



Transportation Disadvantaged Local Coordinating Board (TDLCB) Meeting

Marion County Growth Services Training Room
2710 E. Silver Springs Blvd., Ocala, FL 34470

March 17th, 2022

10:00 AM

AGENDA

- 1. CALL TO ORDER AND ROLL CALL**
- 2. PLEDGE OF ALLIGENCE**
- 3. PROOF OF PUBLICATION**
- 4. PRESENTATIONS**
 - A. New members
 1. **Introduction of new Board members - Page 3**
- 5. ACTION ITEMS**
 - A. **Annual CTC Evaluation - Page 8**
- 6. DISCUSSION ITEMS**
 - A. Election of new Grievance sub-committee members (5 members)
- 7. CONSENT AGENDA**
 - A. **Minutes December Meeting - Page 265**
- 8. DISCUSSION ITEMS**
 - A. **Upcoming Workshop Highlights - Page 271**
- 9. COMMENTS BY TDLCB MEMBERS**
- 10. COMMENTS BY TPO STAFF**

Meeting Location: 2710 E. Silver Springs Blvd. - Training Room
- 11. COMMENTS BY TRANSPORTATION COORDINATOR (CTC)**

12. PUBLIC COMMENT (Limited to 2 minutes)

13. ADJOURNMENT

All meetings are open to the public, the TPO does not discriminate on the basis of race, color, national origin, sex, age, religion, disability and family status. Anyone requiring special assistance under the Americans with Disabilities Act (ADA), or requiring language assistance (free of charge) should contact Liz Mitchell, Title VI/Nondiscrimination Coordinator at (352) 438-2634 or liz.mitchell@marioncountyfl.org forty-eight (48) hours in advance, so proper accommodations can be made.

Pursuant to Chapter 286.0105, Florida Statutes, please be advised that if any person wishes to appeal any decision made by the Board with respect to any matter considered at the above meeting, they will need a record of the proceedings, and that, for such purpose, they may need to ensure that a verbatim record of the proceedings is made, which record includes the testimony and evidence upon which the appeal is to be based.

*The next regular meeting of the Ocala Marion Transportation Disadvantaged Local Coordinating Board will be held on
June 16, 2022.*



TO: TDLCB Board Members

FROM: Liz Mitchell, Grants Coordinator/Fiscal Planner

RE: New Board Members

Summary

The TDLCB has replaced some vacant positions on the Board as well as solicited an additional agency to have representation present at the meetings.

Attachment(s)

New Members Bio's

Action Requested

None needed – content informative

Any additional comments and/or suggestions please contact Liz Mitchell, liz.mitchell@marionfl.org.

TDLCB Member Roster- 2022

BOARD MEMBERS

Michelle Stone -	Marion County Commissioner Chair
Jeffrey Askew -	Marion County Veterans Office
Ivonne Perez -	Agency for Health Care Admin
Lauren Debick -	Marion County School Board
Tracey Alesiani -	Agency for Persons with Disabilities
Susan Hanley -	Department of Elder Affairs
Carlos Colon -	FDOT
Iris Pozo -	CLM Workforce
Tracey Sapp -	Department of Health
Andrea Melvin -	Centers for Independent Living Vice-Chair
Anissa Pieriboni -	Florida Center for the Blind
Keith J. Fair -	Housing Finance Authority
Steven Neal -	City of Ocala –SunTran
Jeff Aboumrad -	Department of Education
Carressa Hutchinson -	Florida Community Action Assoc.
Ronald Graham	Department of Children and Families

ALTERNATES

vacant -	Marion County Veterans Office
Victoria Anderson -	Agency for Health Care Admin
Rebecca Rora -	Marion County School Board
vacant -	Agency for Persons with Disabilities
Mark Mulligan -	Department of Elder Affairs
Jo Santiago -	FDOT
Kevin Harrison -	CLM Workforce
Jessie Driggers -	Department of Health
Brandon Palermo -	Center for Independent Living
vacant -	Florida Center for the Blind
vacant -	Ocala Housing Authority
Ji Li -	City of Ocala- SunTran
John Cook -	Department of Education
Stephanie Seawright -	FL Community Action Assoc.
Sheri Peterson	Department of Children and Families

Keith Joseph Fair

Respected by his peers in the advertising and marketing industry for over thirty years Keith Fair has worked alongside some of America's most successful company leaders and well-known professional athletes. He has achieved success in every facet of marketing in his career, including product launches, personal endorsements, contracts, licensing/merchandising, hospitality, sales, public relations and event production and management.

Over the past 30+ years has managed or worked with the following:

- Director of Marketing with Slender You Fitness Centers
- Marketing Consultant for Corporate Image – Licensing NASCAR and Drivers programs
- Designed and coordinated the "Kings" "Richard Petty Fan Appreciation Tour" in 1992
- Director of Marketing of Charlotte Motor Speedway
- Managing Partner with Team TABASCO IRL team

President and Founder of SportsONE, Inc. SportsONE, Inc. is a full-service professional marketing and promotional agency

- SportsONE has managed, represented, or worked with companies including Bosch, Baptist Hospital (AL), Domino's Pizza, Coca Cola, Carrier/Bryant, Cypress Gardens, Dodge Motorsports, Freightliner, Supercuts, TABASCO, UAW-Dodge, UAW-Ford, ISC, SMI, International Truck, Outback, and Kodak
- With Keith's leadership, SportsONE has been involved in sporting leagues or conferences such as: NASCAR, NFL, SEC, IRL, PGA and NHRA.
- Agency of record for Domino's Pizza Motorsports, winning a National PR award
- Manage marketing initiatives for Danny Wuerffel 1996 Heisman Trophy winner
- Managed IRL driver – Eddie Cheever Indy 500 Winner
- Other celebrity promotional campaigns include – concert promoter at the Georgia Dome with Alabama, Lori Morgan, Rick Van Shelton, and Joe Diffy.
- Developed and launched a nutrient dense cracker with 21+ vitamins and minerals into the FNS US School meal and Smart Snack programs. Total Bites is the brand name and is manufactured in Colorado
- Current Housing Finance Authority of Marion County (HFA), Keith's was retained by the HFA Board to be the Executive Director to restore the HFA mission in create affordable workforce housing within Marion County.
- Keith is originally from Ocala, Florida and now resides in Ocala, Florida with his wife Martha.

Carressa Hutchinson

I joined Central Florida Community Action Agency back in June 2016 and currently serve as the Director of Family Service, which oversees the CSBG RISE Program and LIHEAP Utility Assistance Program. Prior to joining Central Florida Community Action Agency, I assisted with start-up efforts and served as Manager of the Library Partnership Resource Center which partnered with 80+ other community agencies. During my tenure there, we provided gently used clothing annually to over 1000 community members and welcoming over another 8000 for other programming and services. As a result, we were awarded "100 Best Community" and "Harvard Bright Idea" accolades.

Outside of my day to day duties and responsibilities at CFCAA, I've worked in Community and Social Services for the past 17 years. I've served on Catholic Charities Board of Directors where I've actively volunteered with the Rural Mobile Food Outreach Program where we delivered meals to families in outlying counties who are in need of additional food supply to make until their next pay check. I would also assist with donations for the Weekend Hunger Backpack Program where backpacks filled with food was sent home with children over the weekend so that the family would have enough food.

I have also served briefly with the youth ministry and greeting teams at church. I am a life time member of Delta Sigma Theta Sorority Incorporated where we focus on a wide range of programs addressing education, health, international development, and strengthening of the African American family.

Some of my hobbies include fresh water fishing, reading, cooking for my family/friends and watching my Florida Gators play football!

SHERI PETERSON BIO

My name is Sheri Peterson and I am currently the Circuit 5 Program Administrator for Adult Protective Services. I have been with the Department since 2007 and worked up the ranks from Investigator in C5 covering Lake and Sumter Counties, to Supervisor for Marion and Lake Counties and then promoted to the Program Office in Orlando where I was the supervisor for all Specialists/Trainers and Registered Nurses. With hard work, I was offered the opportunity to come back to my home in C5 and lead as Program Administrator covering Lake, Sumter, Citrus, Hernando and Marion counties. I am a graduate and mentor in the Central Region Leadership Academy and also sit on the Boards of the Lake and Sumter MPO. Originally, I hale from Brooklyn, New York where I was a practicing attorney and I have three amazing children (ages 22, 20 and 16).

Stephanie Seawright BIO

Stephanie grew up in Orlando, Florida. She moved to Gainesville to attend the University of Florida where she received her Bachelors of Science in Agricultural Operations Management. Stephanie's love for her community and heart for ministry led her to the Central Florida Community Action Agency. She is currently Chief Operations Officer where she manages the day-to-day operations of the agency including direction of the Weatherization, Housing and Information Technology departments. Prior to coming to the CFCAA, Stephanie was a Project Manager for the Community Redevelopment Agency (CRA) for over 10 years where her signature project was the development, design and construction of the A. Quinn Jones Museum & Cultural Center. Before working for the CRA she served as a Management Consultant for BCN & Associates where she was responsible for all contracts, facilities operations and quality assurance oversight for the company.

Stephanie utilizes what she learned from these agencies to assist religious organizations, non-profit organizations and small businesses with their business systems through her own consulting company, Impact Consulting Services, LLC. She is Vice President of the Mu Upsilon Omega Chapter of Alpha Kappa Alpha Sorority, Inc.; serves as a Vice President of the board of the Twenty Pearls Foundation, Inc.; Chair of the Gainesville Community Reinvestment Area Board; member of the African American Accountability Alliance, the Alachua Branch NAACP and other service focused organizations.

She attends PASSAGE Family Church where she serves as the Women's Ministry Coordinator and is a part of the Global Missions Team. She loves to travel both for pleasure and on mission trips. She is an avid reader and loves GOOD music.

Favorite Quote: *"When someone shows you who they are, believe them the first time" – Maya Angelou*



TO: TDLCB Board Members

FROM: Liz Mitchell, Grants Coordinator/Fiscal Planner

RE: Evaluation of the Community Transportation Coordinator (CTC) FY 2022

Summary

The Florida Commission for the Transportation Disadvantaged designates a Community Transportation Coordinator (CTC) for each county/service area. The CTC is responsible for coordinating and/or providing transportation services to individuals who are transportation disadvantaged. You are considered "transportation disadvantaged" due to age, income, or a disability, you cannot drive, and do not have access to other transportation options. Access is provided to medical appointments, employment, educational and other life sustaining services, including, groceries, shopping, meals, and social events, to those who are eligible and have no other means of transportation.

In accordance with Florida Statutes, Chapter 427, and the Florida Commission for the Transportation Disadvantaged the Marion County Community Transportation Coordinator (CTC) evaluation is conducted annually by members of the Transportation Disadvantaged Local Coordinating Board (TDLCB) with assistance from the Ocala Marion Transportation Planning Organization (TPO) staff. The TDLCB evaluates the CTC in order to ensure quality of service is being provided in the most cost effective and efficient manner. This is accomplished through an audit, a series of interviews, quality checks, rider surveys, and ride-along for observation. The evaluation encompasses management, operations, service, safety, vehicle maintenance, drivers and training, performance standards, grievance/complaint procedures, and quality assurance, utilizing the Commission for the Transportation Disadvantaged CTC Evaluation Workbook.

In summary, the TPO found that all of the required policies and procedures, contracts and contract management, grievance/complaint procedures, performance, quality and safety standards were in place and being adhered to. All vehicles were on a maintenance schedule and in good working order. The drivers are trained with continual training updates. There is a zero tolerance substance abuse policy enforced complete with pre-employment drug and alcohol background check, and random testing. The riders speak highly of the overall system and feel that they are being provided a quality service.

The TPO has provided a few recommendations as well as commendations as a result of our evaluation.

Recommendations:

1. Provide readily available comment cards on each bus for input from the riders with a sealed drop box. This will allow for input from the riders on an ongoing basis.
2. While there has been improvement on the waiting period for returning riders home from their appointments we are still receiving comments on the pickup window being too long 2 to 3 hours wait prior to pick up.
3. Standardize the location of the pertinent phone numbers on each bus. Due to the fact that service is geared for the disadvantaged, many are unable to get up close to view the Ombudsman and complaint phone numbers. These numbers need to be in various locations i.e. on the upper side isles for easier viewing from the riders sitting on the sides with an emphasis on the size of the numbers (larger for distance viewing from the back of the bus).

Commendations:

1. Riders are pleased and speak highly of the overall system and the staff.
2. Marion Transit monitors and continues to make the changes required to provide the coverage necessary to maintain happy riders.
3. Marion Transit was several months without a Community Transportation Coordinator however the system overall did not diminish in quality due to well outlined policies and procedures, well trained staff and teamwork.

We wish continued improvement and success to Marion Transit Services and the CTC.

Attachment(s)

Copy of the Commission for the Transportation Disadvantaged evaluation workbook.

Action Requested

Board review and approval with Chair signature.

Any additional comments and/or suggestions please contact Liz Mitchell,
liz.mitchell@marionfl.org.

CTC

EVALUATION WORKBOOK

Florida Commission for the



Transportation Disadvantaged

CTC BEING REVIEWED: Marion Transit (MT)

COUNTY (IES): Marion

ADDRESS: 1101 SW 20th Ct., Ocala, FL 34471

CONTACT: Clayton Murch **PHONE:** 352-620-3519

REVIEW PERIOD: 1/2021-12/2021 **REVIEW DATES:** 2/2022

PERSON CONDUCTING THE REVIEW: Liz Mitchell

CONTACT INFORMATION: 352-438-2634 liz.mitchell@marionfl.org

LCB EVALUATION WORKBOOK

ITEM	PAGE
REVIEW CHECKLIST _____	3
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LEVEL OF COST WORKSHEET # 1 _____	52
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LEVEL OF AVAILABILITY WORKSHEET #3 _____	55

REVIEW CHECKLIST & SCHEDULE

COLLECT FOR REVIEW:

- APR Data Pages
- QA Section of TDSP
- Last Review (Date: 1/2021)
- List of Omb. Calls
- QA Evaluation
- Status Report (from last review)
- AOR Submittal Date
- TD Clients to Verify
- TDTF Invoices
- Audit Report Submittal Date

ITEMS TO REVIEW ON-SITE:

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

ITEMS TO REQUEST:

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

INFORMATION OR MATERIAL TO TAKE WITH YOU:

- Measuring Tape
- Stop Watch

EVALUATION INFORMATION

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

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

Notes to remember:

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

ENTRANCE INTERVIEW QUESTIONS

INTRODUCTION AND BRIEFING:

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

The LCB will be reviewing the following areas:

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

USING THE APR, COMPILER THIS INFORMATION:

1. OPERATING ENVIRONMENT:

- RURAL URBAN

2. ORGANIZATION TYPE:

- PRIVATE-FOR-PROFIT
- PRIVATE NON-PROFIT
- GOVERNMENT
- TRANSPORTATION AGENCY

3. NETWORK TYPE:

- SOLE PROVIDER
- PARTIAL BROKERAGE
- COMPLETE BROKERAGE

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

N/A

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

Coordination Contract Agencies				
Name of Agency	Address	City, State, Zip	Telephone Number	Contact
Advocacy Resou	2800 SE Maricam	Ocala, FL	352.387.2210	Frank Sofia
Florida Center fo	1411 N.E. 22nd A	Ocala, FL	352.873.4700	Anissa Pieribc

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
N/A			

7. REVIEW AND DISCUSS TD HELPLINE CALLS:

	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: July 1, 2020 - June 30, 2025

2. WHAT IS THE COMPLAINT PROCESS?

Marion Senior Service's staff fields call and directs them as needed.

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?

Unresolved complaints are referred to the helpline. However, 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?

MT provides this at the time of application. It is also available on the bus, on-line or on-site. Brochures are distributed to local merchants, neighborhoods and through the mail.

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?

There is a vetting process that considers physical abilities, age, medical conditions, income level and location of residence. There are various documents that they are required to provide to meet eligibility.

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?
Kelbert, Barbara	3211 SW 42nd St. Apt. 21	8-30-21	Yes
Latsin, Alegrine	21399 Hwy 441, Micanop	3-2-22	Yes
Kennedy, Donna	13698 SE 91st. Ave, Sun	8-6-21	Yes

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

We have developed an Excel program to track all incidents and accidents in Marion Transit. This was implemented on 1/1/21. We're now able to pull historical data for the following:

- Employee injuries
- Client Disruptive Behavior
- Bus vs. Private Property
- Anonymous Complaints
- Client Compliments
- Bus vs. POV
- Performance Improvement Plans
- Miscellaneous incidents

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

Marion Transit continuously evaluates in order to improve the efficiency of the system.

15. WHAT BARRIERS ARE THERE TO THE COORDINATED SYSTEM?

Funding for operations in order to maintain sufficient staff to assist with the increased work load of coordinating with other entities.

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

Increase in funding for operations in order to stay competitive and retain needed staff.

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

Better communication of "new" grant opportunities different than the ones for which we customarily submit applications...visibility to other available grants opportunities.

18. HOW ARE YOU MARKETING THE VOLUNTARY DOLLAR?

There is no formal marketing budget.

GENERAL QUESTIONS

Findings:

Recommendations:

COMPLIANCE WITH CHAPTER 427, F.S.

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

ARE YOUR CONTRACTS UNIFORM? Yes No

IS THE CTD’S STANDARD CONTRACT UTILIZED? Yes No

DO THE CONTRACTS INCLUDE PERFORMANCE STANDARDS FOR THE TRANSPORTATION OPERATORS AND COORDINATION CONTRACTORS?
 Yes No

DO THE CONTRACTS INCLUDE THE PROPER LANGUAGE CONCERNING PAYMENT TO SUBCONTRACTORS? (Section 21.20: Payment to Subcontractors, T&E Grant, and FY)
 Yes No

IS THE CTC IN COMPLIANCE WITH THIS SECTION? Yes No

Operator Name	Exp. Date	SSPP	AOR Reporting	Insurance
Marion Transit Services	6/30/25	5/14/21	9/10/21	2/10/22

COMPLIANCE WITH CHAPTER 427, F.S.

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

REPORTING TIMELINESS

Were the following items submitted on time?

- a. Annual Operating Report Yes No
- Any issues that need clarification? Yes No

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

List:

- b. Memorandum of Agreement Yes No
- c. Transportation Disadvantaged Service Plan Yes No
- d. Grant Applications to TD Trust Fund Yes No
- e. All other grant application (100%) Yes No

IS THE CTC IN COMPLIANCE WITH THIS SECTION? Yes No

Comments:

COMPLIANCE WITH CHAPTER 427, F.S.

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

“Review all transportation operator contracts annually.”

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

Each bus contains cameras and software that provides visual and audio.

Is a written report issued to the operator? Yes No

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

Performance plan and if needed disciplinary action taken.

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

It is monitored annually with no set schedule.

Is a written report issued? Yes No

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

No report is provided unless there is disciplinary or counseling associated with the review.

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

A corrective action plan is initiated based on the circumstances.

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 used for emergency management. In the event of an emergency, hurricane or natural disaster buses are utilized to transport residents to shelters or other needed areas. MT assists the county school system by bridging the gap and transporting children that are homeless or in temporary shelters, alleviating the burden.

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?

MT is continually assessing new and innovative ways to utilize the system.

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

Yes No

If YES, what is the goal?

Monitoring of availability of transit services in Marion County with a mapping system to determine if potential riders reside within the transit service areas of SunTran.

Clients are re-evaluated and transitioned to SunTran if they are deemed eligible, on a

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.

All TD fund applications are presented to the LCB for review and approval prior to submittal. Applications are then forwarded to the TD Commission or 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):

MT is in compliance with all policies. Quality assurance has been reviewed and MT has followed the criteria in accordance with FDOT's monitoring process.

WHAT ARE THE PRIORITIES FOR THE TDTF TRIPS?

1. Medical Needs - kidney dialysis, cancer treatments, therapy/doctor appointments
2. Life Sustaining Activities - food, prescriptions, shopping, medicaid recertification
3. Education - life skills training, day treatment programs for abused/neglected children
4. Employment- Daily to work and return home
5. Business - banking, Social Security, visits to hospital/nursing homes
6. Recreational Trips - Social interaction

HOW ARE THESE PRIORITIES CARRIED OUT?

The LCB sets the prioritization guidelines. Service is provided in accordance with availability following the above priorities.

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 from 5:00am - 7:00pm or until all return trips/passengers are completed.

2. Hours of Intake:

Passengers are requested to make appointments between 5am and 7pm so they can be picked up to two hours prior and returned home within service hours. Residents +

3. Provisions for After Hours Reservations/Cancellations?

Special arrangements may be made for dialysis and other special situations with early, late or Saturday appointments. Service may be available 24 hours per day, 7 days a week, if prior arrangements are made.

4. What is the minimum required notice for reservations?

Notice is required seventy-two (72) hours in advance. Recurring trips, such as for dialysis or therapy can be scheduled on a permanent basis.

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

Trips may be scheduled as early as 2 weeks, but not later than seventy-two (72) 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?

N/A

HAVE ANY INNOVATIVE WAGES TRANSPORTATION SERVICES BEEN DEVELOPED?

N/A

IS THE CTC IN COMPLIANCE WITH THIS SECTION? Yes No

Comments:

CHAPTER 427

Findings:

Recommendations:

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

Compliance with 41-2.006(1), Minimum Insurance Compliance
“...ensure compliance with the minimum liability insurance requirement of \$100,000 per person and \$200,000 per incident...”

WHAT ARE THE MINIMUM LIABILITY INSURANCE REQUIREMENTS?

Coverage rates are \$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 and \$300,000 per incident.

HOW MUCH DOES THE INSURANCE COST (per operator)?

Operator	Insurance Cost
Marion Transit Services	\$ 241,698.44

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 5/14/2021, 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?

Yes No

DRIVER REQUIREMENT CHART

Driver Last Name	Driver License	Last Physical	CPR/1st Aid	Def. Driving	ADA Training	Other-
W. Ashberger	Yes	4/7/21	Not Required	9/10/20	6/26/20	
J. Baker	Yes	6/28/21	Not Required	8/18/20	6/26/20	
R. Boggs	Yes	12/17/21	Not Required	1/4/20	1/4/22	
M. Bommarito	Yes	2/4/22	Not Required	2/14/22	2/24/22	
M. Bruno	Yes	8/23/21	Not Required	9/13/21	2/24/22	
M. Calero	Yes	4/15/21	Not Required	4/21/21	4/22/21	
J. Dorvilus	Yes	11/30/21	Not Required	10/29/20	5/28/19	
R. Formella	Yes	1/13/21	Not Required	2/3/21	7/6/20	
J. Garcia-Crespo	Yes	1/14/21	Not Required	1/26/21	2/15/21	
S. Gray	Yes	9/1/21	Not Required	9/15/21	9/15/21	
W. Hagwell	Yes	12/15/20	Not Required	12/15/20	7/8/20	
A. Hamilton	Yes	1/27/22	Not Required	12/19/19	12/19/19	
R. Innis	Yes	10/21/20	Not Required	10/14/20	7/17/20	
A. Joseph	Yes	11/30/21	Not Required	11/19/20	12/19/19	
F. LaSalle	Yes	2/9/22	Not Required	12/19/19	12/19/19	

Sample Size: 1-20 Drivers – 50-100% 21-100 Drivers – 20-50% 100+ Drivers – 5-10%

Driver Last Name	Driver License	Last Physical	CPR/1st Aid	Def. Driving	ADA Training	Other-
K. Newton	Yes	7/29/21	Not Required	8/13/20	6/26/20	
L. Olsen	Yes	9/3/20	Not Required	10/2/19	7/22/20	
D. Osbourne	Yes	10/14/21	Not Required	10/27/20	10/27/20	
L. Pizarro	Yes	12/23/20	Not Required	12/19/19	12/19/19	
E. Ploski-Pflieger	Yes	12/7/21	Not Required	12/19/19	7/28/20	
J.H. Ponticelli	Yes	7/9/21	Not Required	7/28/20	7/7/20	
J. Porter	Yes	4/29/21	Not Required	12/19/19	6/23/20	
R. Pryor	Yes	12/18/20	Not Required	1/5/21	1/27/21	
Y. Raines	Yes	3/2/20	Not Required	1/13/21	10/12/20	
L. Ramos	Yes	3/3/20	Not Required	11/8/20	7/23/20	
E. Rivers	Yes	4/6/20	Not Required	12/19/19	6/25/20	
W. Sancho	Yes	10/14/21	Not Required	7/30/20	6/25/20	
V. Scott	Yes	3/9/21	Not Required	10/27/20	7/16/20	
D. Smith	Yes	12/6/21	Not Required	1/5/22	2/23/22	
A. Snellbaker	Yes	7/31/20	Not Required	5/18/21	5/19/21	
T. Snowden	Yes	5/6/21	Not Required	5/18/21	5/19/21	
T. Spencer	Yes	2/4/21	Not Required	12/17/20	5/28/19	
L. Waldren	Yes	12/3/21	Not Required	12/19/19	12/19/19	
J. Waters	Yes	8/3/21	Not Required	8/13/21	9/23/21	
A. Zarlinga	Yes	9/11/20	Not Required	7/23/21	10/1/20	

Sample Size: 1-20 Drivers – 50-100% 21-100 Drivers – 20-50% 100+ Drivers – 5-10%

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: 2/5/2022

IS THE CTC IN COMPLIANCE WITH THIS SECTION? Yes No

Comments:

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

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

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

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

Cost [CTC and Coordination Contractor (CC)]

	CTC	CC #1	CC #2	CC #3	CC #4
Flat contract rate (s) (\$ amount / unit)					
Detail other rates as needed: (e.g. ambulatory, wheelchair, stretcher, out-of-county, group)					
Ambulatory	30.01				
Wheelchair	51.44				
Special or unique considerations that influence costs? N/A					
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.	All vehicles have the local toll free contact information posted as well as readily available from the driver.
Vehicle Cleanliness	At the end of the day all hard surfaces are wiped down, any debris is removed, and the entire bus is misted with a disinfectant. Throughout the day surfaces are wiped as needed between riders.
Passenger/Trip Database	All information on trips and scheduling is maintained in a map-based computer software program called Route Match.

Adequate seating	All seating is according to manufacturer's recommended capacity and usage. The driver and passengers are properly seated using the provided seat restraint devices. There is also space to accommodate 4 wheelchairs with seat and wheel restraints. Additionally, rider's utilize spaced seating for social distancing.
Driver Identification	When transporting passengers, all drivers will have a picture identification displayed at all times. Drivers have name tag and company logo on their uniform/person for identification.
Passenger Assistance	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 at 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.
Smoking, Eating and Drinking	Smoking, eating and drinking is prohibited onboard all vehicles.

Two-way Communications	Driver has audible accessibility with base at all times. All vehicles are equipped with a two-way radio for communication.
Air Conditioning/Heating	All vehicles are equipped with air conditioners and heaters.
Billing Requirements	All riders are expected to pay fare at the time they receive services. Passengers must have exact change; drivers do not carry cash.

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	Escorts must be at least 16 years old, limited to one per rider and pay the standard fare. Dependent children may be transported if the child is over 5 years old and the medical appointment is for the child.
Use, Responsibility, and cost of child restraint devices	Children under 5 must be in an appropriate safety seat. Child seat may be provided by the transport company if requested or can be furnished by the rider. Driver is responsible for properly securing the child and the child seat.
Out-of-Service Area trips	Out-of-service area trips provided only as approved by LCB and CTC.
CPR/1st Aid	Not required
Driver Criminal Background Screening	Criminal background and drug check (with local law enforcement and Florida Dept. of Law Enforcement) are done prior to date of hire.
Rider Personal Property	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
Advance reservation requirements	Trips must be scheduled a minimum of 72 hours prior to date of travel or 2 weeks in advance of date of travel.
Pick-up Window	There is a two hour pick-up window prior to appointment time. Three hours are required for outlying areas.

<i>Measurable Standards/Goals</i>	<i>Standard/Goal</i>	<i>Latest Figures</i>	<i>Is the CTC/Operator meeting the Standard?</i>
Public Transit Ridership	CTC	CTC	
	Operator A	Operator A	N/A
	Operator B	Operator B	N/A
	Operator C	Operator C	N/A
On-time performance	CTC	CTC	
	Operator A	Operator A	N/A
	Operator B	Operator B	N/A
	Operator C	Operator C	N/A
Passenger No-shows	CTC	CTC	
	Operator A	Operator A	N/A
	Operator B	Operator B	N/A
	Operator C	Operator C	N/A
Accidents	CTC	CTC	
	Operator A	Operator A	N/A
	Operator B	Operator B	N/A
	Operator C	Operator C	N/A
Roadcalls <i>Average age of fleet:</i>	CTC	CTC	
	Operator A	Operator A	N/A
	Operator B	Operator B	N/A
	Operator C	Operator C	N/A
Complaints <i>Number filed:</i>	CTC	CTC	
	Operator A	Operator A	N/A
	Operator B	Operator B	N/A
	Operator C	Operator C	N/A
Call-Hold Time	CTC	CTC	
	Operator A	Operator A	N/A
	Operator B	Operator B	N/A
	Operator C	Operator C	N/A

LOCAL STANDARDS

Findings:

Recommendations:

COMPLIANCE WITH AMERICANS WITH DISABILITIES ACT

REVIEW COPIES OF THE PUBLIC INFORMATION PROVIDED.

