Transportation Disadvantaged Local Coordinating Board (TDLCB) Meeting
Marion County Library – Meeting Room C
2720 E. Silver Springs Blvd., Ocala, FL 34470

Join by web
https://marioncountyfl.webex.com/marioncountyfl/j.php?MTID=m5c1df2751b6e422812e4daced7a80cc5f9

Join by phone
+1-415-655-0001 US Toll

Access code: 157 856 9242

March 18, 2021
10:00 AM

AGENDA

1. CALL TO ORDER AND ROLL CALL

2. PLEDGE OF ALLIGENCE

3. PROOF OF PUBLICATION

4. PRESENTATIONS
   A. Ms. Tamika Young-Agency for Health Care Administration (AHCA) presentation on Medicaid

5. DISCUSSION ITEMS
   A. Public Workshop

6. ACTION ITEMS
   A. Approval of Bylaws
   B. Approval of CTC Review and Evaluation
7. CONSENT AGENDA
   A. Minutes October Meeting

8. COMMENTS BY TDLCB MEMBERS

9. COMMENTS BY TPO STAFF

10. COMMENTS BY TRANSPORTATION COORDINATOR (CTC)

11. PUBLIC COMMENT (Limited to 2 minutes)

12. 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 or 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.

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 TDLCB will be held on June 17th, 2021*
TO: TDLCB Board Members

FROM: Liz Mitchell, Grants Coordinator/Fiscal Planner

RE: Bylaws

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

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

Any comments and/or suggestions please contact Liz Mitchell at (352) 438-2630 or liz.mitchell@marioncountyfl.org.
BYLAWS OF THE
OCALA/MARION COUNTY
TRANSPORTATION DISADVANTAGED LOCAL COORDINATING BOARD

Article I: Preamble
Section 1: Preamble
The following sets forth the bylaws, which shall serve to guide the proper functioning of the coordination of transportation disadvantaged through the Ocala/Marion County Transportation Disadvantaged (TD) Local Coordinating Board (LCB). The intent is to provide procedures and policies for fulfilling the requirements of Chapter 427, Florida Statutes (FS); Rule 41-2, Florida Administrative Code (FAC); and subsequent laws setting forth requirements for the coordination of transportation services to the TD.

Article II: Name and Purpose
Section 1: Name: The name of the coordinating board shall be the Ocala/Marion County TDLCB, hereinafter referred to as the Board.

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

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

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

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

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

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

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

Section 4: Terms of Appointments: The Chairperson and State & community agency representatives shall not be restricted to term limits because of the membership agency requirements by the Commission for the Transportation Disadvantaged. The Chairperson shall serve until being replaced by the TPO. The State or community partners shall serve as long as they are individually able or decide to nominate another representative from their respective agency. There are an additional two positions that are not considered Chairperson or a State or community partners and they are citizen representatives that are either a disabled person or an elderly individual who utilizes the services of MTS. Appointments to the Board for non-agency positions will be chosen utilizing the following procedures: Suitable candidates will be solicited from the pool of riders who accurately represent one of these two positions. These individuals will be requested to complete an application for appointment to the TDLCB. The Chairperson of the Board, the Director of MTS and one TPO representative will review the application(s) and make their recommendations to the Board. The Board will then vote on the recommendation(s) for appointment of the new member(s). The length of term for these two positions will be for one (1) year with the possibility

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of two one (1) year extensions for a total of three (3) years. After three (3) years, new appointments for these two positions must be made.

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

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

Article IV: Officers and Duties

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

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

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

Article V: Board Meetings

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

Section 2: Emergency Meetings: An emergency meeting shall be called by the Board when in their opinion, an emergency exists which requires immediate action. When such a meeting is called, each Board member will be notified at least twenty-four (24) hours in advance, as will local media services, stating the date, hour, and place of the meeting, and the purpose for which it is called. There shall be no other business transacted at that meeting outside of the stated purpose for the emergency meeting.

Commented [ML1]: This language was added.

