

TRANSPORTATION DISADVANTAGED LOCAL COORDINATING BOARD

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

March 1, 2018
2:00 PM



MEETING AGENDA

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

ACTION ITEMS

3. 2017 CTC Review
4. TDLCB By-Laws Update

DISCUSSION ITEMS

5. Shirley Conroy Grant
6. Dunnellon "Blue Line" Deviated Service Route

OTHER ITEMS

7. Comments by TDLCB Members
8. Comments by Community Transportation Coordinator (CTC)
9. Comments by TPO Staff

11. Public Comment

12. Adjournment

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

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



February 26, 2018

TO: TDLCB Members

FROM: Kenneth Odom, Transportation Planner

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

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

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

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

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

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

CTC

EVALUATION WORKBOOK

Florida Commission for the



Transportation Disadvantaged

CTC BEING REVIEWED: MARION TRANSIT SERVICES

COUNTY (IES): MARION

ADDRESS: 1101 SW 20TH COURT, OCALA, FL 34471

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

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

PERSON CONDUCTING THE REVIEW: KENNETH ODOM

CONTACT INFORMATION: (352) 629-8297

KODOM@OCALAFL.ORG

REVISED JANUARY 2010

LCB EVALUATION WORKBOOK

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REVIEW CHECKLIST & SCHEDULE

COLLECT FOR REVIEW:

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

ITEMS TO REVIEW ON-SITE:

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

ITEMS TO REQUEST:

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

INFORMATION OR MATERIAL TO TAKE WITH YOU:

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

EVALUATION INFORMATION

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

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

Notes to remember:

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

ENTRANCE INTERVIEW QUESTIONS

INTRODUCTION AND BRIEFING:

- Describe the evaluation process (LCB evaluates the CTC and forwards a copy of the evaluation to the CTD).
- The LCB reviews the CTC once every year to evaluate the operations and the performance of the local coordinator.

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

USING THE APR, COMPILE THIS INFORMATION:

1. OPERATING ENVIRONMENT: RURAL URBAN

2. ORGANIZATION TYPE: PRIVATE-FOR-PROFIT
 PRIVATE NON-PROFIT
 GOVERNMENT
 TRANSPORTATION AGENCY

3. NETWORK TYPE: SOLE PROVIDER
 PARTIAL BROKERAGE
 COMPLETE BROKERAGE

4. NAME THE OPERATORS THAT YOUR COMPANY HAS CONTRACTS WITH:

 N/A

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

 ARC of Marion

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

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

7. REVIEW AND DISCUSS TD HELPLINE CALLS:

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

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

GENERAL QUESTIONS

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

1. DESIGNATION DATE OF CTC:

2. WHAT IS THE COMPLAINT PROCESS?

Marion Senior Services administrative staff fields calls and directs accordingly.

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

Is the process being used? Yes No

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

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

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

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

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

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

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

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

If no, what is done with the complaint?

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

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

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

Yes No

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

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

Please Verify These Passengers Have an Eligibility Application on File:

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

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

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

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

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

15. WHAT BARRIERS ARE THERE TO THE COORDINATED SYSTEM?

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

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

None at this time.

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

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

18. HOW ARE YOU MARKETING THE VOLUNTARY DOLLAR?

Marion Transit Services is not currently marketing the voluntary dollar.

GENERAL QUESTIONS

Findings:

Recommendations:

COMPLIANCE WITH CHAPTER 427, F.S.

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

REPORTING TIMELINESS

Were the following items submitted on time?

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

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

List:

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

IS THE CTC IN COMPLIANCE WITH THIS SECTION? Yes No

Comments:

COMPLIANCE WITH CHAPTER 427, F.S.

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

“Review all transportation operator contracts annually.”

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

N/A. No additional operators.

Is a written report issued to the operator? Yes No

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

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

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

Is a written report issued? Yes No

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

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

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

IS THE CTC IN COMPLIANCE WITH THIS SECTION? Yes No

ASK TO SEE DOCUMENTATION OF MONITORING REPORTS.

COMPLIANCE WITH CHAPTER 427, F.S.

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

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

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

School buses are not currently used in the coordinated system.

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

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

N/A

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

Yes No

If YES, what is the goal?

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

Is the CTC accomplishing the goal? Yes No

IS THE CTC IN COMPLIANCE WITH THIS REQUIREMENT? Yes No

Comments:

COMPLIANCE WITH CHAPTER 427, F.S.

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

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

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

Yes No

If Yes, describe the application review process.

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

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

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

Yes No

IS THE CTC IN COMPLIANCE WITH THIS SECTION? Yes No

Comments:

COMPLIANCE WITH CHAPTER 427, F.S.

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

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

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

WHAT ARE THE PRIORITIES FOR THE TDTF TRIPS?

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

HOW ARE THESE PRIORITIES CARRIED OUT?

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

IS THE CTC IN COMPLIANCE WITH THIS SECTION? Yes No

Comments:

COMPLIANCE WITH CHAPTER 427, F.S.

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

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

Review the Operational section of the TDSP

1. Hours of Service:

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

2. Hours of Intake:

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

3. Provisions for After Hours Reservations/Cancellations?

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

4. What is the minimum required notice for reservations?

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

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

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

IS THE CTC IN COMPLIANCE WITH THIS SECTION? Yes No

Comments:

COMPLIANCE WITH CHAPTER 427, F.S.

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

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

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

None

HAVE ANY INNOVATIVE WAGES TRANSPORTATION SERVICES BEEN DEVELOPED?

None

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

Comments:

CHAPTER 427

Findings:

Recommendations:

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

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

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

WHAT ARE THE MINIMUM LIABILITY INSURANCE REQUIREMENTS?

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

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

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

HOW MUCH DOES THE INSURANCE COST (per operator)?

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

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

Yes No

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

IS THE CTC IN COMPLIANCE WITH THIS SECTION? Yes No

Comments:

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

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

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

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

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

IS THE CTC IN COMPLIANCE WITH THIS SECTION? Yes No

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

Yes No

DRIVER REQUIREMENT CHART

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

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

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

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

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

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

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

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

IS THE CTC IN COMPLIANCE WITH THIS SECTION? Yes No

Comments:

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

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

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

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

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

Cost [CTC and Coordination Contractor (CC)]

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

2. DO YOU HAVE TRANSPORTATION ALTERNATIVES? Yes No

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

Cost [CTC and Transportation Alternative (Alt.)]

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

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

RULE 41-2

Findings:

Recommendations:

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

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

Review the TDSP for the Commission standards.

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

COMMISSION STANDARDS

Findings:

Recommendations:

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

Compliance with Local Standards

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

Review the TDSP for the Local standards.

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

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

LOCAL STANDARDS

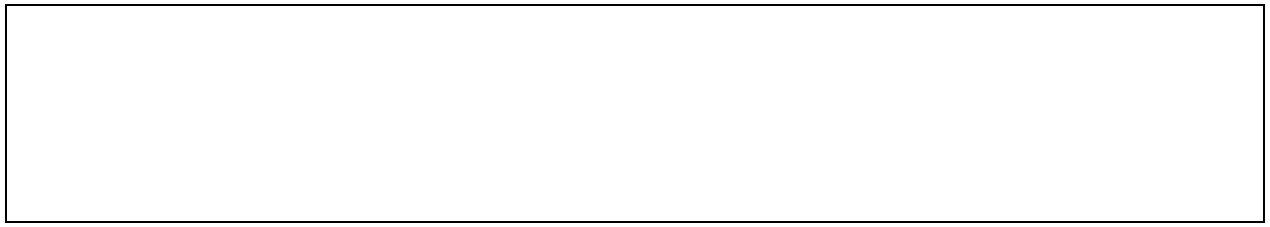
Findings:

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

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

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

Recommendations:



COMPLIANCE WITH AMERICANS WITH DISABILITIES ACT

REVIEW COPIES OF THE PUBLIC INFORMATION PROVIDED.

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

Yes No

ARE ACCESSIBLE FORMATS ON THE SHELF?

Yes No

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

NA

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

Yes No

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

Yes No

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

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

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

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

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

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

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

Bus and Van Specification Checklist

Name of Provider:

Vehicle Number (either VIN or provider fleet number):

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

Person Conducting Review: Kenneth Odom, Ocala/Marion TPO

Date: 1/26/2017

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

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

Have the driver lower the lift to the ground:

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

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

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

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

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

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

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

While inside the vehicle:

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

Vehicles under 22 feet must have:

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

Vehicles over 22 feet must have:

- X Must have 2 securement systems, and one must be forward-facing, the other can be either forward or rear-facing.
- X Overhead clearance must be at least 68 inches. This includes the height of doors, the interior height along the path of travel, and the platform of the lift to the top of the door.

- X Aisles, steps, and floor areas must be slip resistant.
- X Steps or boarding edges of lift platforms must have a band of color which contrasts with the step/floor surface.

COMPLIANCE WITH AMERICANS WITH DISABILITIES ACT

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

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

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

Yes No

ADA COMPLIANCE

Findings:

Recommendations:

FY 2017 GRANT QUESTIONS

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

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

Yes No

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

Yes No

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

Yes No

On-Site Observation of the System

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

Date of Observation:

Please list any special guests that were present:

Location:

Number of Passengers picked up/dropped off:

Ambulatory

Non-Ambulatory

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

Did the driver provide any passenger assistance? Yes No

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

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

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

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

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

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

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

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

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

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

CTC: Marion Transit County: Marion

Date of Ride: 1/23/17

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

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

Note: Attach the manifest

RIDER/BENFICIARY SURVEY

Staff making call: _____

County: _____

Date of Call: / /

Funding Source: _____

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

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

Additional Comments: _____ *Rider Surveys are included in appendix.*

Contractor Survey
Marion County

N/A - No additional contractors.

Contractor name (optional)

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

Yes No

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

Yes No

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

Yes No

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

Yes No

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

Yes No

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

Yes No

6. Have you experienced any problems with the CTC?

Yes No

If yes, what type of problems?

Comments: _____

PURCHASING AGENCY SURVEY

Staff making call: _____

Purchasing Agency name: _____

Representative of Purchasing Agency: _____

1) Do you purchase transportation from the coordinated system?

YES

NO If no, why?

2) Which transportation operator provides services to your clients?

