

TRANSPORTATION DISADVANTAGED LOCAL COORDINATING BOARD

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

June 16, 2016
2:00 PM



AGENDA

1. Call to Order and Roll Call
2. Proof of Publication
3. FY 2017 Proposed Trip Rate for Marion Transit Services
4. Minutes
 - a. Meeting: July 16, 2015
5. Comments by TDLCB Members
6. Comments by Community Transportation Coordinator (CTC)
7. Comments by TPO Staff
8. Public Comment
9. Adjournment

The next meeting of the TDLCB will be held on Thursday, October 20, 2016.

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



MEMORANDUM

JUNE 16, 2016

TO: TDLCB MEMBERS

FROM: KENNETH ODOM, TRANSPORTATION PLANNER

SUBJECT: FY 2017 PROPOSED TRIP RATE FOR MARION TRANSIT SERVICES

Each year, the TDLCB is required to approve Marion Transit Services (MTS) proposed trip rates. MTS, as required, utilizes the Commission for Transportation Disadvantaged (CTD) Trip Rate Calculation process. The Trip Rate Calculation process takes into account numerous costs items including labor, fringe benefits and insurance as well as program income to determine the trip rates. This year, MTS is proposing a slight decrease in the per-mile charge for ambulatory and wheelchair patients with no increase for stretcher patients.

TPO staff has reviewed the Trip Rate Calculation and concurs with the results. The proposed rates are as follows:

	<u>Current Rate</u>	<u>Proposed Rate</u>
Ambulatory		
Per Mile	\$3.96	\$3.27 (-17.5%)
Wheelchair		
Per Mile	\$6.79	\$5.61 (-17.4%)
Stretcher (contracted)		
Per Mile	\$10.00	\$10.00

The Trip Rate Calculation is enclosed for your review. Staff is requesting approval of the rates as proposed. If you have any questions or would like to discuss this proposal further, please contact our office at 629-8297.

Preliminary Information Worksheet

Version 1.4

CTC Name: Marion Senior Services, Inc.

County (Service Area): Marion

Contact Person: Donna Hersom/Julie Poole

Phone # (352) 620-3519 or (352) 620-3501

Check Applicable Characteristic:

ORGANIZATIONAL TYPE:

- Governmental
- Private Non-Profit
- Private For Profit

NETWORK TYPE:

- Fully Brokered
- Partially Brokered
- Sole Source

Once completed, proceed to the Worksheet entitled "Comprehensive Budget"

Comprehensive Budget Worksheet

Version 1.4

CTC: Marion Senior Services, Inc.
County: Marion

1. Complete applicable GREEN cells in columns 2, 3, 4, and 7

	Prior Year's ACTUALS from Jan 1st of 2015 to Dec 31st of 2015	Current Year's APPROVED Budget, as amended from Jan 1st of 2016 to Dec 31st of 2016	Upcoming Year's PROPOSED Budget from Jan 1st of 2017 to Dec 31st of 2017	% Change from Prior Year to Current Year	Proposed % Change from Current Year to Upcoming Year	Confirm whether revenues are collected as a system subsidy VS a purchase of service at a unit price. Explain Changes in Column 6 That Are > ± 10% and Also > ± \$50,000
1	2	3	4	5	6	7

REVENUES (CTC/Operators ONLY / Do NOT include coordination contractors!)

Local Non-Govt

Farebox	\$ 92,712	\$ 96,300	\$ 92,800	3.9%	-3.6%	
Medicaid Co-Pay Received	\$ 47	\$ -	\$ -	-100.0%		
Donations/ Contributions						
In-Kind, Contributed Services						
Other	\$ -	\$ -	\$ -			
Bus Pass Program Revenue						

Local Government

District School Board						County cash is used as match for capital equipment and trips at the rates in this spreadsheet.
Compl. ADA Services						
County Cash	\$ 1,388,918	\$ 1,225,253	\$ 1,285,235	-11.8%	4.9%	
County In-Kind, Contributed Services						
City Cash	\$ -	\$ -	\$ -			
City In-kind, Contributed Services						
Other Cash						
Other In-Kind, Contributed Services						
Bus Pass Program Revenue						