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Section 23: Notice of Meetings: A notice and an agenda shall be sent to all Board members, other interested parties, and the news media within a reasonable amount of time prior to the Board meeting. Such notice shall state the date, time, and place of the meetings.

Section 34: Quorum: At all meetings of the Board, the presence in person of six (6) of the voting members shall be necessary and sufficient to constitute a quorum for the transaction of business. In the absence of a standard quorum, if there are at least four (4) voting members present and the actions of particular items is absolutely necessary, those members may elect to make a motion and with a second may continue to address the business at hand on the agenda advertised for that day only. These actions will be deemed acceptable to pass on to the TPO Board or State agencies, but must be ratified at the next meeting where a standard quorum is present. If no quorum is present, or an emergency quorum is not deemed necessary, any actionable business may not be transacted which might have been transacted at the meeting as originally called. The Chairperson shall recess the meeting until a quorum shall be present.

Section 45: Voting: At all meetings of the Board at which a quorum is present, all matters, except as otherwise expressly required by law or these By-laws, shall be decided by the vote of a majority of the members of the Board present.

Section 56: Parliamentary Procedures: The Board will conduct business using parliamentary procedures according to Robert’s Rules of Order, except when in conflict with these By-laws. Section 6: Minutes. The Clerk of the Circuit Court, Board of Records, shall maintain an official set of minutes for each Board meeting. The minutes shall include an attendance roster and reflect official actions taken by the Board. Copies of all Board minutes shall be sent to the Commission for the Transportation Disadvantaged (CTD) office and the Chairperson of the TPO.

Article VI: Staff

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

Article VII: Board Duties

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

1. Review and approve the Transportation Disadvantaged Service Plan, including the Memorandum of Agreement, prior to submittal to the Commission.

2. Evaluate services provided in meeting the approved plan.

3. In cooperation with the CTC, review and provide recommendations to the CTD on funding applications affecting the TD.

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4. Assist the CTC in establishing priorities with regard to the recipients of non-sponsored TD services that are purchased with TD Trust Fund monies.

5. Review the coordination strategies of service provision to the TD in the designated service area.

6. Evaluate multi-county or regional transportation opportunities.

7. Work cooperatively with local Welfare Transition Program (WTP) coalitions established in Chapter 445, FS, to provide assistance in the development of innovative transportation services for WTP participants.

Article VIII: Subcommittees

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

Article IX: Communication with Other Agencies and Entities

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

The undersigned hereby certifies that he/she is the Chairperson of the Ocala Marion TDLCB Board and that the foregoing is a full, true and correct copy of the Bylaws as adopted by the Ocala Marion TDLCB Board on the 18th day of March 2021.

Commissioner Michelle Stone, TDLCB Board Chairperson

______________________________

Robert Balmes, TPO Director
TO: TDLCB Members

FROM: Liz Mitchell, Grants Coordinator/Fiscal Planner

RE: Evaluation of the Community Transportation Coordinator (CTC) FY 2021

Pursuant to Chapter 427 Florida Statutes 427.015(2), the performance of the Community Transportation Coordinator (CTC) shall be evaluated annually based on the Commission for the Transportation Disadvantaged’s (CTD) approved evaluation criteria. TPO staff conducted the evaluation during the month of January and February.

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

- Policies & Procedures
- Vehicle Operations & Maintenance
- Grievance Procedures
- Budget
- Contracts and Contract Management
- Driver Certification & Training
- Performance Standards
- Safety Standards
- Quality Assurance

The CTC Evaluation is being submitted to the Board for review and approval.