DOES PUBLIC INFORMATION STATE THAT ACCESSIBLE FORMATS ARE
AVAILABLE UPON REQUEST? Yes No

ARE ACCESSIBLE FORMATS ON THE SHELF? Yes No

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

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

IS THE TTY NUMBER OR THE FLORIDA RELAY SYSTEM NUMBERS LISTED WITH
THE OFFICE PHONE NUMBER? Yes No

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

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

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

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.

None of the vehicles were purchased with private funding.

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

IS A RAMP PROVIDED? Yes No

ARE THE BATHROOMS ACCESSIBLE? Yes No

Bus and Van Specification Checklist

Name of Provider: Marion Transit

Vehicle Number (either VIN or provider fleet number): 1FDFE4FS5FDA30491

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

Person Conducting Review: Liz Mitchell - Ocala Marion TPO

Date: 2/28/22

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

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

Have the driver lower the lift to the ground:

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

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

- Must have an inner barrier to prevent the mobility aid from rolling off the side closest to the vehicle until the platform is fully raised.
- Side barriers must be at least 1 ½ inches high.
- The outer barrier must be sufficient to prevent a wheelchair from riding over it.
- The platform must be slip-resistant.
- Gaps between the platform and any barrier must be no more than 5/8 of an inch.
- The lift must have two handrails.
- The handrails must be 30-38 inches above the platform surface.
- The handrails must have a useable grasping area of 8 inches, and must be at least 1 ½ inches wide and have sufficient knuckle clearance.
- The platform must be at least 28 1/2 inches wide measured at the platform surface, and 30 inches wide and 48 inches long measured 2 inches above the platform surface.

- If the ramp is not flush with the ground, for each inch off the ground the ramp must be 8 inches long.
- Lifts may be marked to identify the preferred standing position (suggested, not required)

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

- When in the fully raised position, the platform surface must be horizontally within 5/8 inch of the floor of the vehicle.
- The platform must not deflect more than 3 degrees in any direction. To test this, stand on the edge of the platform and carefully jump up and down to see how far the lift sways.
- The lift must be designed to allow boarding in either direction.

While inside the vehicle:

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

Vehicles under 22 feet must have:

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

Vehicles over 22 feet must have:

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

COMPLIANCE WITH AMERICANS WITH DISABILITIES ACT

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

Name of Service Provider/ Contractor	Total # of Vehicles Available for CTC Service	# of ADA Accessible Vehicles	Areas/Sub areas Served by Provider/Contractor
Marion Transit Svcs	50	50	Marion County

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 2021 / 2022 GRANT QUESTIONS

The following questions relate to items specifically addressed in the FY 2021 / 2022 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 2021-2022)

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 2021-2022)

Yes No

STATUS REPORT FOLLOW-UP FROM LAST REVIEW(S)

DATE OF LAST REVIEW: 1/2022

STATUS REPORT DATED: _____

CTD RECOMMENDATION:

CTC Response:

Current Status:

CTD RECOMMENDATION:

CTC Response:

Current Status:

CTD RECOMMENDATION:

CTC Response:

Current Status:

CTD RECOMMENDATION:

CTC Response:

Current Status:

CTD RECOMMENDATION:

CTC Response:

Current Status:

CTD RECOMMENDATION:

CTC Response:

Current Status:

ON-SITE OBSERVATION OF THE SYSTEM

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

Date of Observation:

Please list any special guests that were present:

Location:

Number of Passengers picked up/dropped off:

Ambulatory

Non-Ambulatory

Was the driver on time? Yes No - How many minutes late/early?

Did the driver provide any passenger assistance? Yes No

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

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

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

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

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

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

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

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



Scheduled Trips Summary - FL_Marion

For Time Period: 2/16/2022

Printed: 2/15/2022 5:04:26PM

Run Name: Unassigned	Vehicle: Bus 2104
Driver Name:	

Driver Bill
 Signature _____

Miles Out
 Miles In

Cash
 Tickets

Customer Name	Pick Up Time	Pick Up Address	Drop Off Time	Drop Off Address	Mobility Type	Customer Pay	Telephone Ext.
✓ Hamilton, Margaret	8:45:00AM	9 Pecan Dr Ocala, FL 34472	9:15:00AM	Gummadi-CVI 2105 SW 20th Pl Ocala, FL 34471	Ambulatory	\$ 2.00	(352) 687-0630

Request Time: 9:15 am
 Assistance Needs: **General Comments**

✓ Berzelius, Marian	10:00:00AM	463 Midway Dr A Bldg J Green Bldgs Ocala, FL 34472	10:30:00AM	Shetty, J 1737 SE 28th Loop #A Ocala, FL 34471	Lift to Load	\$ 2.00	(352) 680-9677
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Request Time: 10:30 am
 Assistance Needs:

Borden, Evon	10:00:00AM	✓ Silver Spring Shores 7413 Midway Ter Apt B Ocala, FL 34472	10:30:00AM	Florida Cardiology 40 Sw 12th St Ocala, FL 34471	Ambulatory	\$ 2.00	(352) 812-1205
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Request Time: 10:30 am
 Assistance Needs:

Customer Name	Pick Up Time	Pick Up Address	Drop Off Time	Drop Off Address	Mobility Type	Customer Pay	Telephone Ext.
Kearney, McKinley	10:00:00AM	Silver Springs Shores 510 Clear Rd Ocala, FL 34472	10:30:00AM	Gaya, William 801 SW 1st Ave Ocala, FL 34471	Ambulatory	\$ 2.00	(352) 687-8911

Request Time: 10:30 am

Assistance Needs: General Comments [Palm Gardens]

Stevens, Jimmie	10:30:00AM	Silver Springs Shores 9810 Bahia Rd Ocala, FL 34472	11:00:00AM	Associates for Evaluation 1515 E Silver Springs Blvd #217 Ocala, FL 34470	Ambulatory	\$ 2.00	(352) 553-6703
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Request Time: 11:00 am

Assistance Needs:

Stahlnecker, Arline	12:30:00PM	964 Ne 19th St Ocala, FL 34470	1:00:00PM	Kidney Center-East 2870 SE 1st Ave Ocala, FL 34471	Lift to Load	\$ 0.00	(727) 599-9146
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Request Time: 1:00 pm

Assistance Needs:

Bickford, Carol	1:00:00PM	Kidney Center-East 2870 SE 1st Ave Ocala, FL 34471	1:30:00PM	Evangeline Booth 2921 Ne 14th St Apt 116 Ocala, FL 34470	Lift to Load	\$ 0.00	(352) 216-2311
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Request Time: 1:00 pm

Assistance Needs: Requires Door-to-Door assistance

Robinson, Florine	1:00:00PM	Kidney Center-East 2870 SE 1st Ave Ocala, FL 34471	1:30:00PM	1935 Sw 5th St Ocala, FL 34471	Lift to Load	\$ 2.00	(352) 362-6581
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Request Time: 1:30 pm

Assistance Needs: Requires Door-to-Door assistance

Customer Name	Pick Up Time	Pick Up Address	Drop Off Time	Drop Off Address	Mobility Type	Customer Pay	Telephone Ext.
Locker, Percy	1:30:00PM	Kidney Center-East 2870 SE 1st Ave Ocala, FL 34471	2:00:00PM	Shady Hollow 842 Sw 19th Avenue Rd Ocala, FL 34471	Wheelchair	\$ 0.00	(352) 277-7679

Request Time: 1:30 pm

Assistance Needs: Requires Door-to-Door assistance

Session, Dollie	1:30:00PM	Kidney Center-East 2870 SE 1st Ave Ocala, FL 34471	2:00:00PM	1613 Nw 20th Ave Ocala, FL 34475	Ambulatory	\$ 2.00	(352) 895-3803
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Request Time: 1:30 pm

Assistance Needs:

ON-SITE OBSERVATION OF THE SYSTEM

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

Date of Observation:

Please list any special guests that were present:

Location:

Number of Passengers picked up/dropped off:

Ambulatory

Non-Ambulatory

Was the driver on time? Yes No - How many minutes late/early?

Did the driver provide any passenger assistance? Yes No

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

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

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

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

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

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

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

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



Scheduled Trips Summary - FL_Marion

For Time Period: 2/28/2022

Printed: 2/28/2022 7:34:19AM

Run Name: Unassigned
Driver Name:

Vehicle: Bus 2105

Driver _____
Signature _____

Miles Out
Miles In

Cash
Tickets

Customer Name	Pick Up Time	Pick Up Address	Drop Off Time	Drop Off Address	Mobility Type	Customer Pay	Telephone Ext.
Dethlefs, Carissa	9:30:00AM	20026 The Granada Dunnellon, FL 34432	10:00:00AM	Olive Garden 3363 Sw College Rd Ocala, FL 34474	Ambulatory	\$ 2.00	(352) 895-4262

Funding Source: 5311

Assistance Needs: General Comments [don't leave before 7am for work]

Miller, Toni	9:30:00AM	10020 Sw 202nd Cir Dunnellon, FL 34431	10:00:00AM	Kidney Center-West 8585 Sw Highway 200 Ocala, FL 34481	Wheelchair	\$ 0.00	(352) 465-4406
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Funding Source: 5311

Assistance Needs:

Gunter, Michelle	9:45:00AM	20444 Sw 83rd Pl Dunnellon, FL 34431	10:15:00AM	Kidney Center-West 8585 Sw Highway 200 Ocala, FL 34481	Ambulatory	\$ 0.00	(352) 496-6719
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Funding Source: 5311

Assistance Needs: Requires Door-to-Door assistance

Customer Name	Pick Up Time	Pick Up Address	Drop Off Time	Drop Off Address	Mobility Type	Customer Pay	Telephone Ext.
Hunter, Robert	9:45:00AM	20735 Park Ave Dunnellon, FL 34431	10:15:00AM	Kidney Center-West 8585 Sw Highway 200 Ocala, FL 34481	Ambulatory	\$ 2.00	(352) 465-0043

Funding Source: 5311

Assistance Needs:

Hart, Patricia	10:45:00AM	Dunnellon Square***GATE CODE 2045# 20451 Powell Rd Rainbow Springs MHP--Lot 118 Dunnellon, FL 34431	11:15:00AM	Kidney Center-West 8585 Sw Highway 200 Ocala, FL 34481	Ambulatory	\$ 0.00	(727) 253-3149
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Funding Source: 5311

Assistance Needs:

Gunter, Michelle	1:45:00PM	Kidney Center-West 8585 Sw Highway 200 Ocala, FL 34481	2:15:00PM	20444 Sw 83rd Pl Dunnellon, FL 34431	Ambulatory	\$ 0.00	(352) 496-6719
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Funding Source: 5311

Assistance Needs: Requires Door-to-Door assistance

Hunter, Robert	2:00:00PM	Kidney Center-West 8585 Sw Highway 200 Ocala, FL 34481	2:30:00PM	20735 Park Ave Dunnellon, FL 34431	Ambulatory	\$ 2.00	(352) 465-0043
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Funding Source: 5311

Assistance Needs: Requires Door-to-Door assistance

Miller, Toni	2:00:00PM	Kidney Center-West 8585 Sw Highway 200 Ocala, FL 34481	2:30:00PM	10020 Sw 202nd Cir Dunnellon, FL 34431	Wheelchair	\$ 0.00	(352) 465-4406
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Funding Source: 5311

Assistance Needs:

Customer Name	Pick Up Time	Pick Up Address	Drop Off Time	Drop Off Address	Mobility Type	Customer Pay	Telephone Ext.
Hart, Patricia	2:45:00PM	Kidney Center-West 8585 Sw Highway 200 Ocala, FL 34481	3:15:00PM	Dunnellon Square***GATE CODE 2045# 20451 Powell Rd Rainbow Springs MHP--Lot 118 Dunnellon, FL 34431	Ambulatory	\$ 0.00	(727) 253-3149

Funding Source: 5311
Assistance Needs:

RIDER/BENEFICIARY SURVEY

Staff making call: Brandon Palermo County: Marion
Date of Call: 2/10/2022 Funding Source: T.D.

1) Did you receive transportation service on February 8th Yes or No

2) Were 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 # 5

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 # 5.

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 2/09/22

Yes. If yes, please state or choose problem from below
 No. If no, skip to question # 7

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? Transportation is a life style so that she
can see people and get to dr's appt's & get back home. It means
a lot to her to be able to keep her life in order.

Permission to use your response in publications - granted.)

okay

ADDITIONAL COMMENTS:

Marion Transit is a good company
& they are a good way of getting transportation
to people to get them where they need to
go that have no other way. also, their personnel
are nice not rude when you call them.

RIDER/BENEFICIARY SURVEY

Staff making call: Brandon Palermo County: Marion
Date of Call: 2/15/22 Funding Source: _____

1) Did you receive transportation service on 2/14/22 Yes or No

2) Were 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 # 5

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 # 5.

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

Ineligible Space not available
 Lack of funds Destination outside service area

Other Bus was not operational set for maintenance

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 1/26/22

Yes. If yes, please state or choose problem from below

No. If no, skip to question # 7

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.

Doesn't appreciate the two hour window & not being able to be picked up later in the day. 9

8) What does transportation mean to you? a ride to somewhere like

medical appt. & back home.

Permission to use your response in publications - granted.)

OK

ADDITIONAL COMMENTS:

Some of the drivers who are newer have
trouble using GPS & other addresses are not
accurate with GPS system. I think the service
is great other than that.

RIDER/BENEFICIARY SURVEY

Staff making call: Brandon Palermo

County: Marion

Date of Call: 2/11/22

Funding Source: _____

1) Did you receive transportation service on _____? Yes or No N/A

2) Were you charged an amount in addition to the co-payment? Yes or No N/A

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 N/A

4) Have you ever been denied transportation services?

Yes

No. If no, skip to question # 5 N/A

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 # 5.

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 N/A

Nutritional

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

Yes. If yes, please state or choose problem from below

No. If no, skip to question # 7

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
- Vehicle condition

- Reservations - specify length of wait
- Other

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

N/A

8) What does transportation mean to you?

N/A

Permission to use your response in publications - granted.)

N/A

ADDITIONAL COMMENTS:

Client asked Brandon who told him he should call to ask about his satisfaction w/ service. Brandon replied Board of Commissioners of Transportation did. He responded he will call them refused to answer any questions & hung up.

RIDER/BENEFICIARY SURVEY

Staff making call: Brandon Palermo County: Marion
Date of Call: 2/16/22 Funding Source: _____

1) Did you receive transportation service on 2/14/22? Yes or No

2) Were 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 # 5

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 # 5.

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 2/15/22?

Yes. If yes, please state or choose problem from below

No. If no, skip to question # 7

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.

8.5

8) What does transportation mean to you? As long as she is able to get to
her dr's appt. since her family won't take her & she
doesn't drive it is a big help to her.

Permission to use your response in publications - granted.) _____

ADDITIONAL COMMENTS:

RIDER/BENEFICIARY SURVEY

Staff making call: Brandon Palermo County: Marion
Date of Call: 2/15/22 Funding Source: _____

1) Did you receive transportation service on 2/9/22? Yes or No

2) Were 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 # 5

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 # 5.

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 2/9/22?

Yes. If yes, please state or choose problem from below

No. If no, skip to question # 7

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? considers transportation very convenient for her to get places that she needs to go especially since she cannot drive having this service really helps her out.

Permission to use your response in publications - granted.)

OK

ADDITIONAL COMMENTS:

RIDER/BENEFICIARY SURVEY

Staff making call: Brandon Palermo County: Marion
Date of Call: 2/18 / 22 Funding Source: T.D.

1) Did you receive transportation service on N/A? Yes or No

2) Were you charged an amount in addition to the co-payment? Yes or No N/A

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 N/A

4) Have you ever been denied transportation services?

Yes

No. If no, skip to question # 5

N/A

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 # 5.

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

N/A

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 # 7

N/A

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
- Vehicle condition

- Reservations - specify length of wait
- Other

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

N/A

8) What does transportation mean to you? _____

N/A

Permission to use your response in publications - granted.)

Staff called 3x No Ans.
Voice mail was left
2x

ADDITIONAL COMMENTS:

RIDER/BENEFICIARY SURVEY

Staff making call: Mulligan County: Marion
Date of Call: 02/22/2022 Funding Source: _____

1) Did you receive transportation service on January 2022? Yes or No

2) Were 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? Depends on the week.
 Daily 7 Days/Week Other 1-2 Times/Week 3-5 Times/Week

4) Have you ever been denied transportation services?
 Yes Called less than 3 days in advance.
 No. If no, skip to question # 5

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 # 5.

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 Jan. 2022 ?

- Yes. If yes, please state or choose problem from below
- No. If no, skip to question # 7

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?

Enable me to get to my
Medical appointments since I have
no car

Permission to use your response in publications - granted.)

ADDITIONAL COMMENTS:

* Won't let me do 2
appointments in 1 day
is not possible.

* Wished it had more flexibility in making appointments.
I've had to cancel appointments due to this.

RIDER/BENEFICIARY SURVEY

Staff making call: Mulligan County: Marion
Date of Call: 02/22/2022 Funding Source: _____

1) Did you receive transportation service on three weeks ago? Yes or No

2) Were 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? Used to use it 1x/wk. Since moving closer to brother, he takes her to MD
 Daily 7 Days/Week Other 1-2 Times/Week 3-5 Times/Week

4) Have you ever been denied transportation services?
 Yes Sometime calls < 3 days in advance
 No. If no, skip to question # 5

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 # 5.

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 # 7

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?

Only way to get to my
MD appointments. I used to see the doctor 1-2x/week.

Permission to use your response in publications - granted.) _____

ADDITIONAL COMMENTS:

Only complaint is having to get ready 2-3 hours
in advance. If I have a 9 a.m. appointment,
I have to get ready by 6:30 and I'm not a
early riser. There is also limited routes in Belleview.

RIDER/BENEFICIARY SURVEY

Staff making call: M. Mulligan County: Marion
Date of Call: 02/11 / 2022 Funding Source: _____

1) Did you receive transportation service on 02/04/22 ? Yes or No

2) Were 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? last week 3x, otherwise it varies
 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 # 5

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 # 5.

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 02/04/22 ?

Yes. If yes, please state or choose problem from below

No. If no, skip to question # 7

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? Keeping up with doctor's
appointments

Permission to use your response in publications - granted.) Yes

ADDITIONAL COMMENTS:

They are on-time & very helpful. Husband is
in a wheelchair and they keep him safe while
riding.

RIDER/BENEFICIARY SURVEY

Staff making call: Mulligan County: Marion
Date of Call: 02/22/2022 Funding Source: _____

1) Did you receive transportation service on Monday 2/21/22? Yes or No

2) Were 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? Quite Often
 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 # 5

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 # 5.

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 02/21/2022? Arrived early

Yes. If yes, please state or choose problem from below

No. If no, skip to question # 7

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.

using them since 2000
8) What does transportation mean to you? Lifesaver! To pay someone
else to do it is too expensive! 9

Permission to use your response in publications - granted.) _____

ADDITIONAL COMMENTS:

Very helpful!

RIDER/BENEFICIARY SURVEY

Staff making call: Mulligan

County: Marion

Date of Call: 02/25/2022

Funding Source: _____

1) Did you receive transportation service on a week ago? Yes or No

2) Were 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? Depends on my MD appointments

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 # 5

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 # 5.

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 a week ago?

Yes. If yes, please state or choose problem from below

No. If no, skip to question # 7

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?

Being able to get to my
doctor. I don't have family here, so I wouldn't be
able to get there w/o the transit.

Permission to use your response in publications - granted.)

ADDITIONAL COMMENTS:

RIDER/BENEFICIARY SURVEY

Staff making call: Shakayla Irby County: Marion
Date of Call: 2 / 4 / 22 Funding Source: _____

1) Did you receive transportation service on 1/27/22? Yes or No

2) Were 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 # 5

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 # 5.

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 1/27/22?

Yes. If yes, please state or choose problem from below

No. If no, skip to question # 7

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
- Vehicle condition

- Reservations - specify length of wait
- 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? A way to get around to places you need to.

Permission to use your response in publications - granted.)

yes

ADDITIONAL COMMENTS:

Marion Transit has never gave me any problems and the customer service is fantastic!

RIDER/BENEFICIARY SURVEY

Staff making call: Shakayla Irby County: Marion
Date of Call: 2 / 4 / 22 Funding Source: _____

1) Did you receive transportation service on 1/24/22 ? Yes or No

2) Were 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 # 5

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 # 5.

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 1/24/22 ?

Yes. If yes, please state or choose problem from below

No. If no, skip to question # 7

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
- Vehicle condition

- Reservations - specify length of wait
- 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?

my way of getting
from place to place.

Permission to use your response in publications - granted.)

yes

ADDITIONAL COMMENTS:

None.

RIDER/BENEFICIARY SURVEY

Staff making call: Shakayla Irby County: Marion
Date of Call: 2/18/22 Funding Source: _____

1) Did you receive transportation service on 2/10/22 ? Yes or No

2) Were 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 # 5

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 # 5.

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 2/10/22 ?

Yes. If yes, please state or choose problem from below

No. If no, skip to question # 7

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
- Vehicle condition

- Reservations - specify length of wait
- 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?

N/A

Permission to use your response in publications - granted.)

yes

ADDITIONAL COMMENTS:

None.

RIDER/BENEFICIARY SURVEY

Staff making call: Shakyla Irby County: Marion
Date of Call: 2/18/22 Funding Source: _____

1) Did you receive transportation service on 2/8/22 ? Yes or No

2) Were 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 # 5

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 # 5.

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 2/8/22 ?

Yes. If yes, please state or choose problem from below

No. If no, skip to question # 7

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
- Vehicle condition

- Reservations - specify length of wait
- 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? Very important because

I use transportation daily. Don't know what I
would do without it.

Permission to use your response in publications - granted.)

yes

ADDITIONAL COMMENTS:

Keep up the GREAT WORK Marion Transit!

RIDER/BENEFICIARY SURVEY

Staff making call: Shakayla Irby
Date of Call: 2/18/22

County: Marion
Funding Source: _____

1) Did you receive transportation service on 2/10/22 ? Yes or No

2) Were 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 # 5

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 # 5.

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 2/10/22 ?

Yes. If yes, please state or choose problem from below

No. If no, skip to question # 7

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?

N/A

Permission to use your response in publications - granted.)

yes

ADDITIONAL COMMENTS:

None.

RIDER/BENEFICIARY SURVEY

Staff making call: Shakayla Trby
Date of Call: 2/18/22

County: Marion
Funding Source: _____

1) Did you receive transportation service on 2/11/22 ? Yes or No

2) Were 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 # 5

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 # 5.

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 2/11/22 ?

Yes. If yes, please state or choose problem from below

No. If no, skip to question # 7

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?

Everything. Transportation
makes the world go.

Permission to use your response in publications - granted.)

yes

ADDITIONAL COMMENTS:

I enjoy riding Marion Transit.

RIDER/BENEFICIARY SURVEY

Staff making call: Tracey Sapp

County: Marion

Date of Call: 2/25/22

Funding Source: _____

1) Did you receive transportation service on _____? Yes or No Today 2/25

2) Were 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 # 5

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 # 5.

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 - Walmart

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 # 7

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? A lot ; dont got a way
to do my things

Permission to use your response in publications - granted.)

yes

ADDITIONAL COMMENTS:

RIDER/BENEFICIARY SURVEY

Staff making call: Tracey Sapp County: Marion
Date of Call: 2/25/22 Funding Source: _____

1) Did you receive transportation service on 2/24? Yes or No

2) Were 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 # 5

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 # 5.

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 2/24?

Yes. If yes, please state or choose problem from below

No. If no, skip to question # 7

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?

Everything to me. "I don't drive, had surgery that didn't work out."

Permission to use your response in publications - granted.)

Yes

ADDITIONAL COMMENTS:

I really don't have any problems.

RIDER/BENEFICIARY SURVEY

Staff making call: Tracey Sage County: Marion
Date of Call: 2/25/22 Funding Source: _____

1) Did you receive transportation service on _____? Yes or No Feb 2022 last week

2) Were you charged an amount in addition to the co-payment? Yes or No

If so, how much? 0

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 # 5

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 # 5.

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 # 7

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
- Vehicle condition

- Reservations - specify length of wait
- 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? A lot, cannot drive anymore
very helpful.

Permission to use your response in publications - granted.) Yes

ADDITIONAL COMMENTS:

RIDER/BENEFICIARY SURVEY

Staff making call: Tracey Sapp

County: Marion

Date of Call: 2/22/22

Funding Source: _____

1) Did you receive transportation service on _____? Yes or No

Feb. 1st week

2) Were 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 # 5

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 # 5.

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 # 7

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?

To move around because
I have no transportation

Permission to use your response in publications - granted.)

yes

ADDITIONAL COMMENTS:

RIDER/BENEFICIARY SURVEY

Staff making call: Tracey Sepp County: Marion
Date of Call: 2/1 Funding Source: _____

1) Did you receive transportation service on _____? Yes or No *Feb. 22*

2) Were 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? *January - 6 times*
 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 # 5

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 # 5.

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

Ineligible

Space not available

Lack of funds

Destination outside service area

Other Graded Community - denied entry

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 # 7

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
- Vehicle condition

- Reservations - specify length of wait
- 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?

Able to get to dr. appts. and services.

She is very grateful - has had major issues with other services.

Permission to use your response in publications - granted.)

yes

Not name

ADDITIONAL COMMENTS:

Shuttle arrived before 8am for a 9:15am appt. She was not ready.

- Appt. was canceled, unable to cancel with office due to office technical issue. She was reported to be a No Call No show. She was penalized with NCMS that wasn't her fault.

- Very helpful and courteous.

- Services times are only 9-2pm → does make difficult to schedule for doctors that only visit locations once/twice week.

- ~~Wish for flexibility for urgent appts. within 3day time request.~~ Wish for flexibility for urgent appts. within 3day time request.

RIDER/BENEFICIARY SURVEY

Staff making call: Tracey Sapp
Date of Call: 2/23/22

County: Marion
Funding Source: _____

1) Did you receive transportation service on _____? Yes or No Feb 18

2) Were 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 # 5

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 # 5.

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 # 7

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? A lot. Only way to get to appts. Use to go grocery shopping. Can't go now for medical reasons. Will resume using service.

Permission to use your response in publications - granted.) yes

ADDITIONAL COMMENTS:

RIDER/BENEFICIARY SURVEY

Staff making call: Susan Hanley
Date of Call: 2/22/2022

County: Marion
Funding Source: _____

1) Did you receive transportation service on 2/18/2022? Yes or No

2) Were you charged an amount in addition to the co-payment? Yes or No

If so, how much? \$4

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 # 5

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 # 5.

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 and shopping

6) Did you have a problem with your trip on 2/18/2022?

Yes. If yes, please state or choose problem from below

No. If no, skip to question # 7

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? It means I can get groceries, medication, and go to the doctor. I have no other way to do that. I cannot afford to call a taxi. I really appreciate the service.

Permission to use your response in publications - granted.) _____

ADDITIONAL COMMENTS:

I don't know how they screen the drivers, but they are wonderful. Just perfect people to be doing what they do.

RIDER/BENEFICIARY SURVEY

Staff making call: Susan Hanley
Date of Call: 2/22/2022

County: Marion
Funding Source: _____

1) Did you receive transportation service on 2/17/2022 ? Yes or No

2) Were you charged an amount in addition to the co-payment? Yes or No

If so, how much? \$4

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 # 5

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 # 5.

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

and shopping

6) Did you have a problem with your trip on 2/17/2022 ?

Yes. If yes, please state or choose problem from below

No. If no, skip to question # 7

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? Without it I could not go shopping or get to the doctor. Neighbors helping only goes so far. I am very happy with the transportation. The drivers are very nice and helpful.

Permission to use your response in publications - granted.) _____

ADDITIONAL COMMENTS:

RIDER/BENEFICIARY SURVEY

Staff making call: Susan Hanley County: Marion
Date of Call: 2/22/2022 Funding Source: _____

1) Did you receive transportation service on 2/21/2022? Yes or No

2) Were 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 # 5

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 # 5.

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 2/21/2022?

Yes. If yes, please state or choose problem from below

No. If no, skip to question # 7

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
- Vehicle condition

- Reservations - specify length of wait
- Other

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

8) What does transportation mean to you? Transportation is very valuable, and important to me. It gets me to dialysis three times a week and that is very important.

Permission to use your response in publications - granted.) _____

ADDITIONAL COMMENTS:

RIDER/BENEFICIARY SURVEY

Staff making call: Susan Hanley County: Marion
Date of Call: 2/22/2022 Funding Source: _____

1) Did you receive transportation service on 2/03/2022 ? Yes or No

2) Were you charged an amount in addition to the co-payment? Yes or No

If so, how much? \$4.00

3) How often do you normally obtain transportation?