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

Medical

Employment

Education/Training/Day Care

Nutritional

Life Sustaining/Other

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

7 Days/Week

1-3 Times/Month

1-2 Times/Week

Less than 1 Time/Month

3-5 Times/Week

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

Yes

No If no, skip to question 7

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

Advance notice requirement [specify operator (s)]

Cost [specify operator (s)]

Service area limits [specify operator (s)]

Pick up times not convenient [specify operator (s)]

Vehicle condition [specify operator (s)]

Lack of passenger assistance [specify operator (s)]

Accessibility concerns [specify operator (s)]

Complaints about drivers [specify operator (s)]

Complaints about timeliness [specify operator (s)]

Length of wait for reservations [specify operator (s)]

Other [specify operator (s)] _____

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

Yes

No If no, why? _____

Level of Cost Worksheet 1

Insert Cost page from the AOR.

<p>Level of Competition Worksheet 2</p>

1. Inventory of Transportation Operators in the Service Area

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

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

- 2. How many of the operators are coordination contractors? _____
- 3. Of the operators included in the local coordinated system, how many have the capability of expanding capacity? _____
Does the CTC have the ability to expand? _____
- 4. Indicate the date the latest transportation operator was brought into the system. _____

- 5. Does the CTC have a competitive procurement process? _____
- 6. In the past five (5) years, how many times have the following methods been used in selection of the transportation operators?

	Low bid
	Requests for qualifications
	Negotiation only

	Requests for proposals
	Requests for interested parties

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

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

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

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

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

How many responded? _____

The request for bids/proposals was distributed:

_____ Locally _____ Statewide _____ Nationally

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

Level of Availability (Coordination)

Worksheet 3

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

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

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

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

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

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

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

The LCB determines eligibility according to the TD Commission guidelines.

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

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

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

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

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

N/A No providers are utilized at this time.

Scheduling – How is the trip assignment to vehicles coordinated?

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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



Scheduled Trips Summary - FL_Marion
For Time Period: 1/29/2018

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

6.00

Run Name: Unassigned
 Driver Name:

Vehicle: Bus 1404

Driver Sandi H.

Miles Out 95.630

Cash 6.00

Signature [Signature]

Miles In 95.754 ✓

Tickets 2

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

Funding Source: Access2Cafe
 Assistance Needs:

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

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

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

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

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

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

Perez, Daneil	8:15:00AM	1706 NW 1st Ave Ocala, FL 34475	8:45:00AM	PPEC 2102 SW 20th Pl #500 Ocala, FL 34471	Ambulatory	\$0.00	(352) 812-7886
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Funding Source: Access2Care
 Assistance Needs:

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

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

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

Arakelian, Lucia	9:00:00AM	Heritage Oaks 2820 Sw 34th St #401 Ocala, FL 34474	9:30:00AM	Marion Cafe-MSS 1101 SW 20th Ct Ocala, FL 34471	Ambulatory	\$0.00	(352) 497-8110
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Funding Source: TD
 Assistance Needs:

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



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

Funding Source: ADA

Assistance Needs: General Comments [Heritage Oaks]

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

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

Assistance Needs:

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

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

Assistance Needs:

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

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

Assistance Needs: General Comments [Knock on door]

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

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

Funding Source: TD
Assistance Needs:

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

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

Assistance Needs: General Comments [Heritage Oaks]

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

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

Assistance Needs:

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

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

Assistance Needs: General Comments [Blind / speech difficulty]

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

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

Funding Source: TD

Assistance Needs: General Comments [right leg amputee]

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

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

Assistance Needs:

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

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

Assistance Needs:

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

Add-on/Assist Form

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

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

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

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

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

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



Scheduled Trips Summary - FL_Marion
For Time Period: 1/25/2018

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

11/15

*24.00
24.00*

Run Name: Unassigned
 Driver Name:

Vehicle: Bus 0901

Driver Amy Bogart
 Signature Amy Bogart

Miles Out 188805
 Miles In 188900

Cash 24.00
 Tickets 4

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

Funding Source: TD
 Assistance Needs:

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

Customer Name	Pick Up Time	Pick Up Address	Drop Off Time	Drop Off Address	Mobility Type	Customer Pay	Telephone Ext.
Aiello, Margaret ✓	9:30:00AM	Pine Run 8901 SW 102nd Ln Ocala, FL 34481	10:00:00AM	Publix-Canopy Oaks 8075 Fl-200 Ocala, FL 34481	Ambulatory	\$ 2.00 <i>NP 4.00</i>	(352) 237-3458

Funding Source: 5311
 Assistance Needs: General Comments []

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

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

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

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

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

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

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

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

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

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

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

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

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

Funding Source: 5311

Assistance Needs: General Comments [Walker]

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

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

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

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

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

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

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

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

Assistance Needs:

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

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

Funding Source: 5311
Assistance Needs:

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

Castellaneta, Mary	1:00:00PM	Publix-Canopy Oaks 8075 Fl-200 Ocala, FL 34481	1:30:00PM	Marion Landing 6302 SW 84th St Ocala, FL 34476	Ambulatory	\$ 2.00	(352) 854-3232
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Funding Source: 5311
Assistance Needs:

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

Castellaneta, Rosina	1:00:00PM	Publix-Canopy Oaks 8075 Fl-200 Ocala, FL 34481	1:30:00PM	Marion Landing 6302 SW 84th St Ocala, FL 34476	Ambulatory	\$ 2.00	(352) 854-3232
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Funding Source: 5311
Assistance Needs:

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

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

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

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

Funding Source: TD

Assistance Needs:

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



Scheduled Trips Summary - FL_Marion

For Time Period: 1/24/2018

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

Run Name: Unassigned
Driver Name: Vehicle: Bus 0901

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

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

Funding Source: TD
Assistance Needs:

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

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

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

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

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

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

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

Funding Source: 5311
 Assistance Needs: General Comments [Sweetwater Oaks**Gate Code 8200]
 Fare Type: Assorted Cash Check No Charge Pre-Purchased Ticket

Customer Name	Pick Up Time	Pick Up Address	Drop Off Time	Drop Off Address	Mobility Type	Customer Pay	Telephone Ext.
Sneed, Natalie ✓	9:30:00AM	5460 NW 3rd St Ocala, FL 34482	10:00:00AM	Walmart/19th Ave Rd 2600 SW 19th Avenue Rd Ocala, FL 34471	Ambulatory	\$ 0.00 NP	(352) 622-3132

Funding Source: 5311
Assistance Needs:

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

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

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

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

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

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

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

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

Funding Source: TD
Assistance Needs:

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

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

Assistance Needs: General Comments [Oak Tree Village]

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

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

Assistance Needs: General Comments [Ocala Ridge]

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

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

Assistance Needs: General Comments [Ocala Park Estates]

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

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

Funding Source: 5311

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

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

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

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

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

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

Assistance Needs:

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

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

Assistance Needs: General Comments []

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

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

Funding Source: TD

Assistance Needs:

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

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

Assistance Needs: General Comments [Carlton Arms]

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

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

Assistance Needs:

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



Scheduled Trips Summary - FL_Marion
For Time Period: 1/23/2018

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

P. 11 30

Run Name: Unassigned Vehicle: Bus 0901
 Driver Name: _____

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

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

Funding Source: TD
 Assistance Needs:

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

Funding Source: ADA
 Assistance Needs:

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

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

Assistance Needs: General Comments [Spanish Oaks]

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

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

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

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

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

Assistance Needs: General Comments [Rolling Greens]

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

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

Assistance Needs: General Comments [Uses rolling walker]

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

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

Assistance Needs: General Comments [Marion Woods]

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



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

Funding Source: ADA

Assistance Needs:

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

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

Assistance Needs: General Comments [Spanish Oaks]

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

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

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

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

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

Assistance Needs: General Comments [Rolling Greens]

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

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

Funding Source: TD

Assistance Needs: General Comments [Uses rolling walker]

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

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

Assistance Needs: General Comments [Marion Woods]

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

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

Assistance Needs:

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



CERTIFICATE OF LIABILITY INSURANCE

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

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW...

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

PRODUCER: Brown & Brown of Florida, Inc. Ocala Division 1720 SE 16th Avenue, Suite 201 Ocala, FL 34471-4620 Will Thames
INSURED: Marion Senior Services Inc 1101 SW 20th Court Ocala, FL 34471
CONTACT NAME: Will Thames
PHONE (A/C, No, Ext): 352-732-5010
FAX (A/C, No): 352-732-5344
INSURER(S) AFFORDING COVERAGE: BRIDGEFIELD EMPLOYERS INS. CO. (10701), PHILADELPHIA INDEMNITY INS CO (18058), HANOVER INSURANCE (22292)

COVERAGES CERTIFICATE NUMBER: REVISION NUMBER:

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

Table with columns: INSR LTR, TYPE OF INSURANCE, ADDL INSD, SUBR WVD, POLICY NUMBER, POLICY EFF (MM/DD/YYYY), POLICY EXP (MM/DD/YYYY), LIMITS. Includes Commercial General Liability, Automobile Liability, Umbrella Liab, Excess Liab, Workers Compensation and Employers' Liability, and Directors & Officers.

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

Blank space for description of operations, locations, and vehicles.

CERTIFICATE HOLDER: Commission for the Transportation Disadvantaged, 605 Suwannee St MS-49 Tallahassee, FL 32399. CANCELLATION: SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. AUTHORIZED REPRESENTATIVE: Will Thames



January 5, 2018

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

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

To: District Five

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

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


Tom Wilder, Transportation Director

Attachments

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

Drug and Alcohol Testing Program Manual for FTA Covered Employees



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

RIDER/BENFICIARY SURVEY

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

County: MARION
Funding Source: _____

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

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

- 4) Have you ever been denied transportation services?
 Yes
 No. If no, skip to question # 4
 A. How many times in the last 6 months have you been refused transportation services?
 None 3-5 Times
 1-2 Times 6-10 Times
 If none, skip to question # 4.
 B. What was the reason given for refusing you transportation services?
 Ineligible Space not available
 Lack of funds Destination outside service area
 Other SCHEDULING ERROR

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

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

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

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

Additional Comments: Dmy takes care of everything for her.
RIDER IS VISUALLY IMPAIRED
(SYLVIA PELTIER)-REQUESTED TO HAVE NAME INCLUDED.