Any questions, additional comments and/or suggestions please submit to Liz Mitchell, liz.mitchell@marioncountyfl.org.
CTC BEING REVIEWED: Marion Transit (MT)

COUNTY (IES): Marion

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

CONTACT: Tom Wilder

PHONE: 352-620-3519

REVIEW PERIOD: 1/2020 -12/2020

REVIEW DATES: 1/2021

PERSON CONDUCTING THE REVIEW: Liz Mitchell

CONTACT INFORMATION: 352-438-2634 Liz.Mitchell@marioncountyfl.org
## LCB EVALUATION WORKBOOK

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<td>55</td>
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**REVIEW CHECKLIST & SCHEDULE**

**COLLECT FOR REVIEW:**
- APR Data Pages
- QA Section of TDSP
- Last Review (Date: 1/2020)
- 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:

<p>| | |</p>
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<td>13</td>
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<tr>
<td>45 - 46</td>
<td>Level of Competition – Worksheet 2</td>
</tr>
<tr>
<td>47 - 48</td>
<td>Level of Coordination – Worksheet 3</td>
</tr>
</tbody>
</table>

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.
CTC EVALUATION

INTRODUCTION:

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. The evaluation encompasses management, operations, service, safety, vehicle maintenance, drivers and training, utilizing the Commission for the Transportation Disadvantaged CTC Evaluation Workbook.

The final workbook with the recommendations will be transmitted to the Florida Commission for the Transportation Disadvantaged and the Marion County CTC by the TPO staff. The CTC will forward a status report to the TDLCB within 30 working days.

The evaluation report and recommendations to the CTC were presented to the TDLCB at the March 18, 2021 meeting.
INTRODUCTION AND BRIEFING:

☑ Describe the evaluation process (LCB evaluates the CTC and forwards a copy of the evaluation to the CTD).

☑ The LCB reviews the CTC once every year to evaluate the operations and the performance of the local coordinator.

The LCB will be reviewing the following areas:

☑ Chapter 427, Rules 41-2 and 14-90, CTD Standards, and Local Standards
☑ Following up on the Status Report from last year and calls received from the Ombudsman program.
☑ Monitoring of contractors.
☑ Surveying riders/beneficiaries, purchasers of service, and contractors

☑ The LCB will issue a Review Report with the findings and recommendations to the CTC no later than 30 working days after the review has concluded.

☑ Once the CTC has received the Review Report, the CTC will submit a Status Report to the LCB within 30 working days.

☑ Give an update of Commission level activities (last meeting update and next meeting date), if needed.

USING THE APR, COMPILE THIS INFORMATION:

1. OPERATING ENVIRONMENT:
   ☑ RURAL ☐ URBAN

2. ORGANIZATION TYPE:
   ☐ PRIVATE-FOR-PROFIT
   ☑ PRIVATE NON-PROFIT
   ☐ GOVERNMENT
   ☐ TRANSPORTATION AGENCY
3. NETWORK TYPE:

☒ SOLE PROVIDER
☐ PARTIAL BROKERAGE
☐ COMPLETE BROKERAGE

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

N/A

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

<table>
<thead>
<tr>
<th>Coordination Contract Agencies</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Name of Agency</strong></td>
</tr>
<tr>
<td>Advocacy Resources</td>
</tr>
<tr>
<td>Florida Center for the Blind</td>
</tr>
</tbody>
</table>
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)

<table>
<thead>
<tr>
<th>Name of Agency</th>
<th>% of Trips</th>
<th>Name of Contact</th>
<th>Telephone Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>N/A</td>
<td></td>
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</tbody>
</table>

7. REVIEW AND DISCUSS TD HELPLINE CALLS:

<table>
<thead>
<tr>
<th></th>
<th>Number of calls</th>
<th>Closed Cases</th>
<th>Unsolved Cases</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cost</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Medicaid</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Quality of Service</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Service Availability</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Toll Permit</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Other</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
</tbody>
</table>
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 administrative staff fields calls and directs accordingly.
   IS THIS PROCESS IN WRITTEN FORM?  ☒ Yes ☐ No
   (Make a copy and include in folder)
   Is the process being used?  ☒ Yes ☐ No

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

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

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

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

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

7. WHEN IS THE DISSATISFIED PARTY REFERRED TO THE TD HELPLINE?
   Complaints that are unresolved 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 by the drivers, 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?