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

2x month

4) Have you ever been denied transportation services?

Yes

No. If no, skip to question # 5

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 # 5.

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

Ineligible Space not available
 Lack of funds Destination outside service area

Other I called too late to schedule for a labwork appointment.

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 2/03/2022 ?

Yes. If yes, please state or choose problem from below

No. If no, skip to question # 7

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
- Vehicle condition

- Reservations - specify length of wait
- Other

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

"15"

8) What does transportation mean to you? It means everything. They have been perfect for me and get me to the doctor. I am disabled. The office staff are very helpful.

Permission to use your response in publications - granted.) _____

ADDITIONAL COMMENTS:

RIDER/BENEFICIARY SURVEY

Staff making call: Susan Hanley

County: Marion

Date of Call: 02/28/2022

Funding Source: _____

1) Did you receive transportation service on 02/23/2022 ? Yes or No

2) Were you charged an amount in addition to the co-payment? Yes or No

If so, how much? \$4

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 # 5

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 # 5.

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

Ineligible Space not available

Lack of funds Destination outside service area

Other They told me I called too late to schedule, which is ridiculous as they drive around half empty most of the time.

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 2/23/2022 ?

Yes. If yes, please state or choose problem from below

No. If no, skip to question # 7

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? It gets me to the doctor and
pharmacy.

Permission to use your response in publications - granted.) _____

ADDITIONAL COMMENTS:

I have to wait up to 2 hours to be picked up at the
doctor and then am driven all over Marion Co. I do not
feel I should have to pay the \$4 co-pay and know
many do not. When you call transportation, some
are very nice and others quite nasty.

RIDER/BENEFICIARY SURVEY

Staff making call: Liz Mitchell
Date of Call: 2/28/22

County: Marion
Funding Source: _____

1) Did you receive transportation service on 2/28 ? Yes or No

2) Were you charged an amount in addition to the co-payment? Yes or No

If so, how much? 4

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 # 5

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 # 5.

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 # 7

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
- Vehicle condition

- Reservations - specify length of wait
- 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? I NEED it I HAVE

NO CAR

Permission to use your response in publications - granted.) YES

ADDITIONAL COMMENTS:

RIDER/BENEFICIARY SURVEY

Staff making call: Liz Mitchell

County: Marion

Date of Call: 2/28/22

Funding Source: _____

1) Did you receive transportation service on 2/28 ? Yes or No

2) Were you charged an amount in addition to the co-payment? Yes or No

If so, how much? 4.00 ROUNDTRIP

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 # 5

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 # 5.

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 # 7

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
- Vehicle condition

- Reservations - specify length of wait
- 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? Helps me get to work
so I am able to pay my bills.

Permission to use your response in publications - granted.)

✓

ADDITIONAL COMMENTS:

RIDER/BENEFICIARY SURVEY

Staff making call: Liz Mitchell County: Marion
Date of Call: 2/28/22 Funding Source: _____

1) Did you receive transportation service on 2/28? Yes or No

2) Were you charged an amount in addition to the co-payment? Yes or No

If so, how much? 74 Round Trip

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 # 5

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 # 5.

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 # 7

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
- Vehicle condition

- Reservations - specify length of wait
- 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? I DEPEND ON 10
IT ALL THE TIME

Permission to use your response in publications - granted.) YES

ADDITIONAL COMMENTS:

I LOVE LUIS OUR DRIVER

RIDER/BENEFICIARY SURVEY

Staff making call: Liz Mitchell County: Marion
Date of Call: 2/28/22 Funding Source: _____

1) Did you receive transportation service on 2/28? Yes or No

2) Were 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 # 5

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 # 5.

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 # 7

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
- Vehicle condition

- Reservations - specify length of wait
- 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 to use your response in publications - granted.) _____

ADDITIONAL COMMENTS:

ITS A blessing. Riding AND having a way to
get to dialysis is a blessing

RIDER/BENEFICIARY SURVEY

Staff making call: Liz Mitchell County: Marion
Date of Call: 2/28/ Funding Source: _____

1) Did you receive transportation service on 2-28 ? Yes or No

2) Were you charged an amount in addition to the co-payment? Yes or No

If so, how much? 4.00 Round Trip

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 # 5

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 # 5.

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 # 7

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 to use your response in publications - granted.) _____

ADDITIONAL COMMENTS:

I love the driver and the riders.
this service is really good.

RIDER/BENEFICIARY SURVEY

Staff making call: Andrea Melvin County: Marion
Date of Call: 2/16/22 Funding Source: _____

1) Did you receive transportation service on 2/16/22 ? Yes or No

2) Were 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 # 5

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 # 5.

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 # 7

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?

Means everything

Permission to use your response in publications - granted.)

yes

ADDITIONAL COMMENTS:

Everyone has been very nice + professional. Never
have any problems.

RIDER/BENEFICIARY SURVEY

Staff making call: Andrea Melvin County: Marion
Date of Call: 2/16/22 Funding Source: _____

1) Did you receive transportation service on 2/16/22 ? Yes or No

2) Were 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 # 5

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 # 5.

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 # 7

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? means a lot

Permission to use your response in publications - granted.) yes

ADDITIONAL COMMENTS:

RIDER/BENEFICIARY SURVEY

Staff making call: Andrea Melvin County: Marion
Date of Call: 2/16/22 Funding Source: _____

1) Did you receive transportation service on 2/16/22? Yes or No

2) Were 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 # 5

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 # 5.

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 # 7

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

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? This is my only option

for transportation.

Permission to use your response in publications - granted.) yes

ADDITIONAL COMMENTS:

RIDER/BENEFICIARY SURVEY

Staff making call: Andrea Melvin

County: Marion

Date of Call: 2/16/22

Funding Source: _____

1) Did you receive transportation service on 2/16/22 ? Yes or No

2) Were 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 # 5

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 # 5.

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 # 7

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? It takes me to my

important things

Permission to use your response in publications - granted.) yes

ADDITIONAL COMMENTS:

RIDER/BENEFICIARY SURVEY

Staff making call: Andrea Melvin

County: Marion

Date of Call: 2/16/22

Funding Source: _____

1) Did you receive transportation service on 2/16/22? Yes or No

2) Were 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 # 5

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 # 5.

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 # 7

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? if I didn't have it, I
would have nothing.

Permission to use your response in publications - granted.) yes

ADDITIONAL COMMENTS:

We have a good time on the phone. Everyone is
pleasant. Do the best they can to get places
promptly. All the drivers are good.

Contractor Survey

Marion County

Florida Center for the Blind, Inc.

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:

Our clients use Marion Transit when they are located within the service area. Those located outside the service area are transported by our staff. Little confused when answering this questionnaire since we do both. I responded as reporting for our agency transportation program, not Marion Transit.

If riding Marion Transit, client calls them directly to cancel trip. Also, we do not invoice the CTC so I left that blank as there is not a "N/A" box to check.

**COORDINATION AGREEMENT
BETWEEN
COMMUNITY TRANSPORTATION COORDINATOR
AND
THE FLORIDA CENTER FOR THE BLIND, INC.**

WHEREAS, Marion Senior Services in its role as the Community Transportation Coordinator (CTC) for Marion County, hereafter known as the CTC, and;

WHEREAS, in this capacity, the CTC has initiated a program to provide community transportation service clients, agencies, and organizations, provided such service complies with Chapter 427, Florida Statutes and Chapters 41-2 and 19-90, Florida Administrative Code, and;

WHEREAS, the Florida Center for the Blind, Inc., (hereafter referred to as AGENCY) is considered to be a bonafide (*private-not-for-profit agency* or *private-for-profit enterprise*) operating in Marion County and is eligible for the services of the CTC. The transportation services described herein are deemed to comply with all applicable with all applicable state laws and regulations, and;

WHEREAS, the AGENCY currently provides services using its own vehicles in the provision of transportation to transportation disadvantaged clients that are unique in nature, and will provide the CTC the opportunity to develop a proposal for any new transportation services needed,

NOW THEREFORE, the CTC and AGENCY, in consideration of the mutual covenants hereinafter set forth, agree as follows:

1. AGENCY shall maintain daily records of ridership and provide such to CTC quarterly.
2. AGENCY shall act as a transportation provider based on the availability of AGENCY vehicles.
3. AGENCY, when acting as provider, shall furnish all vehicles which conform to the laws of the State of Florida as provided in Florida Statutes 427, and shall maintain same in good mechanical and clean condition.
4. AGENCY has developed and implemented a System Safety Program Plan (SSPP) and agrees to abide by said policy.
5. AGENCY shall maintain a minimum liability insurance rate of \$100,000 per person, and \$300,000 per incident in effect at all times.
6. AGENCY shall conduct a criminal background screening for all drivers. Should the AGENCY acquire vehicles that require a CDL license to operate, AGENCY shall conduct pre-employment drug screening and pre-employment physicals for all drivers at said time. However, the AGENCY shall conduct drug and/or alcohol testing when any of the following conditions exist:
 - a. In the event a qualified supervisor/company official has reasonable suspicion to believe that a covered employee has engaged in prohibited drug use and/or alcohol misuse;
 - b. In the event of a fatal accident; or
 - c. In the event of a non-fatal accident if an individual suffers bodily injury and immediately received medical treatment away from the scene of the accident, any vehicle incurs disabling damage as the result of the occurrence and a vehicle is transported away from the scene by a tow truck, or the transit vehicle is removed from operation.

7. AGENCY will provide training to include safety, vehicle operations, and passenger sensitivity in accordance with Florida Statutes 427.
8. AGENCY agrees to submit an Annual Operating Report, Certifications of Compliance, Federal Transit Administration Drug and Alcohol Reports and quality assurance report to the CTC annually.
9. INDEMNIFICATION – The AGENCY shall pay on behalf of or indemnify and hold harmless Marion Senior Services, its employees, officers, agents and volunteers from and against all claims, actions, damages, fees, fines, penalties, defense costs (including attorney fees and court costs, whether such fees and costs are incurred in negotiations, collection of attorneys' fees or at the trial level or on appeal), suits or liabilities which may arise out of any actual alleged negligent act, error, omission, or any default of the AGENCY (or AGENCY's officers, employees, agent, volunteers and subcontractors, if any) performance or failure to perform under terms of this contract. This indemnification and hold harmless agreement shall survive the termination or expiration of this agreement.
10. No changes to this Agreement or the Performance contemplated hereunder shall be made unless the same are in writing and signed by both parties hereto.
11. This Agreement may be terminated by either party by providing five (5) day written notice to the other party. This Agreement shall be for a period beginning 01-01-2022 and expires on 12-31-2022, unless terminated at an earlier date as described above.
12. AGENCY shall not be allowed to assign its rights, duties, and obligations pursuant to the Agreement to any entity (i) with AGENCY is affiliated, (ii) into which AGENCY may be merged or reorganized, or (iii) to which all or a portion of AGENCY's capital, stock, or assets may be sold without the prior written consent of CTC Marion County which shall not be unreasonably withheld. If approval for assignment is obtained, is shall not release the AGENCY from any liability or obligation under this Agreement.
13. Any notices, invoices, reports or any other type of documentation required by this Agreement shall be sufficient if sent by the parties postage paid in the United States mail, postage paid to the addresses listed below.
14. Due to safety concerns and issues presented in the past, the AGENCY and CTC have agreed that all transportation services provided by the CTC for the AGENCY's clients seeking training services at the AGENCY's location will be coordinated between the AGENCY and CTC directly. Clients of the AGENCY will not be allowed to coordinate their own transportation to and from the AGENCY.

AGENCY'S Authorized Representative:

Name: Anissa Pieriboni
Title: President/CEO
Address: _____
1411 NE 22nd Avenue
Ocala, Florida 34470
Telephone: (352)873-4700
Fax: (352)873-4751
Electronic mail address:
apieriboni@flblind.org

COUNTY'S Authorized Representative:

Name: Jennifer Martinez
Title: Executive Director
Address: _____
1101 SW 20th Court
Ocala, Florida 34471
Telephone: (352)620-3501
Fax: (352)629-3501
Electronic mail address:
JMartinez@marionseniorservices.org

15. The rights and obligations of the parties under this Agreement shall be governed by the laws of the State of Florida and the venue for any legal or judicial proceedings in connection with the enforcement or interpretation of this Agreement shall be in Marion County, Florida.

IN WITNESS THEREOF, the parties have executed the Agreement of the date first above written.

COUNTY/CTC:

Marion Senior Services
(Name of COUNTY/county/CTC)

Jennifer Martinez
(Printed or Typed Name)

Executive Director
(Printed or Typed Title)


(Signature)

12/21/21
(Date)

AGENCY:

Florida Center for the Blind, Inc.
(Name of Agency)

Anissa Pieriboni
(Printed or Typed Name)

President/CEO
(Printed or Typed Title)


(Signature)

12/21/2021
(Date)

Contractor Survey

Marrion County

ARC Marrion, Inc

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 *Local # provided*

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 *N/A* ✓

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:

STATE OF FLORIDA
COMMISSION FOR THE TRANSPORTATION DISADVANTAGED

AGENCY CONTRACT

Effective: January 1, 2022 to December 31, 2022

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 are 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 requitted, 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 include 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 to the Coordinator,

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

WHEREAS, the 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 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 the Agreement for a period of five (5) years after termination of this Agreement. If an audit has been initiated and audit finding 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 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 services 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 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 require 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 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 finalized and 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'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 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 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 unread 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.
- O. 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, 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 to 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 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 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, returned 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 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 Contract:

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

Name: FRANK SOFIA Address: 2800 SE MARICAMP Rd Ocala, FL.
 Title: CEO Telephone: 352-387-2210

The representative/position of the Agency responsible for administration of the program under this contract is: FRANK Sofia, telephone: 352-387-2210.

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, Exec. Director
Name & Title of authorized individual

1/13/2022
Date:

1/13/2022
Date:

Attachments that are part of this contract:

- I - Service Description
- II - Standards & Performance Requirements
- III - 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 confidentiality 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 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 complain 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 provide 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 subcontracts 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 transported within the system;
- (k) Adequate seating for paratransit services shall be provided to each rider and escort, child, or personal care assistant, 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 or close doors to buildings, except in situations in which assistant 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 heaters 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.

Attachment IV
HIPAA CONFIDENTIALITY AGREEMENT between
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 Regulation, 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 the 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 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 from Vendor to provide certification that information was destroyed.

Authorized Signature: _____

A handwritten signature in black ink, appearing to be "J. H. [unclear]", written over a horizontal line.

Title: CEO

Date: 1/13/2022

PURCHASING AGENCY SURVEY

Staff making call: _____ N/A _____

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.

Inserted as follows



CTC Expense Sources

County: Marion

CTC Status: Submitted

CTC Organization: Marion Senior Services, Inc.

Fiscal Year: 07/01/2020 - 06/30/2021

CTD Status: Under Review

Expense Sources	Selected Reporting Period			Previous Reporting Period		
	CTC & Transportation Operators	Coordination Contractors	Total	CTC & Transportation Operators	Coordination Contractors	Total
Labor	\$ 1,538,313	\$ 147,128	\$ 1,685,441	\$ 1,532,431	\$ 205,352	\$ 1,737,783
Fringe Benefits	\$ 492,476	\$ 30,577	\$ 523,053	\$ 443,602	\$ 37,198	\$ 480,800
Services	\$ 9,645	\$ 0	\$ 9,645	\$ 257,859	\$ 0	\$ 257,859
Materials & Supplies Consumed	\$ 508,720	\$ 23,240	\$ 531,960	\$ 378,170	\$ 78,666	\$ 456,836
Utilities	\$ 14,699	\$ 8,753	\$ 23,452	\$ 32,428	\$ 12,477	\$ 44,905
Casualty & Liability	\$ 6,578	\$ 34,674	\$ 41,252	\$ 144,655	\$ 33,471	\$ 178,126
Taxes	\$ 388,201	\$ 0	\$ 388,201	\$ 854	\$ 0	\$ 854
Miscellaneous	\$ 827	\$ 0	\$ 827	\$ 17,186	\$ 0	\$ 17,186
Interest	\$ 0	\$ 0	\$ 0	\$ 994	\$ 0	\$ 994
Leases & Rentals	\$ 236	\$ 0	\$ 236	\$ 10,621	\$ 0	\$ 10,621
Capital Purchases	\$ 0	\$ 65,516	\$ 65,516	\$ 389,179	\$ 58,930	\$ 448,109
Contributed Services	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0
Allocated Indirect Expenses	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0
Purchased Transportation Services						
Bus Pass	\$ 0	N/A	\$ 0	\$ 0	N/A	\$ 0
School Board (School Bus)	\$ 0	N/A	\$ 0	\$ 0	N/A	\$ 0
Transportation Network Companies (TNC)	\$ 0	N/A	\$ 0	\$ 0	N/A	\$ 0
Taxi	\$ 0	N/A	\$ 0	\$ 0	N/A	\$ 0
Contracted Operator	\$ 0	N/A	\$ 0	\$ 0	N/A	\$ 0
Total - Expense Sources	\$ 2,959,695	\$ 309,888	\$ 3,269,583	\$ 3,207,979	\$ 426,094	\$ 3,634,073

Level of Competition Worksheet 2

1. Inventory of Transportation Operators in the Service 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	5			
Total	5			

2. How many of the operators are coordination contractors? 0

3. Of the operators included in the local coordinated system, how many have the capability of expanding capacity? N/A

Does the CTC have the ability to expand? Yes

4. Indicate the date the latest transportation operator was brought into the system. N/A

5. Does the CTC have a competitive procurement process? Yes

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 proposals
	Requests for qualifications		Requests for interested parties
	Negotiation only	X	None

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

N/A

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
X	Other: (list) <u>None</u>

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? N/A

How many responded? _____

The request for bids/proposals was distributed:

N/A _____ Locally N/A _____ Statewide N/A _____ Nationally

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

Vehicles maintenance, Tires and Batteries

Level of Availability (Coordination)

Worksheet 3

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

Plans are coordinated between Marion Transit Services and the LCB.

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

Marion Senior Services has an outreach division that distributes brochures, and ads. The website, web links and bus wraps with decals that provide MT's name and phone number are utilized.

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

Certification is given to Seniors over 60, persons with disabilities, low income, children at risk, disadvantaged residents with priority given to those who do not own or drive a vehicle and do not have family or friends to assist them and live within designated TD funding area.

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

The criteria is based on where the rider resides, there is also a vetting process that considers physical ability, age, medical conditions, and income level.

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

There is an automated system that answers and places them in a waiting pattern until one of the reservationists is available. There are three (3) reservationists taking calls at any given time.

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

Reservationist utilizes a system (RouteMatch) that confirms the customer is an existing rider, schedules the trip in the system and triggers an alert should there be a duplication. If it is a new customer it is determined what funding will be utilized and proper scheduling procedure is followed.

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

N/A

Scheduling – How is the trip assignment to vehicles coordinated?

A trip scheduler assigns by geographic location utilizing RouteMatch.

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

The RouteMatch system allocates trips according to trip type and time of day.

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

Drivers are given a manifest with a list of scheduled riders in the morning. They maintain communication and results throughout the day with the RouteMatch system on tablets and two-way communication as needed.

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

The CTC oversees the managers and the managers oversee the operators.

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

Dispatchers utilize RouteMatch system to identify nearby drivers available to lend assistance. Drivers have two-way communication systems on the buses and dispatch is in contact with them at any time.

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

A trip manager confirms all trips daily and verifies that the information on the manifest is accurate.

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

All payment methods are coordinated by the trips manager. The trips manager coordinates with the rider to ensure they are aware of their financial obligation pertaining to their upcoming trip.

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

The RouteMatch system maintains all data required. Data is compiled according to CTD guidelines and submitted based on 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 Operators are not utilized.

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

The outreach program, website, brochures distributed to local merchants, neighborhoods and through the mail, in-person presentations. There is continuous communication and coordination with SunTran for client vetting and route optimization.

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

N/A



February 5, 2022

Florida Department of Transportation, District Five
Attn: Ms. Diane Poitras, Transit Programs Administrator
420 W. Landstreet RD
Orlando, FL 32824

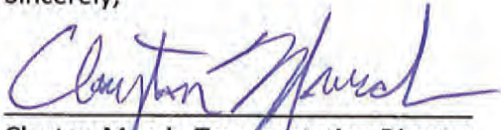
RE: AGENCY CONTACT INFORMATION

To: District Five

This letter provides certification of the current agency contacts:

- Ms. Jennifer Martinez, Executive Director – jmartinez@marionseniorservices.org
- Mr. Clayton Murch, Transportation Director – cmurch@marionseniorservices.org
- Ms. Patricia Yoder, Finance Director – pyoder@marionseniorservices.org
- Mr. Herman Schulz, Transit Manager – hschulz@marionseniorservices.org
- Ms. Karen Williams, Trips Manager – kwilliams@marionseniorservices.org
- Mr. Ken McKelvy, Transit Manager – kmckelvy@marionseniorservices.org

Sincerely,



Clayton Murch, Transportation Director

**MARION TRANSIT
CLIENT INTAKE FORM**

MARION TRANSIT SERVICE IS PROVIDED ACCORDING TO THE FOLLOWING NEEDS AS SPACE IS AVAILABLE:
MEDICAL • LIFE SUSTAINING ACTIVITIES • EDUCATION • WORK • BUSINESS • RECREATIONAL

SECTION I - DETERMINATION OF ELIGIBILITY

LAST NAME: Kelbert FIRST NAME: Barbara MI: _____
 ADDRESS: 3211 Sw 42nd St Apt 210 CITY: Ocala STATE: FL ZIP: 34471
 COUNTY: Marion TELEPHONE #: (352) 620-8107 CELL #: () _____
 DOB: 4 / 22 / 1928 SS#: 392 - 24 - 9251
 OTHER HOUSEHOLD MEMBERS (LIST EACH MEMBER)

NAME: Lorraine Marquard RELATIONSHIP: Sister AGE: _____ PHONE: 352-620-8117
 EMERGENCY CONTACT: Barbara Meclam RELATIONSHIP: Daughter AGE: _____ PHONE: 920-865-4260

Transportation Disadvantaged (eligibility criteria) – Attach any documentation for eligibility claimed:

Mental or Physical Disability _____ Poor* 93 Age** 96

(*Poor = Income level at or below 150% of the Federal Poverty Guideline / Age** = 60+ or <16 years old.)

SECTION II - AVAILABILITY OF TRANSPORTATION

YES / NO

- No DO YOU OWN A CAR? IF NOT, WHY? _____
- Yes DO YOU HAVE A VALID DRIVER'S LICENSE? IF NOT, WHY? Don't Drive anymore.
- No COULD YOU DRIVE YOUR CAR TO MEDICAL APPTS? IF NOT, WHY? _____
- No DOES ANYONE IN YOUR HOUSEHOLD HAVE A CAR? IF NOT, WHY? No one in Area.
- No COULD THEY DRIVE YOU TO YOUR APPOINTMENTS? IF NOT, WHY? _____
- No DO YOU HAVE FAMILY MEMBERS WHO CAN TRANSPORT YOU TO APPOINTMENTS?
- No DO YOU HAVE FRIENDS WHO CAN TRANSPORT YOU TO YOUR APPOINTMENTS?

LIST ALL HOSPITALS, DOCTORS, AND MEDICAL FACILITIES THAT YOU VISIT ON A REGULAR BASIS:

NAME OF HOSPITAL/DOCTOR/FACILITIES:	TYPE OF TREATMENT?	# MONTHLY VISITS?
<u>Dr. Balch</u>	<u>Primary Doctor</u>	<u>3-4 times 4 year</u>
<u>Dr. Londen</u>	<u>Cardiologist</u>	<u>1-2 times 4 year</u>

SECTION III -

YES / NO

- Yes DO YOU LIVE ON A **SUNTRAN** ROUTE? WHAT IS THE DISTANCE TO THE NEAREST BUS STOP? _____
- Yes DO YOU HAVE ANY LIMITATIONS THAT WOULD PREVENT YOU FROM RIDING THE BUS?
PLEASE DESCRIBE: Can't get to bus stop
- No ARE YOU ENROLLED IN ANY OTHER PROGRAM(S) THAT WILL PAY FOR OR PROVIDE TRANSPORTATION?
PLEASE LIST: _____

SECTION IV -

PLEASE CHECK OR LIST ANY SPECIAL NEEDS, SERVICES OR MODES OF TRANSPORTATION YOU REQUIRE DURING TRANSPORTATION:

WHEELCHAIR _____, POWER WHEELCHAIR _____, CANE _____, WALKER , SERVICE ANIMAL _____, OXYGEN _____
PERSONAL CARE ATTENDANT _____, LIFT TO LOAD , SCOOTER _____

OTHER: _____

SECTION V -

I ATTEST ALL INFORMATION IS CORRECT TO MY KNOWLEDGE AND ANY CHANGES WILL BE REPORTED TO MARION TRANSIT IMMEDIATELY:

SIGNATURE OF APPLICANT: _____ DATE: _____ / _____ / _____

SIGNATURE OF PREPARER: Mickey Christensen DATE: 8 / 30 / 21
(IF OTHER THAN APPLICANT)

PREPARER - PRINT NAME: Mickey Christensen RELATIONSHIP OR MARION TRANSIT: (circled)

=====

OFFICE USE ONLY

LAST NAME: _____ FIRST NAME: _____

SECTION VI -

AUTHORIZATION

APPROVAL DATE: 8 / 30 / 21 Updated 9/21

DENIED DATE: _____ / _____ / _____ REASON: _____

MANAGER REVIEW - IF DENIED

BY: _____ TITLE: _____ DATE: _____ / _____ / _____

COMMENTS: _____

+++ END +++

Disadvantaged

**MARION TRANSIT
CLIENT INTAKE FORM**

update some info

MARION TRANSIT SERVICE IS PROVIDED ACCORDING TO THE FOLLOWING NEEDS AS SPACE IS AVAILABLE:
MEDICAL • LIFE SUSTAINING ACTIVITIES • EDUCATION • WORK • BUSINESS • RECREATIONAL

SECTION I - DETERMINATION OF ELIGIBILITY

LAST NAME: Lapson FIRST NAME: Alegrine MI: _____
ADDRESS: 21399 Highway 44 N CITY: MICANOPY STATE: FL ZIP: 32667
COUNTY: MARION TELEPHONE #: (____) _____ CELL #: (352) 545-7003
DOB: 02 127 1938 SS#: 265 56 8945

OTHER HOUSEHOLD MEMBERS (LIST EACH MEMBER)

NAME: Ron Stewart RELATIONSHIP: great grandson AGE: 76 PHONE: 352 792-2923
EMERGENCY CONTACT: SHedal Hughes RELATIONSHIP: niece AGE: 64 PHONE: 518-697-9696
097-9696

Transportation Disadvantaged (eligibility criteria) – Attach any documentation for eligibility claimed:

_____ Mental or Physical Disability _____ Poor* ✓ 84 Age**

(*Poor = Income level at or below 150% of the Federal Poverty Guideline / Age** = 60+ or <16 years old.)

SECTION II - AVAILABILITY OF TRANSPORTATION

YES / NO

- N DO YOU OWN A CAR? IF NOT, WHY? no car
- N DO YOU HAVE A VALID DRIVER'S LICENSE? ID
- N COULD YOU DRIVE YOUR CAR TO MEDICAL APPTS?
- N DOES ANYONE IN YOUR HOUSEHOLD HAVE A CAR? IF NOT, WHY? great
- N COULD THEY DRIVE YOU TO YOUR APPOINTMENTS? IF NOT, WHY? just Ron + grandson
- N DO YOU HAVE FAMILY MEMBERS WHO CAN TRANSPORT YOU TO APPOINTMENTS?
- N DO YOU HAVE FRIENDS WHO CAN TRANSPORT YOU TO YOUR APPOINTMENTS?

