Project Delivery Pilot Program. | _____ |
| 21. | Infrastructure Finance Programs. | _____ |
| 22. | Paul S. Sarbanes Transit in Parks Program. | _____ |
| 23. | Construction Hiring Preferences. | _____ |

FTA FISCAL YEAR 2017 CERTIFICATIONS AND ASSURANCES

FEDERAL FISCAL YEAR 2017 FTA CERTIFICATIONS AND ASSURANCES SIGNATURE PAGE

(Required of all Applicants for federal assistance to be awarded by FTA and all FTA Grantees with an active Capital or Formula Award)

AFFIRMATION OF APPLICANT

Name of the Applicant: Marion Senior Services, Inc. - Marion Transit

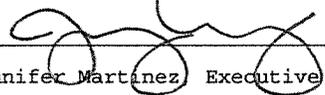
Name and Relationship of the Authorized Representative: Jennifer Martinez, Executive Director

BY SIGNING BELOW, on behalf of the Applicant, I declare that it has duly authorized me to make these Certifications and Assurances and bind its compliance. Thus, it agrees to comply with all federal laws, regulations, and requirements, follow applicable federal guidance, and comply with the Certifications and Assurances as indicated on the foregoing page applicable to each application its Authorized Representative makes to the Federal Transit Administration (FTA) in federal fiscal year 2017, irrespective of whether the individual that acted on his or her Applicant's behalf continues to represent it.

FTA intends that the Certifications and Assurances the Applicant selects on the other side of this document should apply to each Award for which it now seeks, or may later seek federal assistance to be awarded during federal fiscal year 2017.

The Applicant affirms the truthfulness and accuracy of the Certifications and Assurances it has selected in the statements submitted with this document and any other submission made to FTA, and acknowledges that the Program Fraud Civil Remedies Act of 1986, 31 U.S.C. § 3801 *et seq.*, and implementing U.S. DOT regulations, "Program Fraud Civil Remedies," 49 CFR part 31, apply to any certification, assurance or submission made to FTA. The criminal provisions of 18 U.S.C. § 1001 apply to any certification, assurance, or submission made in connection with a federal public transportation program authorized by 49 U.S.C. chapter 53 or any other statute

In signing this document, I declare under penalties of perjury that the foregoing Certifications and Assurances, and any other statements made by me on behalf of the Applicant are true and accurate.

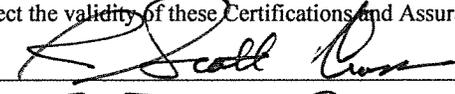
Signature  Date: 1/5/17
Name Jennifer Martinez Executive Director
Authorized Representative of Applicant

AFFIRMATION OF APPLICANT'S ATTORNEY

For (Name of Applicant): Marion Senior Services, Inc.

As the undersigned Attorney for the above named Applicant, I hereby affirm to the Applicant that it has authority under state, local, or tribal government law, as applicable, to make and comply with the Certifications and Assurances as indicated on the foregoing pages. I further affirm that, in my opinion, the Certifications and Assurances have been legally made and constitute legal and binding obligations on it.

I further affirm that, to the best of my knowledge, there is no legislation or litigation pending or imminent that might adversely affect the validity of these Certifications and Assurances, or of the performance of its FTA assisted Award.

Signature  Date: 1/9/2017
Name R. Scott Cross
Attorney for Applicant

Each Applicant for federal assistance to be awarded by FTA and each FTA Recipient with an active Capital or Formula Project or Award must provide an Affirmation of Applicant's Attorney pertaining to the Applicant's legal capacity. The Applicant may enter its electronic signature in lieu of the Attorney's signature within FTA's electronic award and management system, provided the Applicant has on file and uploaded to FTA's electronic award and management system this hard-copy Affirmation, signed by the attorney and dated this federal fiscal year.

1.14. EXHIBIT J: STANDARD LOBBYING CERTIFICATION FORM

The undersigned [Contractor] certifies, to the best of his or her knowledge and belief, that:

(1) No Federal appropriated funds have been paid or will be paid, by or on behalf of the undersigned, to any person for influencing or attempting to influence an officer or employee of an agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with the awarding of any Federal contract, the making of any Federal grant, the making of any Federal loan, the entering into of any cooperative agreement, and the extension, continuation, renewal, amendment, or modification of any Federal contract, grant, loan, or cooperative agreement.