Please Verify These Passengers Have an Eligibility Application on File:

<table>
<thead>
<tr>
<th>Name of Client</th>
<th>Address of client</th>
<th>Date of Ride</th>
<th>Application on File?</th>
</tr>
</thead>
<tbody>
<tr>
<td>Margaret Burns</td>
<td>6705-B SW 95th St, Ocala, FL 34481</td>
<td>2/17/21</td>
<td>Yes</td>
</tr>
<tr>
<td>Rose Castellaneta</td>
<td>6302 SW 84th St, Ocala, FL 34476</td>
<td>2/18/21</td>
<td>Yes</td>
</tr>
<tr>
<td>Dennis Edwards</td>
<td>11062 SW 73rd Cr, Ocala, FL 34476</td>
<td>2/18/21</td>
<td>Yes</td>
</tr>
<tr>
<td>Valarie Hunter Kennedy</td>
<td>5170 SE 112th St Rd, Belleview, FL 34420</td>
<td>2/19/21</td>
<td>Yes</td>
</tr>
<tr>
<td>Patricia Pruett</td>
<td>5327 SW 96th Pl, Ocala, FL 34476</td>
<td>2/11/21</td>
<td>Yes</td>
</tr>
<tr>
<td>Gerald Raikes</td>
<td>10960 SE 129th Ln, Belleview, FL 34420</td>
<td>2/19/21</td>
<td>Yes</td>
</tr>
<tr>
<td>David Slocum</td>
<td>9370 SW 85th Ter, Ocala, FL 34481</td>
<td>2/19/21</td>
<td>Yes</td>
</tr>
<tr>
<td>Victor Souza</td>
<td>17345 SE 115th Ter Rd, Summerfield, FL 34491</td>
<td>2/12/21</td>
<td>Yes</td>
</tr>
<tr>
<td>Dorothy Walker</td>
<td>13791 SE 85th Cir, Summerfield, FL 34491</td>
<td>2/11/21</td>
<td>Yes</td>
</tr>
<tr>
<td>Leo Wylie</td>
<td>5347 SW 103rd Loop, Ocala, FL 34476</td>
<td>2/18/21</td>
<td>Yes</td>
</tr>
</tbody>
</table>

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

1. We have opened a new deviated route (Gold Line) in the Marion Oaks area. The bus does a continuous route in this area with riders being allowed to step on/off without the need for an appointment. The concept is being utilized in rural areas such as Dunnellon with great success, and will help with efficiency, more rider's, timely pick-up and return.

2. We have a new concept for a more expedient pick-up process, once the rider is ready for pick up they call in and the closest bus is sent to pick them up as opposed to having them wait for the original driver that dropped them off, this has cut down on the rider's wait time to be returned home.

3. Due to COVID there is a shield in place for the driver, both driver and rider's are required to wear masks, all buses have sanitizer, UV lights, thermometers, and social distancing is observed, all hard surfaces are wiped as needed, between rider's. As a precaution, at the end of the day every bus is wiped and misted with a disinfectant.
14. ARE THERE ANY AREAS WHERE COORDINATION CAN BE IMPROVED?

Marion Transit continuously analyzes and evaluates options to improve the efficiency of the system.

15. WHAT BARRIERS ARE THERE TO THE COORDINATED SYSTEM?

1. As areas become more urbanized revenue will be lost for unsponsored TD rider's. Due to COVID there are more buses required, more drivers, and scheduling as social distancing is only allowing a small amount of people in one bus.

2. Pick up of unscheduled rider's as "public transportation" need a formal way to bill and be reimbursed.

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

More sources of funding. How to bill and be reimbursed for unscheduled step on/off riders categorized as "public transportation".

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

Unsponsored TD riders.

18. HOW ARE YOU MARKETING THE VOLUNTARY DOLLAR?

On the website, there is no formal marketing budget.
<table>
<thead>
<tr>
<th>GENERAL QUESTIONS</th>
</tr>
</thead>
<tbody>
<tr>
<td>Findings:</td>
</tr>
<tr>
<td></td>
</tr>
<tr>
<td>Recommendations:</td>
</tr>
<tr>
<td></td>
</tr>
</tbody>
</table>
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.”