LIST ALL HOSPITALS, DOCTORS, AND MEDICAL FACILITIES THAT YOU VISIT ON A REGULAR BASIS:

NAME OF HOSPITAL/DOCTOR/FACILITIES:	TYPE OF TREATMENT?	# MONTHLY VISITS?
<u>Monical</u>	<u>PCP</u>	<u>just Dr med back</u>

SECTION III -

YES / NO

- N DO YOU LIVE ON A **SUNTRAN** ROUTE? WHAT IS THE DISTANCE TO THE NEAREST BUS STOP? _____
- N DO YOU HAVE ANY LIMITATIONS THAT WOULD PREVENT YOU FROM RIDING THE BUS?
PLEASE DESCRIBE: _____
- N ARE YOU ENROLLED IN ANY OTHER PROGRAM(S) THAT WILL PAY FOR OR PROVIDE TRANSPORTATION?
PLEASE LIST: medicare/Humana

SECTION IV -

PLEASE CHECK OR LIST ANY SPECIAL NEEDS, SERVICES OR MODES OF TRANSPORTATION YOU REQUIRE DURING TRANSPORTATION:

WHEELCHAIR _____, POWER WHEELCHAIR _____, CANE _____, WALKER _____, SERVICE ANIMAL _____, OXYGEN _____
PERSONAL CARE ATTENDANT _____, LIFT TO LOAD _____, SCOOTER _____

OTHER: _____

SECTION V -

I ATTEST ALL INFORMATION IS CORRECT TO MY KNOWLEDGE AND ANY CHANGES WILL BE REPORTED TO MARION TRANSIT IMMEDIATELY:

SIGNATURE OF APPLICANT: _____ DATE: _____ / _____ / _____

SIGNATURE OF PREPARER: Yvonne Rosario DATE: 3 / 2 / 2022
(IF OTHER THAN APPLICANT)

PREPARER - PRINT NAME: YVONNE ROSARIO RELATIONSHIP OR MARION TRANSIT: _____

=====

OFFICE USE ONLY

LAST NAME: LATSON FIRST NAME: Algerine

SECTION VI -

AUTHORIZATION

APPROVAL DATE: 3 / 2 / 2022

DENIED DATE: _____ / _____ / _____ REASON: _____

MANAGER REVIEW - IF DENIED

BY: _____ TITLE: _____ DATE: _____ / _____ / _____

COMMENTS: _____

+++ END +++

**MARION TRANSIT
CLIENT INTAKE FORM**

MARION TRANSIT SERVICE IS PROVIDED ACCORDING TO THE FOLLOWING NEEDS AS SPACE IS AVAILABLE:
MEDICAL • LIFE SUSTAINING ACTIVITIES • EDUCATION • WORK • BUSINESS • RECREATIONAL

SECTION I - DETERMINATION OF ELIGIBILITY

LAST NAME: Kennedy FIRST NAME: Donna MI: _____
 ADDRESS: 13698 SE 91st Ave CITY: Summerfield STATE: FL ZIP: 34491
 COUNTY: Marion TELEPHONE #: (352) 307-2380 CELL #: (____) _____
 DOB: 02 / 21 / 1948 SS#: 081 - 40 - 8143
 OTHER HOUSEHOLD MEMBERS (LIST EACH MEMBER)
 NAME: James Kennedy RELATIONSHIP: Husband AGE: _____ PHONE: 352-307-2380
 EMERGENCY CONTACT: " RELATIONSHIP: " AGE: _____ PHONE: "

Transportation Disadvantaged (eligibility criteria) – Attach any documentation for eligibility claimed:

_____ Mental or Physical Disability _____ Poor* Age**
 (*Poor = Income level at or below 150% of the Federal Poverty Guideline / Age** = 60+ or <16 years old.)

SECTION II - AVAILABILITY OF TRANSPORTATION

YES / NO

- N DO YOU OWN A CAR?
- N DO YOU HAVE A VALID DRIVER'S LICENSE?
- N COULD YOU DRIVE YOUR CAR TO MEDICAL APPTS? IF NOT, WHY? _____
- Y DOES ANYONE IN YOUR HOUSEHOLD HAVE A CAR?
- N COULD THEY DRIVE YOU TO YOUR APPOINTMENTS? IF NOT, WHY? husband has had surgery
- N DO YOU HAVE FAMILY MEMBERS WHO CAN TRANSPORT YOU TO APPOINTMENTS?
- N DO YOU HAVE FRIENDS WHO CAN TRANSPORT YOU TO YOUR APPOINTMENTS?

LIST ALL HOSPITALS, DOCTORS, AND MEDICAL FACILITIES THAT YOU VISIT ON A REGULAR BASIS:

NAME OF HOSPITAL/DOCTOR/FACILITIES:	TYPE OF TREATMENT?	# MONTHLY VISITS?
<u>Shopping</u>	_____	_____
_____	_____	_____

SECTION III -

YES / NO

- N DO YOU LIVE ON A **SUNTRAN** ROUTE? WHAT IS THE DISTANCE TO THE NEAREST BUS STOP? _____
- N DO YOU HAVE ANY LIMITATIONS THAT WOULD PREVENT YOU FROM RIDING THE BUS?
PLEASE DESCRIBE: _____
- N ARE YOU ENROLLED IN ANY OTHER PROGRAM(S) THAT WILL PAY FOR OR PROVIDE TRANSPORTATION?
PLEASE LIST: _____

SECTION IV -

PLEASE CHECK OR LIST ANY SPECIAL NEEDS, SERVICES OR MODES OF TRANSPORTATION YOU REQUIRE DURING TRANSPORTATION:

WHEELCHAIR _____, POWER WHEELCHAIR _____, CANE _____, WALKER _____, SERVICE ANIMAL _____, OXYGEN _____
PERSONAL CARE ATTENDANT _____, LIFT TO LOAD _____, SCOOTER _____

OTHER: _____

SECTION V -

I ATTEST ALL INFORMATION IS CORRECT TO MY KNOWLEDGE AND ANY CHANGES WILL BE REPORTED TO MARION TRANSIT IMMEDIATELY:

SIGNATURE OF APPLICANT: _____ DATE: _____ / _____ / _____

SIGNATURE OF PREPARER: Brenda Shewburt DATE: 8 / 6 / 21
(IF OTHER THAN APPLICANT)

PREPARER - PRINT NAME: Brenda Shewburt RELATIONSHIP OR MARION TRANSIT: _____

OFFICE USE ONLY

LAST NAME: _____ FIRST NAME: _____

SECTION VI -

AUTHORIZATION

APPROVAL DATE: 8 / 06 / 27

DENIED DATE: _____ / _____ / _____ REASON: _____

MANAGER REVIEW - IF DENIED

BY: _____ TITLE: _____ DATE: _____ / _____ / _____

COMMENTS: _____

+++ END +++



Florida Department of Transportation

RON DESANTIS
GOVERNOR

420 W. Landstreet
Orlando, Florida 32824

KEVIN J. THIBAUT, P.E.
SECRETARY

May 14, 2021

Tom Wilder
Transportation Director
Marion Senior Services
1101 Southwest 20th Court
Ocala, Florida 34471

Re: Marion Senior Services System Safety Program Plan Letter of Concurrence (2021)

Dear Mr. Wilder:

The Department has completed a review of the System Safety Program Plan (SSPP) during Marion Senior Services' 2021 Triennial Review. We find the SSPP to comply with the 2019 FDOT State Management Plan, FDOT Procedural Topic No. 725-030-009-j, and Florida Administrative Code (F.A.C.) Rule Chapter 14-90. Therefore, the Department is in concurrence with the Marion Senior Services SSPP.

We appreciate the opportunity to review the document and ensure compliance with state requirements. Please include a copy of this letter as an appendix to your agency's SSPP. The Department also recommends proper documentation of the receipt of concurrence letter in the plan's activity log.

If you have any questions, please contact me at (321) 319-8174 or e-mail diane.poitras@dot.state.fl.us.

Sincerely,

DocuSigned by:

1053F40140014E0...

Diane Poitras
Transit Programs Administrator
District Five

DP/bg

MARIONTRANSIT

Substance Abuse Policy

Zero Tolerance

In accordance with USDOT and FTA Regulations

MARIONTRANSIT is dedicated to providing safe, dependable, and economical transportation service to its patrons. *MARIONTRANSIT* employees are a valuable resource and it is our agency's goal to provide a safe, healthy and satisfying working environment, free of the potential dangers posed by a safety-sensitive employee's use of prohibited drugs or misuse of alcohol.

This policy is established to comply with the Federal Transit Administration regulations codified as 49 CFR Part 655, as amended and USDOT regulations codified as 49 CFR Part 40, as amended. ***Policy provisions authorized by MARIONTRANSIT are italicized and bolded throughout this policy.*** All other policy provisions are implemented under the authority of the United States Department of Transportation (USDOT) and the Federal Transit Administration (FTA).

This policy is approved by: Jennifer Martinez

Title of approving official: Executive Director – Marion Senior Services, Inc.

Signature of approving official:



Date signed:

January 24, 2018

Policy effective date:

January 24, 2018

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19. **MARIONTRANSIT** Testing Program Contacts

MARIONTRANSIT

1. Testing Program Background

The Omnibus Transportation Employee Testing Act of 1991 (OTETA) directed the United States Department of Transportation (USDOT) to promulgate regulations outlining the procedures for transportation workplace drug and alcohol testing. The USDOT regulations titled, "Procedures for Transportation Workplace Drug and Alcohol Testing" are codified as 49 CFR Part 40. The regulations ensure uniform practices for specimen collections, laboratory analysis, medical review, result reporting and the Return-to-Duty process for violating employees. The regulations are applicable to safety-sensitive employees in transportation workplaces throughout the nation (transit, railroad, aviation, commercial drivers, etc.).

The OTETA also directed each transportation administration to craft industry-specific regulations that define which employees are subject to testing, the testing circumstances, policy statement requirements and training requirements, relevant to that industry. *MARIONTRANSIT* is required to comply with both the USDOT regulations described above, as well as the Federal Transit Administration regulations "Prevention of Prohibited Drug Use and Alcohol Misuse in Transit Operations" which are codified as 49 CFR Part 655.

2. Employee Applicability

This policy and the USDOT/FTA testing program apply to all safety-sensitive *MARIONTRANSIT* employees. The policy also applies to volunteers who are required to hold a Commercial Drivers License (CDL) and volunteers that receive remuneration in excess of actual expenses accrued while carrying out assigned duties. Adherence to this policy and the USDOT/FTA testing program is a condition of employment in a safety-sensitive position with *MARIONTRANSIT*. All employees of *MARIONTRANSIT* who perform, or could be called upon to perform, any of the following duties are defined as safety-sensitive employees:

1. Operate a public transportation vehicle, while in or out of service
2. Control the movement of a public transportation vehicle

The *MARIONTRANSIT* positions classified as safety-sensitive include:

- Transportation Director
- Transit Manager
- Transportation Trip Manager
- Transit Assistant
- Transportation Office Assistant
- Transportation Accounting Clerk
- Transportation Dispatchers
- Transportation Reservation Clerks
- Transportation Scheduler
- Transit Drivers

MARIONTRANSIT

3. USDOT/FTA Prohibited Drug Classes

- Amphetamines
- Cocaine
- Marijuana
- Opioids
- Phencyclidine (PCP)

4. Pre-employment Drug and Alcohol Background Checks

In accordance with 49 CFR Part 40.25, **MARIONTRANSIT** must make and document good faith efforts to perform drug and alcohol background checks for all applicants applying for a safety-sensitive position and all current employees applying for transfer into a safety-sensitive position. Testing information will be requested from each of the applicant's previous DOT covered employers during the two years prior to the date of application. **MARIONTRANSIT** must obtain the applicant's written consent for the release of their drug and alcohol testing information from their previous DOT covered employers to **MARIONTRANSIT**. Applicants refusing to provide written consent are prohibited from performing safety-sensitive functions for **MARIONTRANSIT**.

Safety-sensitive applicants who have previously violated the USDOT testing program must provide documentation that they have successfully completed the USDOT's Return-to-Duty process with a DOT-qualified Substance Abuse Professional (SAP). Failure to provide satisfactory documentation will exclude the applicant from being hired or transferred into a safety-sensitive position with **MARIONTRANSIT**.

5. Pre-Employment Testing

All applicants for safety-sensitive positions shall undergo a pre-employment urine drug test. **MARIONTRANSIT** must receive an MRO-verified negative drug test result prior to the applicant's first performance of any safety sensitive function, including behind-the-wheel training.

*If an applicant's pre-employment urine drug test result is verified as positive, the applicant will be excluded from consideration for employment in a safety-sensitive position with **MARIONTRANSIT**.* The applicant will be provided a list of USDOT-qualified Substance Abuse Professionals.

An employee returning from an extended leave period of 90 consecutive days or more, and whose name was also removed from the random testing pool for 90 days or more, must submit to a pre-employment urine drug test. **MARIONTRANSIT** must be in receipt of a negative drug test result prior to the employee resuming any safety-sensitive function.

6. Random Testing

Safety-sensitive employees will be subject to random, unannounced testing. **MARIONTRANSIT** will perform random testing in a manner that meets or exceeds the FTA minimum annual testing requirements, as amended. The selection of employees for random testing will be made using a scientifically valid method. All safety-sensitive employees will have an equal chance of being selected each time a random draw is performed. Random alcohol tests will be conducted just

MARIONTRANSIT

before, during or just after the employee's performance of a safety-sensitive function. Random drug tests may be conducted anytime an employee is on duty, on call for duty or on standby for duty.

Once an employee is notified that they have been selected for a random test, they must proceed immediately to the testing location. Failure to proceed immediately may be deemed a refusal to test.

7. Reasonable Suspicion Testing

All safety-sensitive employees must submit to reasonable suspicion drug and/or alcohol testing when a supervisor or company official trained in detecting signs and symptoms of drug use and alcohol misuse has made specific, contemporaneous, articulable observations concerning an employee's appearance, speech, behavior and/or body odor. Reasonable suspicion testing for alcohol misuse will occur when observations are made just before, during, or just after the employee's performance of a safety-sensitive function. Reasonable suspicion testing for prohibited drugs may be conducted anytime an employee is on duty or on standby for duty and a trained supervisor has made the observations.

8. Post-Accident Testing

Fatal Accidents: Safety-sensitive employees must submit to post-accident drug and alcohol testing following an accident involving a public transportation vehicle that results in the loss of human life. In addition to a surviving operator of the vehicle, any other surviving, safety-sensitive employee whose performance could have contributed to the accident must also be tested.

Non-Fatal Accidents: All safety-sensitive employees whose actions cannot be completely discounted as a contributing factor must submit to post-accident drug and alcohol testing when a non-fatal accident meets one or more of the following thresholds:

1. An individual suffers bodily injury and immediately receives medical treatment away from the scene
2. One or more vehicles incurs disabling damage that requires the vehicle(s) to be towed away from the accident scene
3. If the public transportation vehicle is a rail car, trolley car, trolley bus or vessel and has been removed from service.

MARIONTRANSIT officials will use the best information available at the scene, to determine if a safety-sensitive employee's performance can be completely discounted as a contributing factor to the accident.

Post-accident drug and alcohol tests will be conducted as soon as practicable following the accident. Any safety-sensitive employee involved in an accident must refrain from alcohol use for eight (8) hours following the accident or until the employee undergoes a post-accident alcohol test. Any safety-sensitive employee who leaves the scene of the accident without a justifiable reason or explanation prior to submitting to drug and alcohol testing will be deemed

MARIONTRANSIT

to have refused the test. However, employees are not prohibited from leaving the scene of an accident to obtain assistance in responding to the accident or to obtain necessary emergency medical care.

9. Urine Specimen Collections

Urine specimen collections will be conducted in accordance with USDOT rule, 49 CFR Part 40, as amended. Collectors will be appropriately trained and qualified to perform urine specimen collections for USDOT covered employers. Urine specimen collectors will use the split-specimen collection method and will afford the donor (employee) the greatest degree of privacy permitted per 49 CFR Part 40, as amended. When an observed collection is required, the observer will be of the same gender as the donor (employee).

10. Refusal to Submit to Urine Drug Testing

The following actions constitute a "refusal to test" in accordance with 49 CFR Part 40, as amended:

- (1) Failure to appear for any test within a reasonable time, as determined by the employer, consistent with applicable DOT agency regulations, after being directed to do so by the employer (pre-employment testing not applicable).
- (2) Failure to remain at the testing site until the testing process is completed (after the process has been started)
- (3) Failure to provide a urine specimen for any drug test required by this part or DOT agency regulations
- (4) In the case of a directly observed or monitored collection in a drug test, fail to permit the observation or monitoring of your provision of a specimen
- (5) Failure to provide a sufficient amount of urine when directed, and it has been determined, through a required medical evaluation, that there was no adequate medical explanation for the failure
- (6) Failure or decline to take an additional drug test the employer or collector has directed you to take
- (7) Failure to undergo a medical examination or evaluation, as directed by the MRO as part of the verification process, or as directed by *MARIONTRANSIT*
- (8) Failure to cooperate with any part of the testing process (e.g., refuse to empty pockets when directed by the collector, behave in a confrontational way that disrupts the collection process, fail to wash hands after being directed to do so by the collector).
- (9) For an observed collection, failure to follow the observer's instructions to raise your clothing above the waist, lower clothing and underpants, and to turn around to permit the observer to determine if you have any type of prosthetic or other device that could be used to interfere with the collection process.
- (10) Possessing or wearing a prosthetic or other device that could be used to interfere with the collection process.
- (11) Admitting to the collector or MRO that you adulterated or substituted the specimen.
- (12) When the MRO verifies your drug test result as adulterated or substituted.

Refusing to submit to a USDOT/FTA required test is a violation of the USDOT/FTA testing

MARIONTRANSIT

program. Employees are required to be immediately removed from safety-sensitive duty and provided a list of USDOT-qualified Substance Abuse Professionals. ***Per MARIONTRANSIT authority, violation of the USDOT/FTA testing program will result in termination of employment.***

11. Urine Specimen Analysis

All specimens will be transported or shipped to a laboratory certified by the Department of Health and Human Services (DHHS). All specimens will be analyzed at the laboratory in accordance with 49 CFR Part 40, as amended. The procedures that will be used to test for the presence of prohibited drugs will protect the employee and the integrity of the drug testing process, safeguard the validity of the test results and ensure that the test results are attributed to the correct employee. Laboratory confirmed drug test results will be released only to a certified Medical Review Officer (MRO) for review and verification.

Negative-Dilute Specimens

Upon receipt of an MRO verified negative-dilute drug test result with creatinine levels greater than 5 mg/dl and less than 20 mg/dl, ***MARIONTRANSIT*** will require applicants and employees to submit to a second urine collection per 49 CFR Part 40.197. The collection of the second specimen will not be conducted using direct observation procedures. The MRO verified result of the second urine drug test will be accepted by ***MARIONTRANSIT*** as the final result and the test of record. ***MARIONTRANSIT will apply this policy provision uniformly for all pre-employment and random urine drug tests reported by the Medical Review Officer to have creatinine levels greater than 5mg/dl but less than 20mg/dl (negative-dilute results).*** Once notified that a second collection is required, employees must proceed immediately for testing. An employee's failure to report immediately may be deemed as a refusal to submit to testing, which is a violation of the USDOT/FTA testing program. ***Per MARIONTRANSIT authority, violation of the USDOT/FTA testing program will result in termination of employment.***

12. Role of the Medical Review Officer (MRO)

The role of the Medical Review Officer is to review and verify laboratory confirmed test results obtained through a DOT-covered employer's testing program. When a non-negative drug test result is received, the MRO will communicate with the donor (employee) to determine if a legitimate medical explanation exists. When a legally prescribed medication has produced a non-negative result, the MRO will verify the prescription and report the result as "negative" to ***MARIONTRANSIT***. Medical conditions and other information obtained by the MRO during the interview with the donor will be maintained in a confidential manner. However, if the MRO believes that a medication prescribed to the donor may pose a significant safety risk, the MRO will require the donor to contact his/her prescribing physician and request that the physician contact the MRO within 5 business days. The MRO and prescribing physician will consult to determine if the employee's medication use presents a significant safety risk. ***MARIONTRANSIT*** will be notified by the MRO when the outcome of the consultation results in a determination that the donor's medication use presents a significant safety risk. If the employee's prescribing physician fails to respond, the safety concern will be reported to ***MARIONTRANSIT*** without consultation. Based on the MRO recommendation, ***MARIONTRANSIT*** may deem the employee medically disqualified from performing safety-sensitive functions. The MRO assigned to review

MARIONTRANSIT

and verify laboratory drug test results for *MARIONTRANSIT* is:

Dr. Randy Barnett D.D.
First Source Solutions
100 HIGHPOINT DR., STE. 102
CHALFONT, PA 18914
215-396-5500 FAX 215-396-5610

13. **Consequence for MRO Verified Positive Drug Test**

When *MARIONTRANSIT* is notified of an MRO verified positive drug test, or a test refusal due to adulteration or substitution; the violating employee will be immediately removed from safety-sensitive duty and provided a list of DOT-qualified Substance Abuse Professionals. Applicants will be excluded from hire and provided a list of DOT-qualified Substance Abuse Professionals. *Per MARIONTRANSIT authority, violation of the USDOT/FTA testing program will result in termination of employment.*

14. **Split Specimen Testing**

As an important employee protection, split specimen collection procedures will be used for all USDOT/FTA urine collections. When an employee challenges an MRO verified result, he/she may request that the split specimen (bottle B) be tested at a different DHHS certified laboratory that conducted the test of the primary specimen (bottle A). Instructions for requesting the split specimen test will be provided by the Medical Review Officer during his/her interview with the donor (employee). In accordance with USDOT rule, *MARIONTRANSIT* will ensure that the fee to process the split specimen test is covered, in order for a timely analysis of the split specimen. *MARIONTRANSIT may seek reimbursement for the cost of the split specimen test.*

15. **Alcohol Prohibition**

Safety-sensitive employees are prohibited from consuming alcohol while performing safety-sensitive functions, within (4) four hours prior to performing a safety sensitive function, or during the hours that they are on call or standby for duty. No safety-sensitive employee shall report for duty or remain on duty while having an alcohol concentration of 0.02 or greater. Safety-sensitive employees must not consume alcohol within eight (8) hours following an accident or until the employee submits to post-accident testing, whichever occurs first.

16. **Alcohol Testing**

All alcohol screening tests and confirmation tests will be performed in accordance with USDOT rule, 49 CFR Part 40. The procedures that will be used to test for alcohol misuse will protect the employee and the integrity of the testing process, safeguard the validity of the test results, and ensure the test results are attributed to the correct employee.

When an alcohol-screening test indicates a blood alcohol concentration (BAC) of 0.02 or greater, a confirmation test will be performed using an evidential breath-testing device listed on the USDOT/ODAPC webpage as an "Approved Evidential Breath Measurement Device". The confirmed blood alcohol concentration (BAC) result will be transmitted by the technician to *MARIONTRANSIT* in a confidential manner. A safety-sensitive employee who has a confirmed

MARIONTRANSIT

blood alcohol concentration (BAC) of 0.02 or greater but less than 0.04 will be removed from safety-sensitive duties for a period of at least (8) eight hours or until test results fall below 0.02.

17. **Consequence for a USDOT/FTA Confirmed Alcohol Violation**

A safety-sensitive employee who has a confirmed blood alcohol concentration (BAC) of 0.04 or greater has violated the USDOT/FTA testing program and will be removed from safety-sensitive duty and provided a list of DOT-qualified Substance Abuse Professionals. *Per MARIONTRANSIT authority, violation of the USDOT/FTA testing program will result in termination of employment.*

18. **Refusal to Submit to Alcohol Testing**

The following actions constitute a refusal to submit to an alcohol test:

(1) Fail to appear for any test within a reasonable time, as determined by the employer, consistent with applicable DOT agency regulations, after being directed to do so by the employer.

(2) Fail to remain at the testing site until the testing process is complete

(3) Fail to provide an adequate amount of saliva or breath for any USDOT required alcohol test

(4) Fail to provide a sufficient breath specimen, and the physician has determined, through a required medical evaluation, that there was no adequate medical explanation for the failure

(5) Fail to undergo a medical examination or evaluation, as directed by the [Agency]

(6) Fail to sign the certification at Step 2 of the ATF

(7) Fail to cooperate with any part of the testing process.

Refusing to submit to a USDOT/FTA required test is a violation of USDOT/FTA testing program. Employees must be immediately removed from safety-sensitive duty and provided a list of USDOT-qualified Substance Abuse Professionals. *Per MARIONTRANSIT authority, violation of the USDOT/FTA testing program will result in termination of employment.*

19. **MARIONTRANSIT Testing Program Contacts**

Designated Employer Representative (Drug & Alcohol Program Manager)

Tom Wilder, Transportation Director

1101 SW 20th Court, Ocala, FL 34471

352-620-3519

twilder@marionseniorservices.org

Alternate (back-up) Program Manager

Donna Tackett, Human Resources Director

1101 SW 20th Court, Ocala, FL 34471

352-620-3501

dtackett@marionseniorservices.org

MARIONTRANSIT

The referenced USDOT and FTA regulations, as well informational material related to this testing program are available for review and/or download from the Florida Department of Transportation's Substance Abuse Management Website: <http://sam.cutr.usf.edu>. Further information may be obtained from the USDOT's Office of Drug and Alcohol Policy and Compliance website: <https://www.transportation.gov/odapc> and the Federal Transit Administration's (FTA) website: <https://transit-safety.fta.dot.gov/DrugAndAlcohol/Default.aspx>

STATE OF FLORIDA DEPARTMENT OF TRANSPORTATION
CERTIFICATE OF COMPLIANCE

725-030-10
TRANSIT
12/01

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

DATE 2/5/2022

Section 5311 Subrecipient Information:

AGENCY NAME: Marion Senior Serive, Inc.
ADDRESS: 1101 SW 20th Court Ocala, FL 34471
PHONE: 352-620-3071

FDOT District Office Information:

NAME: FDOT District 5, Modal Development Office
ADDRESS: 420 W. Landstreet, Orlando, FL 32824
PHONE: (321) 319-8174

I, Clayton Murch, Transportation Director
(Name) (Title)

hereby certify that Marion Senior Services, Inc. d/b/a Marion Transit and its applicable
(Name of Subreceptient)
contractor(s) (listing attached hereto) for N/A
(Name of Subreceptient)

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

Clayton Murch
Signature

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

COMPLAINT & COMPLIMENTS PROCEDURE

1.0 Purpose

1.1 This document spells out the proper procedure for handling Complaints or Compliments for Marion Transit. Because we provide a community service, the agency is subject to receiving complaints and/or compliments regarding our service, employees or both.

Marion Transit strives to provide excellent service to our clients/customers.

Customers have the right to:

- File complaints without fear of retaliation;
- Prompt investigations and effective resolutions; and
- Current and complete program information.

Customers are responsible for:

- Filing complaints in a timely manner (state local time frame), and
- Providing CTC with pertinent information.

Determination of complaint:

- Title VI: Discrimination based on race, color, religion, sex, or national origin.
- ADA: Discrimination of qualified disabled individual, solely by reason of such disability, be excluded from the participation in, be denied the benefits of, or be subjected to discrimination in programs, services or activities sponsored by a public entity.

Time Frame for complaints:

- Title VI: No later than 180 days from the date of the alleged discrimination.
- ADA: No later than 60 days from the date of the alleged discrimination.
- Record retention of complaints filed is 5 years.

Note: Title VI / ADA Complaint form is available on Marion Transit webpage.

2.0 Roles Responsibilities

2.1 Supervisors/Managers – responsible for ensuring that complaints are fully investigated in a timely manner. Proposed actions for improvement are documented and if warranted disciplinary action is taken. Compliments are also documented and discussed with the employee.

2.2 Drivers/Employees – responsible for providing a service to our customers that meet or exceed expectations. Notify their respective supervisor as soon as practical of any potential

Page 2 **COMPLAINT & COMPLIMENTS PROCEDURE CONTINUED**

situation(s) that may cause someone to initiate a complaint against the agency and/or employee.

3.0 Procedures

Any Marion Transit employee can receive a compliment or complaint from a citizen. When a compliment or complaint is being made the employee receiving the information is required to document with as much information including; who, what, when, where, how, and why. Forms are available to document both types of incidents and may be accessed by contacting the Transit Office Assistant.

Once the incident is documented, it should be forwarded to the respective supervisor/manager for further investigation. The supervisor/manager will make the Transportation Director aware of the complaint or compliment and forward the report(s) once the investigation is completed.

In the case of a complaint, the supervisor/manager will propose actions to remedy the situation. Both the supervisor/manager and Transportation Director will determine outcomes.

Once a complaint or compliment is completed, copies of the report will be placed in the respective Marion Transit employee folder and/or Master Index Folder. The person making the complaint should be notified of the outcome if warranted.

Complaints that may warrant severe disciplinary action will be brought to the attention of the Executive Director and Human Resources.

All complaints and/or compliments should be kept in a common index file for easy access by Month/Year.

Note: Copies of forms are attached.

+++ END +++



Complaint Report

MARION TRANSIT

Date:

Bus # & Driver:

Written By:

Complaint made by:

Address / Phone:

Complaint Details: (Who, What, When, Where, How, Why)

Proposed Action Purposes

Supervisor Name & Signature: _____

Director Comments:

Signature & Date: _____



ROUTING #
21-06-88

Complaint Report

MARION TRANSIT

Date: 6/4/2021 Called @ 2:50 PM Happened on 6/2/2021 PU @ 12:02 DO @ 1:18PM

Bus # & Driver: #1403 / Marceliano Calero

Written By: Cyndi

Complaint made by: Jacqueline Tidwell (87 years old).