(2) If any funds other than Federal appropriated funds have been paid or will be paid to any person for making lobbying contacts to an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with this Federal contract, grant, loan, or cooperative agreement, the undersigned shall complete and submit Standard Form--LLL, "Disclosure Form to Report Lobbying," (a copy the form can be obtained from <http://www.dot.state.fl.us/transit/Pages/grantsadministration.shtm>) in accordance with its instructions [as amended by "Government wide Guidance for New Restrictions on Lobbying," 61 Fed. Reg. 1413 (1/19/96). Note: Language in paragraph (2) herein has been modified in accordance with Section 10 of the Lobbying Disclosure Act of 1995 (P.L. 104-65, to be codified at 2 U.S.C. 1601, *et seq.*)]

(3) The undersigned shall require that the language of this certification be included in the award documents for all subawards at all tiers (including subcontracts, subgrants, and contracts under grants, loans, and cooperative agreements) and that all subrecipients shall certify and disclose accordingly.

This certification is a material representation of fact upon which reliance was placed when this transaction was made or entered into. Submission of this certification is a prerequisite for making or entering into this transaction imposed by 31, U.S.C. § 1352 (as amended by the Lobbying Disclosure Act of 1995). Any person who fails to file the required certification shall be subject to a civil penalty of not less than \$10,000 and not more than \$100,000 for each such failure.

[Note: Pursuant to 31 U.S.C. § 1352(c)(1)-(2)(A), any person who makes a prohibited expenditure or fails to file or amend a required certification or disclosure form shall be subject to a civil penalty of not less than \$10,000 and not more than \$100,000 for each such expenditure or failure.]

The Contractor, **Marion Senior Services, Inc.**, certifies or affirms the truthfulness and accuracy of each statement of its certification and disclosure, if any. In addition, the Contractor understands and agrees that the provisions of 31 U.S.C. A 3801, *et seq.*, apply to this certification and disclosure, if any.


Signature of Contractor's Authorized Official

Jennifer Martinez, Executive Director
Name and Title of Contractor's Authorized Official

1/5/17 Date

1.15. EXHIBIT K: FTA SECTION 5333 (B) ASSURANCE

(Note: By signing the following assurance, the recipient of Section 5311 and/or 5311(f) assistance assures it will comply with the labor protection provisions of 49 U.S.C. 5333(b) by one of the following actions: (1) signing the Special Warranty for the Rural Area Program (see FTA Circular C 9040.1E, Chapter X); (2) agreeing to alternative comparable arrangements approved by the Department of Labor (DOL); or (3) obtaining a waiver from the DOL.)

Marion Senior Services, Inc. (hereinafter referred to as the “Recipient”) HEREBY ASSURES that the “Special Section 5333 (b) Warranty for Application to the Small Urban and Rural Program” has been reviewed and certifies to the Florida Department of Transportation that it will comply with its provisions and all its provisions will be incorporated into any contract between the recipient and any sub-recipient which will expend funds received as a result of an application to the Florida Department of Transportation under the FTA Section 5311 Program.

Dated 1/5/17

Jennifer Martinez, Executive Director
(Name and Title of Authorized Representative)


(Signature of Authorized Representative)

Note: All applicants must complete the following form and submit it with the above Assurance.

LISTING OF RECIPIENTS, OTHER ELIGIBLE SURFACE TRANSPORTATION PROVIDERS, UNIONS OF SUB-RECIPIENTS, AND LABOR ORGANIZATIONS REPRESENTING EMPLOYEES OF SUCH PROVIDERS, IF ANY

| 1 Identify Recipients of Transportation Assistance Under this Grant. | 2 Site Project by Name, Description, and Provider (e.g. Recipient, other Agency, or Contractor) | 3 Identify Other Eligible Surface Transportation Providers (Type of Service) | 4 Identify Unions (and Providers) Representing Employees of Providers in Columns 1, 2, and 3 |
|---|--|---|---|
| ***** NONE ***** | | | |
| | | | |
| | | | |
| | | | |

1.16. TITLE VI PROGRAM

If an applicant has not previously submitted their Title VI plan to the Department, a copy must be included here.

Marion Senior Services, Inc. Title VI adopted (and previously submitted) July 1, 2016.

END OF MANUAL

5311 Grant Application Revised on 23 September 2016

Revised by: Kayla Costello, Section 5310 Program Manager

FDOT Public Transit Office

605 Suwannee Street (MS 26)

Tallahassee, Florida 32399-0450

Work Phone: 850-414-4239 Email: kayla.costello@dot.state.fl.us