<table>
<thead>
<tr>
<th>ARE YOUR CONTRACTS UNIFORM?</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>IS THE CTD’S STANDARD CONTRACT UTILIZED?</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>DO THE CONTRACTS INCLUDE PERFORMANCE STANDARDS FOR THE TRANSPORTATION OPERATORS AND COORDINATION CONTRACTORS?</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>DO THE CONTRACTS INCLUDE THE PROPER LANGUAGE CONCERNING PAYMENT TO SUBCONTRACTORS? (Section 21.20: Payment to Subcontractors, T&amp;E Grant, and FY)</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>IS THE CTC IN COMPLIANCE WITH THIS SECTION?</td>
<td>Yes</td>
<td>No</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Operator Name</th>
<th>Exp. Date</th>
<th>SSPP</th>
<th>AOR Reporting</th>
<th>Insurance</th>
</tr>
</thead>
</table>
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 TIMELINESNESS

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:
   It would be helpful if the Commission let us know when there is a
   reporting change ahead of time, so that we can be aware of it and be on
   the lookout for it.

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:
<table>
<thead>
<tr>
<th>WHAT TYPE OF MONITORING DOES THE CTC PERFORM ON ITS OPERATOR(S) AND HOW OFTEN IS IT CONDUCTED?</th>
</tr>
</thead>
<tbody>
<tr>
<td>N/A</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Is a written report issued to the operator?</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
</table>

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

<table>
<thead>
<tr>
<th>WHAT TYPE OF MONITORING DOES THE CTC PERFORM ON ITS COORDINATION CONTRACTORS AND HOW OFTEN IS IT CONDUCTED?</th>
</tr>
</thead>
<tbody>
<tr>
<td>It is performed annually with no set schedule.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Is a written report issued?</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
</table>

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

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

<table>
<thead>
<tr>
<th>WHAT ACTION IS TAKEN IF A CONTRACTOR RECEIVES AN UNFAVORABLE REPORT?</th>
</tr>
</thead>
<tbody>
<tr>
<td>A corrective action plan is initiated based on the circumstances.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>IS THE CTC IN COMPLIANCE WITH THIS SECTION?</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
</table>

ASK TO SEE DOCUMENTATION OF MONITORING REPORTS.
COMPLIANCE WITH CHAPTER 427, F.S.

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

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

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

School buses are not currently being utilized in the system.

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

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

☑ N/A

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

☑ Yes □ No

If YES, what is the goal?

Continued 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 continual basis.

☑ Yes □ No

IS THE CTC IN COMPLIANCE WITH THIS REQUIREMENT? ☑ Yes □ No

Comments:
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. Once approved by the LCB, applications are 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):
Quality assurance has been reviewed and MT has followed the criteria in accordance with FDOT’s monitoring process. They are in compliance with all policies.

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:
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 living in outlying areas may need to be ready up to three hours prior to pickup time.

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 41-2.006(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)?

<table>
<thead>
<tr>
<th>Operator</th>
<th>Insurance Cost</th>
</tr>
</thead>
<tbody>
<tr>
<td>Marion Transit Services</td>
<td>$176,978.00</td>
</tr>
</tbody>
</table>

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 1/3/2020, 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