Address / Phone: 352-430-6156

Complaint Details:

She said that the driver told her that he got lost. She said that her trip home was a trip from hell, don't know how to drive. She said that he stopped away from her house and said that we have to walk, she said that he was walking with her and then he was concerned about the bus and went back to the bus and just left her standing in the road and she had to walk the rest of the way home by herself. She said that she wasn't suppose to walk by herself that far. She said that she doesn't know exactly how long it took her to get home but she had to stop and sit along the way. She said that she thinks that he was scared to drive on the dirt roads.

Supervisor Comments: Discussed with Marcello, we are door to door and clients should never have to walk on a dirt road to their house at any time. If he does not think it is safe to drive down any road, he should contact dispatch or a manager to assist. We have assigned this client to another driver, until we can show Marcello how he can safely drive down this road without getting stuck in sugar sand. Followed up call 9/6/2021 to Son (Herschel), Ms. Tidwell is satisfied with our services to date.

Supervisor Name & Signature: *Hermon Schulz*
Director Comments:

Director Signature & Date: *[Signature]* 9-8-21



ROUTING #
21-06-71

Complaint Report

MARION TRANSIT

Date: 6/3/2021 @ 1:29 PM

Bus # & Driver: #1805 / Albert Joseph

Written By: Cyndi

Complaint made by: Michael Beck

Address / Phone: 352-875-0440

Complaint Details:

Your bus driver, Albert, picked me up with enough time to make my EMERGENCY appointment with the VA that is about 45 minutes away. Albert then proceeded to pick up another appointment that was on the way. The problem is that Albert drove the bus back to within the area I live to drop off that patient which gave me a 20 minute window to make a 45 minute transport for my EMERGENCY appointment. I called and advised the VA of my status and the VA said my EMERGENCY appointment was canceled! I have no transportation and am fully disabled so I rely on Marion Transport and now I have no way to be seen until at least next month. I request that Albert be given a time-management course and hopefully not have him be the deliverer to future transports please.

Supervisor Comments: I called and apologized to Mr. Beck for us causing him to be late for his VA doctor appointment. I reminded Albert that it's very important to deliver all Pick 1 clients on time, and that Pick 2s can wait a little more if needed. I also coached Albert to call and notify Dispatch whenever he thinks he's going to be late delivering a client to an appointment so that Dispatch can try to help.

Supervisor Name & Signature: Ken McKelvey
Director Comments:

Concurs.

Director Signature & Date: [Signature] 6/3/21



ROUTING # #
Incident 21-03-24

Complaint Report

MARION TRANSIT

Date: 03/04/2021

Bus # & Driver: Jackson Dorvilus

Written By: Herman

Complaint made by: Rosemary Brenneman

Address / Phone: 904-248-0800

Complaint Details: Ms. Brenneman called 03/04/2021 to let us know Driver Jackson is playing overseas news reports on his bus which are very loud. Ms. Brenneman said it is not the first time, and she has asked him to turn it down. She is asking not to ride with Driver Jackson.

Supervisor Comments: I spoke with Ms. Brenneman and advised her we could not guarantee on any given day who her driver would be, but we would review the bus video and discuss with Jackson.

Supervisor Name & Signature: *Herman Scholz*
Director Comments:

Concern.
Director Signature & Date: *Tom Widen 3/10/21*



ROUTING #
21 - 12 - 147

Complaint Report

MARION TRANSIT

Date: 12/13/2021 @ 10:25 AM happened 11/15/2021 for her ride home

Bus # & Driver: Fred LaSalle

Written By: Cyndi

Complaint made by: Jewel Dixon

Address / Phone: 352-421-0034

Complaint Details:

She said that when Fred picked her up from the doctor office last month, that he waved her over to the bus, he didn't get out of his seat to help her, she said that she about fell on the steps but she was able to catch herself so she didn't fall. She said that he should help.

Supervisor Comments: *I reminded Fred to always assist clients on and off the bus.*

Supervisor Name & Signature: *KEN McKelvy / Ken McKelvy*

Director Comments:

Director Signature & Date:

**OCALA MARION
TRANSPORTATION DISADVANTAGED LOCAL COORDINATING BOARD
GRIEVANCE PROCEDURES**

Article 1: Preamble

The following will set forth the grievance procedures which shall serve to guide the Ocala Marion TPO Transportation Disadvantaged Local Coordinating Board (TDLCB). The Community Transportation Coordinator (CTC) will receive and attempt to satisfy any concerns by any person(s). If for any reason the complainant is not satisfied with the resolution determined by the CTC then the procedures herein will assist in acquiring a satisfactory resolution. This will provide procedures and policies for fulfilling the requirements of chapter 427, Florida Statutes, Rule 41-2 of the Florida Administrative Code (FAC), and subsequent laws setting forth requirements for the establishment of grievance procedures.

Article II: Name and Purpose

Name: The Grievance Committee is a Subcommittee of the Transportation Disadvantaged Local Coordinating Board, but will hereinafter be referred to as the Grievance Subcommittee.

Purpose: The primary purpose of the Grievance Subcommittee is to process, investigate and make recommendations to any and all unresolved grievances and/or complaints. To provide a formal grievance process by the Local Coordinating Board (LCB) to address concerns by any person or agency including but not limited to, users, potential users, agencies, and other interested parties. The Grievance Subcommittee will provide a mechanism for issues to be brought before the committee which shall meet as often as necessary to address unresolved complaints in a timely manner.

Article III: Definitions

1. Community Transportation Coordinator (CTC): An entity and or person appointed to ensure that coordinated transportation services are provided to the transportation disadvantaged population in a designated service area.
2. A Grievance is defined as any ongoing service problem that interferes with accessing a major life activity, such as work, healthcare, employment, education, shopping, social activities, or other life sustaining activities.
3. Service Complaint- any routine incidents and/or dissatisfaction that occur, are reported to the driver, dispatcher, or other individuals involved with the daily operations, and are resolved within the course of a reasonable time period suitable to the complainant. Service complaints may include but are not limited to:

- a. Late trips (late pickup, late drop off, and/or late returns)
 - b. No-show by Transportation Operator
 - c. No-show by client
 - d. Client Behavior
 - e. Driver Behavior
 - f. Passenger discomfort
 - g. Refusal of service to client for any reason
4. Formal Grievances- a written complaint to document any concerns or an unresolved service complaint regarding the operation or administration of TD services by the Transportation Operator, Community Transportation Coordinator, agencies, or Local Coordinating Board. Formal Grievances may include, but are not limited to:
- a. Chronic or unresolved service complaints
 - b. Violation of specific laws governing the provision of Transportation Disadvantaged Services (i.e., Chapter 427 of Florida Statutes, Chapter 41-2 of Florida Administrative Code and accompanying documents, Sunshine Law and/or ADA violations)
 - c. Contract disputes (Agencies/Operators)
 - d. Bidding disputes
 - e. Agency compliance
 - f. Conflicts of interest
 - g. Supplanting of funds
 - h. Billing and/or accounting procedure violation
 - i. Denials of applications for paratransit services

Article IV: Membership

1. Members of the Grievance Subcommittee shall serve on a voluntary basis and shall consist of at least five (5) voting members.
2. Each member of the Grievance Subcommittee shall serve at the discretion of the TDLCB.
3. The CTC shall not serve on the Grievance Subcommittee.
4. Grievance Subcommittee members will meet if a grievance is brought before the committee.
5. When a meeting of the Grievance Subcommittee is necessary, staff to the TPO shall schedule the meeting. Meetings shall be held at the time and place as the Grievance Subcommittee may determine.

6. The Members shall serve a term of one year, with allowances for multiple terms.
7. The Grievance Subcommittee shall elect a Chairperson and Vice-Chairperson.
8. A simple majority shall be present in any official action.
9. No voting member will have a vote on an issue that is deemed a conflict of interest.

Article V: Filing Complaints and Grievances – STEP 1

10. All formal grievances must contain the following:
 - a. Must submit in writing
 - b. Name and address of complainant
 - c. A clear and concise statement of the grounds for the grievance and supplemented by supporting documentation
 - Exact date and time of incident
 - Exact location of incident
 - Any witnesses to incident (including name and address)
 - Vehicle unit number, license number, color and type
 - Any other information affiliated with the complaint
 - d. An explanation by the complainant of the improvements needed to address the complaint

All written complaints can be sent to:

Marion Senior Services
1101 SW 20th Court
Ocala, Florida 34471

A complaint form has been created (see page 7) indicating all of the above mentioned items.

11. The CTC must post the contact person and telephone number for access to information regarding reporting service complaints or filing a formal grievance in each of their vehicles in plain view of riders.
12. The CTC will have ten (10) working days from the date of notification of the complaint to address or investigate the problem.

13. The CTC will investigate the problem and respond in writing, within ten (10) working days of notification to the complainant as to what action was taken. Such action will contain an explanation of the facts that lead to the CTC's decision and provide a method or ways to bring about a resolution.
14. The Grievance Subcommittee and TDLCB Board will receive a copy of all grievances and responses.

Article VI: Appeal Process – STEP 2

1. If the complainant is dissatisfied with the CTC's response and/or recommendation they may file an appeal with the Grievance Subcommittee.
2. The complainant may only file after they have sought satisfaction directly from the CTC and received a response. Complainant must demonstrate that they have unsuccessfully attempted to resolve the issue with the CTC. Every effort will be made by the CTC to resolve service problems. However, if unable to resolve the problem and/or the complainant wishes to take further action, then the CTC will provide the complainant with assistance in following the Grievance Procedures.
3. The appeal must be filed within ten (10) days from the date of notification of final decision from the CTC.

The appeal must be in writing and addressed to:

Ocala Marion Transportation Planning Organization
ATTN: TDLCB Grievance Subcommittee
2710 E. Silver Springs Blvd.
Ocala, Florida 34470

4. Once an appeal has been received, the Grievance Subcommittee shall meet and render its recommendation within thirty (30) working days of the date the appeal was filed.
5. The complainant shall be notified in writing of the mutually agreed upon date, time and place where the appeal shall be heard. This written notice shall be mailed at least ten (10) working days in advance of the meeting.
6. A written recommendation will be rendered to all parties involved within ten (10) working days from the date of the recommendation and will include the following, in writing:

- a. Statement that a meeting was held and the involved parties were given an opportunity to present their position(s).
 - b. The issues discussed and clearly defined
 - c. Reason(s) for the recommendation based on the information provided
7. Grievance Subcommittee must report all grievances and recommendations to the full Transportation Disadvantaged Local Coordinating Board.

Article VII: Appeal to the Transportation Disadvantaged Local Coordinating Board – STEP 3

1. If the complainant is dissatisfied with the recommendation of the Grievance Subcommittee he/she may continue the appeal process with the TDLCB as follows.
2. The appeal must be in writing and filed within ten (10) working days from the date of final recommendation from the Grievance Subcommittee.
3. Appeal to the TDLCB can only be filed after the complainant has sought satisfaction directly from the Grievance Subcommittee.
4. The appeal should demonstrate a clear violation of a specific law, regulation, contractual agreement, or circumstance.

Address all appeals to:

Ocala Marion Transportation Planning Organization
ATTN: TDLCB
2710 E. Silver Springs Blvd.
Ocala, Florida 34470

5. Once an appeal has been received, the TDLCB shall meet and render its recommendation within sixty (60) working days of the date the appeal was filed.
6. The complainant shall be notified in writing of the mutually agreed upon date, time and place where the appeal shall be heard. This written notice shall be mailed at least ten (10) working days in advance of the meeting.
7. A written recommendation will be rendered to all parties involved within ten (10) working days from the date of the recommendation and will include the following, in writing:
 - a. Statement that a meeting was held and the involved parties were given an opportunity to present their position(s).

- b. The issues discussed and clearly defined
- c. Reason(s) for the recommendation based on the information provided

Article VIII: Appeal to the Commission for the Transportation Disadvantaged – STEP 4

If the complainant is dissatisfied with the recommendation of the TDLCB, he/she may continue the process with the TD Ombudsman Program by calling the following number(s): 1-800-983-2435. For hearing and speech impaired customers call, 711 (Florida Only) Florida Relay System or (850) 410-5708 for TTY via written correspondence to:

Florida Commission for the Transportation Disadvantaged
Attn: Ombudsman Program
605 Suwannee Street, MS-49
Tallahassee, FL 32399-0450

Article IX: General

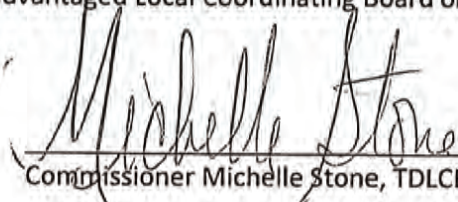
The Transportation Disadvantaged Local Coordinating Board Grievance Procedures may be amended by a two-thirds (2/3) vote of members present, if a quorum exists, and all Members have been notified of proposed changes at least seven (7) working days in advance of the meeting.

The implementation of these rules and procedures will ensure quality control and the ability to provide an impartial body to hear complaints and submit recommendations regarding the grievance as indicated.

Apart from this grievance/appeal process, aggrieved parties with proper standing may also have recourse through Chapter 120, Florida Statutes Administrative Hearing Process, or the judicial court system.

CERTIFICATION

The undersigned hereby certifies that he/she is the Chairperson of the Ocala Marion TPO Transportation Disadvantaged Local Coordinating Board and that the foregoing is a full, true and correct copy of the Grievance Procedures of this Local Coordinating Board as adopted by the Ocala Marion TPO Transportation Disadvantaged Local Coordinating Board on the 20th day of February 2020.



Commissioner Michelle Stone, TDLCB Chairperson



**OCALA MARION
TRANSPORTATION DISADVANTAGED LOCAL COORDINATING BOARD
COMPLAINT FORM**

Complainant(s) Name:	Complainant(s) Address:
Complainant(s) Phone Number:	Complainant(s) Email:
Complainant(s) Representative's Name, Address, Phone Number and Relationship (e.g. friend, attorney, parent, etc.):	
Names of the Individual(s) Whom You Allege a Complaint Against (If Known):	
Name and Address of Agency, Institution, or Department Whom You Allege a Complaint Against:	

Date of incident:	Vehicle Unit/License No.-Color-Type	Time of Incident:
--------------------------	--	--------------------------

Please list the name(s) and phone number(s) of any person, if known, that can be contacted for additional information to support or clarify your allegation(s):

Please explain as clearly as possible HOW, WHY, WHEN and WHERE is your alleged complaint. Include as much information as possible. Additional pages may be attached if needed.

Please indicate what would be an acceptable resolution:

Complainant(s) or Complainant(s) Representatives Signature:	Date of Signature:
--	---------------------------

Please submit to: Address in the step process

Additional Pages are attached.

TDLCB COMPLAINT TRACKING FORM

Name of Complainant: _____

COMPLAINT TO THE CTC –STEP 1

File Number _____

Date of 1st. Complaint: _____

Date of 1st. Resolution: _____

Action Taken (including date of letter): _____

APPEAL = COMPLAINT TO THE TDLCB GRIEVANCE SUBCOMMITTEE – STEP 2

Date of 2nd Complaint: _____

Date of 2nd Resolution: _____

Date of Subcommittee Hearing: _____

Action Taken (including date of letter): _____

APPEAL = COMPLAINT TO THE TDLCB – STEP 3

Date of 3rd Complaint: _____

Date of 3rd Resolution: _____

Date of TDLCB Hearing: _____

Action Taken (including date of letter): _____

APPEAL = TO THE COMMISSION FOR THE TRANSPORTATION DISADVANTAGED – STEP 4

Date sent: _____

MARIONTRANSIT

American with Disabilities Act Transportation-Related ADA Policies and Procedures

Marion Transit is committed to complying with all applicable provisions of the Americans with Disabilities Act, as amended (ADA), and applicable state and local laws and maintains liability coverage for required services to individuals with disabilities. It is Marion Transit's policy not to discriminate against any participant or employee regarding any terms or conditions of their participation with programs at Marion Senior Services, Inc. and access to services provided within, including transportation, on the basis of such individual's disability.

Consistent with this policy of non-discrimination, Marion Transit, will provide reasonable accommodations to an individual with a disability, as defined in the ADA or applicable law, who has made Marion Transit aware of his or her disability at intake, unless doing so would cause an undue hardship to the agency.

The agency also wishes to participate in a timely, good faith, interactive process with a disabled participant to determine effective reasonable accommodations, if any, which can be made in response to a request for accommodations. Requests should be made to the Transportation Director. By working together in good faith, the Agency hopes to implement any reasonable accommodations that are appropriate and consistent with its legal obligations.

Any participant who has questions regarding this policy or believes that he or she has been discriminated against based on a disability should notify the Transportation Director or Human Services Director. All such inquiries or complaints will be treated as confidential to the greatest extent possible and will only be disclosed on a need-to-know basis.

MARIONTRANSIT

Terms Used in This Policy

As used in this ADA policy, the following terms have the indicated meaning:

- **Disability:** A physical or mental impairment that substantially limits one or more major life activities of the individual, a record of such an impairment, or being regarded as having such an impairment.
- **Major life activities:** Term includes caring for oneself, performing manual tasks, seeing, hearing, eating, sleeping, walking, standing, lifting, bending, speaking, breathing, learning, reading, concentrating, thinking, communicating and working.
- **Substantially limiting:** In accordance with the ADA final regulations, the determination of whether an impairment substantially limits a major life activity requires an individualized assessment, and an impairment that is episodic or in remission may also meet the definition of disability if it would substantially limit a major life activity when active. Some examples of these types of impairments may include epilepsy, hypertension, asthma, diabetes, major depressive disorder, bipolar disorder and schizophrenia. An impairment, such as cancer that is in remission but that may possibly return in a substantially limiting form, is also considered a disability under EEOC final ADA regulations.
- **Reasonable accommodation:** Includes any changes or adjustments to the human services transportation program and may include making existing transportation services readily accessible to and usable by individuals with disabilities.
- **Undue hardship:** An action requiring significant difficulty or expense by Marion Transit in determining whether an accommodation would impose an undue hardship on Marion Transit factors to be considered include:
 - The nature and cost of the accommodation.
 - The overall financial resources of the facility or facilities involved in the provision of the reasonable accommodation, the number of persons affected, the effect on expenses and resources, or the impact of such accommodation on the operation of the facility.
 - The type of operations of the agency, including its composition, structure and functions.

Right to Use Marion Transit Transportation Services

Transportation services will not be denied to any participant with a disability, if the individual is capable of using the service and abides by Marion Transit rider rules (see below).

Marion Transit further does not require an individual with a disability to use designated priority seats, if the individual does not choose to use these seats.

Marion Transit does not require that an individual with a disability be accompanied by an attendant.

MARIONTRANSIT

Rules for Rider Conduct

Marion Transit may refuse service to any individual who engages in violent, seriously disruptive, or illegal conduct, or represents a direct threat to the health or safety of others.

The definition of "direct threat" is intended to be interpreted consistently with the parallel definition in the Department of Justice regulations. That is, CFR, Title 49, Part 37 does not require a public entity to permit an individual to participate in or benefit from the services, programs, or activities of that public entity when that individual poses a direct threat to the health or safety of others. In determining whether an individual poses a direct threat to the health or safety of others, a public entity must make an individualized assessment, based on reasonable judgment that relies on current medical knowledge or on the best available objective evidence, to ascertain: the nature, duration, and severity of the risk, the probability that the potential injury will actually occur, and whether reasonable modifications of policies, practices, or procedures or the provision of auxiliary aids or services will mitigate the risk.

Marion Transit strictly prohibits the use of alcohol and/or drugs, and/or the possession of a firearm/weapon by any participant while on board a vehicle. The use of drugs and/or alcohol or the possession of a firearm/weapon will result in immediate discharge.

Marion Transit Drivers will make reasonable attempts resolve issues with riders. If service is denied, the Driver will document the incident or incidents leading to the service denial on the incident Report (see Exhibit A), substantiating how such an incident rises to the level of seriously disruptive behavior or a direct threat.

Boarding and Securement: Policies and Procedures for Wheelchair-Bound Participants

It is the policy of Marion Transit to comply with all the legal requirements of Federal and State laws and regulations as they pertain to individuals with disabilities. Marion Transit transit program provides quality transportation services without discrimination to all persons, including individuals with disabilities. Service is provided in a manner that meets the following goals:

1. Provide safe, accessible and dignified services to all persons.
2. Expedite the safe and efficient boarding, securing, transporting and alighting of all passengers, regardless of mobility status.
3. Accommodate the wide range of mobility aids within the confines of available vehicles and standard equipment.
4. Minimize potential damage to mobility aids and transit system equipment in the process.

MARIONTRANSIT

Marion Transit's transit program has the capacity to carry a wheelchair and occupant. A wheelchair is defined as a mobility aid belonging to any class of three or four-wheeled devices used by individuals with mobility impairments, whether operated manually or powered. A "common wheelchair" does not exceed 30 inches in width and 48 inches in length measured two inches above the ground and does not weight more than 800 or 1000 pounds when occupied based on the capacity of the bus lift.

Marion Transit does not allow Segway personal transportation devices onto transportation vehicles, nor does the agency allow such devices in its offices.

Boarding: Drivers and scheduling practices will provide adequate time for a passenger with a disability to board and/or disembark the vehicle. It is the responsibility of the driver to determine the safest location for passenger boarding based on conditions and individual needs upon arrival at the pick-up site. The passenger will maneuver the mobility aid to the vehicle. Only a properly trained transit employee can operate the lift, secure the wheelchair on the lift and in the securement station.

A person with a disability who is not using a wheelchair or other seated mobility aid may use the lift to board or alight the vehicle upon request.

Drivers will make themselves available for assistance to persons with disabilities and will assist upon request of the passenger. Drivers will leave their seat to assist a passenger with using the vehicle ramp, lift and/or securement systems. Drivers will use the accessibility-related equipment and features on their vehicles.

Securement: Securement of the "common wheelchair" class of mobility device is the responsibility of the driver and drivers will be trained in the proper operation of all securement equipment based on manufacturer specifications. Marion Transit utilizes universal tie-downs to secure mobility devices.

Marion Transit shall respond to requests for reasonable modification to policies and practices consistent with its transportation program, unless the request would fundamentally alter the nature of Marion Transit's services, programs or activities. All requests for modification are to be in writing (any format) with the name of the individual requesting modification and other relevant contact information and shall be delivered to the Transportation Director. Forms are also available on the www.marionseniorservices.org website.

ADA Complaint Procedures

Marion Transit's Transportation Director and leadership staff are responsible for ADA grievances. The ADA Coordinator is Tom Wilder, Transportation Director as the ADA Coordinator's alternate is Donna Tackett, Human Resources Director to address the agency's compliance with ADA regulations as it relates to the transportation program and ADA transportation related concerns and grievances.

Transportation related ADA concerns, grievances or complaints are required to be submitted to Transportation Director at 1101 SW 20th Court, Ocala, Florida 34471 on the agency's Complaint Form (see Exhibit B for complete instructions on the process). This form is also available on the

MARIONTRANSIT

agency website www.marionseniorservices.org

Equipment for Accessible Service

Marion Transit shall ensure that vehicle operators and other personnel are thoroughly trained on the operation and make use of accessibility-related equipment or features required by Part 38 of this title and shall maintain in operative condition those features of facilities and vehicles that are required to make the vehicles and facilities readily accessible to and usable by individuals with disabilities. These features include lifts and other means of access to vehicles, securement devices, signage and systems to facilitate communications with persons with impaired vision or hearing.

Marion Transit shall establish a system of regular and frequent maintenance checks of lifts sufficient to determine if they are operative (this is part of the Daily Pre/Post Trip Inspection conducted on every vehicle). Drivers are required to immediately report to the Transit Manager any failure of a lift or other accessibility feature. Accessibility features shall be repaired promptly if they are damaged or out of order. When an accessibility feature is out of order, Marion Transit shall take reasonable steps to accommodate individuals with disabilities who would otherwise use the feature.

Vehicle accessibility features include:

- Lifts and ramps
- Mobility aid securement areas and systems
- Lighting
- Seatbelts and/or shoulder harnesses (required to be used by all passengers)
- Signage

Facility features include:

- Signage
- Accessible paths to and within facilities
- Ramps

Wheelchairs and Other Mobility Devices

Marion Transit's transit program has the capacity to carry a wheelchair and occupant. Marion Transit does not allow Segway personal transportation devices onto transportation vehicles, nor does the agency allow such devices in its Centers.

Service Animals

Marion Transit allows passengers to bring a service animal. When booking a trip, riders should advise reservations they will have a service animal riding with them.

Effective Communications

Marion Transit will make every accommodation to communicate with persons who have disabilities affecting hearing, speaking, reading, writing or comprehension, as long as the accommodation does not place an undue burden upon the organization.

MARIONTRANSIT

ADA Training for Employees

Marion Transit has designed a training program that provides complete information on accessibility-related equipment and accommodations required by the ADA training is thoroughly define in the agency's Transportation Operating Policies and Procedures (Exhibit C). Employees further acknowledge that they have received and read the agency's transportation-related ADA Policy as documented with Exhibit D and is include in driver training files.

ADA training ensures that employees understand the importance of keeping equipment and accommodations in good working order and that employee provide excellent customer service to people with disabilities. The training program:

- Covers all aspects of service delivery;
- Includes regular updates as necessary on new technologies and refresher in-service training on serving people with disabilities;
- Addresses both technical tasks (operating all accessibility equipment and features) and human relations (providing assistance to individuals with disabilities in boarding, alighting and securement, sensitivity & etiquette in serving persons with disabilities, communicating with individuals with different types of disabilities); and,
- Vehicle mechanics (maintaining all accessibility equipment and keeping maintenance and repair records).

Marion Transit's Transportation Director, reporting to the Marion Senior Services, Inc. Executive Director, is responsible for the oversight of the transportation program, including its policies and procedures, and supervising employees to ensure they provide proper and consistent levels of service to individuals with disabilities.

Description of Services and Scheduling Rides

Transportation services are offered Monday – Friday from 5:00 a.m. to *7:00 p.m. transportation service requests are to be made up to 2 weeks but not less than *72 hours in advance of your appointment time. Transportation requests must be made by calling Reservations at 352-620-3072 Monday through Friday 8:00 a.m. to 5:00 p.m.

(*ADA & Dialysis riders may make special request with Reservations)

Reasonable Modifications Requests

Marion Transit shall respond to requests for reasonable modification to policies and practices consistent with its transportation program, unless the request would fundamentally alter the nature of Marion Transit's services, programs or activities. All requests for modification are to be in writing (any format) with the name of the individual requesting modification and other relevant contact information and shall be delivered to the Transportation Director. Forms are also available on the agency website www.marionseniorservices.org

Use of Cell Phones

Each Driver has read and signed acknowledging the use of cell phone policy which forbids use of cell phones while driving.

MARIONTRANSIT

Ridership by Unaccompanied Minors

Marion Transit provides transportation to unaccompanied minors as long as the minor is accompanied by an adult. Unaccompanied minors (ages 15 and above) are provided transportation services to/from school activities and/or doctor's appointments with prior approval/permission granted by the minor's parent/guardian.

Travel Attendants

Marion Transit allows for participants to be accompanied by travel attendants in the event that it is necessary, and the vehicle is not to capacity. Prior knowledge of ridership by a participant traveling with an attendant is necessary to make sure the vehicle is not to capacity.

Food and/or Beverage Consumption

There is no consumption of food and/or beverages on Marion Transit vehicles.

Bicycles and Strollers

Marion Transit makes all reasonable accommodations for bicycles and strollers as appropriate.

Oxygen and Other Health Aids

Marion Transit does not prohibit an individual with a disability from traveling with a respirator or portable oxygen supply, as long as the health aid is classified as a portable oxygen concentrator as defined in 49 CFR, 177.870(e).

END

MARIONTRANSIT
A DIVISION OF
Marion Senior Services, Inc.

Title VI Complaint Form
Or
ADA Complaint Form
(Circle One)

Consistent with Title VI of the Civil Rights Act of 1964 and the Americans with Disabilities Act of 1990 (ADA), the Agency has designated an individual as the Title VI/ADA Coordinator. The Coordinator is responsible for accepting complaints of discrimination on the basis of race, color, national origin, sex, age, disability, religion and family status in the provision of services, activities, programs, or benefits provided by the Agency.

A Complaint shall be submitted in writing within the following time frames:

- **Title VI: No later than 180 days from the date** of the alleged discrimination based on race, color, religion, sex or national origin.
- **ADA: No later than 60 days from the date** of the alleged discrimination of a qualified disabled individual shall, solely by reason of such disability, be excluded from the participation in, be denied the benefits of or be subjected to discrimination in programs, services or activities sponsored by Marion Senior Services.

Complaints shall include the name, address, and phone number of the complainant, along with the location, date and description of the problem. Complaints shall be processed in accordance with the applicable law.

Note: Marion Senior Services, Inc. does not discriminate based on race, color, national origin, sex, age, disability, religion or family status in any program or service. Persons with questions about nondiscrimination or those needing special accommodations under the ADA or language services should contact the **Transportation Director (352) 620-3071**.