RIDER/BENFICIARY SURVEY

Staff making call: AMY County: MARION
 Date of Call: 1/23/18 Funding Source: _____

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

- 4) Have you ever been denied transportation services?
 Yes
 No. If no, skip to question # 4
 A. How many times in the last 6 months have you been refused transportation services?
 None 3-5 Times
 1-2 Times 6-10 Times
 If none, skip to question # 4.
 B. What was the reason given for refusing you transportation services?
 Ineligible Space not available
 Lack of funds Destination outside service area
 Other _____

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

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

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

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

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

RIDER/BENFICIARY SURVEY

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

County: Marion
Funding Source: _____

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

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

- 4) Have you ever been denied transportation services?
 Yes
 No. If no, skip to question # 4
 - A. How many times in the last 6 months have you been refused transportation services?
 None 3-5 Times
 1-2 Times 6-10 Times
 If none, skip to question # 4.
 - B. What was the reason given for refusing you transportation services?
 Ineligible Space not available
 Lack of funds Destination outside service area
 Other _____

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

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

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

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

Additional Comments: ALL THE DRIVERS ARE TERRIFIC.

RIDER/BENFICIARY SURVEY

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

County: Albion
Funding Source: _____

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

- 4) Have you ever been denied transportation services?
 Yes
 No. If no, skip to question # 4
 - A. How many times in the last 6 months have you been refused transportation services?
 None 3-5 Times
 1-2 Times 6-10 Times
 If none, skip to question # 4.
 - B. What was the reason given for refusing you transportation services?
 Ineligible Space not available
 Lack of funds Destination outside service area
 Other _____

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

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

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

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

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

RIDER/BENFICIARY SURVEY

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

County: MARION
Funding Source: _____

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

- 4) Have you ever been denied transportation services?
 Yes
 No. If no, skip to question # 4
- A. How many times in the last 6 months have you been refused transportation services?
 None 3-5 Times
 1-2 Times 6-10 Times
 If none, skip to question # 4.
- B. What was the reason given for refusing you transportation services?
 Ineligible Space not available
 Lack of funds Destination outside service area
 Other _____

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

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

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

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

Additional Comments: No Other Transportation Alternatives.

RIDER/BENFICIARY SURVEY

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

County: MARION
Funding Source: _____

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

- 4) Have you ever been denied transportation services?
 Yes
 No. If no, skip to question # 4
- A. How many times in the last 6 months have you been refused transportation services?
 None 3-5 Times
 1-2 Times 6-10 Times
 If none, skip to question # 4.
- B. What was the reason given for refusing you transportation services?
 Ineligible Space not available
 Lack of funds Destination outside service area
 Other _____

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

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

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

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

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

RIDER/BENFICIARY SURVEY

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

County: MARION
Funding Source: _____

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

- 4) Have you ever been denied transportation services?
 Yes
 No. If no, skip to question # 4
 - A. How many times in the last 6 months have you been refused transportation services?
 None 3-5 Times
 1-2 Times 6-10 Times
 If none, skip to question # 4.
 - B. What was the reason given for refusing you transportation services?
 Ineligible Space not available
 Lack of funds Destination outside service area
 Other _____

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

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

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

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

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

RIDER/BENFICIARY SURVEY

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

County: Marion
Funding Source: _____

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

- 4) Have you ever been denied transportation services?
 Yes
 No. If no, skip to question # 4
 A. How many times in the last 6 months have you been refused transportation services?
 None 3-5 Times
 1-2 Times 6-10 Times
 If none, skip to question # 4.
 B. What was the reason given for refusing you transportation services?
 Ineligible Space not available
 Lack of funds Destination outside service area
 Other _____

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

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

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

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

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

RIDER/BENFICIARY SURVEY

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

County: Marion
Funding Source: _____

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

- 4) Have you ever been denied transportation services?
 Yes
 No. If no, skip to question # 4
 A. How many times in the last 6 months have you been refused transportation services?
 None 3-5 Times
 1-2 Times 6-10 Times
 If none, skip to question # 4.
 B. What was the reason given for refusing you transportation services?
 Ineligible Space not available
 Lack of funds Destination outside service area
 Other _____

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

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

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

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

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

RIDER/BENFICIARY SURVEY

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

County: MARION
Funding Source: _____

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

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

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

RIDER/BENFICIARY SURVEY

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

County: Marion
Funding Source: _____

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

- 4) Have you ever been denied transportation services?
 Yes
 No. If no, skip to question # 4
 - A. How many times in the last 6 months have you been refused transportation services?
 None 3-5 Times
 1-2 Times 6-10 Times
 If none, skip to question # 4.
 - B. What was the reason given for refusing you transportation services?
 Ineligible Space not available
 Lack of funds Destination outside service area
 Other _____

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

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

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

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

Additional Comments: _____

RIDER/BENFICIARY SURVEY

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

County: MARION
Funding Source: _____

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

3) How often do you normally obtain transportation?

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

4) Have you ever been denied transportation services?

- Yes
- No. If no, skip to question # 4
 - A. How many times in the last 6 months have you been refused transportation services?
 - None 3-5 Times
 - 1-2 Times 6-10 Times
 - If none, skip to question # 4.
 - B. What was the reason given for refusing you transportation services?
 - Ineligible Space not available
 - Lack of funds Destination outside service area
 - Other _____

5) What do you normally use the service for?

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

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

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

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

7

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

Additional Comments: MEDICID SHOULD BE BROUGHT BACK TO MTS.

RIDER/BENFICIARY SURVEY

Staff making call: DMY

County: MARION

Date of Call: 1/24/18

Funding Source: _____

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

- 4) Have you ever been denied transportation services?
 Yes
 No. If no, skip to question # 4
 - A. How many times in the last 6 months have you been refused transportation services?
 None 3-5 Times
 1-2 Times 6-10 Times
 If none, skip to question # 4.
 - B. What was the reason given for refusing you transportation services?
 Ineligible Space not available
 Lack of funds Destination outside service area
 Other _____

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

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

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

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

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

RIDER/BENFICIARY SURVEY

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

County: Marion
Funding Source: _____

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

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

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

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

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

Additional Comments: No TRANSPORTATION ALTERNATIVES
OTHER THAN MTS

RIDER/BENFICIARY SURVEY

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

County: MARION
Funding Source: _____

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

- 4) Have you ever been denied transportation services?
 Yes
 No. If no, skip to question # 4
 - A. How many times in the last 6 months have you been refused transportation services?
 None 3-5 Times
 1-2 Times 6-10 Times
 If none, skip to question # 4.
 - B. What was the reason given for refusing you transportation services?
 Ineligible Space not available
 Lack of funds Destination outside service area
 Other _____

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

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

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

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

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

RIDER/BENFICIARY SURVEY

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

County: MARION
Funding Source: _____

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

- 4) Have you ever been denied transportation services?
 Yes
 No. If no, skip to question # 4
 - A. How many times in the last 6 months have you been refused transportation services?
 None 3-5 Times
 1-2 Times 6-10 Times
 If none, skip to question # 4.
 - B. What was the reason given for refusing you transportation services?
 Ineligible Space not available
 Lack of funds Destination outside service area
 Other _____

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

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

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

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

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

RIDER/BENFICIARY SURVEY

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

County: Marion
 Funding Source: _____

- 1) Did you receive transportation service on 1/25/18? Yes or No
- 2) Where you charged an amount in addition to the co-payment? Yes or No If so, how much?
- 3) How often do you normally obtain transportation?
 Daily 7 Days/Week Other
 1-2 Times/Week 3-5Times/Week
- 4) Have you ever been denied transportation services?
 Yes
 No. If no, skip to question # 4
- A. How many times in the last 6 months have you been refused transportation services?
 None 3-5 Times
 1-2 Times 6-10 Times
 If none, skip to question # 4.
- B. What was the reason given for refusing you transportation services?
 Ineligible Space not available
 Lack of funds Destination outside service area
 Other _____

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

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

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

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

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

RIDER/BENFICIARY SURVEY

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

County: MARION
Funding Source: _____

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

- 4) Have you ever been denied transportation services?
 Yes
 No. If no, skip to question # 4
 - A. How many times in the last 6 months have you been refused transportation services?
 None 3-5 Times
 1-2 Times 6-10 Times
 If none, skip to question # 4.
 - B. What was the reason given for refusing you transportation services?
 Ineligible Space not available
 Lack of funds Destination outside service area
 Other _____

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

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

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

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

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

RIDER/BENFICIARY SURVEY

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

County: MARION
Funding Source: _____

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

- 4) Have you ever been denied transportation services?
 Yes
 No. If no, skip to question # 4
 - A. How many times in the last 6 months have you been refused transportation services?
 None 3-5 Times
 1-2 Times 6-10 Times
 If none, skip to question # 4.
 - B. What was the reason given for refusing you transportation services?
 Ineligible Space not available
 Lack of funds Destination outside service area
 Other _____

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

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

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

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

Additional Comments: NONE

RIDER/BENFICIARY SURVEY

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

County: MARION
Funding Source: _____

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

- 4) Have you ever been denied transportation services?
 Yes
 No. If no, skip to question # 4
- A. How many times in the last 6 months have you been refused transportation services?
 None 3-5 Times
 1-2 Times 6-10 Times
If none, skip to question # 4.
- B. What was the reason given for refusing you transportation services?
 Ineligible Space not available
 Lack of funds Destination outside service area
 Other _____

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

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

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

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

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

RIDER/BENFICIARY SURVEY

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

County: MARION
Funding Source: ADA

1) Did you receive transportation service on 1/29/18? Yes or No

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

3) How often do you normally obtain transportation?

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

4) Have you ever been denied transportation services?

- Yes
- No. If no, skip to question # 4

A. How many times in the last 6 months have you been refused transportation services?

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

If none, skip to question # 4.

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

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

5) What do you normally use the service for?

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

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

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

What type of problem did you have with your trip?

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

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

10

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

Additional Comments: 19 YEAR CLIENT . ALSO USES SUNTRAIL

RIDER/BENFICIARY SURVEY

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

County: MARION
Funding Source: ADA

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

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

- 4) Have you ever been denied transportation services?
 Yes
 No. If no, skip to question # 4
 A. How many times in the last 6 months have you been refused transportation services?
 None 3-5 Times
 1-2 Times 6-10 Times
 If none, skip to question # 4.
 B. What was the reason given for refusing you transportation services?
 Ineligible Space not available
 Lack of funds Destination outside service area
 Other _____

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

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

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

8) What does transportation mean to you? (Permission granted by _____ for use in publications.) No ALTERNATIVES. NEWLY ADDED. DISPECTED BY

Additional Comments: Americane. Marion.