CTD

Non-Spons. Trip Program	\$ 867,558	\$ 822,216	\$ 934,010	-5.2%	13.6%	Two vans were purchased in 2015 with Shirley Conroy funds and budgeted in 2016.
Non-Spons. Capital Equipment	\$ -	\$ 138,168	\$ -		-100.0%	
Rural Capital Equipment	\$ 138,168	\$ -	\$ -		-100.0%	
Other TD (specify in explanation)						
Bus Pass Program Revenue						

USDOT & FDOT

49 USC 5307						5311 paid at a per mile trip rate.
49 USC 5310	\$ 346,127	\$ -	\$ 351,000	-100.0%		
49 USC 5311 (Operating)	\$ 722,732	\$ 760,522	\$ 770,718	5.2%	1.3%	
49 USC 5311(Capital)						
Block Grant						
Service Development						
Commuter Assistance						
Other DOT (specify in explanation)						
Bus Pass Program Revenue						

AHCA

Medicaid	\$ 35,019	\$ -	\$ -	-100.0%		TD/Medicaid Contract ended February 28, 2015. Other AHCA are funds received from Access2Care - Broker facilitating transportation for Medicaid beneficiaries.
Other AHCA (specify in explanation)	\$ 661,745	\$ 420,000	\$ 420,000	-36.5%	0.0%	
Bus Pass Program Revenue						

DCF

Alcohol, Drug & Mental Health						
Family Safety & Preservation						
Comm. Care Dis./Aging & Adult Serv.						
Other DCF (specify in explanation)						
Bus Pass Program Revenue						

DOH

Children Medical Services						
County Public Health						
Other DOH (specify in explanation)						
Bus Pass Program Revenue						

DOE (state)

Carl Perkins						
Div of Blind Services						
Vocational Rehabilitation						
Day Care Programs						
Other DOE (specify in explanation)						
Bus Pass Program Revenue						

AWI

WAGES/Workforce Board						
Other AWI (specify in explanation)						
Bus Pass Program Revenue						

DOEA

Older Americans Act						Other includes OAA, CCE, and Managed Care contracts not at the prices calculated by this spreadsheet.
Community Care for Elderly						
Other DOEA (specify in explanation)	\$ 2,394	\$ 2,000	\$ 2,355	-16.5%	17.8%	
Bus Pass Program Revenue						

DCA

Community Services						
Other DCA (specify in explanation)						
Bus Pass Admin. Revenue						

Comprehensive Budget Worksheet

Version 1.4

CTC: Marion Senior Services, Inc.
County: Marion

1. Complete applicable GREEN cells in columns 2, 3, 4, and 7

	Prior Year's ACTUALS from Jan 1st of 2015 to Dec 31st of 2015	Current Year's APPROVED Budget, as amended from Jan 1st of 2016 to Dec 31st of 2016	Upcoming Year's PROPOSED Budget from Jan 1st of 2017 to Dec 31st of 2017	% Change from Prior Year to Current Year	Proposed % Change from Current Year to Upcoming Year	Confirm whether revenues are collected as a system subsidy VS a purchase of service at a unit price. Explain Changes in Column 6 That Are > ± 10% and Also > ± \$50,000
1	2	3	4	5	6	7

APD

Office of Disability Determination						
Developmental Services						
Other APD (specify in explanation)						
Bus Pass Program Revenue						

DJJ

(specify in explanation)						
Bus Pass Program Revenue						

Other Fed or State

xxx						
xxx						
xxx						
Bus Pass Program Revenue						

Other Revenues

Interest Earnings						
Insurance Loss Reimbursement	\$ 2,668	\$ -		-100.0%		
Fuel Tax Refund/Gain Loss Fixed Assets	\$ 53,694	\$ -		-100.0%		
Bus Pass Program Revenue						

Balancing Revenue to Prevent Deficit

Actual or Planned Use of Cash Reserve						
---------------------------------------	--	--	--	--	--	--

Balancing Revenue is Short By =			None			
Total Revenues =	\$4,311,780	\$3,464,459	\$3,856,118	-19.7%	11.3%	

EXPENDITURES (CTC/Operators ONLY / Do NOT include Coordination Contractors!)