Please submit this form in person at the address below, or mail this form to:

**Marion Transit Services a Division of Marion Senior Services, Inc.
ATTN: Transportation Director
1101 SW 20th Court
Ocala, FL 34471**

MARIONTRANSIT
A DIVISION OF
Marion Senior Services, Inc.

Submit a Civil Rights Title VI/ADA Complaint:

Section I

Name: _____

Address: _____

Telephone (Home): _____ Work: _____

Electronic Mail Address: _____

Accessible Format Requirements (Circle):

Large Print Audio Tape TDD Other

Section II

Are you filling this complaint on your own behalf? Yes* No

*If you answered "yes" to this question, go to Section III

If not, please supply the name and relationship of the person for whom you are complaining for:

Name _____ Relationship _____

Please explain why you have filed for a third party:

Please confirm that you have obtained the permission of the aggrieved party if you are filing on behalf of a third party. Yes No

Section III

I believe the discrimination I experienced was based on (check all that applies):

Race Color National Origin Gender Religion Disability Age
 Family Status

Date of Alleged Discrimination (Month, Day, Year)

Explain as clearly as possible what happened and why you believe you discriminated against. Describe all persons who were involved. Include the name and contact information of the person (s) who discriminated against you (if known) as well as names and contact information of any witnesses. Please include any other information that would assist us in our investigation of the allegations. Please also provide any other documentation that is relevant to this complaint.

MARIONTRANSIT
A DIVISION OF
Marion Senior Services, Inc.

Section IV

Have you filed this complaint with any other Federal, State, or local agency, or with any Federal or State court?

Yes No

If yes, check all that apply:

Federal Agency State Agency
 Federal Court Local Agency
 State Court

Please provide information about a contact person at the agency/court where the complaint was filed.

Name: _____

Title: _____

Agency: _____

Address: _____

Telephone: _____

Section V

Name of the agency complaint is against:

Contact Person: _____

Title: _____

Telephone Number: _____

You may attach any written materials or other information that you think is relevant to your complaint.

Signature and date required below.

Signature _____ **Date** _____



February 5, 2022

Florida Department of Transportation, District Five
Attn: Ms. Diane Poitras, Transit Programs Administrator
420 W. Landstreet RD
Orlando, FL 32824

RE: VEHICLE MAINTENANCE PLAN

To: District Five

This letter provides certification that Marion Senior Services, Inc. d/b/a Marion Transit has not made any changes to the Vehicle Maintenance Plan implemented **November 2017** to comply and incorporate FDOT Preventative Maintenance Standards Manual Edition 4.1.

The Preventative Maintenance Plan is attached for reference if necessary.

Sincerely,


Clayton Murch, Transportation Director



MARIONTRANSIT

PREVENTIVE MAINTENANCE MANUAL

for

MARIONTRANSIT

Revised – November, 2017

Complies with and incorporates

FDOT Preventative Maintenance Standards Manual

Edition 4.1

Maintenance Plan Outsource

It is the goal of Marion Transit to maintain an effective preventative maintenance program by utilizing proper management of parts, equipment and fleet. Marion Transit strives to operate a proactive maintenance program as opposed to reactive. Some ways they hope to accomplish this are by ensuring efficient cost-effective repairs and improving quality assurance measures. Scheduling work allows time, materials, tools, equipment, and labor to be managed easier than having unpredictable maintenance costs, workloads, and vehicle downtime. A maintenance plan has been adopted to make these goals attainable.

The maintenance plan is a “living document” including schedules and reports which will be updated periodically to reflect changes in maintenance policies, equipment, and program improvements.

Vehicle Maintenance

The current Marion Transit vehicle fleet is attached.

Marion Transit maintains the vehicles by performing the following regularly scheduled preventative maintenance inspections:

Pre-Trip Inspections

Vehicles receive a daily or pre-operational inspection that includes the following items:

- Lighting Devices
- Windshield wipers
- Interior Gauges and Warning System
- Climate Control
- Mirrors
- All Lights, Mirrors, Wipers and Warning Devices
- Parking Brakes
- Service Brakes
- Steering
- Horn
- Fire extinguisher
- Emergency Exit Windows and Door
- Passenger Doors
- Tires and Wheels
- Exhaust System
- Interlock System, if equipped
- Wheelchair Lifts and Ramp.
- Belts and Securement Devices.
- First Aid Kit & Bloodborne Spill Kit.
- Reflective Triangles.
- Fire Suppression System, if equipped.

These inspections are performed by driver's by completing a pre-trip inspection form. See attached. Forms are documented with the operator's signature and a check in each box to ensure whether items are "OK" or a defect is found. Details of the defect are noted in the comments section. Completed pre-trip inspection forms are submitted to the dispatcher and reviewed before the vehicle begins service. If a safety defect is found during the pre-trip inspection, the vehicle is repaired before returning to service. Once a defect is repaired it will be acknowledged in one of the following ways:

- The repair is noted on the pre-trip inspection form, along with a signature and date of repair; or
- A completed work order form describing the repair is attached to the pre-trip inspection form.

Pre-trip inspection forms are filed in the Transit Manager's Office and kept on file for a minimum of 14 days.

During scheduled trips and at the conclusion of transportation service the operator will note any defects on a post-trip inspection checklist to be turned in to dispatch at the end of the day. Defects that are consistent with the safety sensitive items listed on the pre-trip inspection are repaired before the vehicle returns to service. Defects that are not safety related are scheduled for repair at a later date.

Preventative Maintenance Inspections

Vehicles receive scheduled preventative maintenance inspections every 6000 miles. Vehicle mileages are tracked using both manual & electronic methods to schedule upcoming preventative maintenance inspections. When a vehicle is due for inspection, it is taken out of service until the inspection and all necessary repairs are completed. A preventative maintenance inspection checklist is used to inspect components in a progressive method. See attached. The inspections are performed in an A,B,A,C sequence every 6000 miles to ensure vehicle safety.

Marion Transit uses the following outsource maintenance facilities to conduct the preventative maintenance inspections and repairs:

- Construction Tire & Maintenance – 3021 NW 21 Street, Ocala – 352-629-3506
- AAMCO – 661 SW 17th Loop, Ocala – 352-369-9928
- Thermo King of Ocala – 6015 NW 44 Ave., Ocala – 352-867-7700
- ACE Auto Air – 2120 S. Pine Ave., Ocala – 352-732-2511
- Don's Garage – 218 SW 10th Street, Ocala – 352-732-7153

Marion Transit has provided the maintenance facilities performing the preventative maintenance inspections with the Preventative Maintenance Standards Manual to use as guidelines for performing these inspections. See attached. In addition, the Marion Transit has maintained a signed Preventative Maintenance Agreement with the outsourced facility outlining the roles and responsibilities of each party regarding preventative maintenance vehicle inspections.

Upon completion of the preventative maintenance inspection, the maintenance facility provides Marion Transit with a completed preventative maintenance inspection checklist form and a receipt for purchased services. This information is filed in the vehicle history files located in room 132.

All repairs that are considered to be safety related are made before the vehicle returns to service. Cosmetic repairs and repairs that are not safety related are scheduled for repair at a later date.

Maintenance Policies and Procedures

Vehicle History Files

Vehicle history files are maintained for each vehicle for the life of that vehicle. Each file includes the following:

- Identification of the vehicle, including make, model, license number or other means of positive identification and ownership;
- Date, mileage and description of each inspection, maintenance, repair or lubrication performed;
- If not owned by the transit Marion Transit, the name of the person or company furnishing service with this vehicle;
- The name and address of any business firm performing an inspection, maintenance, repair or lubrication.

Lift Maintenance

As part of the preventative maintenance on wheelchair lifts, a complete cycle of the lift is performed during the operators' pre-trip inspection. The operators report, by the most immediate means available, any lift failures.

The lifts are serviced on preventative maintenance inspections according to the manufacturer's specifications. Instructions for normal and emergency operation of the lift or ramp are carried or displayed in every accessible vehicle.

Accidents

All accidents are tracked by the frequency, type, and which party was at fault through incident reports that are completed within 12 hours of the time of the incident. See attached (incident report form)

Accident Investigation Reports are completed with the following information:

- Events are investigated and documented in a final report
- Description of investigation activities
- Identified causal factors
- Corrective actions
- Schedule of implementation of corrective actions

In the event of an accident the primary responsibility of all staff is to ensure the safety of the passengers. Marion Transit accident procedure is attached.

Road Calls

Road calls are defined as any in-service interruptions caused by failure of some functionally necessary element of the vehicle. When failures occur they are called in to the Marion Transit. The Transportation Coordinator makes towing arrangements to bring the vehicle to an outsource maintenance facility if necessary. Road call repairs are completed in the most expeditious manner to reduce the vehicle's down time. All related repair and towing expenses are filed in the vehicle's history file. Road calls are documented and monitored by the Transportation Coordinator and are analyzed to identify maintenance trends.

Cleaning

It is the duty of the assigned driver to perform a daily walkthrough on the vehicle and ensure there is no debris on the flooring or step wells that could result any falls or slips. Unsafe conditions are corrected before any scheduled trips. Drivers are also responsible for daily cleaning of their assigned bus.

Information Management

Maintenance activities are regularly monitored and analyzed by the Transit Manager and Transit Assistant. This information is used to adjust the preventative maintenance program as needed.

Warranty

A warranty recovery system, or warranty records of claims submitted and received, are maintained by Marion Transit. All warranty paperwork is filed in the bus folders.

Warranty repairs are identified by maintaining a list of items from the manufacturer that are under warranty and when the warranty expires. When a component fails it is checked against the list for time and/or mileage to determine if it is still under warranty. Documentation of warranty repairs, claims, and a recovery program are kept on file to guarantee the cost of the defects under warranty is paid by the equipment manufacturer and not the Marion Transit. All warranty claims are pursued until the claim is settled.

PRE-TRIP & POST-TRIP INSPECTIONS

Before utilizing vehicles for transportation service, FDOT requires drivers to conduct pre-trip inspections. The pre-trip inspection is significant in the detection of vehicle deficiencies that can impact passenger safety.

All agencies, whether their maintenance is performed in-house or outsourced, must complete a pre-trip inspection form. The pre-trip inspection form ensures that vital vehicle components are inspected before a vehicle departs for service. Table 1 identifies the minimum pre-trip inspection components and approved procedures. These components are also identified under *Chapter 14-90 of the Florida Administrative Code* and the *FDOT State Management Plan*.

Table 1: Pre-Trip Inspection Components & Procedures

Component	Procedure
Service Brakes	<ul style="list-style-type: none"> From the driver's seat, pump the brake pedal three or four times, and then hold constant downward pressure on the pedal for at least five seconds. The brake pedal should hold firm and not drift down. If equipped with a hydraulic brake reserve system, with the key off, depress the brake pedal and listen for the sound of the reserve system electric motor. If equipped with hydro boost system or vacuum assist system, with the key off, pump the brake at least five times and depress the brake pedal. It should feel firm. Remain holding the pedal and start the engine. The pedal should move slightly to the floor and then rise. Check that the warning buzzer or brake light is off.
Parking Brakes	<ul style="list-style-type: none"> Apply the parking brake and shift vehicle into low gear slightly pulling against the brakes. Vehicle should not move.

Table 1: Pre-Trip Inspection Components & Procedures (cont.)

Component	Procedure
Tires & Wheels	<ul style="list-style-type: none"> The minimum tire tread depth on steering axle (front tires) is 4/32 inch in every major groove. No re-caps are allowed on the steering axle. The minimum tire tread depth on all other tires is 2/32 inch in every major groove. Check all tires for uneven tread wear and cuts or damage to tread and sidewalls. Check for tire inflation by hitting the tires with a mallet or similar device to check for flats. To check for exact tire inflation a tire air gauge must be used. Check rims for bends, damage, or welds. Rims must not have any welding repairs. Check valve stems for damage and for missing valve caps. Check that the wheels and hubs are free of oil or grease. Oil or grease present could indicate a leaking hub or axle seal. Check that all lug nuts are present. Check for signs of rust streaks or shiny threads that could indicate loose lug nuts.
Steering	<ul style="list-style-type: none"> With the engine running, turn the wheel back and forth. Steering play should not exceed 2 inches (on a 20-inch wheel) until the front wheels barely move.
Horn	<ul style="list-style-type: none"> Check that the horn works properly.
Lighting Devices	<ul style="list-style-type: none"> Turn on exterior lights. Turn on 4-way flashers. Perform a complete walk around of the exterior of the vehicle and check all lights for proper operation and lens for cleanliness. Turn off 4-way flashers and turn on left turn signal and check left signal lights for operation. Turn on right turn signal and check right signal lights for operation. Turn on hi-beam head lights and check for operation. Checking brake lights and back-up lights may require assistance. With someone in the driver's seat, instruct them to step on the brake pedal while observing the operation of the brake lights. At this time have the assistant place the vehicle in reverse. Check back-up light operation and back-up alarm if equipped. Turn on all interior lights and check for operation.
Windshield Wipers	<ul style="list-style-type: none"> Starting from the exterior of the vehicle, check the condition of the wiper blades and that the arms and blades are secure. From the interior of the vehicle, check that the windshield washer works correctly and that the wipers operate smoothly Windshield should be clean with no obstructions or damage to glass.
Mirrors	<ul style="list-style-type: none"> Rear view mirrors and side view mirrors should be secure with no mirror bracket damage. Check for proper adjustment. Check mirror glass for cleanliness or fading.
Climate Control	<ul style="list-style-type: none"> Operate and check heater and air conditioning controls through all selector ranges and check varying fan speed for proper function. Check rear unit as applicable.
Emergency Exit Windows and Doors	<ul style="list-style-type: none"> Inspect side and rear windows for cracks, scratches and proper function of opening mechanisms. Check emergency exits to ensure all exits function properly and stay shut after opening.
Passenger Doors	<ul style="list-style-type: none"> Check doors for damage and that they operate smoothly. Hinges should be secure with seals intact. Check door entry area for debris and any loose or extensively worn flooring.

Table 1: Pre-Trip Inspection Components & Procedures (cont.)

Component	Procedure
Interior Gauges and Warning	<ul style="list-style-type: none"> • Activate ignition switch and check all warning indicator lights (oil, battery, check engine, ABS, etc.) for proper operation. If the vehicle is equipped with gauges, check proper readings after the engine has been started.
Exhaust System	<ul style="list-style-type: none"> • Check tailpipe for placement and secure mounting. • Start engine and listen for exhaust leaks and check for exhaust fumes in areas other than the tailpipe end.
Wheelchair Lift and Ramp	<ul style="list-style-type: none"> • Check wheelchair lift doors for operation and damage. • Cycle lift from stow position to floor level and check outboard roll stop barrier for proper latching. • Cycle lift to ground level and check for any leaking, damaged, missing parts, and for smooth operation. Raise lift from ground level. With platform slightly off ground, make sure outboard roll stop barrier raises and it is latched securely. This must be performed by visually inspecting and latching mechanism to ensure it is in the correct locked position and by physically attempting to pull/push barrier down with an adequate amount of force to make certain the barrier is securely latched. • Continue to raise lift to floor level and check for any unusual noises or abnormal operation. Check all warning lights and audible signals for proper operation. Due to varying lift configurations, refer to your lift's Owner's Manual for a list of warning lights and audible alarms to ensure all of these safety warning devices are working properly. • Stow lift. • With lift door in the open position, check shift interlock by trying to shift vehicle into gear. Bus should not shift out of park. • Inspect retractors for damaged webbing and proper locking. • Inspect shoulder belts. • Inspect foldaway seats for operation. • Inspect floor anchors.
Belts and Securement Devices	<ul style="list-style-type: none"> • Check for proper number and condition of belts, tie downs and any other securement devices
Interlock Systems	<ul style="list-style-type: none"> • If equipped, check to ensure interlock system is working properly. Vehicle should not shift out of park with either the front door or lift door open. • If the rear emergency exit door is open or closed, and locked, the vehicle should not start. • Check for audible alarm and warning light if rear door is open with vehicle running.
Safety, Security, & Emergency Equipment	<ul style="list-style-type: none"> • Check for properly charged and rated fire extinguisher. • Check for safety triangles and flares, if equipped. • Check for first aid kit, if equipped.
Fire Suppression	<ul style="list-style-type: none"> • Check the fire suppression gauge and ensure that the gauge indicates the fire suppression system is properly functioning. The arrow should be pointing in the green area of the gauge.
Additional Items	<ul style="list-style-type: none"> • Your agency may require additional items to be checked during the pre-trip/post-trip inspection, such as fluid checks, engine, hoses and belts under the hood. Check these additional items as necessary using procedures set forth by your agency.

ABC Progressive Inspections

Preventative maintenance inspections for Marion Transit are scheduled in a progressive method by using a predetermined target mileage (6000 miles). Intervals, however, should not exceed 6,000 miles.

Note: Older, "spare" vehicles that do not meet the target mileage within a year will be scheduled for a "C" Annual Inspection/Maintenance annually.

The ABC progressive inspection method is comprised of three progressive levels: "A" level inspections, "B" level inspections and "C" level inspections. Inspections should be performed in the following sequence: A, B, A, C. For example, Marion Transit inspections using a 6,000 mile interval, the inspections would follow this sequence:

6000 MILE Preventive Maintenance Schedule

A	6,000 MILES	A	54,000 MILES	A	102,000 MILES	A	150,000 MILES
B	12,000 MILES	B	60,000 MILES	B	108,000 MILES	B	156,000 MILES
A	18,000 MILES	A	66,000 MILES	A	114,000 MILES	A	162,000 MILES
C	24,000 MILES	C	72,000 MILES	C	120,000 MILES	C	168,000 MILES
A	30,000 MILES	A	78,000 MILES	A	126,000 MILES	A	174,000 MILES
B	36,000 MILES	B	84,000 MILES	B	132,000 MILES	B	180,000 MILES
A	42,000 MILES	A	90,000 MILES	A	138,000 MILES	A	186,000 MILES
C	48,000 MILES	C	96,000 MILES	C	144,000 MILES	C	192,000 MILES

Note: Maintenance shall not exceed 10% of scheduled maintenance mileage.

Conducting Preventative Maintenance Inspections

The following tables provide a step-by-step guide for conducting preventative maintenance inspections using the ABC progressive inspection method. Table 3 identifies the minimum components/items that must be inspected during an "A" level inspection. Table 4 identifies the components/items that must be inspected during a "B" level inspection, and Table 5 identifies "C" level inspection items.

ABAC inspections are cumulative. This means that "B" level inspections must also include "A" level inspections, and "C" level inspections must include both "A" and "B" level inspections.

FDOT has determined that the following vehicle components require a vehicle lift to be properly inspected. The "Item #" in parentheses corresponds to numbers on the FDOT-approved "Preventative Maintenance Inspection Report" Checklist. This form is included in the Preventative Maintenance Standards Manual.:

- Torque rods (Item #60)
- Ball joints (Item #61)
- Steering Gear/Linkage & Arms (Item #62)
- Lube Chassis (Item #64)
- Drive shaft & U-joints (Item #65)
- Differential Oil Level/Clean Breather/Axle seals (Item #66)
- Drain and refill differential fluid (Item #67)

- *Replace transmission fluid and filter (Item #68)*
- *Front Wheel Bearings (Item #69)*
- *Air Tank Mounting/Lines & Valves (Item #71)*
- *Exhaust System for Mounting/Leaks/Restrictions (Item #72)*
- *Underbody/Mounts & Frames (Item #73)*
- *Fuel Tank Mounting & Fuel Leaks (Item #74)*
- *Brake Foundation/Lines/Rotors/Drums (Item #82)*
- *L/Front Brakes % Worn (Item #83)*
- *R/Front Brakes % Worn (Item #84)*
- *L/Rear Brakes % Worn (Item #85)*
- *R/Rear Brakes % Worn (Item #86)*

Additionally, it is beneficial for the following vehicle components to be suspended on a lift to ensure accuracy:

- *Engine Oil & Filter (Item #53)*
- *Shocks/Springs/MOR/ryde (Item #59)*

Table 3: "A" Level Inspection Components

The "Item #" in these tables correspond to numbers on the FDOT-approved "Preventative Maintenance Inspection Report" Checklist. This form is included in the Preventative Maintenance Standards Manual.

Item #	Component
Interior	
1	<p><u>Passenger Door/ Check Operation of All Interlocks and/or Starter Interrupt</u> Check to ensure interlock system is working properly when parking brake is applied. Vehicle should not come out of park with either the front door or wheelchair lift door open. If equipped, check passenger door sensitive edge operation.</p>
2	<p><u>Standee Line & Warning</u> On vehicles designed to allow standees, check the condition of the standee line and sign. The line must be of contrasting color at least two inches wide and the sign, prohibiting anyone from occupying a space forward of the line, must be posted at or near the front of the vehicle.</p>
3	<p><u>Flooring/ Steps/ All Interior Panels</u> Inspect floor covering for tears, rips, or gouges. Inspect headliner for damage, sag, or dirt. Inspect the condition of side panels. Check steps for yellow edge or nosing to pronounce presence of steps.</p>
4	<p><u>Wheelchair Belts/ Floor Anchors</u> Check wheelchair seat belt lap extensions and wheelchair shoulder harnesses for proper function. Inspect wheelchair securement devices for damaged webbing and proper operation of locking mechanism. Inspect floor tie down anchors. Ensure the vehicle is equipped with the proper amount of securement devices for the number of wheelchair positions.</p>
5	<p><u>Passenger Seat Condition/ Foldaway Seat Operation</u> Seat covering for the driver and passenger seats should be inspected for rips, tears, gouges, exposed springs, and security of floor mounting. Arm rest(s) should be inspected for proper attachment to seat(s). Check folding seats for proper operation of adjustment controls. Check the driver's seat for proper fore and aft movement and tracks should be lubricated as necessary.</p>
6	<p><u>Passenger Seat Belts</u> Seat belts should be inspected for proper retraction mechanisms and damaged webbing.</p>
7	<p><u>Stanchions & Hand Rails</u> Inspect condition of the grab rails and stanchions for the standee passengers. Tighten grab rails as necessary. Note if extensive repairs are necessary.</p>
8	<p><u>Roof Hatches/ Operation</u> Check roof hatches to ensure proper function and that they shut and open properly.</p>
9	<p><u>Emergency Door and Window Operation</u> Check emergency door operation to ensure proper function. Check window exits to ensure all exits function properly. Ensure that all emergency exit signage is clear and legible.</p>

Table 3: "A" Level Inspection Components (cont.)

Item #	Component
10	<p><u>Fire Extinguisher/ First Aid Kit/ Emergency Triangles/ Spill Kit</u> Inspect the above mentioned safety equipment to ensure it is in proper working order, securely mounted, and easily accessible. Fire extinguisher must be fully charged with a dry chemical or carbon dioxide, having at least a 1A:BC rating and bearing the label Underwriters Laboratory Inc. Check maintenance tag for expiration date and condition of all components for damage or conditions that may prevent operation. Nozzle outlets must be unobstructed and properly aimed.</p>
11	<p><u>Fire Suppression System</u> If equipped with fire suppression system check "System OK" LED is illuminated. Check that system is properly charged and that all instruction labels are intact, clean, and legible. Ensure inspection tag for expiration date. Check the condition of all components for damage or conditions that may prevent operation. Nozzle outlets must be unobstructed, properly aimed, and must have their protective covers. Follow the fire suppression system manufacturer's guidelines for servicing the system.</p>
12	<p><u>Interior Lights</u> Inspect the interior lights. Check step well lights if applicable for proper function by opening door. Check dome light switch/rheostat. Check turn signal and the hi-lo beam switches as well as the indicators on dash for proper function. Check all emergency exit lights at emergency windows and rear exit door.</p>
13	<p><u>Vehicle Registration/ Plates</u> Check condition and currency of license plate and registration and appropriate manuals. Ensure accident report forms and other appropriate documents are up to date and available in the vehicle. Check for wheelchair lift operating manual, if applicable.</p>
Drivers Compartment	
14	<p><u>Brake & Accelerator Pedals</u> Check pedals for sticking, binding, or failure to return to normal position. Check pedals for excessive pad wear.</p>
15	<p><u>Driver's Seat & Belt</u> Check the driver's seat for proper fore and aft movement, and tracks should be lubricated as necessary. Check the driver's seat belt for proper retraction mechanisms and damaged webbing.</p>
16	<p><u>Horn Operation</u> Check horn. The horn must be capable of emitting a sound audible under normal conditions from a distance of not less than 200 feet.</p>
17	<p><u>Service Brake Operation</u> From the driver's seat, pump the brake pedal three or four times and then hold constant downward pressure on pedal for at least five seconds. The brake pedal should hold firm and not drift down. If equipped with a hydraulic brake reserve system, with the key off, depress the brake pedal and listen for the sound of the reserve system electric motor. If equipped with hydro boost system or vacuum assist system, with the key off, pump the brake at least five times and depress the brake pedal. It should feel firm. Remain holding the pedal and start the engine. The pedal should move slightly to the floor and then rise. Check that the warning buzzer or light is off.</p>

Table 3: "A" Level Inspection Components (cont.)

Item #	Component
18	<p><u>Ignition System (Start Engine)</u> When starting the engine, listen for starter drag or grind, belt squeal, and any other unusual noises. As engine warms, monitor all gauges. Check shift selector for smooth operation and can be shifted into all ranges.</p>
19	<p><u>Check All Gauges/ Switches</u> Activate ignition switch and check all warning indicator lights (oil, battery, engine, etc.) for proper operation. If the vehicle is equipped with gauges, check proper readings after the engine has been started. Check all switches, levers, and knobs for proper function.</p>
20	<p><u>Check Fast Idle</u> Check fast idle system for proper operation.</p>
21	<p><u>Check Air System Pressures/ Perform Leak Down Test</u> Drain all air tanks and check operation of system drier. Build air system to maximum air pressure and observe governor cut out (100- 125 psi). Shut off engine and chock wheels if necessary. Release emergency brake and make a full brake application and hold for one minute. Check air gauge to see if pressure drops more than three pounds in one minute. Next, rapidly pump the foot brake. Buzzer should activate before air pressure drops below 60 psi. Continue to pump brakes until emergency brake pops up. This should occur at approximately 40 psi. The amount of time it takes to build the air pressure is important. Air pressure should go from 85psi to 100psi in 40 seconds.</p>
22	<p><u>Shift Lever Operation</u> Move the shift lever into each gear and ensure the detents are operating correctly.</p>
23	<p><u>Parking Brake Operation</u> While the vehicle is on an incline, apply the parking brake and shift vehicle into low gear slightly pulling against the brakes. Vehicle should not move. If the vehicle cannot be checked on an incline, lightly accelerate the vehicle while the parking brake is applied. Again, the vehicle should not move. Parking brake should be adjusted to hold the vehicle in all terrains.</p>
24	<p><u>Back-Up Alarm</u> While depressing the brakes shift the vehicle into reverse and check the audible back-up alarm.</p>
25	<p><u>Driver's & Panel Lamps</u> Inspect the interior lights. Check step well lights if applicable for proper function by opening door. Check dome light switch/rheostat. Check turn signal and the hi-lo beam switches as well as the indicators on dash for proper function. Check all emergency exit lights at emergency windows and rear exit door. Check all dash and gauge lights for proper operation.</p>
26	<p><u>Interior Mirrors/ Sun Visor</u> Check inside rear view mirror(s) for proper mounting, adjustment, and condition of the glass. Also check the right and left exterior mirrors for adequate field of vision. Check sun visor.</p>

Table 3: "A" Level Inspection Components (cont.)

Item #	Component
27	<p><u>Windshield Wipers & Washers</u> Inspect windshield for cracks, scratches, and any visible damage. Operate windshield wipers through all ranges on wet glass. Check washer fluid level.</p>
28	<p><u>Climate Control System/ Fans</u> Operate and check heater and air conditioning controls through all selector ranges and check varying fan speed for proper function. Check rear unit output as applicable.</p>
29	<p><u>Fare Collection System</u> If equipped, ensure fare collection equipment is securely mounted and operating properly.</p>
30	<p><u>Cleanliness</u> Check the general cleanliness of the vehicle interior.</p>
Exterior Inspection	
31	<p><u>Check for Damage/ Corrosion/ Bumpers & Mounts/ Decals</u> Inspect exterior of vehicle for signs of body damage, missing trim, decals, paint condition, and any signs of developing rust. Check front and rear bumpers. Inspect for loose, damaged or missing hardware. Note and repair any significant damage. Inspect the outside of all windows for cracks, blemishes, or other damage. Inspect mirror brackets for secure mounting or rusting. Check mirrors for broken/fading glass.</p>
32	<p><u>Condition of All Glass</u> Inspect the outside of all windows for cracks, blemishes, or other damage.</p>
33	<p><u>Wiper Blades & Arms</u> Inspect condition of windshield wiper blades and arms. Replace if needed.</p>
34	<p><u>Exterior Mirrors</u> Inspect mirror brackets for secure mounting or rusting. Check mirrors for broken/fading glass.</p>
35	<p><u>Check Light Lenses & Reflectors</u> Check the condition of the exterior light lenses and reflectors.</p>
36	<p><u>Check Operation of All Lights</u> Outside assistance may be required when making this check. Check parking, low and hi beam headlights, turn signal operation front and rear, and hazard flashers. Turn on all outside clearance lights and check operation. At this time also check license plate lights, back-up lights, brake lights, decal lights. All lighting must comply with the minimum requirements set for the in Florida Statutes 316.220, 316.221, 316.224, 316.225, 316.226, 316.234, and 316.235.</p>

Table 3: "A" Level Inspection Components (cont.)