RIDER/BENFICIARY SURVEY

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

County: Marion
Funding Source: DDO

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

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

- 4) Have you ever been denied transportation services?
 Yes
 No. If no, skip to question # 4

A. How many times in the last 6 months have you been refused transportation services?

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

If none, skip to question # 4.

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

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

5) What do you normally use the service for?

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

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

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

What type of problem did you have with your trip?

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

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

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

Additional Comments: PRIMARILY NUTRITIONAL TRIPS. SOME MEDICAL

RIDER/BENFICIARY SURVEY

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

County: MARION
Funding Source: ADA

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

- 4) Have you ever been denied transportation services?
 Yes
 No. If no, skip to question # 4
 - A. How many times in the last 6 months have you been refused transportation services?
 None 3-5 Times
 1-2 Times 6-10 Times
 If none, skip to question # 4.
 - B. What was the reason given for refusing you transportation services?
 Ineligible Space not available
 Lack of funds Destination outside service area
 Other _____

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

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

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

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

Additional Comments: _____

RIDER/BENFICIARY SURVEY

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

County: MARION
Funding Source: _____

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

Additional Comments: _____

RIDER/BENFICIARY SURVEY

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

County: MARION
Funding Source: _____

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

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

- 4) Have you ever been denied transportation services?
 Yes
 No. If no, skip to question # 4
 A. How many times in the last 6 months have you been refused transportation services?
 None 3-5 Times
 1-2 Times 6-10 Times
 If none, skip to question # 4.
 B. What was the reason given for refusing you transportation services?
 Ineligible Space not available
 Lack of funds Destination outside service area
 Other _____

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

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

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

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

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

ON-SITE OBSERVATION OF THE SYSTEM

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

Date of Observation: 1/23/18

Please list any special guests that were present: NONE

Location: DESTINATION - SHOPPING LOCATIONS EAST SE 40

Number of Passengers picked up/dropped off: 5

Ambulatory 5

Non-Ambulatory

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

Did the driver provide any passenger assistance? Yes No

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

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

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

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

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

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

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

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

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

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

STATE OF FLORIDA
COMMISSION FOR THE TRANSPORTATION DISADVANTAGED

AGENCY CONTRACT

Effective: January 1, 2017 to December 31, 2017

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

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

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

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

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

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

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

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

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

THE AGENCY SHALL:

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

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

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

I. Protect Civil Rights by:

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

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

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

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

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

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

Failure to meet the requirements or obligations set forth in this Contract, and performance requirements established and monitored by the Coordinating Board in the approved Transportation Disadvantaged Service Plan shall be due cause for non-payment of reimbursement invoices until such deficiencies have been addressed or corrected to the satisfaction of the Coordinator.

- L. Provide Corrective Action. A corrective action notice is a written notice to the Agency that the Agency is in breach of certain provisions of this Contract and that correction is required. Any corrective action notice will specify a reasonable time for corrective action to be completed. Agency agrees to implement the Corrective Action specified in the notice and provide written documentation to substantiate the implementation of the Corrective Action.
- M. All contracts, subcontracts, coordination contracts will be reviewed annually by the Coordinator and local Coordinating Board for conformance with the requirements of this Contract.
- N Return to the Coordinator any overpayments due to unearned funds or funds disallowed pursuant to the terms of this Contract that were disbursed to the Agency by the Coordinator. The Agency shall return any overpayment within thirty (30) calendar days after either discovery by the Agency, or notification of the Agency by the Coordinator or entity purchasing transportation, whichever is earlier. In the event that the Coordinator first discovers an overpayment has been made, the Coordinator will notify the Agency by letter of such a finding. Should repayment not be made in a timely manner, the Coordinator or purchasing entity will charge interest after thirty (30) calendar days after the date of notification or discovery, or the Coordinator will deduct said amount from future invoices.

0. In performing this Contract, the Agency shall not discriminate against any employee or applicant for employment because of race, age, disability, creed, color, sex or national origin. Such action shall include, but not be limited to, the following: employment upgrading, demotion or transfer; recruitment or recruitment advertising; layoff or termination; rates of pay or other forms of compensation; and selection for training, including apprenticeship. The Agency shall insert the foregoing provision modified only to show the particular contractual relationship in all its contracts in connection with the development of operation of the Contract, except contracts for the standard commercial supplies or raw materials, and shall require all such contractors to insert a similar provision in subcontracts relating to the performance of this Contract, except subcontracts for standard commercial supplies or raw materials. The Agency shall post, in conspicuous places available to employees and applicants for employment for Project work, notices setting forth the provisions of the nondiscrimination clause.

- P. By execution of this Contract, the Agency represents that it has not paid and, also, agrees not to pay, any bonus or commission for the purpose of obtaining an approval of its application for the financing hereunder. Funds disbursed to the Agency under this Contract shall not be expended for the purpose of lobbying the Legislature, the judicial branch, or a state agency.

THE COORDINATOR SHALL:

- A. Recognize the Agency as described in Chapter 427, F.S., and Rule 41-2, F.A.C.

- B. Insure that entities with transportation disadvantaged funds will purchase transportation disadvantaged services through the coordinated system.

- C. At a minimum, annually monitor the Agency for insurance, safety and reporting requirements, pursuant to Chapter 427, F.S., and Rule 41-2, F.A.C. The information contained in the Annual Operating Report must be collected, at a minimum, quarterly from the Agency.

THE AGENCY AND COORDINATOR FURTHER AGREE:

- A. Nothing in the Contract shall require the Coordinator to observe or enforce compliance with any provision thereof, perform any other act or do any other thing in contravention of any applicable state law. If any provision of the Contract is found by a court of law to violate any applicable state law, the purchasing entity will at once

notify the Coordinator in writing in order that appropriate changes and modification may be made by the Coordinator and the Agency to the end that the Agency may proceed as soon as possible with the provision of transportation services.

B. If any part or provision of this Contract is held invalid, the remainder of this Contract shall be binding on the parties hereto.

C. Termination Conditions:

1. Termination at Will - This Contract may be terminated by either party upon no less than thirty (30) days' notice, without cause. Said notice shall be delivered by certified mail, return receipt required, or in person with proof of delivery.
2. Termination due to Lack of Designation - In the event that the Coordinator so designated by the local Coordinating Board and approved by the Commission, loses its designation, this contract is terminated immediately upon notification to the Agency. Notice shall be delivered by certified mail, return receipt requested, or in person, with proof of delivery. Notice shall be effective upon receipt.
3. Termination due to Disapproval of Memorandum of Agreement - In the event that the Commission does not accept and approve any contracted transportation rates listed within the Memorandum of Agreement, this Contract is terminated immediately upon notification to the Agency. Notice shall be delivered by certified mail, return receipt requested, or in person, with proof of delivery. Notice shall be effective upon receipt.
4. Termination due to Lack of Funds - In the event funds to finance this contract become unavailable, the Coordinator may terminate the contract with no less than twenty-four (24) hours written notice to the Agency. Notice shall be delivered by certified mail, return receipt requested, or in person, with proof of delivery. Notice shall be effective upon receipt. The Coordinator shall be the final authority as to the availability of funds.
5. Termination for Breach - Unless the Agency's breach is waived by the Coordinator in writing, the Coordinator may, by written notice to the Agency, terminate this Contract upon no less than twenty-four (24) hours' notice. Notice shall be delivered by certified mail, return receipt requested, or in person with

proof of delivery. Waiver by the Coordinator of breach of any provision of this Contract shall not be deemed to be a waiver of any other breach and shall not be construed to be a modification of the terms of this Contract, and shall not act as a waiver or estoppel to enforcement of any provision of this Contract. The provisions herein do not limit the Coordinator's right to remedies at law or to damages.

6. Upon receipt of a notice of termination of this Contract for any reason, the Agency shall cease service and prepare all final reports and documents required by the terms of this Contract. A final invoice shall be sent to the Coordinator within thirty (30) days after the termination of this Contract.
- D. Renegotiations or Modifications of this Contract shall only be valid when they have been reduced to writing, duly approved by the Coordinator, and signed by both parties hereto.
- E. Agency shall assign no portion of this Contract without the prior written consent of the Coordinator.
- F. This Contract is the entire agreement between the parties.
- G. Attachments I and II are an integral part of the Contract and are hereby incorporated by reference into this Contract. All subsequent attachments are of an optional nature.
- H. Notice and Contact:

The name and address of the contract manager for the Coordinator for this Contract is:

Name: Tom Wilder

Address: 1101 SW 20 Court, Ocala FL 34471

Title: Transportation Director

Telephone: 352-620-3519

The representative/position of the Agency responsible for administration of the program under this contract is: Hairon Gil, Telephone: 352-387-2216.

In the event that different representatives are designated by either party after execution of this Contract, notice of the name and address of the new representative will be rendered in writing to the other party and said notification attached to originals of this Contract.

This contract and its attachments contain all the terms and conditions agreed upon by the parties hereto.

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

Agency:
Advocacy Resource Center Marion, Inc.

Community Transportation Coordinator
Marion Senior Services



Authorized Signature



Authorized Signature

Frank Sofia, CEO

Name & Title of authorized individual

Jennifer Martinez, Executive Director

Name & Title of authorized individual

1/4/17

Date:

1/3/17

Date:

Attachments that are part of this contract:

- I - Service Description
- II - Standards & Performance Requirements
- IV - HIPPA Assurance

**ATTACHMENT I
SERVICE DESCRIPTION**

ADVOCACY RESOURCE CENTER MARION, INC.

1. The agency will be able to provide: (Type of service - ambulatory, non-ambulatory, stretcher, population, purpose)

Transportation for our 14 developmentally disabled adults to doctor & dental appointments, banks, grocery shopping, employment and volunteer jobs, weekly activities, church bowling, all Special Olympics events, outings (picnics, field trips, movies, etc.). All our residents are ambulatory.

2. The agency will be available to provide transportation: (Days & hours of availability). 24 hours a day, 7 days a week for our 14 residents.

Days agency will not be able to provide services: (Holidays & other days not available). We provide services 365 days a year.