Operating Expenditures

Labor	\$ 1,197,959	\$ 1,266,686	\$ 1,322,980	5.7%	4.4%	Last line (\$469,026) includes depreciation. Prior years depreciation was reported in miscellaneous. Plans are to purchase five replacement buses in 2017 using 5310 funds. Increase in number of gallons of fuel due to increase in number of projected miles.
Fringe Benefits	\$ 379,064	\$ 487,840	\$ 414,902	28.7%	-15.0%	
Services	\$ 358,299	\$ 306,707	\$ 520,625	-14.4%	69.7%	
Materials and Supplies	\$ 419,181	\$ 612,048	\$ 525,080	46.0%	-14.2%	
Utilities	\$ 25,811	\$ 26,509	\$ 26,108	2.7%	-1.5%	
Casualty and Liability	\$ 137,654	\$ 155,197	\$ 161,535	12.7%	4.1%	
Taxes	\$ 649	\$ 1,470	\$ 750	126.4%	-49.0%	
Purchased Transportation:						
Purchased Bus Pass Expenses						
School Bus Utilization Expenses						
Contracted Transportation Services	\$ 990	\$ 9,210	\$ 5,000	830.7%	-45.7%	
Other	\$ -	\$ -	\$ -			
Miscellaneous	\$ 18,517	\$ 423,849	\$ 18,561	2189.0%	-95.6%	
Operating Debt Service - Principal & Interest						
Leases and Rentals	\$ 21,739	\$ 21,423	\$ 1,550	-1.5%	-92.8%	
Contrib. to Capital Equip. Replacement Fund						
In-Kind, Contributed Services	\$ -	\$ -	\$ -			
Allocated Indirect						
Capital Expenditures						
Equip. Purchases with Grant Funds	\$ 484,295	\$ 138,168	\$ 351,000	-71.5%	154.0%	
Equip. Purchases with Local Revenue	\$ 54,616	\$ 15,352	\$ 39,000	-71.9%	154.0%	
Equip. Purchases with Rate Generated Rev.						
Capital Debt Service - Principal & Interest						
			\$ 469,026			

ACTUAL YEAR GAIN	\$1,213,008					
Total Expenditures =	\$3,098,773	\$3,464,459	\$3,856,118	11.8%	11.3%	

See NOTES Below.

Once completed, proceed to the Worksheet entitled "Budgeted Rate Base"

ACTUAL year GAIN (program revenue) MUST be reinvested as a trip or system subsidy. Adjustments must be identified and explained in a following year, or applied as a Rate Base Adjustment to proposed year's rates on the next sheet.

Comprehensive Budget Worksheet

Version 1.4

CTC: Marion Senior Services, Inc.
County: Marion

1. Complete applicable **GREEN** cells in columns 2, 3, 4, and 7

1	2	3	4	5	6	7
	Prior Year's ACTUALS from Jan 1st of 2015 to Dec 31st of 2015	Current Year's APPROVED Budget, as amended from Jan 1st of 2016 to Dec 31st of 2016	Upcoming Year's PROPOSED Budget from Jan 1st of 2017 to Dec 31st of 2017	% Change from Prior Year to Current Year	Proposed % Change from Current Year to Upcoming Year	Confirm whether revenues are collected as a system subsidy VS a purchase of service at a unit price. Explain Changes in Column 6 That Are > ± 10% and Also > ± \$50,000

Budgeted Rate Base Worksheet

Version 1.4

CTC: Marion Senior Services, Inc.

County: Marion

1. Complete applicable **GREEN** cells in column 3; **YELLOW** and **BLUE** cells are automatically completed in column 3
2. Complete applicable **GOLD** cells in column and 5

	Upcoming Year's BUDGETED Revenues
	from
	Jan 1st of
	2017
	to
	Dec 31st of
	2017
1	2

What amount of the Budgeted Revenue in col. 2 will be generated at the rate per unit determined by this spreadsheet, OR used as local match for these type revenues?	Budgeted Rate Subsidy Revenue EXCLUDED from the Rate Base	What amount of the Subsidy Revenue in col. 4 will come from funds to purchase equipment, OR will be used as match for the purchase of equipment?
3	4	5