Item #	Component
37	<p><u>Condensor Fan Operation</u> Visually inspect fan blades for cracks, bends and proper clearance from shroud or screen. Check for debris. Turn on the air conditioning system and check fan operation. Listen for any unusual noises.</p>
38	<p><u>All Access Doors/ Engine Cover & Latch Operation</u> Inspect exterior access doors and lubricate hinges or spring latches as necessary. Check hood latch and lubricate. Check hood retainer bar.</p>
39	<p><u>Tire Damage & Wear</u> Inspect all tires for signs of uneven wear due to imbalance or improper front end alignment, check for exposed cord or steel belts, inspect valve cores, and check sidewalls for scrubbing or damage. Determine tread depth using tread depth gauge. Tread group pattern depth shall not be any less than 4/32 (1/8) inch, measured at any point on a major tread groove for tires on the steering axle and no less than 2/32 (1/16) inch measured at any point on a major tread groove for all other tires. Check air pressure in all tires including spare using tire air gauge. Check condition of spare tire and mounting. Check tires for cuts, nails, or other embedded foreign objects. Check all wheels, including spare, for any damage, welds, or improper bead seating of tire. Check for missing balance weights. Check hubcaps for secure mounting.</p>
40	<p><u>Check Wheels/ Lug Nuts/ Valve Stems</u> Check wheel lugs for proper torque. Inspect rims for any signs of damage or cracks. Check for any missing lug nuts.</p>
41	<p><u>Fuel Cap and Door</u> Check fuel cap for proper fit and any signs of damage to fuel servicing piping/ hoses.</p>
42	<p><u>Leveling</u> Check vehicle for proper leveling.</p>
Engine Compartment	
43	<p><u>Clean Batteries and Terminal Ends/ Check Electrolyte Level</u> Check battery mounting tray condition for corrosion and wear. Check battery case for cracking or damage. Check post and fasteners for corrosion – clean and cover with protectant. If applicable check and service water levels. If equipped with a maintenance free battery, check "green" indicator.</p>
44	<p><u>Check Battery Hold Downs/ Cables/ Ground Straps</u> Check battery hold downs. Check cables for fraying or signs of deterioration. Check battery slide out tray for proper function.</p>
45	<p><u>Record Voltage Output</u> Record battery output voltage.</p>
46	<p><u>Check Belts/ Tensioners & Hoses/ Air Compressor Mounting</u> Inspect all belts for signs of wear, fraying, cracks, glazing, and proper tension. Inspect heater hoses and connections. Check air compressor mounting for alignment, missing / loose bolts and bracket fractures and/or breaks.</p>

Table 3: "A" Level Inspection Components (cont.)

Item #	Component
47	<p><u>Check All Fluids</u> Check transmission fluid level with the fluid warm and the engine running. Check color of fluid for any signs of overheating. Also check the fluid levels for engine oil, engine coolant, power steering fluid, brake fluid and windshield washer fluid.</p>
48	<p><u>Inspect for Leaks</u> Inspect all lines, hoses and reservoirs for signs of leakage. Check engine, transmission, differential and all engine accessories for signs of leaks around gaskets, seals, drain plugs, etc. Repair as necessary.</p>
50	<p><u>Check Radiator Core/ Mounts</u> Inspect radiator cap for signs of leaks or pressure loss. Before removing the cap allow the engine to cool down. Relieve any built-up pressure in the system. Remove and inspect the radiator cap. At this time, the radiator cores and the interior of the radiator housing may be visually inspected for corrosion or clogging. Also, if circulation problems are suspected, operation of the water pump and circulation of the coolant may be verified with the engine running.</p>
51	<p><u>Check Wiring for Routing/ Chafing & Loose Connections</u> Inspect wiring for signs of chafing, corrosion, loss of insulation and crimping. Ensure wiring does not come in contact with moving parts or heated surfaces.</p>
52	<p><u>Check Engine Mounts</u> Check for any signs of loose hardware or deterioration.</p>
53	<p><u>Replace Engine Oil & Filter</u> Change oil according to manufacturer's specifications either under the normal or severe duty operating conditions. The information listed below defines which schedule you need to follow for each vehicle.</p> <ul style="list-style-type: none"> • If operating under every day driving conditions, use the recommendations for normal operating conditions. • If operating under the following conditions listed below, use the recommendations for severe operating conditions: <ul style="list-style-type: none"> ○ Making frequent short trips (less than five miles) ○ Driving in hot weather stop-and-go traffic ○ Driving at sustained high speeds during hot weather ○ Driving in areas with heavy dust (gravel roads, construction zones, etc.) ○ Making frequent short trips (less than 10 miles) when temperatures are below freezing ○ Extensive idling and/or low speed driving for long periods of time (taxi, police, door-to-door delivery, etc.) ○ Towing a trailer
54	<p><u>Check Air Filter</u> Remove air filter and inspect. Inspect air intake hoses and clamps. Visually inspect all vacuum hoses and connections. Replace air filter as needed.</p>

Table 3: "A" Level Inspection Components (cont.)

Item #	Component
55	<p><u>Check Fuel Filter</u> Check and/or replace fuel filter. Inspect fuel lines for leaks or damage.</p>
56	<p><u>Check/ Clean A/C Filters & Cores/ Lines for Routing/ Chafing</u> Remove filters and clean or replace, if equipped. Inspect lines for any signs of leaks or chafing. Clean condenser and evaporator fins of any debris.</p>
57	<p><u>A/C Compressor Mounting/ Clutch</u> Inspect compressor for any loose or missing hardware. Check pulley alignment and correct if needed. Ensure all wiring is securely routed.</p>
Chassis/Drive Line	
61	<p><u>Check Ball Joints</u> Inspect all ball joints according to manufacturer's recommendations. Lubricate after inspection. Check king pins if applicable. Due to varying road conditions, vehicle type, age of vehicle, and type of joint, it is recommended that you check the ball joints on every "A" inspection or if any of the following symptoms are observed:</p> <ul style="list-style-type: none"> • Front wheel shimmy at low speed • Steering wander • Clunking noises from the front suspension • Camber wear on the tires <p><i>Note: Most original equipment ball joints today are designed to provide many miles of durability. Many never make it that far for a variety of reasons. One is wear. The constant friction created by turning and driving creates friction between the ball stud and bearing. The rougher the roads and the heavier the vehicle, the faster the rate of wear will occur. Wear can be further accelerated by contamination and/or lack of lubrication. With a greaseable joint, lubing the chassis periodically is necessary to maintain a layer of grease within the joint. Lubing the joint also helps flush out the old grease and contaminants, which extends the service life of the joint. Most OEM ball joints today as well as some aftermarket replacement joints are "sealed for life" and have no grease fittings. Load carrying ball joints do tend to wear at a faster rate than their unloaded counterparts because of the weight they carry. That's why the lower ball joints on an SLA (short long arm) suspension typically wear out before the upper joints.</i></p>
62	<p><u>Steering Gear/ Linkage & Arms</u> Check steering column for any absence or looseness of U-bolts or positioning parts; worn, faulty, or any welded universal joints. Check steering wheel broken spokes or cracks and for securement. Check steering box for any mounting bolts loose or missing, any cracks in gear box or mounting brackets. Check for any looseness of the pitman arm on the steering gear output shaft. Check for leaks.</p>

Table 3: "A" Level Inspection Components (cont.)

Item #	Component
63	<p><u>Steering Shaft & Free Play</u> Check for any motion, other than rotational, between any linkage member and its attachment point. Check for loose clamps or clamp bolt on tie rod or drag link. Check for linkage components that are not secured with proper pins or devices. Check for any looseness in any threaded joint.</p>
64	<p><u>Lube Chassis</u> Lubricate all steering and suspension zirk fittings.</p>
66	<p><u>Check Differential Oil Level/ Clean Breather/ Check Axle Seals</u> Check for proper level. Ensure breather is clean. Check seals for any signs of leakage. Ensure all hardware is secure.</p>
72	<p><u>Check Exhaust System for Mounting/ Leaks/ Restriction</u> Check the exhaust system for mounting, routing, leaks and restrictions.</p>
Wheelchair Lift Inspection	
75	<p><u>Lift Manufacturer Tag/ Month & Year Manufactured/ State of FL Certificate</u> Check that each wheelchair lift or ramp are legibly and permanently marked by the manufacturer or installer with the following information:</p> <ul style="list-style-type: none"> • The manufacturer's name and address • The month and year of manufacture <p>A certificate that the wheelchair lift or ramp securement devices, and their installation, conform to State of Florida requirements applicable to accessible buses.</p>
76	<p><u>Check Lift Wiring for Routing/ Chafing & Loose Connections</u> Inspect all lift wiring for proper routing. Inspect pendant cord for any damage.</p>
77	<p><u>Check Lift for Damage/ Inspect Lift Anchor Bolts</u> Inspect lift towers for proper alignment. Ensure lift mounting hardware is secure.</p>
78	<p><u>Cycle Lift – Check all Safety Systems Including Barriers</u> Cycle lift from stow position to floor level and check outboard roll stop barrier for proper latching. Continue to lower lift to ground level and check for any leaking, damaged, missing parts, and for smooth operation. Raise lift from ground level. With platform slightly off ground make certain the outboard roll stop barrier raises and it is latched securely. This must be performed by visually inspecting the latching mechanism to ensure it is in the correct locked position and by physically attempting to pull/push barrier down with an adequate amount of force to make certain the barrier is secured. Continue to raise lift to floor level and check for any unusual noises or abnormal operation. Stand on lift platform or place at least 50 pounds of weight on platform and attempt to stow lift. Lift should not fold in. Remove weight and stow lift. Due to varying lift configurations refer to your lifts Owner's Manual for a list of warning lights and audible alarms to ensure all of these safety warning devices are working properly.</p>
79	<p><u>Record Lift Cycle Count</u> Document the lift cycle count on your preventative maintenance inspection form.</p>
80	<p><u>Check for Hydraulic Leaks/ Level</u> Inspect cylinders, hoses, pump and reservoir for any signs of leaks. Check for proper fluid level.</p>
81	<p><u>Clean, Lubricate & Adjust Lift As Needed</u> Check lift padding and labels. Check lift manual operation and instruction label. Lubricate appropriate lube points. (see illustrations at the end of this section) Refer to original owner's manual for lift adjustments if necessary.</p>

Table 3: "A" Level Inspection Components (cont.)

Item #	Component
Tire Tread Depth/Inflation	
87	<u>L/ Front</u> Record the tread depth for the left front tire.
88	<u>R/ Front</u> Record the tread depth for the right front tire.
89	<u>R/R Inside</u> Record the tread depth for the right rear inside tire, if applicable.
90	<u>R/R Outside</u> Record the tread depth for the right rear outside tire.
91	<u>L/R Inside</u> Record the tread depth for the left rear inside tire, if applicable.
92	<u>L/R Outside</u> Record the tread depth for the left rear outside tire.
93	<u>L/Front</u> Record the air pressure for the left front tire.
94	<u>R/ Front</u> Record the air pressure for the right front tire.
95	<u>R/R Inside</u> Record the air pressure for the right rear inside tire, if applicable.
96	<u>R/R Outside</u> Record the air pressure for the right rear outside tire.
97	<u>L/R Inside</u> Record the air pressure for the left rear inside tire, if applicable.
98	<u>L/R Outside</u> Record the air pressure for the left rear outside tire, if applicable.

Table 4: "B" Level Inspection Components

Remember, during a "B" level inspection, all "A" level components must also be checked.

Item #	Component
Chassis/Drive Line	
59	<u>Shocks/ Springs/ MOR/ryde</u> Inspect shock absorber cylinders for signs of leakage. Check bushings for signs of wear and the mounting brackets for secure mounting. Inspect coil and/or leaf springs for signs of damage or wear. Check MOR/ryde shear springs if equipped. If equipped with air springs check for leaks, cracks and dry rotting.
60	<u>Torque Rods</u> Inspect for any damaged or missing bushings. Ensure all hardware is intact and secure.
65	<u>Check Drive Shaft & U-Joints</u> Check the driveshaft chock wheels if needed and place transmission in neutral. Grasp either side of the u-joint and rotate it back and forth while watching and feeling for any play between the cross and the yoke. If the cross moves inside the yoke, replacement of the u-joint is warranted. Check slip joint for play. On vehicles with two piece drive shafts, check center support bearing for excessive compression of the rubber insulator. Inspect the center support bearing by rotating the inner race while holding the outer race. Replace if there is evidence of roughness or wear. Lubricate driveline u-joints and slip yoke.
70	<u>Check Brakes (Pull Wheels)</u> Remove wheels and inspect all brake pads/linings for wear.
71	<u>Air Tank Mounting/ Lines and Valves</u> Check air tank(s), lines and valves for secure mounting. Look for any loose or missing hardware. Check for leaks.
73	<u>Underbody/ Mounts & Frames</u> Inspect underbody mounts and frame for proper securement. Look for any loose or missing hardware, bushing deterioration, cracks, etc.
74	<u>Fuel Tank Mounting & Fuel Leaks</u> Check fuel tank for secure attachment to vehicle by inspecting for loose, broken or missing mounting bolts or brackets (some fuel tanks use springs or rubber bushings to permit movement). Check fuel system for any visible leak at any point.
Brake Inspection	
82	<u>Brake Foundation/ Lines/ Rotors/ Drums</u> Check rotors/drums for wear, scoring, and warping. Check calipers/cylinders and brake lines for signs of wear, chafing or leaks. Check for any dirt or grease accumulation on the brake system.
83	<u>L/ Front % Worn</u> Record the wear observed on the left front brake.
84	<u>R/ Front % Worn</u> Record the wear observed on the right front brake.
85	<u>L/ Rear % Worn</u> Record the wear observed on the left rear brake.
86	<u>R/ Rear % Worn</u> Record the wear observed on the right rear brake.

Table 4: “B” Level Inspection Components (cont.)

Item #	Component
Test Drive	
99	<u>Check Engine Performance</u> Start engine and check for any unusual noises. Check exhaust stream for any unusual color, odor or sound. Check for any active or inactive fault codes and if the engine has any outstanding Technical Service Bulletins from manufacturer. During operational test drive, check for smoothness of acceleration.
100	<u>Check Shift Points</u> During operational test drive, check operation and position of shift lever and indicator. Check operation in each gear. Check shift points through all gear ranges in drive position.
101	<u>Steering</u> During operational test drive, check the centering of the steering wheel and the smoothness of turns. Also check for looseness in steering wheel.
102	<u>Suspension</u> During operational test drive, check for proper tracking of the vehicle, balance of tires, and front end alignment.
103	<u>Brakes</u> Check for smooth pedal operation during braking. Check for any pulling, vibrating or shaking while braking. Check for any unusual noises such as grinding or squealing coming from wheels.
104	<u>Speedometer</u> During operational test drive, check operation of speedometer.

“C” Level Inspection –

Annual Inspections will be noted during “C” Level Inspections by circling the “Annual” Inspection type on the Preventive Maintenance Inspection Report. These annual inspections are required annually for each bus.

Table 5: "C" Level Inspection Components

Remember, during a "C" level inspection, all "A" and "B" level components must also be checked.

Item #	Component
Engine Compartment	
49	<p><u>Test Anti-Freeze Protection</u> Test antifreeze for proper protection level using the correct testing equipment. The protection should be at least -34 degrees which represents a 50/50 mixture of water and antifreeze. More protection may be desired depending on your specific climate region. Coolant should appear clean and translucent. Add, change or flush coolant as necessary to provide adequate protection.</p>
58	<p><u>A/C Pressure Check</u> Each spring, prior to the season for constant air conditioning use, the air conditioning system should be scheduled for a thorough operational check. The system should be checked with the appropriate air conditioning service equipment and gauges. Check the entire system for leaks. Note: The Freon level should be checked and serviced as necessary. If the system is to be serviced with the opening of a closed system, the complete system should be evacuated; the receiver dryer replaced and the system must be completely recharged, including refrigerant oil. <i>Note: All air conditioning work involving opening the system for repair and recharging must be performed by a licensed certified technician.</i></p>
Chassis/Drive Line	
69	<p><u>Check Front Wheel Bearings</u> Remove and inspect front wheel bearings, clean and lubricate or replace if necessary.</p>
OEM Recommended Intervals	
67	<p><u>Drain & Refill Differential</u> Drain and refill differential fluid according to the vehicle's OEM recommended interval. Invoices or work orders documenting this must be placed in the vehicle's history file.</p>
68	<p><u>Replace Transmission Fluid/ Filter</u> Remove transmission pan and drain fluid according to the vehicle's OEM recommended interval. If the transmission torque converter is equipped with a drain plug, drain fluid from it as well. Inspect debris in the bottom of pan for signs of internal transmission damage. Check the color of fluid for signs of overheating. Remove and replace filter screen. Note any abnormalities on the check off sheet. Invoices or work orders documenting this must be placed in the vehicle's history file.</p>

105. *Video System – if equipped

Ensure system is in working order. This inspection is performed by the Transit Manager or Transit Assistant and noted as part of the Annual Inspection.

OEM Recommendations

All vehicles contain an OEM (Original Equipment Manufacturer) manual where specific vehicle components are recommended for inspection or maintenance service. These OEM recommendations must be performed within the designated mileage intervals provided in the OEM manual in order for the vehicle to remain under active warranty status.

The *Preventative Maintenance Inspection Report* form identifies these vehicle component items that are typically inspected or serviced using OEM recommended intervals. Agencies must list in their maintenance plan each OEM recommended vehicle component and target mileage interval that will be used.

The inspection or service of these items must be clearly documented on a work order or invoice and filed in the vehicle's maintenance history file. The work order or invoice must state the date and vehicle mileage (odometer reading) at the time of the inspection or service to ensure it was conducted within the recommended mileage interval stated in the OEM manual.

The remaining vehicle components listed in the *FDOT Preventative Maintenance Standards Manual* that do not have OEM manufacturer recommended target mileage intervals must continue to be inspected using the intervals and methods described in the *FDOT Preventative Maintenance Standards Manual*.

Oil Changes

Agencies should choose a target mileage for conducting oil changes that meets or exceeds OEM manufacturer recommendations. Agencies are encouraged to perform oil changes during the vehicle's preventative maintenance inspection as this is the most efficient way of reducing vehicle downtime.

Many people are taught that vehicles must receive oil changes every 3,000 miles or 3 months, as this has become a normal practice for maintaining personal vehicles. However, in most cases where the vehicles do not have high mileages and are not operating under severe conditions, the target oil change interval can easily exceed 3,000 miles. However, the target oil change interval cannot exceed 6,000 miles unless it meets an OEM recommended mileage interval or unless the agency has supporting documentation from an oil analysis program. In these cases, the target mileage interval must be provided in the agency's maintenance plan along with any related documentation, such as oil analysis program data or a copy of the OEM manual recommendation.

If an agency intends to exceed the 6,000 mile oil change interval, the agency must use a systematic approach. At a minimum, the agency must use an oil analysis program to examine wear metals, silica, coolant contamination, and fuel contamination. Wear metals consist of zinc, copper, chromium, tin, and aluminum. Prior to extending the oil change intervals, the agency must pull a minimum of six oil samples for each vehicle using the preventative maintenance inspection interval described in the agency's maintenance plan to establish a baseline on wear metals and silica.

The baseline serves as an average on wear metals and silica – as long as neither are showing unusually high. During the oil sample analysis, at least 75% of the fleet must fall into the same parameters of not showing contamination. Fuel or coolant contamination indicates a problem

that must be addressed immediately. After establishing a baseline on wear metals and silica and provided that oil samples do not show contamination, the agency should extend oil change intervals in 500 mile increments until the agency sees a rise in either silica or wear metals in the oil sample analysis.

If the agency detects a rise in either silica or wear metals, the agency should use the previous interval as the established extended oil change interval. There must be documentation of this process kept on file. The agency must also continue to monitor the oil samples through a regular fluid analysis program since conditions could change that might affect oil contamination, potentially changing the extended oil change intervals. Agencies should seek approval from FDOT before implementing extended oil change intervals.

Documenting Preventative Maintenance Inspections

The *FDOT Preventative Maintenance Standards Manual* provides a recommended preventative maintenance inspection form titled *Preventative Maintenance Inspection Report* that uses the ABC progressive inspection method and complies with FDOT's minimum maintenance requirements. A sample of this form is provided as Figure 3 on the following page. Agencies may alternately choose to create their own preventative maintenance inspection forms to use. However, the form must include, at a minimum, all items listed on the FDOT-approved form.

Preventative maintenance inspection forms must be thoroughly completed and include basic information about the inspection such as the date and mileage at the time of the inspection. It must also properly identify whether each vehicle component item inspected was found to be ok or deficient. If a safety sensitive item is found to be defective, the vehicle cannot be utilized for service again until the appropriate repairs have been made.

Any repair work conducted as a result of defects identified during the preventative maintenance inspection should be attached to the inspection form. Completed preventative maintenance inspection forms and corresponding work orders should then be filed in the vehicle's history file for the life of the vehicle.

necessary repair should be filed in the vehicle history file along with the corresponding preventative maintenance inspection form that showed the defect.

Repairing Defects

When defects are found during preventative maintenance inspections, they must be documented on the preventative maintenance inspection form as being defective. All safety defects found during the preventative maintenance inspections must be repaired before the vehicle resumes transportation service. Again, FDOT has determined that the following vehicle components are considered to be safety sensitive items:

- Steering System
- Service and Parking Brakes
- Suspension and Undercarriage
- Tires, Wheels and Wheel End Components
- Fuel and Exhaust Systems
- All Lights, Mirrors, Wipers and Warning Devices
- Interlock Systems
- Interior Controls, Gauges, and Safety Equipment
- Wheelchair Lifts
- Air System
- Emergency Exits (doors, windows, etc.)
- Fire Suppression Systems

All non-safety related defects can be repaired at a later date in cases where agencies need to wait for parts to be ordered or vehicles are needed for transportation service. In these cases, the preventative maintenance inspection that showed the defect should be noted that a repair has been scheduled for repair at a later date. A work order or invoice documenting the necessary repair should be filed in the vehicle history file along with the corresponding preventative maintenance inspection form that showed the defect.

"Outsourced" Maintenance Plan Requirements

For agencies who outsource all of their maintenance activities, all maintenance program procedures and practices related to the following elements must be included in your maintenance plan:

1. Vehicle history file policies
2. Vehicle fleet roster information
3. Preventative maintenance inspection practices
4. Identification of outsource maintenance providers used and their respective specialties
5. Wheelchair lift maintenance activities
6. Scheduled maintenance activities
7. Pre-trip/post-trip inspection practices
8. Accident reporting and resulting maintenance practices
9. Road call procedures and practices
10. Warranty procedures
11. Vehicle cleaning practices
12. Information management procedures and practices

END

MARION TRANSIT TRAINING POLICY AND PROCEDURES

1.0 Purpose

1.1. This document discusses the Marion Transit policy for providing initial and on-going training. Marion Transit personnel received periodic in-service training conducive to their respective position. Drivers are required to complete quarterly scheduled in-service training as assigned. Driver's initial training consists of 80 hours of Field Training Operators Course that covers all the required training specific to rule 14-90.

A Training Manual for on-going and refresher training and testing of employees is kept by the Transit Assistant. The manual will contain training course content, curriculum, lesson plans, testing requirements, etc. On-going/refresher training and testing sessions will be conducted as necessary to remain compliant with Rule 14-90. The drivers are required to attend training and testing in all areas specified by Rule 14-90 at least once every three years.

2.0 Rule 14-90 Specific Driver Training

1. Bus transit system safety and operational policies and procedures.
2. Operational bus and equipment inspections.
3. Bus equipment familiarization.
4. Basic operations and maneuvering.
5. Boarding and alighting passengers.
6. Operation of wheelchair lifts and other special equipment.
7. Defensive driving.
8. Passenger assistance and securement.
9. Handling of emergencies and security threats.
10. Security and threat awareness.
11. Driving conditions.

In addition, drivers will receive training, bulletins, and/or flyers that cover the following topics throughout the year or as necessary:

1. Communication and handling of unsafe conditions, security threats, and emergencies.
2. Familiarization and operation of safety and emergency equipment, wheelchair lift equipment, and restraining devices.
3. Application and compliance with all applicable federal and state laws, rules, and regulations.
4. ADA & Title VI overview and handling of complaints.



February 5, 2022

Florida Department of Transportation, District Five
Attn: Ms. Diane Poitras, Transit Programs Administrator
420 W. Landstreet RD
Orlando, FL 32824

Re: ANNUAL CERTIFICATION – 2021
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.



Clayton Murch, Transportation Director

Attachments



Florida Department of Transportation

RON DESANTIS
GOVERNOR

420 W. Landstreet Rd.
Orlando, FL 32824

KEVIN J. THIBAUT, P.E.
SECRETARY

May 3, 2021

Tom Wilder
Transportation Director
Marion Senior Services
1101 Southwest 20th Court
Ocala, Florida 34471

Re: Marion Senior Services – 2021 Florida Department of Transportation (FDOT) Triennial Review Compliance Notice

Dear Mr. Wilder:

This letter is to confirm that the 2021 Marion Senior Services' FDOT Triennial Review conducted on January 26 and 27, 2021, is now closed. Following the Triennial Review Report originally transmitted on March 17, 2021, the Department has found Marion Senior Services in compliance with the FDOT regulations for providing public transportation services and for receiving federal funding programs 49 U.S.C. §5310, §5311, and §5339. A summary of review findings is provided in Attachment A of this notice. Thank you for cooperating with the FDOT review team to work towards compliance in various areas of Marion Senior Services' public transportation program.

Your cooperation during the process was greatly appreciated. The Department looks forward to continuing its valued partnership with Marion Senior Services to provide safe and efficient public transportation for the residents of Marion County.

Should you have any questions or require additional information, please do not hesitate to contact me directly at (321) 319-8174 or e-mail diane.poitras@dot.state.fl.us.

Sincerely,

DocuSigned by:
Diane Poitras

1053F4D140014E0...
Diane Poitras

Transit Programs Administrator
FDOT District Five

c:
Carlos Colon, Transit Project Coordinator - FDOT, District Five
Sophia Villavicencio-Ortiz, In-House Consultant – VHB
Jennifer Martinez, Executive Director – Marion Senior Services
Herman Schulz, Transit Manager – Marion Senior Services
Ken McKelvy, Transit Manager – Marion Senior Services

Attachment A – Findings Summary

CERTIFIED TO BE A TRUE &
EXACT COPY OF ORIGINAL

A handwritten signature in blue ink is written over a thick red horizontal line. To the right of the signature, there is a small red number "3".

MARION TRANSIT SERVICES

A Division of Marion Senior Services

1101 S.W. 20th Court, Ocala, FL. 34471

Telephone (352) 620-3071 Fax (352) 620-3504

Philadelphia Indemnity Insurance Company

Loss Payee Schedule

Policy Number: PHPK2362871

Loss Payee

First Data Merchant Services Corp
Mail Stop 189
4000 Coral Ridge Dr
Coral Springs, FL 33065-7614

FL - Loc #1 - Bld #1 - BUSINESS PERSONAL PROPERTY (OFFICES (N.O.C.))