3. Vehicles agency will use to transport all passengers: (Vehicle inventory attached)

4. Vehicle/equipment standards, if any: (Identify standards such as functioning air conditions/heating, grab rails, stanchions, first aid kits, fire extinguishers, adequate communication equipment).

- All vehicles must display the agency's name, phone number and vehicle number unless confidentially of client is required.

- Vehicles used to fulfill non-emergency medical transportation services needs must comply with provisions of Rule 10C-7-45, FL Administrative Code and be issued a wheelchair permit if vehicle is equipped and used for transportation of wheelchairs.

- Vehicles must be equipped with properly functioning heating and air conditioning units.

- Stanchions and grab rails shall be functionally located throughout appropriate vehicles.

- Vehicles shall be properly maintained within reasonable limits which prevent hazardous conditions from occurring. Vehicles purchased with federal, state or local government funds must be maintained according to grant conditions. Vehicles may be subject to inspection by the FL Dept. of Transportation and/or the Coordinator.

- Vehicles must have a first aid kit and fire extinguisher.

- Vehicles must be equipped with two-way radio or equivalent

communication device.

- Toll free number for complaints shall be posted in each vehicle. In Marion County: 352-620-3071. (MSS Transportation)

5. Driver requirements, if any: (Identify requirements of drivers such as current license, vision, dress, specialized training, relationship with riders - provide assistance, physical contact, communication)

Drivers employed by the Agency shall:

- a) Perform their duties in due regard for the safety, comfort, and convenience of users and their property.
- b) Have a current valid Florida Chauffeurs/Class D License or commercial driver license.
- c) All drivers must pass a pre-employment and annual DOT physical examination and drug screen for public section bus driver and have vision which is correctable to 20/50.
- d) Dress appropriately and wear a photo identification.
- e) Announce him/herself at the address in an attempt to locate the user. If the user does not appear for pick up at the scheduled time, the driver must obtain clearance from the dispatcher before leaving the location without picking up the user.
- f) Open and close vehicle door when user enters and exits vehicle, and provide additional assistance to user if required or requested.

6. Training: (Identify required training of all personnel, including drivers, reservations, etc. Also provide how often this training is required and how it will be provided to agency's employees)

Driver and Agency personnel shall be trained by the Proposer to accommodate the special transportation needs of the elderly, disabled and/or socially disadvantaged users. The program developed should include a minimum of the following:

a.	Defensive driving technique.
b.	Instruction on minor, daily maintenance procedures, such as checking oil, and battery, fan belts, tire pressure, coolant level, etc.
c.	Training on the proper manipulation of wheelchair passengers.
d.	CPR
e.	First Aid
f.	Training in required forms and procedures.
g.	Sensitivity and awareness toward others.

7. Agency fare structure: (Identify fare structure and what services are eligible and ineligible) n/a

8. Billing/invoicing and reimbursement procedure for agency: (When, how often, what reports if any should be submitted) n/a

Reporting requirements: (Include all Requirements of Commission, Coordinator, Local Coordinating Board and any entities purchasing transportation)

Quarterly - Annual Operating Report cumulative data using approved TD Commission forms (previously distributed).

Other reports as may be required from time to time by CTC or funding entities.

ATTACHMENT II

The Commission for the Transportation Disadvantaged Standards and Performance Requirements

Pursuant to Rule 41-2.006, Florida Administrative Code, the Community Transportation Coordinator and any Transportation Agency from whom service is purchased or arranged by the Community Transportation Coordinator shall adhere to Commission approved standards. These standards shall include:

- (a) Drug and alcohol testing for safety sensitive job positions within the coordinated system regarding pre-employment, randomization, post-accident, and reasonable suspicion as required by the Federal Highway Administration and the Federal Transit Administration;
- (b) An escort of a passenger and dependent children are to be transported as locally negotiated and identified in the local Transportation Disadvantaged Service Plan;
- (c) Child restraint devices shall be determined locally as to their use, responsibility, and cost of such device in the local Transportation Disadvantaged Service Plan;
- (d) Passenger property that can be carried by the passenger and/or driver in one trip and can be safely stowed on the vehicle, shall be allowed to be transported with the passenger at no additional charge. Additional requirements may be negotiated for carrying and loading rider property beyond this amount. Passenger property does not include wheelchairs, child seats, stretchers, secured oxygen, personal assistive devices, or intravenous devices;
- (e) Vehicle transfer points shall provide shelter, security, and safety of passengers;
- (f) A local toll free phone number for complaints or grievances shall be posted inside the vehicle. The local complaint process shall be outlined as a section in the local Transportation Disadvantaged Service Plan including, advising the dissatisfied person about the Commission's Ombudsman Program as a step within the process as approved by the local Coordinating Board;
- (g) Out of service area trips shall be provided when determined locally and approved by the local Coordinating Board, except in instances where local ordinances prohibit such trips;
- (h) Interior of all vehicles shall be free from dirt, grime, oil, trash, torn upholstery, damaged or broken seats, protruding metal or other objects or materials which

could soil items placed in the vehicle or provide discomfort for the passenger;

- (i) Billing requirements of the Community Transportation Coordinator to subcontractors shall be determined locally by the local Coordinating Board and provided in the local Transportation Disadvantaged Service Plan. All bills shall be paid within 15 calendar days to subcontractors, after receipt of said payment by the Community Transportation Coordinator, except in instances where the Community Transportation Coordinator is a non-governmental entity;
- (j) Passenger/trip data base must be maintained or accessible by the Community Transportation Coordinator on each rider being transported within the system;
- (k) Adequate seating for paratransit services shall be provided to each rider and escort, child, or personal care attendant, and no more passengers than the registered passenger seating capacity shall be scheduled or transported in a vehicle at any time. For transit services provided by transit vehicles, adequate seating or standing space will be provided to each rider and escort, child, or personal care attendant, and no more passengers than the registered passenger seating or standing capacity shall be scheduled or transported in a vehicle at any time;
- (l) Drivers for paratransit services, including coordination contractors, shall be required to announce and identify themselves by name and company in a manner that is conducive to communications with the specific passenger, upon pickup of each rider, group of riders, or representative, guardian, or associate of the rider, except in situations where the driver regularly transports the rider on a recurring basis. Each driver must have photo identification that is in view of the passenger. Name patches, inscriptions or badges that affix to driver clothing are acceptable. For transit services, the driver photo identification shall be in a conspicuous location in the vehicle;
- (m) The paratransit driver shall provide the passenger with boarding assistance, if necessary or requested, to the seating portion of the vehicle. The boarding assistance shall include opening the vehicle door, fastening the seat belt or utilization of wheel chair securement devices, storage of mobility assistive devices, and closing the vehicle door. In certain paratransit service categories, the driver may also be required to open and close doors to buildings, except in situations in which assistance in opening/closing building doors would not be safe for passengers remaining on the vehicle. Assisted access must be in a dignified manner. Drivers may not assist wheelchair up or down more than one step, unless it can be performed safely as determined by the passenger, guardian, and driver;

- (n) All vehicles ordered or put into service after adoption of this section of the Rule, and providing service within the coordinated system, shall be equipped with two- way communications in good working order and be audible to the driver at all times to the base. All vehicles that are not equipped with two-way communications shall have two years to be in compliance after the adoption date of this section of the Rule;
- (o) All vehicles ordered or put into service after the adoption of this section of the Rule, and providing service within the coordinated system, shall have working air conditioners and heaters in each vehicle. Vehicles that do not have a working air conditioner or heater will be scheduled for repair or replacement as soon as possible. All vehicles that are not equipped with an air conditioner and/or heater shall have two years to be in compliance after the adoption date of this section of the Rule;
- (p) First Aid shall be determined locally and provided in the local Transportation Disadvantaged Service Plan; and
- (q) Cardiopulmonary Resuscitation shall be determined locally and provided in the local Transportation Disadvantaged Service Plan.

HIPAA CONFIDENTIALITY AGREEMENT between

IV

Advocacy Resource Center Marion, Inc.. (Vendor)

and

Marion Senior Services, Inc.

PURPOSE:

This agreement is made and entered into in order to ensure that clients' Protected Health Information (PHI) is appropriately safeguarded and that exchange of information as a Vendor of MSS be made with integrity and confidentiality.

The Vendor agrees to maintain the confidentiality of any information provided to them by MSS in accordance with the Health Portability and Accountability Act of 1996 (HIPAA) and associated regulations as set forth in Title 45 Code of Federal Regulations, Part 160 and 164, as may be amended (the Privacy Rule) and 45 Code of Federal Regulations 142.308 (a) (2) as may be finalized and amended (Chain of Trust requirement)

Vendor may use and/or disclose PHI only as permitted or required by this agreement or as otherwise required by law. Vendor may disclose PHI to, and permit the use of PHI by its employees only to the extent directly related to and necessary for the performance of the services and will be no more than the minimum PHI necessary to perform the services. Vendor will not use or disclose PHI in a manner inconsistent with obligations under the Privacy Rule, or that would violate the Privacy Rule if disclosed or used in such a manner.

Security measures maintained by Vendor shall include administrative safeguards, physical safeguards, technical security services and technical security mechanisms as necessary to protect such PHI. Upon request by MSS, Vendor shall provide a written description of such safeguards.

The Vendor agrees to amend this agreement from time to time, as necessary, for MSS to comply with requirements of the Privacy Rule.

Vendor agrees that it will immediately report to MSS any use or disclosure of PHI received from MSS that is not authorized by or otherwise constitutes a violation of this agreement.

Vendor agrees that upon termination of this agreement, it shall contact MSS with regard to any information currently in its possession that was received from or created on behalf of MSS, to determine whether MSS wishes to have said information returned to them or for Vendor to provide certification that information was destroyed.