APD	
Office of Disability Determination	\$ -
Developmental Services	\$ -
Other APD	\$ -
Bus Pass Program Revenue	\$ -
DJJ	
DJJ	\$ -
Bus Pass Program Revenue	\$ -
Other Fed or State	
xxx	\$ -
xxx	\$ -
xxx	\$ -
Bus Pass Program Revenue	\$ -
Other Revenues	
Interest Earnings	\$ -
Insurance Loss Reimbursement	\$ -
Fuel Tax Refund/Gain Loss Fixed Assets	\$ -
Bus Pass Program Revenue	\$ -
Balancing Revenue to Prevent Deficit	
Actual or Planned Use of Cash Reserve	\$ -
Total Revenues =	\$ 3,856,118

\$ -	\$ -	
\$ -	\$ -	
\$ -	\$ -	
\$ -	\$ -	
\$ -	\$ -	
\$ -	\$ -	
\$ -	\$ -	
\$ -	\$ -	
\$ -	\$ -	
\$ -	\$ -	
\$ -	\$ -	
\$ -	\$ -	
\$ -	\$ -	
\$ -	\$ -	
\$ -	\$ -	
\$ 3,463,763	\$ 392,355	\$ 390,000

EXPENDITURES (CTC/Operators ONLY)	
Operating Expenditures	
Labor	\$ 1,322,980
Fringe Benefits	\$ 414,902
Services	\$ 520,625
Materials and Supplies	\$ 525,080
Utilities	\$ 25,108
Casualty and Liability	\$ 161,535
Taxes	\$ 750
Purchased Transportation:	
Purchased Bus Pass Expenses	\$ -
School Bus Utilization Expenses	\$ -
Contracted Transportation Services	\$ 5,000
Other	\$ -
Miscellaneous	\$ 18,561
Operating Debt Service - Principal & Interest	\$ -
Leases and Rentals	\$ 1,550
Contrib. to Capital Equip. Replacement Fund	\$ -
In-Kind, Contributed Services	\$ -
Allocated Indirect	\$ -
Capital Expenditures	
Equip. Purchases with Grant Funds	\$ 351,000
Equip. Purchases with Local Revenue	\$ 39,000
Equip. Purchases with Rate Generated Rev.	\$ -
Capital Debt Service - Principal & Interest	\$ -
	\$ 469,026
Total Expenditures =	\$ 3,856,118
minus EXCLUDED Subsidy Revenue =	\$ 392,355
Budgeted Total Expenditures INCLUDED in	Rate Base = \$ 3,463,763
Rate Base Adjustment ¹	= \$ (469,026)
Adjusted Expenditures Included in Rate	Base = \$ 2,994,737

\$ 2,355
Amount of
Budgeted
Operating Rate
Subsidy Revenue

¹ Rate Base Adjustment Cell

If necessary and justified, this cell is where you could optionally adjust proposed service rates up or down to adjust for program revenue (or unapproved profit), or losses from the **Actual** period shown at the bottom of the Comprehensive Budget Sheet. This is not the only acceptable location or method of reconciling for excess gains or losses. If allowed by the respective funding sources, excess gains may also be adjusted by providing system subsidy revenue or by the purchase of additional trips in a period following the Actual period. If such an adjustment has been made, provide notation in the respective explanation area of the Comprehensive Budget tab.

¹ The Difference between Expenses and Revenues for Fiscal Year: **2015 -**

Once Completed, Proceed to the Worksheet entitled "Program-wide Rates"

Worksheet for Program-wide Rates

CTC: Marion Senior Serv Version 1.4
 County: Marion

1. Complete Total Projected Passenger Miles and ONE-WAY Passenger Trips (GREEN cells) below

- Do **NOT** include trips or miles related to Coordination Contractors!
- Do **NOT** include School Board trips or miles UNLESS.....
- INCLUDE** all ONE-WAY passenger trips and passenger miles related to services you purchased from your transportation operators!
- Do **NOT** include trips or miles for services provided to the general public/private pay UNLESS..
- Do **NOT** include escort activity as passenger trips or passenger miles unless charged the full rate for service!
- Do **NOT** include fixed route bus program trips or passenger miles!