Loss Payee

Leaf Capital Funding, LLC ISAOA
c/o Ins Service Center
PO Box 979127
Miami, FL 33197-9127

FL - Loc #1 - Bld #1 - BUSINESS PERSONAL PROPERTY (OFFICES (N.O.C.))
LOAN # 1002648078001
Re: Contents

Loss Payee-Auto

Florida Department of Transportation
District 5
420 W Landstreet Rd
Orlando, FL 32824-7805

FL - Veh #2 2012 CHEVROLET EXPRESS CUTAWAY G450 - 1GB6G5BG6C1112253

FL - Veh #3 2012 CHEVROLET EXPRESS CUTAWAY G450 - 1GB6G5BG2C1113660

FL - Veh #5 2013 CHEVROLET EXPRESS CUTAWAY G450 - 1GB6G5BG4D1121678

FL - Veh #6 2014 CHEVROLET EXPRESS CUTAWAY G450 - 1GB6G5BG3E1171067

FL - Veh #7 2014 CHEVROLET EXPRESS CUTAWAY G450 - 1GB6G5BG9E1170795

FL - Veh #8 2014 CHEVROLET EXPRESS CUTAWAY G450 - 1GB6G5BG7E1171119

FL - Veh #11 2014 CHEVROLET EXPRESS CUTAWAY G450 - 1GB6G5BG6E1187506

FL - Veh #12 2014 CHEVROLET EXPRESS CUTAWAY G450 - 1GB6G5BG6E1188493

FL - Veh #15 2016 FORD ECONOLINE - 1FD4E4FSXGDC03214

Philadelphia Indemnity Insurance Company

Loss Payee Schedule

Policy Number: PHPK2362871

Loss Payee-Auto

Florida Department of Transportation
District 5
420 W Landstreet Rd
Orlando, FL 32824-7805

FL - Veh #16 2016 FORD ECONOLINE - 1FD FE4FS6GDC03212
FL - Veh #17 2016 FORD ECONOLINE - 1FD FE4FS8GDC03213
FL - Veh #18 2016 FORD ECONOLINE - 1FD FE4FS4GDC03211
FL - Veh #19 2016 FORD ECONOLINE - 1FD FE4FS1GDC03215
FL - Veh #20 2017 FORD TRANSIT - 1FDVU4XG2HKA67568
FL - Veh #21 2017 FORD TRANSIT - 1FDVU4XG7HKA67565
FL - Veh #22 2017 FORD TRANSIT - 1FDVU4XG4HKA67569
FL - Veh #23 2017 FORD TRANSIT - 1FDVU4XG9HKA67566
FL - Veh #24 2017 FORD TRANSIT - 1FDVU4XG0HKA67567
FL - Veh #25 2018 CHEVROLET EXPRESS G4500 - 1HA6GUBG2JN002324
FL - Veh #26 2018 CHEVROLET EXPRESS G4500 - 1HA6GUBG1JN002394
FL - Veh #27 2018 CHEVROLET EXPRESS G4500 - 1HA6GUBG9JN002336
FL - Veh #28 2018 CHEVROLET EXPRESS G4500 - 1HA6GUBG9JN002403
FL - Veh #29 2018 CHEVROLET EXPRESS G4500 - 1HA6GUBG5JN002298
FL - Veh #33 2019 FORD ECONOLINE - 1FD FE4FS5KDC27574
FL - Veh #34 2019 FORD ECONOLINE - 1FD FE4FS4KDC29672
FL - Veh #35 2020 FORD ECONOLINE - 1FD FE4FS3KDC66499
FL - Veh #36 2019 FORD ECONOLINE - 1FD FE4FS6KDC66500

Philadelphia Indemnity Insurance Company

Loss Payee Schedule

Policy Number: PHPK2362871

Loss Payee-Auto

Florida Department of Transportation
District 5
420 W Landstreet Rd
Orlando, FL 32824-7805

FL - Veh #37 2019 FORD ECONOLINE - 1FDDE4FS8KDC66501

FL - Veh #38 2019 FORD ECONOLINE - 1FDDE4FSXKDC66502

FL - Veh #39 2020 FORD ECONOLINE - 1FDDE4FS1KDC66503

Loss Payee-Auto

The Commission for the Transportation
of the Disadvantaged
605 Suwannee St MS 49
Tallahassee, FL 32399-6509

FL - Veh #4 2012 DODGE GRAND CARAVAN SE - 2C4RDGBG4CR281275

FL - Veh #9 2014 CHEVROLET EXPRESS CUTAWAY G450 - 1GB6G5BG8E1171940

FL - Veh #10 2014 CHEVROLET EXPRESS CUTAWAY G450 - 1GB6G5BG8E1187734

FL - Veh #13 2015 FORD E450 SUPER DUTY - 1FDDE4FS3FDA30490

FL - Veh #14 2015 FORD E450 SUPER DUTY - 1FDDE4FS5FDA30491

Loss Payee-Auto

Florida Dept of Transportation District
District 5
420 W Landstreet Rd
Orlando, FL 32824-7805

FL - Veh #32 2019 FORD ECONOLINE - 1FDDE4FS2KDC29671

FL - Veh #40 2021 FORD ECONOLINE - 1FDDE4FN0MDC14258

FL - Veh #41 2021 FORD ECONOLINE - 1FDDE4FN2MDC14259

Philadelphia Indemnity Insurance Company

Loss Payee Schedule

Policy Number: PHPK2362871

Loss Payee-Auto

Florida Dept of Transportation District
District 5
420 W Landstreet Rd
Orlando, FL 32824-7805

FL - Veh #42 2021 FORD ECONOLINE - 1FDFF4FN2MDC14262

Philadelphia Indemnity Insurance Company

Additional Insured Schedule

Policy Number: PHPK2362871

Additional Insured

Florida Department of Transportation
District 5
420 W Landstreet Rd
Orlando, FL 32824-7805

CA2001 - FL - Veh #11 2014 CHEVROLET EXPRESS CUTAWAY G450 - 1GB6G5BG6E1187506
CA2001 - FL - Veh #12 2014 CHEVROLET EXPRESS CUTAWAY G450 - 1GB6G5BG6E1188493
CA2001 - FL - Veh #15 2016 FORD ECONOLINE - 1FD4E4FSXGDC03214
CA2001 - FL - Veh #16 2016 FORD ECONOLINE - 1FD4E4FS6GDC03212
CA2001 - FL - Veh #17 2016 FORD ECONOLINE - 1FD4E4FS8GDC03213
CA2001 - FL - Veh #18 2016 FORD ECONOLINE - 1FD4E4FS4GDC03211
CA2001 - FL - Veh #19 2016 FORD ECONOLINE - 1FD4E4FS1GDC03215
CA2001 - FL - Veh #2 2012 CHEVROLET EXPRESS CUTAWAY G450 - 1GB6G5BG6C1112253
CA2001 - FL - Veh #20 2017 FORD TRANSIT - 1FDVU4XG2HKA67568
CA2001 - FL - Veh #21 2017 FORD TRANSIT - 1FDVU4XG7HKA67565
CA2001 - FL - Veh #22 2017 FORD TRANSIT - 1FDVU4XG4HKA67569
CA2001 - FL - Veh #23 2017 FORD TRANSIT - 1FDVU4XG9HKA67566
CA2001 - FL - Veh #24 2017 FORD TRANSIT - 1FDVU4XG0HKA67567
CA2001 - FL - Veh #25 2018 CHEVROLET EXPRESS G4500 - 1HA6GUBG2JN002324
CA2001 - FL - Veh #26 2018 CHEVROLET EXPRESS G4500 - 1HA6GUBG1JN002394
CA2001 - FL - Veh #27 2018 CHEVROLET EXPRESS G4500 - 1HA6GUBG9JN002336
CA2001 - FL - Veh #28 2018 CHEVROLET EXPRESS G4500 - 1HA6GUBG9JN002403
CA2001 - FL - Veh #29 2018 CHEVROLET EXPRESS G4500 - 1HA6GUBG5JN002298
CA2001 - FL - Veh #3 2012 CHEVROLET EXPRESS CUTAWAY G450 - 1GB6G5BG2C1113660

Philadelphia Indemnity Insurance Company

Additional Insured Schedule

Policy Number: PHPK2362871

Additional Insured

Florida Department of Transportation
District 5
420 W Landstreet Rd
Orlando, FL 32824-7805

CA2001 - FL - Veh #5 2013 CHEVROLET EXPRESS CUTAWAY G450 - 1GB6G5BG4D1121678

CA2001 - FL - Veh #6 2014 CHEVROLET EXPRESS CUTAWAY G450 - 1GB6G5BG3E1171067

CA2001 - FL - Veh #7 2014 CHEVROLET EXPRESS CUTAWAY G450 - 1GB6G5BG9E1170795

CA2001 - FL - Veh #8 2014 CHEVROLET EXPRESS CUTAWAY G450 - 1GB6G5BG7E1171119

Additional Insured

The Commission for the Transportation
of the Disadvantaged
605 Suwannee St MS 49
Tallahassee, FL 32399-6509

CA2048 - FL - Veh #10 2014 CHEVROLET EXPRESS CUTAWAY G450 - 1GB6G5BG8E1187734

CA2048 - FL - Veh #13 2015 FORD E450 SUPER DUTY - 1FDFF4FS3FDA30490

CA2048 - FL - Veh #14 2015 FORD E450 SUPER DUTY - 1FDFF4FS5FDA30491

CA2048 - FL - Veh #4 2012 DODGE GRAND CARAVAN SE - 2C4RDGBG4CR281275

CA2048 - FL - Veh #9 2014 CHEVROLET EXPRESS CUTAWAY G450 - 1GB6G5BG8E1171940

Additional Insured

EpicMD Technologies, LLC
dba Alivi EpicNEMT Network
8323 NW 12th St Ste 208
Doral, FL 33126-1840

CA2048 - FL - Veh #0 - MANUSCRIPT ENDORSEMENT - AUTO

Philadelphia Indemnity Insurance Company

Additional Insured Schedule

Policy Number: PHPK2362871

Additional Insured

Florida Dept of Transportation District
District 5
420 W Landstreet Rd
Orlando, FL 32824-7805

CA2048 - FL - Veh #32 2019 FORD ECONOLINE - 1FDFF4FS2KDC29671

Policy Change Request

Brown & Brown of Florida, Inc.
1720 SE 16th Avenue, Suite 301

2/10/2022

C22021012740

First Request

Ocala FL 34471

COMPANY

Tokio Marine Holdings, Inc.
Philadelphia Indemnity Insurance Company
P. O. Box 502117

Philadelphia PA 19175-2117

INSURED

Marion Senior Services Inc

1101 SW 20th Court

Ocala FL 34471

REGARDING

Add various AI & LP

POLICY NUMBER

PHPK2362871

EFFECTIVE DATE OF CHANGE

2/10/2022

POLICY PERIOD

1/1/2022 - 1/1/2023

DESCRIPTION

BUSINESS AUTO

Line of Business: Business Auto

Vehicle Information

Veh #/Cust Veh #: 00033 / 1901, 2019, Ford, 14 Pass, 1FDFE4FS5KDC27574, Bus

Additional Interest

1) AMEND Florida Dept of Trans, Loss payee
Change Type: Loss payee to Loss Payee & Addl Insured

Veh #/Cust Veh #: 00034 / 1903, 2019, Ford, 14 Pass, 1FDFE4FS4KDC29672, Bus

Additional Interest

2) AMEND Florida Dept of Trans, Loss payee
Change Type: Loss payee to Loss Payee & Addl Insured

Veh #/Cust Veh #: 00035 / 1906, 2020, Ford, 14 Pass, 1FDFE4FS3KDC66499, Bus

Additional Interest

3) AMEND Florida Dept of Trans, Loss payee
Change Type: Loss payee to Loss Payee & Addl Insured

Veh #/Cust Veh #: 00036 / 1907, 2019, Ford, 14 Pass, 1FDFE4FS6KDC66500, Bus

Additional Interest

4) AMEND Florida Dept of Trans, Loss payee
Change Type: Loss payee to Loss Payee & Addl Insured

Veh #/Cust Veh #: 00037 / 1908, 2019, Ford, 14 Pass, 1FDFE4FS8KDC66501, Bus

Additional Interest

5) AMEND Florida Dept of Trans, Loss payee
Change Type: Loss payee to Loss Payee & Addl Insured

Veh #/Cust Veh #: 00038 / 1909, 2019, Ford, 14 Pass, 1FDFE4FSXKDC66502, Bus

Additional Interest

6) AMEND Florida Dept of Trans, Loss payee
Change Type: Loss payee to Loss Payee & Addl Insured

RECIPIENT

ATTN:

Tokio Marine Holdings, Inc.

P. O. Box 502117

Philadelphia PA 19175-2117

FROM: Sandra Perryman
Phone: (352)387-4221
Sandra.Perryman@bbrown.com

Brown & Brown of Florida, Inc.

Policy Change Request

2/10/2022

C22021012740

COMPANY

Tokio Marine Holdings, Inc.

First Request

POLICY NUMBER

PHPK2362871

POLICY PERIOD

1/1/2022 - 1/1/2023

EFFECTIVE DATE OF CHANGE

2/10/2022

DESCRIPTION

Veh #/Cust Veh #: 00039 / 1910, 2020, Ford, 14 Pass, 1FDFF4FS1KDC66503, Bus
Additional Interest

7) AMEND Florida Dept of Trans, Loss payee
Change Type: Loss payee to Loss Payee & Addl Insured

Veh #/Cust Veh #: 00040 / 2101, 2021, Ford, 14 Pass, 1FDFF4FN0MDC14258, Bus
Additional Interest

8) DELETE Florida Dept of Transportation, Loss payee

Additional Interest

9) ADD Florida Dept of Trans, Loss Payee & Addl Insured
Address: District 5, 420 W Landstreet Rd, Orlando, FL 32824
Item Description: 2021 Ford 14 Pass
Interest in Item: VIN: 1FDFF4FN0MDC14258

Vehicle Information

Veh #/Cust Veh #: 00041 / 2102, 2021, Ford, 14 Pass, 1FDFF4FN2MDC14259, Bus
Additional Interest

10) DELETE Florida Dept of Transportation, Loss payee

Additional Interest

11) ADD Florida Dept of Trans, Loss Payee & Addl Insured
Address: District 5, 420 W Landstreet Rd, Orlando, FL 32824
Item Description: 2021 Gosh 14 Pass
Interest in Item: VIN: 1FDFF4FN2MDC14259

Vehicle Information

Veh #/Cust Veh #: 00042 / 2105, 2021, Ford, 14 Pass, 1FDFF4FN2MDC14262, Bus
Additional Interest

12) DELETE Florida Dept of Transportation, Loss payee

Additional Interest

13) ADD Florida Dept of Trans, Loss Payee & Addl Insured
Address: District 5, 420 W Landstreet Rd, Orlando, FL 32824
Item Description: 2021 Gosh 14 Pass
Interest in Item: VIN: 1FDFF4FN2MDC14262

Vehicle Information

Veh #/Cust Veh #: 00043 / 2103, 2021, Ford, 14 Pass, 1FDFF4FN9MDC14260, Bus
Additional Interest

14) ADD Florida Dept of Trans, Loss Payee & Addl Insured
Address: District 5, 420 W Landstreet Rd, Orlando, FL 32824
Item Description: 2021 Ford 14 Pass
Interest in Item: VIN: 1FDFF4FN9MDC14260

Veh #/Cust Veh #: 00044 / 2104, 2021, Ford, 14 Pass, 1FDFF4FN0MDC14261, Bus
Additional Interest

15) ADD Florida Dept of Trans, Loss Payee & Addl Insured
Address: District 5, 420 W Landstreet Rd, Orlando, FL 32824
Item Description: 2021 Ford 14 Pass
Interest in Item: VIN: 1FDFF4FN0MDC14261

Veh #/Cust Veh #: 00045 / 2107, 2021, Ford, 14 pass, 1FDFF4FN9MDC20401, Bus
Additional Interest

16) ADD Florida Dept of Trans, Loss Payee & Addl Insured
Address: District 5, 420 W Landstreet Rd, Orlando, FL 32824
Item Description: 2021 Ford 14 pass
Interest in Item: VIN: 1FDFF4FN9MDC20401

Policy Change Request

2/10/2022

C22021012740

COMPANY

Tokio Marine Holdings, Inc.

First Request

POLICY NUMBER

PHPK2362871

POLICY PERIOD

1/1/2022 - 1/1/2023

EFFECTIVE DATE OF CHANGE

2/10/2022

DESCRIPTION

Veh #/Cust Veh #: 00046 / 2108, 2021, Ford, 14 pass, 1FDFF4FN3MDC02752, Bus
Additional Interest

17) ADD Florida Dept of Trans, Loss Payee & Addl Insured
Address: District 5, 420 W Landstreet Rd, Orlando, FL 32824
Item Description: 2021 Ford 14 pass
Interest in Item: VIN: 1FDFF4FN3MDC02752

Veh #/Cust Veh #: 00047 / 2111, 2021, Ford, 15 pass, 1FDFF4FN4MDC20452, Bus
Additional Interest

18) ADD Florida Dept of Trans, Loss Payee & Addl Insured
Address: District 5, 420 W Landstreet Rd, Orlando, FL 32824
Item Description: 2021 Ford 15 pass
Interest in Item: VIN: 1FDFF4FN4MDC20452

Veh #/Cust Veh #: 00048 / 2112, 2021, Ford, 15 pass, 1FDFF4FN6MDC20453, Bus
Additional Interest

19) ADD Florida Dept of Trans, Loss Payee & Addl Insured
Address: District 5, 420 W Landstreet Rd, Orlando, FL 32824
Item Description: 2021 Ford 15 pass
Interest in Item: VIN: 1FDFF4FN6MDC20453

Veh #/Cust Veh #: 00049 / 2113, 2021, Ford, 14 Pass, 1FDFF4FN8MDC21801, Bus
Additional Interest

20) ADD Florida Dept of Trans, Loss Payee & Addl Insured
Address: District 5, 420 W Landstreet Rd, Orlando, FL 32824
Item Description: 2021 Ford 14 Pass
Interest in Item: VIN: 1FDFF4FN8MDC21801

Veh #/Cust Veh #: 00050 / 2114, 2021, Ford, 14 Pass, 1FDFF4FN0MDC20402, Bus
Additional Interest

21) ADD Florida Dept of Trans, Loss Payee & Addl Insured
Address: District 5, 420 W Landstreet Rd, Orlando, FL 32824
Item Description: 2021 Ford 14 Pass
Interest in Item: VIN: 1FDFF4FN0MDC20402

22) ADD Florida Dept of Trans, Loss Payee & Addl Insured
Address: District 5, 420 W Landstreet Rd, Orlando, FL 32824
Item Description: 2021 Ford 14 Pass
Interest in Item: VIN: 1FDFF4FN0MDC20402

Vehicle Information

Veh #/Cust Veh #: 00051 / 2115, 2021, Ford, 14 Pass, 1FDFF4FN1MDC02748, Bus
Additional Interest

23) ADD Florida Dept of Trans, Loss Payee & Addl Insured
Address: District 5, 420 W Landstreet Rd, Orlando, FL 32824
Item Description: 2021 Ford 14 Pass
Interest in Item: VIN: 1FDFF4FN1MDC02748

3.0 Roles and Responsibilities

3.1 Transit Personnel - responsible for successfully completing required training as assigned.

3.2 Transit Assistant - Custodian of the training files and assists drivers with necessary training material.

3.3 Field Training Operators – FTO’s will consist of senior drivers who will work with new drivers and ensure they are trained as outlined in the FTO program course.

3.4 Supervisors – responsible for selecting the training topics and ensuring that personnel complete the training and that records are kept once completed. Each topic will include a lesson plan and sign-up sheet of attendees. Oversee the FTO program and update/revise as necessary.

4.0 Training Records

4.1 Records – proof of training which includes sign-up sheets and lesson plans are kept in the transit assistant office. Certificates that are issued are filed in the driver or employee file with a sample attached to the lesson plan.

All training and testing activities are to be recorded and retained in files for a minimum of five years.

+++ END +++



Transportation Disadvantaged Local Coordinating Board (TDLCB) Meeting

Marion Senior Services
1101 SW 20th Court, Ocala, FL 34471
December 9, 2021
10:30 AM

MINUTES

Members Present:

Jeffrey Askew
Ivonne Perez
Susan Hanley
Andrea Melvin
Steven Neal

Members Not Present:

Michelle Stone
Charmaine Anderson
Tracey Sapp
Carlos Colon
Iris Pozo
Tracey Alesiani
Carissa Hutchinson
Anissa Pieriboni
Jeff Aboumrad
James Haynes

Others Present:

Rob Balmes, TPO
Shakayla Irby, TPO
Elizabeth Mitchell, TPO

Brandon Palermo, Center for Independent Living
Ken McKely, Marion Transit
Karen Williams, Marion Transit
Herman Schulz, Marion Transit

Item 1. Call to Order and Roll Call

Vice Chairman Askew called the meeting to order at 10:30am. Secretary Shakayla Irby called the roll and a special quorum was present.

Per the bylaws Mr. Neal made a motion to move forward with a special quorum of five-voting members. Ms. Melvin seconded, and the motion passed unanimously.

Item 2. Pledge of Allegiance

Vice Chairman Askew led the board members in the Pledge of Allegiance.

Item 3. Proof of Publication

Secretary Shakayla Irby stated that the meeting had been published December 2, 2021 online on the TPO website and Facebook and Twitter pages, the City of Ocala, Belleview, and Dunnellon websites. The meeting was also published to the December 2, 2021 edition of the Star Banner.

Item 4A. Veterans Services presented by Mr. Jeffrey Askew

Vice Chairman Askew, Director of Marion County Veterans Service gave a presentation of the services provided.

Mr. Askew stated that along with being the Director of Marion County Veterans Services he also oversaw the Ocala-Marion County Veterans Memorial Park and was in charge of the Veterans Exhibit Center.

A pamphlet was provided to the board to review information on all services provided.

Some of the services provided included help for residents to obtain their Veterans Administration (VA) benefits. That included counseling, compensation, pension, health care, education, as well as death & burial benefits.

Veteran Services also assisted veterans who were seeking to replace lost medals awarded during active duty.

Marion County Veterans Services located at 2730 E. Silver Springs Blvd., Ocala, FL 34470 also shared their building with Vets helping Vets and they assisted with meals, counseling for Veterans with PTSD, home loans, and also help low income individuals as well.

Mr. Askew mentioned that for the first time Veterans Services would have three floats in the upcoming Christmas parade that included Veterans and their families.

A booklet with information on the Veterans Park was provided to the board.

Mr. Askew mentioned that you did not have to be deceased to have your name placed in the Veterans Park. He also provided a map that outlined the Memorial Park.

The Veterans Park was open from sunrise to sunset at 2601 East Silver Springs Blvd., Ocala, FL 34470.

Mr. Askew said just down the hill from the Veterans Memorial Park there was a Veterans Exhibit Center that was open Tuesday to Friday and on special occasions (Memorial Day and Veterans Day etc.).

A proper flag etiquette booklet was provided to the board.

Mr. Askew had a Q&A with the board and also provided a chance to receive special prizes.

Question: What state had the weirdest shaped flag?

Answer: Ohio

Question: Which state received their first official flag in the year 2020?

Answer: Mississippi

Mr. Askew talked about the funding that was received for Veterans and also shared the three locations to the Veterans Clinic.

SunTran would be providing bus services to the new Veterans Clinic located on SR 200.

Item 5A. Grievance Procedures

TPO staff regularly reviewed and/or amended the TDLCB Grievance Procedures to assure that all elements of the Grievance Procedures were in alignment with Florida statutes, regulations and codes.

There were no new amendments to the Grievance Procedures at the time.

Ms. Melvin made a motion to approve the Grievance Procedures as presented. Ms. Hanley seconded, and the motion passed unanimously.

Item 5B. By-Laws

TPO staff regularly reviewed and/or amended the TDLCB Bylaws to assure that all elements of the Bylaws are in alignment with Florida statutes, regulations and codes.

There were no new amendments to the By-laws.

Ms. Hanley made a motion to approve the By-laws as presented. Ms. Melvin seconded, and the motion passed unanimously.

Item 5C. Election of new Vice-Chairperson

Mr. Askew nominated Andrea Melvin to be Vice Chair.

Mr. Neal made a motion to appoint Ms. Andrea Melvin as Vice Chair. Ms. Hanley seconded, and the motion passed unanimously.

Item 5D. Election of new Grievance sub-committee members

Five volunteers were needed for the Grievance sub-committee.

Mr. Jeffery Askew and Steven Neal volunteered to be on the Grievance sub-committee members.

The election of new Grievance sub-committee members was tabled to the next TDLCB meeting with Mr. Askew and Mr. Neal as volunteers.

Item 5E. Election of sub-committee members to assist with CTC evaluation

Ms. Liz Mitchell with the Ocala Marion TPO explained that the sub-committee members would assist with the CTC evaluation that was conducted every year.

The evaluation looked at training, finances, and all of the interworking of the system.

Sub-committee members would assist with phone calls to Marion Transit riders for surveying and also ride-a-longs on the buses to see the drivers in action also.

Volunteers

- Andrea Melvin
- Brandon Palermo
- Susan Hanley
- Jeffrey Askew (*if needed*)

Item 5F. Meeting Schedule for 2022

Mr. Askew reviewed the 2022 meeting schedule with the board and asked that board members provide an alternate if a member could not attend a future meeting.

Item 6. Consent Agenda

Mr. Neal made a motion to approve the Consent Agenda. Ms. Melvin seconded, and the motion passed unanimously.

Item 7. Comments by TDLCB Members

Ms. Susan Hanley made a comment that from the Department of Elder Affairs she had hoped that things would return to some sort of normalcy. The Department of Elder Affairs determined Medicaid eligibility and still had not been going into nursing homes to assess patients. Due to changes during the pandemic there was a sense of disconnection from the nursing home facilities. Patients were being assessed via phone after reviewing information for each patient. There was a struggle with open visitation at nursing homes and also home visits were still difficult.

Mr. Askew said that it had been a challenging year and hoped that next year would be more open for everyone.

Ms. Andrea Melvin said that the Centers for Independent Living still had their front door locked and only seeing appointments as needed most services were still provided by phone or by Zoom.

Mr. Brandon Palermo with the Centers for Independent Living said he had hopes that things would continue to get better and hoped for reopening in the coming year.

Ms. Ivonne Perez with the Agency of Health Care Administration had been doing business as usual.

Mr. Steven Neal made comments that the SunTran had started a new route structure on October 18th and still had face mask restrictions in place extended until March 18th, 2022 but expected to continue with different variants. SunTran would be putting new technology inside of the buses for Covid and inside the air ventilation system would be a ionization system to kill Covid and germs on the bus. SunTran was also going to the Centers, the new VA hospital, and extended routes for Greyhound users. SunTran would also be looking into electric buses and more bus shelters in the coming year.

Mr. Askew asked if face masks were provided for the SunTran bus drivers and riders.

Mr. Neal responded that there were masks provided on the bus if needed.

Mr. Askew asked if SunTran could provide more route maps to the Veterans Services facility.

Mr. Neal said the he would provide more route maps to the Veterans Services facility.

Item 8. Comments by TPO Staff

Mr. Rob Balmes, TPO Director notified the TDLCB of the January 12, 2022 kick-off meeting to the Commitment to Zero: Safety Action Plan and provided a flyer. The plan would continue throughout the late summer with the result of a final action plan for the community.

Item 9. Comments by CTC

Mr. Herman Schulz gave updates that Jenifer Martinez was the acting Director for transportation and if the board had any questions on day to day operations they could reach out to himself, Karen Williams, or Ken McKely.

Marion Transit had recently implemented a new phone upgrade and computer upgrades were in process.

Mr. Schulz also provided grant updates and new bus updates.

Route match and the optimizer would put clients in route orders so that drivers did not have to plan out the routes. Additional training was coming for the new route match in the first of the New Year.

Ken McKely, Transit Manager had recently completed Transit Supervisor certification course provided through the Transit Safety Institute.

All drivers for Marion Transit were wearing masks as well as riders.

Item 10. Public Comment

There was no public comment.

Item 11. Adjournment

Vice Chair Askew adjourned the meeting at 11:14am.

Respectfully Submitted By:

Shakayla Irby, TPO Administrative Assistant



TO: TDLCB Board Members

FROM: Rob Balmes, Director

RE: Commitment to Zero Community and TDLCB Workshops

Summary

On January 12, 2022, the TPO kicked-off **Commitment to Zero: An Action Plan for Safer Streets in Ocala Marion**. The public can participate at any time by visiting the Commitment to Zero project page at: <https://ocalamariontpo.org/safety-plan>

The project page contains up to date documents and meeting information, including “How to Get Involved”. This section provides an opportunity for the public to complete an online survey and place comments on an online interactive map. As Board members, if you could please share the project page and opportunities for public comment, it will be greatly appreciated.

The TPO and consultant team will host a **Community Workshop** on **April 14, 2022** at the **College of Central Florida Klein Center**. Attached to this memo is a flier highlighting the event. The workshop is open to all members of the community. Further details will be provided in the near future, but is expected to include a brief presentation, followed by an open-house style format.

On **June 16, 2022**, the TPO plans to conduct a specific **TDLCB Workshop** at the annually scheduled workshop meeting. Our consultant team will facilitate a 45 to 60 minute session with TDLCB members to gain insights and feedback to improve transportation safety for our community.

Attachment(s)

- Community Workshop Flyer

If you have any questions about the project, please contact me any time at: 438-2631.

COMMITMENT TO ZERO: SAFETY ACTION PLAN COMMUNITY WORKSHOP



COMMITMENT TO ZERO



An Action Plan >>> for Safer Streets in Ocala Marion

Learn more

<https://ocalamariontpo.org/safety-plan/>

April 14, 2022

5:30 PM to 8:00 PM



SCAN ME

SAVE
the
DATE

COLLEGE OF CENTRAL FLORIDA
KLEIN CONFERENCE CENTER – BUILDING 40

3001 SW College Road
Ocala, FL 34474

TPO
OCALA MARION
TRANSPORTATION
PLANNING
ORGANIZATION