Authorized signature: _____

Title: CEODate: 1/4/12

FLCTD
Annual Operations Report
Section VI: Revenue Sources

County: Marion		Fiscal Year: July 1, 2016 - June 30, 2017									
Status: Submitted to FLCTD											
Section VI: Financial Data											
1. Detailed Revenue and Trips Provided by Funding Source											
Revenue Source	CTC and Transportation Providers	Coordination Contractors	TOTAL REVENUES								
Agency for Health Care Administration											
Medicaid Non-Emergency	\$0.00	\$0.00	\$0.00								
Medicaid Non-Emergency (under fixed fee service with AHCA)	\$305,031.00	\$0.00	\$305,031.00								
Agency for Persons with Disabilities											
Comm Care for Dis Adults/Aging & Adult Services	\$0.00	\$0.00	\$0.00								
Developmental Services	\$0.00	\$233,686.00	\$233,686.00								
This represents a 100.00% change in the value Developmental Services Coordination Contractors from last year. Possible resolution: correct the value Developmental Services Coordination Contractors or add a comment to explain why this change is reasonable.		Resolved: 0 was changed to 233686.00.									
Other (specify):	\$0.00	\$0.00	\$0.00								
Agency for Workforce Innovation											
WAGES/Workforce Board	\$0.00	\$0.00	\$0.00								
Other (specify):	\$0.00	\$0.00	\$0.00								
Commission for the Transportation Disadvantaged											
Non-Sponsored Trip Program	\$934,009.00	\$0.00	\$934,009.00								
Non-Sponsored Cap. Equip.	\$0.00	\$0.00	\$0.00								
Rural Capital Equip.	\$56,779.00	\$0.00	\$56,779.00								
This represents a 100.00% change in the value Rural Capital Equip. CTC and Transportation Providers from last year. Possible resolution: correct the value Rural Capital Equip. CTC and Transportation Providers or add a comment to explain why this change is reasonable.		<table border="1"> <thead> <tr> <th colspan="4">Comments</th> </tr> </thead> <tbody> <tr> <td>CTC:</td> <td>Other (requires short explanation)</td> <td>Did not receive Shirley Conroy grant in previous year.</td> <td>09/14/2017 4:20 PM</td> </tr> </tbody> </table>		Comments				CTC:	Other (requires short explanation)	Did not receive Shirley Conroy grant in previous year.	09/14/2017 4:20 PM
Comments											
CTC:	Other (requires short explanation)	Did not receive Shirley Conroy grant in previous year.	09/14/2017 4:20 PM								
TD Other (specify):	\$0.00	\$0.00	\$0.00								
Department of Children and Families											
Alcohol, Drug Abuse & Mental Health Program	\$0.00	\$0.00	\$0.00								

Family Safety & Preservation	\$0.00	\$0.00	\$0.00
Other (specify):	\$0.00	\$0.00	\$0.00
Department of Community Affairs			
Community Services	\$0.00	\$0.00	\$0.00
Other (specify):	\$0.00	\$0.00	\$0.00
Department of Education			
Carl Perkins Vocational Ed. Act	\$0.00	\$0.00	\$0.00
Division of Blind Services	\$0.00	\$0.00	\$0.00
Vocational Rehabilitation	\$0.00	\$0.00	\$0.00
Day Care Programs	\$0.00	\$0.00	\$0.00
Other (specify):	\$0.00	\$0.00	\$0.00
Department of Elder Affairs			
Older Americans Act	\$0.00	\$0.00	\$0.00
Community Care for the Elderly	\$0.00	\$0.00	\$0.00
Other (specify):	\$0.00	\$0.00	\$0.00
Department of Health			
Children's Medical Services	\$0.00	\$0.00	\$0.00
Office of Disability Deter.	\$0.00	\$0.00	\$0.00
County Public Health Unit	\$0.00	\$0.00	\$0.00
Other (specify):	\$0.00	\$0.00	\$0.00
Department of Juvenile Justice			
(specify):	\$0.00	\$0.00	\$0.00
Department of Transportation			
49 USC 5307 (Section 9)	\$0.00	\$0.00	\$0.00
49 USC 5310 (Section 16)	\$220,131.00	\$0.00	\$220,131.00
<p>This represents a -36.40% change in the value 49 USC 5310 (Section 16) CTC and Transportation Providers from last year.</p> <p>Possible resolution:correct the value 49 USC 5310 (Section 16) CTC and Transportation Providers or add a comment to explain why this change is reasonable.</p>	Comments		
	CTC:	Other (requires short explanation)	Decreased request for capitol expenditures.
49 USC 5311 (Section 18)	\$516,482.00	\$0.00	\$516,482.00
<p>This represents a -39.06% change in the value 49 USC 5311 (Section 18) CTC and Transportation Providers from last year.</p> <p>Possible resolution:correct the value 49 USC 5311 (Section 18) CTC and Transportation Providers or add a comment to explain why this change is reasonable.</p>	Comments		
	CTC:	Decreased Cost	
490USC 5311(f) (Section 18i)	\$0.00	\$0.00	\$0.00
Block Grant	\$0.00	\$0.00	\$0.00
Service Development	\$0.00	\$0.00	\$0.00
Commuter Assistance Program	\$0.00	\$0.00	\$0.00

Other DOT (Specify):	\$0.00	\$0.00	\$0.00
Local Government			
School Board Service	\$0.00	\$0.00	\$0.00
Complementary ADA Service	\$286,804.00	\$0.00	\$286,804.00
<p>This represents a -26.74% change in the value Complementary ADA Service CTC and Transportation Providers from last year.</p> <p>Possible resolution:correct the value Complementary ADA Service CTC and Transportation Providers or add a comment to explain why this change is reasonable.</p>	Comments		
	CTC:	Decreased Demand	09/14/2017 4:22 PM
County Cash	\$629,348.00	\$0.00	\$629,348.00
<p>This represents a -40.56% change in the value County Cash CTC and Transportation Providers from last year.</p> <p>Possible resolution:correct the value County Cash CTC and Transportation Providers or add a comment to explain why this change is reasonable.</p>	Comments		
	CTC:	Decreased Cost	09/14/2017 4:22 PM
County In-Kind	\$0.00	\$0.00	\$0.00
City Cash	\$0.00	\$0.00	\$0.00
City In-Kind	\$0.00	\$0.00	\$0.00
Other Cash (specify):	\$0.00	\$0.00	\$0.00
Other In-Kind (specify):	\$0.00	\$0.00	\$0.00
Local Non-Government			
Farebox	\$89,837.00	\$0.00	\$89,837.00
<p>This represents a 100.00% change in the value Farebox CTC and Transportation Providers from last year.</p> <p>Possible resolution:correct the value Farebox CTC and Transportation Providers or add a comment to explain why this change is reasonable.</p>	Resolved: \$0.00 was changed to \$89,837.00.		
Donations, Contributions	\$1,222.00	\$0.00	\$1,222.00
<p>This represents a 100.00% change in the value Donations, Contributions Coordination Contractors from last year.</p> <p>Possible resolution:correct the value Donations, Contributions Coordination Contractors or add a comment to explain why this change is reasonable.</p>	Comments		
	CTC:	Other (requires short explanation)	Did not receive donations the previous year. 09/14/2017 4:24 PM
In-Kind Services	\$0.00	\$0.00	\$0.00
Other Non-Government	\$21,196.00	\$0.00	\$21,196.00
<p>This represents a 253.27% change in the value Other</p>	Comments		

Non-Government CTC and Transportation Providers
from last year.

Possible resolution: correct the value **Other Non-Government CTC and Transportation Providers** or add a comment to explain why this change is reasonable.

CTC:	Other (requires short explanation)	Credit from telephone. Sale of assets including 10 buses.	09/14/2017 4:29 PM
------	------------------------------------	---	--------------------

Other Federal or State Programs

(specify):	\$0.00	\$0.00	\$0.00
(specify):	\$0.00	\$0.00	\$0.00
(specify):	\$0.00	\$0.00	\$0.00
GRAND TOTAL:	\$3,060,839.00	\$233,686.00	\$3,294,525.00

FLCTD
Annual Operations Report
Section VII: Expense Sources

County: Marion		Fiscal Year: July 1, 2016 - June 30, 2017					
Status: Submitted to FLCTD							
Section VII: Financial Data							
2. Expense Sources							
Expense Item	Community Transportation Coordinator	Coordination Contractor	TOTAL EXPENSES				
Labor (501):	\$1,276,119.00	\$128,040.00	\$1,404,159.00				
This represents a 100.00% change in the value Labor (501) Coordination Contractor from last year.			Resolved: \$0.00 was changed to \$128,040.00.				
Possible resolution: correct the value Labor (501) Coordination Contractor or add a comment to explain why this change is reasonable.							
Fringe Benefits (502):	\$370,188.00	\$35,138.00	\$405,326.00				
This represents a 60.68% change in the value Fringe Benefits (502) Coordination Contractor from last year.			Comments				
Possible resolution: correct the value Fringe Benefits (502) Coordination Contractor or add a comment to explain why this change is reasonable.			<table border="1"> <tr> <td style="text-align: center;">CTC:</td> <td style="text-align: center;">Increased Cost</td> <td style="text-align: center;">Additional FT employees.</td> <td style="text-align: center;">09/14/2017 4:35 PM</td> </tr> </table>	CTC:	Increased Cost	Additional FT employees.	09/14/2017 4:35 PM
CTC:	Increased Cost	Additional FT employees.	09/14/2017 4:35 PM				
Services (503):	\$357,042.00	\$0.00	\$357,042.00				
Materials and Supplies Cons. (504):	\$395,599.00	\$46,764.00	\$442,363.00				
This represents a 100.00% change in the value Materials and Supplies Cons. (504) Coordination Contractor from last year.			Resolved: \$0.00 was changed to \$46,764.00.				
Possible resolution: correct the value Materials and Supplies Cons. (504) Coordination Contractor or add a comment to explain why this change is reasonable.							
Utilities (505):	\$27,968.00	\$14,215.00	\$42,183.00				
This represents a 58.92% change in the value Utilities (505) Coordination Contractor from last year.			Comments				
Possible resolution: correct the value Utilities (505) Coordination Contractor or add a comment to explain why this change is reasonable.			<table border="1"> <tr> <td style="text-align: center;">CTC:</td> <td style="text-align: center;">Increased Cost</td> <td style="text-align: center;"></td> <td style="text-align: center;">09/14/2017 4:35 PM</td> </tr> </table>	CTC:	Increased Cost		09/14/2017 4:35 PM
CTC:	Increased Cost		09/14/2017 4:35 PM				
Casualty and Liability (506):	\$142,046.00	\$19,520.00	\$161,566.00				
This represents a -46.22% change in the value Casualty and Liability (506) Coordination Contractor from last year.			Comments				
Possible resolution: correct the value Casualty and Liability (506)			<table border="1"> <tr> <td style="text-align: center;">CTC:</td> <td style="text-align: center;">Decreased Cost</td> <td style="text-align: center;"></td> <td style="text-align: center;">09/14/2017 4:36 PM</td> </tr> </table>	CTC:	Decreased Cost		09/14/2017 4:36 PM
CTC:	Decreased Cost		09/14/2017 4:36 PM				