PROGRAM-WIDE RATES	
Total <u>Projected</u> Passenger Miles =	804,144
Rate Per Passenger Mile = \$	3.72
Total <u>Projected</u> Passenger Trips =	95,500
Rate Per Passenger Trip = \$	31.36

Fiscal Year

2017

Avg. Passenger Trip Length =	8.4 Miles
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Rates If No Revenue Funds Were Identified As Subsidy Funds	
Rate Per Passenger Mile = \$	4.21
Rate Per Passenger Trip = \$	35.47

Once Completed, Proceed to the Worksheet entitled "Multiple Service Rates"

Vehicle Miles

The miles that a vehicle is scheduled to or actually travels from the time it pulls out from its garage to go into revenue service to the time it pulls in from revenue service.

Vehicle Revenue Miles (VRM)

The miles that vehicles are scheduled to or actually travel while in revenue service. Vehicle revenue miles exclude:

- Deadhead
- Operator training, and
- Vehicle maintenance testing, as well as
- School bus and charter services.

Passenger Miles (PM)

The cumulative sum of the distances ridden by each passenger.

Worksheet for Multiple Service Rates

CTC: Marion Senior Services (Version 1.4)
 County: Marion

1. Answer the questions by completing the GREEN cells starting in Section I for all services
2. Follow the DARK RED prompts directing you to skip or go to certain questions and sections based on previous answers

SECTION I: Services Provided

1. Will the CTC be providing any of these Services to transportation disadvantaged passengers in the upcoming budget year?.....

Ambulatory	Wheelchair	Stretcher	Group
<input checked="" type="radio"/> Yes <input type="radio"/> No	<input checked="" type="radio"/> Yes <input type="radio"/> No	<input checked="" type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input checked="" type="radio"/> No
Go to Section II for Ambulatory Service	Go to Section II for Wheelchair Service	Go to Section II for Stretcher Service	STOP! Do NOT Complete Sections II - V for Group Service

SECTION II: Contracted Services

1. Will the CTC be contracting out any of these Services TOTALLY in the upcoming budget year?....

Ambulatory	Wheelchair	Stretcher	Group
<input type="radio"/> Yes <input checked="" type="radio"/> No	<input type="radio"/> Yes <input checked="" type="radio"/> No	<input checked="" type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input checked="" type="radio"/> No
Skip # 2, 3 & 4 and Go to Section III for Ambulatory Service	Skip # 2, 3 & 4 and Go to Section III for Wheelchair Service	Answer # 2 for Stretcher Service	Do Not Complete Section II for Group Service

2. If you answered YES to #1 above, do you want to arrive at the billing rate by simply dividing the proposed contract amount by the projected Passenger Miles / passenger trips?.....

Ambulatory	Wheelchair	Stretcher	Group
<input type="radio"/> Yes <input checked="" type="radio"/> No	<input type="radio"/> Yes <input checked="" type="radio"/> No	<input checked="" type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input checked="" type="radio"/> No

3. If you answered YES to #1 & #2 above, how much is the proposed contract amount for the service?
 How many of the total projected Passenger Miles relate to the contracted service?
 How many of the total projected passenger trips relate to the contracted service?

Ambulatory	Wheelchair	Stretcher	Group
Leave Blank	Leave Blank	Complete Cells Below	Do NOT Complete Section II for Group Service
		\$ 5,000	
		500	
		40	

Effective Rate for Contracted Services:

	Ambulatory	Wheelchair	Stretcher	Group
per Passenger Mile =			\$ 10.00	
per Passenger Trip =			\$ 125.00	
	Go to Section III for Ambulatory Service	Go to Section III for Wheelchair Service	Go to # 4 below for Stretcher Service	Do NOT Complete Section II for Group Service

4. If you answered # 3 & want a Combined Rate per Trip PLUS a per Mile add-on for 1 or more services, INPUT the Desired per Trip Rate (but must be less than per trip rate in #3 above) =
 Rate per Passenger Mile for Balance =

Combination Trip and Mile Rate			
		\$ -	
		\$ 10.00	
Leave Blank and Go to Section III for Ambulatory Service	Leave Blank and Go to Section III for Wheelchair Service	STOP! Do NOT Complete Sections III - V for Stretcher Service	Do NOT Complete Section II for Group Service