Coordination Contractor or add a comment to explain why this change is reasonable.											
Taxes (507):	\$2,009.00	\$0.00	\$2,009.00								
This represents a 155.92% change in the value Taxes (507) Community Transportation Coordinator from last year. Possible resolution: correct the value Taxes (507) Community Transportation Coordinator or add a comment to explain why this change is reasonable.			<table border="1"> <thead> <tr> <th colspan="4">Comments</th> </tr> </thead> <tbody> <tr> <td>CTC:</td> <td>Increased Cost</td> <td>Tag costs increased.</td> <td>09/14/2017 4:38 PM</td> </tr> </tbody> </table>	Comments				CTC:	Increased Cost	Tag costs increased.	09/14/2017 4:38 PM
Comments											
CTC:	Increased Cost	Tag costs increased.	09/14/2017 4:38 PM								
Purchased Transportation Services (508)											
Bus Pass Expenses:	\$0.00	\$0.00	\$0.00								
School Bus Expenses:	\$0.00	\$0.00	\$0.00								
Other:	\$0.00	\$24,201.00	\$24,201.00								
This represents a 100.00% change in the value Other Coordination Contractor from last year. Possible resolution: correct the value Other Coordination Contractor or add a comment to explain why this change is reasonable.			Resolved: \$0.00 was changed to \$24,201.00.								
Miscellaneous (509):	\$13,463.00	\$0.00	\$13,463.00								
Interest (511):	\$356.00	\$0.00	\$356.00								
Leases and Rentals (512):	\$21,766.00	\$0.00	\$21,766.00								
This represents a 21.73% change in the value Leases and Rentals (512) Community Transportation Coordinator from last year. Possible resolution: correct the value Leases and Rentals (512) Community Transportation Coordinator or add a comment to explain why this change is reasonable.			<table border="1"> <thead> <tr> <th colspan="3">Comments</th> </tr> </thead> <tbody> <tr> <td>CTC:</td> <td>Increased Cost</td> <td>09/14/2017 4:39 PM</td> </tr> </tbody> </table>	Comments			CTC:	Increased Cost	09/14/2017 4:39 PM		
Comments											
CTC:	Increased Cost	09/14/2017 4:39 PM									
Annual Depreciation (513):	\$381,560.00	\$50,115.00	\$431,675.00								
This represents a 100.00% change in the value Annual Depreciation (513) Coordination Contractor from last year. Possible resolution: correct the value Annual Depreciation (513) Coordination Contractor or add a comment to explain why this change is reasonable.			Resolved: \$0.00 was changed to \$50,115.00.								
Contributed Services (530):	\$0.00	\$0.00	\$0.00								
Allocated Indirect Expenses:	\$0.00	\$93,964.00	\$93,964.00								
This represents a 61.01% change in the value Allocated Indirect Expenses Coordination Contractor from last year. Possible resolution: correct the value Allocated Indirect Expenses Coordination Contractor or add a comment to explain why this change is reasonable.			<table border="1"> <thead> <tr> <th colspan="3">Comments</th> </tr> </thead> <tbody> <tr> <td>CTC:</td> <td>Increased Cost</td> <td>09/14/2017 4:40 PM</td> </tr> </tbody> </table>	Comments			CTC:	Increased Cost	09/14/2017 4:40 PM		
Comments											
CTC:	Increased Cost	09/14/2017 4:40 PM									

GRAND TOTAL:	\$2,988,116.00	\$411,957.00	\$3,400,073.00



February 26, 2018

TO: TDLCB Members

FROM: Kenneth Odom, Transportation Planner

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

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

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

Any additional comments and/or suggestions should be submitted to Kenneth Odom at kodom@ocalafl.org or 352-629-8475.

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

Article I: Preamble Section 1: Preamble

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

Article II: Name and Purpose

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

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

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

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

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

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

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

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

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

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

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

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

Article IV: Officers and Duties

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

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

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

Article V: Board Meetings

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

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

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

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

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

Article VI: Staff

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

Article VII: Board Duties

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

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

Article VIII: Subcommittees

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

Article IX: Communication with Other Agencies and Entities

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

Florida Commission for the



**Transportation
Disadvantaged**

FISCAL YEAR 2018-2019

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

Issued By:

FLORIDA COMMISSION FOR THE TRANSPORTATION DISADVANTAGED

605 Suwannee Street, Mail Station 49

Tallahassee, Florida 32399-0450

850-410-5700

www.fdot.gov/ctd

SHIRLEY CONROY RURAL AREA CAPITAL ASSISTANCE GRANT APPLICATION DOCUMENTS

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

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



SHIRLEY CONROY RURAL AREA CAPITAL ASSISTANCE GRANT APPLICATION APPLICATION FORM

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

10. I hereby certify that this document has been duly authorized by the governing body of the applicant, and the applicant intends to complete the project, and to comply with any attached assurances if the assistance is awarded.

Ms. Jennifer Martinez, Executive Director

TYPED NAME OF AUTHORIZED REPRESENTATIVE AND TITLE

SIGNATURE OF AUTHORIZED REPRESENTATIVE

2/27/18 DATE

11. Local Coordinating Board Approval

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

Marion County Coordinating Board.

COORDINATING BOARD CHAIRPERSON'S SIGNATURE

2/27/2018 DATE



SHIRLEY CONROY RURAL AREA CAPITAL ASSISTANCE GRANT APPLICATION PROPOSED PROJECT SCOPE

Describe the Capital Equipment Requested:

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

Explain Why the Equipment is Needed:

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

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

Identify Local Match Required and Source for Match:

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

Describe the Procurement Process and Timeline:

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

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



SHIRLEY CONROY RURAL AREA CAPITAL ASSISTANCE GRANT APPLICATION PROPOSED PROJECT FUNDING

Project Description and Estimated Cost:

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

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

Total Project Cost \$175,816.00

Funding Participation

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

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



SHIRLEY CONROY RURAL AREA CAPITAL ASSISTANCE GRANT APPLICATION STANDARD ASSURANCES

The recipient hereby assures and certifies that:

1. The recipient has the requisite fiscal, managerial, and legal capacity to carry out the Transportation Disadvantaged Program and to receive and disburse State funds.
2. The recipient intends to accomplish all tasks as identified in this grant application.
3. The recipient is aware that the Shirley Conroy Rural Area Capital Assistance Program Grant is a reimbursement grant. Reimbursement of funds will be approved for payment upon receipt of a properly completed invoice with supporting documentation such as the vendor's invoice preferably reflecting a zero balance due or a copy of the cancelled check along with the vendor's invoice. If this project consists of a vehicle purchase, the application for title reflecting the Commission as the first lienholder is also required.
4. The recipient is aware that the approved project must be complete by June 30, 2019, which means the equipment must be received by the recipient by that date or reimbursement will not be approved.
5. Transportation Disadvantaged Trust Funds will not be used to supplant or replace existing federal, state, or local government funds.
6. Capital equipment purchased through this grant shall comply with the recipient's competitive procurement requirements or Chapter 287 and Chapter 427, Florida Statutes.

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

Signature: _____

Date: 2/27/2018

Name: Jennifer Martinez

Title: Executive Director

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

Service Area: Marion County, Florida



SHIRLEY CONROY RURAL AREA CAPITAL ASSISTANCE GRANT APPLICATION

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

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

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

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

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

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

BOARD OF DIRECTORS – MARION SENIOR SERVICES, INC.

Jennifer Wood
(Signature of Chairperson)

Jennifer Wood
(Typed name of Chairperson)

ATTEST:

Signature Tom Wilder
Tom Wilder, Transportation Director

YEAR/MAKE	Model	VIN #	AMBULATORY (Seats)	WHEELCHAIR (Seats)	Average Miles per Year	Mileage as of Feb 2018	Expected Retirement Date	Year of Grant Award and Program Number	AGENCY'S CONTROL NUMBER
*2006/Chevy	Glaval 4500	1GBE4V1G96F419736	14	4	16,000	174,140	2018	2006; Sec. 5310	0601 (38)
*2007/Chevy	Glaval 4500	1GBE4V1G17F419697	12	4	16,000	210,915	2018	2007; Sec. 5310	0703 (46)
2009/Chevy	Glaval	1GBKG31K191109679	14	2	13,000	190,240	2019	2009; Sec. 5310	0901 (22)
*2009/Chevy	Glaval 4500	1GBE4V1G59F404221	12	4	18,000	162,169	2019	2008; Sec. 5310	0902 (27)
*2009/Chevy	Glaval	1GBKG31K691108852	12	4	29,000	262,294	2019	2009; Sec. 5310	0904 (33)
*2011/Chevy	Glaval	1GBG6S5BG1B1174660	10	5	30,000	187,319	2020	2011; Sec. 5310	1102 (12)
2011/Chevy	Glaval	1GBG6S5BG9B1174731	12	4	19,000	179,265	2020	2011; Sec. 5310	1103 (14)
2011/Chevy	Glaval	1GBG6S5BG7B1165039	12	4	27,000	210,206	2020	2011; Sec. 5310	1104 (16)
2011/Chevy	Glaval	1GBG6S5BG9B1164202	10	4	22,000	189,237	2020	2011; Sec. 5310	1105 (19)
*2011/Chevy	Glaval	1GBG6S5BG8B1175160	8	5	26,000	182,507	2020	City of Ocala	1107 (35)
2012/Chevy	Glaval	1GBG6S5BG2C1113125	12	4	28,000	182,289	2021	2012; Sec. 5310	1201 (03)
2012/Chevy	Glaval	1GBG6S5BG2C1113660	13	4	21,000	165,422	2021	2012; Sec. 5310	1202 (32)
2012/Chevy	Glaval	1GBG6S5BG2C1113593	12	4	26,000	198,730	2021	2012; Sec. 5311	1203 (36)
2012/Chevy	Glaval	1GBG6S5BG6C1112253	12	4	21,000	135053	2021	2012; Sec. 5310	1204 (41)
2012/Dodge	Caravan	2C4RDGBG4C8R281275	6	0	7,300	36,241	2025	Shirley Conroy	1205 (50)
2013/Chevy	Glaval	1GBG6S5BG9D1129596	10	6	33,000	170,357	2022	Shirley Conroy	1301 (04)
2013/Chevy	Glaval	1GBG6S5BG1D1122030	10	6	23,000	146,804	2022	2013; Sec. 5310	1302 (07)
2013/Chevy	Glaval	1GBG6S5BG2D1121971	10	2	25,000	167,406	2022	2013; Sec. 5310	1303 (24)
2013/Chevy	Glaval	1GBG6S5BG7D1120637	10	4	20,000	166,444	2022	2013; Sec. 5310	1304 (26)
2013/Chevy	Glaval	1GBG6S5BG4D1121678	10	6	15,000	102,552	2022	2013; Sec. 5310	1305 (31)
2013/Chevy	Glaval	1GBG6S5BG5D1121172	10	6	32,000	186,914	2022	2013; Sec. 5310	1306 (42)
2014/Chevy	Glaval	1GBG6S5BG7E1171119	10	6	34,000	101,419	2023	2014; Sec. 5310	1401 (08)
2014/Chevy	Glaval	1GBG6S5BG8E1187734	10	6	37,000	130650	2023	TD Commission	1402 (10)
2014/Chevy	Glaval	1GBG6S5BG6E1187506	10	4	27,000	107,941	2023	2014; Sec. 5310	1403 (17)
2014/Chevy	Glaval	1GBG6S5BG8E1171940	10	6	28,000	97,021	2023	2014; Sec. 5311	1404 (18)

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

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

*=Spare Bus

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

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

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

Order Packet

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

REV GROUP CUTAWAY TRANSIT VEHICLES-NATIONS BUS SALES

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

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

July 2017

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

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

Order Packet

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

REV GROUP CUTAWAY TRANSIT VEHICLES-NATIONS BUS SALES

July 2017

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

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

Order Packet

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

REV GROUP CUTAWAY TRANSIT VEHICLES-NATIONS BUS SALES

July 2017

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

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

Order Packet

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

REV GROUP CUTAWAY TRANSIT VEHICLES-NATIONS BUS SALES

July 2017

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

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

Order Packet

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

REV GROUP CUTAWAY TRANSIT VEHICLES-NATIONS BUS SALES

July 2017

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

Order Summary

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

CERTIFIED TO BE A TRUE &
EXACT COPY OF ORIGINAL

Tom Miller

TENTH AMENDMENT TO AGREEMENT

In accordance with the original Agreement for Senior/Transit Services entered into December 15, 1992 (the "Agreement"), this Tenth Amendment to the Agreement (this "Amendment") is made and entered into by and between Marion Senior Services, Inc, located at 1101 SW 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 \$906,290 to provide for Senior and other Transit Services.
2. Term. The term of the Agreement shall be amended and extended for services performed during FY17/18 defined as October 1, 2017 through September 30, 2018.
3. Compensation. Payments shall be made monthly upon submission of invoices, paid receipts or documentation for all reimbursements pursuant to the Agreement.
4. Maintenance of Records. Provider shall retain copies of all financial records to the Agreement for a minimum of three (3) years from the date funds are dispersed. Owner shall have the right to review, inspect, copy and audit all such records during normal business hours and upon reasonable notice.
5. Audit. Provider will conduct an annual audit of all its accounts by a Certified Public Accountant. A copy of the audit is to be provided to Owner.

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

ATTEST:

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

MARION COUNTY, A POLITICAL SUB-
DIVISION OF THE STATE OF FLORIDA
Kathy Buford
NOV 07 2017
CARL ZALAK, III DATE
CHAIRMAN

APPROVED AS TO FORM
AND LEGAL SUFFICIENCY

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

MARION SENIOR SERVICES, INC.
Jennifer Martinez
10/17/17
BY: DATE
PRINTED:
Executive Director
ITS: (TITLE)

WITNESS:

Tom Miller
SIGNATURE
Tom Miller
PRINTED NAME

WITNESS:

Herman G. Schultz
SIGNATURE
Herman G. Schultz
PRINTED NAME

MARIONTRANSIT

Rules

For the safety of all our passengers, please observe the following rules. Any violations may result in a warning and more serious violations may require that you get off the bus.

- No littering
- No weapons
- No bare feet
- No distracting the driver
- No consuming alcoholic beverages
- No flammable or explosive materials
- No lying down or putting feet on seats
- Children must be supervised at all times
- Shirts, bottom attire & shoes are required
- No emitting offensive body or clothing odors
- No eating or open containers of food or drink
- No distributing leaflets or post unauthorized notices
- No displays of lewd or indecent behavior and/or attire
- No loud talking, abusive, profane or obscene language
- You may not physically or verbally harass other passengers or Marion Transit employees
- No use of radios, media players, computers, etc. without headphones and/or on silent setting
- No smoking or vaping
- No soliciting, promoting or attempting to buy or sell anything while on a Marion Transit bus or at a facility
- Pets must be kept in small carriers (Guide dogs and service animals may accompany disabled passengers)

Law enforcement will be called if you:

- Engage in illegal activities
- Engage in fighting or threaten violence
- Fail to leave the bus after being directed by Marion Transit
- Willfully destroying or damaging bus or other property

Service for Persons with Disabilities:

Marion Transit Buses are wheelchair accessible. If you live within a quarter mile of a bus stop, and are unable to get to a stop, please contact our office at 352-620-3071 and you may be picked up at home with a 24-hour notice on our Blue Line Bus.

Complaints –

May be filed by calling 352-620-3071 or visiting our website for more information:

www.marionseniorservices.org

***SEAT BELT USE IS
MANDATORY WHILE
RIDING BUS***

**CARRY-ON BAGS ARE
LIMITED TO 3 PER
PASSENGER**

MARIONTRANSIT

Is a division of



Rev. 2/2018



Marion Transit
Blue Line

Serving the Dunnellon Area

1101 S.W. 20th Court
Ocala, FL 34471

352-620-3071

Public Transportation

Our Mission –

“Is to provide Public Transportation that offers riders a high-quality safe, reliable, and efficient paratransit experience”

BUS STOPS MONDAY - FRIDAY	ADDRESS	AM TIME (BUS 1)	AM TIME (BUS 1)	PM TIME (BUS 2)	PM TIME (BUS 2)
1. MarionTransit (SunTran Connection)	1101 SW 20 th Court - Ocala	7:00 AM		NOON	
AMEX Foods	125 NW 110 th Avenue				
SOUTH BOUND					
2. RLE Community Center	4000 SW Deepwater Ct.	7:40 AM	10:15 AM	12:40 PM	3:15 PM
3. Dollar General	19552 SW 56 LN	7:55 AM	10:30 AM	12:55 PM	3:30 PM
7 th Day Dining Site	7620 HWY 41				
Rainbow Springs State Park	19158 SW 81 st Place Rd.				
KP Hole Park	9435 SW 190 th Ave. Rd.				
4. Winn-Dixie	10055 U.S. 41	8:05 AM	10:40 AM	1:05 PM	3:40 PM
5. Boys & Girls Club	20077 SW 110 th Street	8:15 AM	10:50 AM	1:15 PM	3:50 PM
Chatmire Community Center	19789 SW 107 th Place				
6. Wal-Mart	11012 N. Williams Street	8:20 AM	10:55 AM	1:20 PM	3:55 PM
7. Bealls Outlet / Dollar Tree	11252 N. Williams Street	8:25 AM	11:00 AM	1:25 PM	4:00 PM
US Post Office / Library					
Oak Bend Village	21271 W. HWY 40				
8. Save-A-Lot	11582 N. Williams Street #400	8:35 AM	11:10 AM	1:35 PM	4:10 PM
9. Dunnellon City Hall	20750 River Dr.	8:45 AM	11:20 AM	1:45 PM	4:20 PM
10. Heart of Florida	19204 E. Pennsylvania Ave.	8:55 AM	11:30 AM	1:55 PM	4:30 PM
NORTH BOUND					
Walgreens	11283 N. Williams Street				
11. Save-A-Lot	11582 N. Williams Street #400	9:05 AM	11:40 AM	2:05 PM	4:40 PM
12. Bealls Outlet / Dollar Tree	11252 N. Williams Street	9:10 AM	11:45 AM	2:10 PM	4:45 PM
Oak Bend Village	21271 W. HWY 40				
US Post Office / Library					
13. Wal-Mart	11012 N. Williams Street	9:20 AM	11:55 AM	2:20 PM	4:55 PM
14. Boys & Girls Club	20077 SW 110 th Street	9:25 AM	NOON	2:25 PM	5:00 PM
Chatmire Community Center	19789 SW 107 th Place				
15. Winn-Dixie	10055 U.S. 41	9:35 AM	12:10 PM	2:35 PM	5:10 PM
Rainbow Springs State Park	19158 SW 81 st Place Road				
KP Hole Park	9435 SW 190 th Ave. Rd.				
7 th Day Dining Site	7620 HWY 41				
16. Dollar General	19552 SW 56 LN	9:50 AM	12:25 PM	2:50 PM	5:25 PM
17. RLE Community Center	4000 SW Deepwater Ct.	10:05 AM	12:40 PM	3:05 PM	5:40 PM
AMEX Foods	125 NW 110 th Avenue				
18. MarionTransit (SunTran Connection)	1101 SW 20 th Court - Ocala		1:20 PM		6:20 PM

Please call **MARIONTRANSIT** if you have any questions:
352-620-3071
Hours: 8:00 am to 5:00 pm – Monday – Friday
Closed on Major Holidays
Bus Operation is Monday – Friday

**NOTE: ALL SCHEDULED TIMES ARE APPROXIMATE
AND DEPEND ON TRAFFIC AND OTHER DRIVING
CONDITIONS.**

BUS FARES & INFORMATION

FARES

One Way Trip \$2.00

Children Under 16 FREE

FREE BUS PASS

Transportation Disadvantaged:

- Income level below \$1507 per month
- 60 Years or older
- Person with a disability

Section 5311:

- Must be pre-registered with *MarionTransit* open to the public during service hours.

DEVIATIONS

Shaded stops are designated Deviations. Riders must call at least (1) hour prior to pick-up time. **Drops offs** may be made by advising the driver.

INFORMATION

1. You must have exact change.
2. You must pay the full fare each time you board the bus.
3. You may pay the fare in cash, ticket or by showing your Blue line Pass card.