Worksheet for Multiple Service Rates

CTC: Marion Senior St
 County: Marion

1. Answer the questions by completing the GREEN cells starting in Section I for all services
2. Follow the DARK RED prompts directing you to skip or go to certain questions and sections based on previous answers

SECTION III: Escort Service

1. Do you want to charge all escorts a fee?.....
 Yes
 No
Skip #2 - 4 and Section IV and Go to Section V
2. If you answered Yes to #1, do you want to charge the fee per passenger trip OR
 per passenger mile?.....
 Pass. Trip Leave Blank
 Pass. Mile
3. If you answered Yes to # 1 and completed # 2, for how many of the projected Passenger Trips / Passenger Miles will a passenger be accompanied by an escort? Leave Blank
4. How much will you charge each escort?..... Leave Blank

SECTION IV: Group Service Loading

1. If the message "You Must Complete This Section" appears to the right, what is the projected total number of Group Service Passenger Miles? (otherwise leave blank)..... Do NOT Complete Section IV
- And what is the projected total number of Group Vehicle Revenue Miles? Loading Rate **0.00** to 1.00

SECTION V: Rate Calculations for Multiple Services:

1. Input Projected Passenger Miles and Passenger Trips for each Service in the GREEN cells and the Rates for each Service will be calculated automatically
 * Miles and Trips you input must sum to the total for all Services entered on the "Program-wide Rates" Worksheet, MINUS miles and trips for contracted services IF the rates were calculated in the Section II above
 * Be sure to leave the service BLANK if you answered NO in Section I or YES to question #2 in Section II

		RATES FOR FY: 2017			
		Ambul	Wheel Chair	Stretcher	Group
Projected Passenger Miles (excluding totally contracted services addressed in Section II) =	803,644	= 650,500	+ 153,144	+ Leave Blank	+ Leave Blank
Rate per Passenger Mile =		\$3.27	\$5.61	\$10.00	\$0.00 \$0.00
		per passenger per group			

		Ambul	Wheel Chair	Stretcher	Group
Projected Passenger Trips (excluding totally contracted services addressed in Section II) =	95,460	= 72,300	+ 23,160	+ Leave Blank	+ Leave Blank
Rate per Passenger Trip =		\$26.69	\$45.76	\$125.00	\$0.00 \$0.00
		per passenger per group			

2. If you answered # 1 above and want a COMBINED Rate per Trip PLUS a per Mile add-on for 1 or more services,...

		Combination Trip and Mile Rate			
		Ambul	Wheel Chair	Stretcher	Group
...INPUT the Desired Rate per Trip (but must be less than per trip rate above) =		\$8.00	\$16.50	Leave Blank	Leave Blank
Rate per Passenger Mile for Balance =		\$2.39	\$3.12	\$10.00	\$0.00 \$0.00
		See Sect. II per passenger per group			

		Rates If No Revenue Funds Were Identified As Subsidy Funds			
		Ambul	Wheel Chair	Stretcher	Group
Rate per Passenger Mile =		\$3.71	\$6.36	\$11.33	\$0.00 \$0.00
		per passenger per group			
Rate per Passenger Trip =		\$30.24	\$51.84	\$141.61	\$0.00 \$0.00
		per passenger per group			

Worksheet for Multiple Service Rates

CTC: Marion Senior St Version 1.4
County: Marion

1. Answer the questions by completing the GREEN cells starting in Section I for all services
2. Follow the DARK RED prompts directing you to skip or go to certain questions and sections based on previous answers

Program These Rates Into Your Medicaid Encounter Data



**TRANSPORTATION DISADVANTAGED
LOCAL COORDINATING BOARD**

Ocala Citizens Service Center
201 SE 3rd Street, Ocala FL 34478

July 16, 2015

MINUTES

Members Present:

Councilman James Hilty, Chairman
Tracey Alesiani (*arrived 2:37 pm*)
Jeffrey Askew
Susan Hanley (*arrived 2:34 pm*)
Benjamin Akinola
Sam Weekley

Members Not Present:

Meagan Crowley
Charmaine Richardson
Kathleen Woodring

Others Present:

Greg Slay, TPO Director
Ken Odom, TPO Staff
Kayleen Hamilton, TPO Staff
Donna Hersom, Marion Transit Services
Julie Poole, Marion Senior Services

Item 1. Call to Order and Roll Call

Chairman James Hilty called the meeting to order at 2:32 PM. Secretary Kayleen Hamilton called the roll of members; a quorum was present.

Approved –

Item 2. Proof of Publication

Secretary Kayleen Hamilton announced the meeting was published online at the city of Ocala, Belleview, and Dunnellon websites and on the TPO's website and Facebook page.

Item 3. Review and Approval of the Transportation Disadvantaged Trip and Equipment Grant Application

Mr. Odom presented the Transportation Disadvantaged Trip and Equipment Grant application from Marion Senior Services. The grant would cover non-sponsored trips and equipment purchases. Mr. Odom advised that Marion Senior Services did not plan to purchase additional buses

Mr. Askew made a motion to approve the grant application. Mr. Weekley seconded and the motion was unanimously approved.

Item 4. Community Transportation Coordinator Contract

Mr. Odom reported that Marion Senior Services had been approved by the Commission for the Transportation Disadvantaged (CTD) to be the Community Transportation Coordinator (CTC) for Marion County. The CTC agreement outlined the responsibilities of the CTC and was executed between the Commission and the CTC.

Mr. Slay asked if the agreement had been taken to the Marion Senior Services board, and Ms. Poole advised that it would be presented at their next meeting. Mr. Askew asked about vehicle insurance, and Ms. Poole thought that it ran around \$12,000-\$13,000 per year. Marion Senior Services insured their vehicles locally through Brown and Brown Insurance.

Item 5. Community Transportation Coordinator Rate Schedule

Mr. Odom presented the CTC rate schedule. The CTD had made some policy changes to the rate structure. There would no longer be a charge for escorts riding with passengers. Ms. Hersom reported that Marion Transit used the CTD's rate calculation worksheet to arrive at the rate schedule. There had previously been a base rate and a per mile charge; now the rate was only a per mile charge. Ms. Hersom said that the new rates were in line with the old rate that had included a base plus mileage.

Mr. Askew moved for approval of the CTC rate schedule and Ms. Hanley seconded. The motion was unanimously approved.

Item 6. Approval of Meeting Minutes – April 16, 2015 Meeting and Public Hearing

Mr. Weekley made a motion to approve the minutes from the April 16 public hearing and meeting. Mr. Askew seconded and the motion was unanimously approved.

Item 7. Comments by TDLCB Members

Mr. Hilty reported that he had been approached by quite a few people regarding transportation to The Centers. Mr. Slay mentioned that staff had previously been approached about providing a SunTran route to The Centers; however, because of the length of the route and lack of population density, it was not cost effective to provide fixed route service. Mr. Slay suggested that a subscription service could be discussed. Mr. Hersom mentioned that Marion Transit transported a number of clients to and from The Centers, and commented that one of the issues with transportation to service centers like that was that there was a high number of “no shows.” Mr. Hilty proposed a meeting to discuss commitments from and responsibilities of the various agencies. Ms. Alesiani asked about the satellite facilities, and Mr. Slay advised that those facilities did not offer the services that were needed by the clients going to the main site.

Mr. Hilty asked about the cost of a SunTran route, and Mr. Slay advised that it was about \$300,000 per year. Mr. Askew wondered about a grant to cover the cost, and Mr. Slay said that initial startup could be funded by a three-year service development grant. After the initial period, the local municipalities would have to provide a fifty percent match.

Mr. Hilty said that he would work on coordinating a meeting between the agencies to discuss transportation to The Centers.

Item 8. Comments by CTC

There were no further comments by the CTC.

Item 9. Comments by TPO Staff

There were no further comments by TPO staff.

Item 10. Public Comment

There were no comments from the public.

Item 11. Adjournment

The meeting was adjourned at 2:55 p.m. by Chairman Hilty.

Respectfully Submitted By:

Kayleen Hamilton, TPO Administrative Assistant