<table>
<thead>
<tr>
<th>Driver Last Name</th>
<th>Driver License</th>
<th>Last Physical</th>
<th>CPR/1st Aid</th>
<th>Def. Driving</th>
<th>ADA Training</th>
<th>Transit Cust. Service</th>
</tr>
</thead>
<tbody>
<tr>
<td>A. Carlson</td>
<td>YES</td>
<td>7/9/2020</td>
<td>Not required</td>
<td>7/21/2020</td>
<td>7/22/2020</td>
<td>2/15/21</td>
</tr>
<tr>
<td>J. Carroll</td>
<td>YES</td>
<td>7/16/2019</td>
<td>Not required</td>
<td>12/19/2019</td>
<td>7/7/2020</td>
<td>2/8/21</td>
</tr>
<tr>
<td>S. DeBoard</td>
<td>YES</td>
<td>1/12/2021</td>
<td>Not required</td>
<td>12/6/2018</td>
<td>12/19/2019</td>
<td>2/8/21</td>
</tr>
<tr>
<td>R. Formella</td>
<td>YES</td>
<td>1/13/2021</td>
<td>Not required</td>
<td>12/6/2018</td>
<td>12/19/2019</td>
<td>2/9/21</td>
</tr>
<tr>
<td>C. Gonzalez</td>
<td>YES</td>
<td>1/19/2021</td>
<td>Not required</td>
<td>12/6/2018</td>
<td>12/19/2019</td>
<td>2/16/21</td>
</tr>
<tr>
<td>S. Grijalva</td>
<td>YES</td>
<td>1/12/2021</td>
<td>Not required</td>
<td>2/8/2019</td>
<td>12/19/2019</td>
<td>2/11/21</td>
</tr>
<tr>
<td>W. Hagwell</td>
<td>YES</td>
<td>12/15/2020</td>
<td>Not required</td>
<td>12/6/2018</td>
<td>12/1/2019</td>
<td>2/16/21</td>
</tr>
<tr>
<td>A. Hamilton</td>
<td>YES</td>
<td>1/30/2020</td>
<td>Not required</td>
<td>12/6/2018</td>
<td>12/19/2019</td>
<td>2/15/21</td>
</tr>
</tbody>
</table>

Sample Size: 1-20 Drivers – 50-100% 21-100 Drivers – 20-50% 100+ Drivers – 5-10%
<table>
<thead>
<tr>
<th>Driver Last Name</th>
<th>Driver License</th>
<th>Last Physical</th>
<th>CPR/1st Aid</th>
<th>Def. Driving</th>
<th>ADA Training</th>
<th>Transit Cust. Service</th>
</tr>
</thead>
<tbody>
<tr>
<td>E. Rivers</td>
<td>YES</td>
<td>10/19/2020</td>
<td>Not Required</td>
<td>12/6/2018</td>
<td>12/19/2019</td>
<td>2/15/21</td>
</tr>
<tr>
<td>W. Sancho</td>
<td>YES</td>
<td>10/19/2020</td>
<td>Not Required</td>
<td>12/6/2018</td>
<td>12/19/2019</td>
<td>2/15/21</td>
</tr>
<tr>
<td>V. Scott</td>
<td>YES</td>
<td>3/11/2020</td>
<td>Not Required</td>
<td>12/6/2018</td>
<td>12/19/2019</td>
<td>2/16/21</td>
</tr>
<tr>
<td>L. Waldren</td>
<td>YES</td>
<td>12/7/2020</td>
<td>Not Required</td>
<td>12/6/2018</td>
<td>12/19/2019</td>
<td>2/15/21</td>
</tr>
</tbody>
</table>

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: 2020

IS THE CTC IN COMPLIANCE WITH THIS SECTION? ☑ Yes ☐ No

Comments:
Staff is given a video presentation along with a program manual provided by FDOT.
1. IF THE CTC HAS COORDINATION CONTRACTORS, DETERMINE THE COST-EFFECTIVENESS OF THESE CONTRACTORS.

Cost [CTC and Coordination Contractor (CC)]

<table>
<thead>
<tr>
<th>Flat contract rate (s) ($ amount / unit)</th>
<th>CTC</th>
<th>CC #1</th>
<th>CC #2</th>
<th>CC #3</th>
<th>CC #4</th>
</tr>
</thead>
<tbody>
<tr>
<td>Detail other rates as needed: (e.g. ambulatory, wheelchair, stretcher, out-of-county, group)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Ambulatory</td>
<td>28.13</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Wheelchair</td>
<td>48.23</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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.)]

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

IS THE CTC IN COMPLIANCE WITH THIS SECTION?  ☒ Yes  □ No
RULE 41-2

Findings:

Recommendations:
Review the TDSP for the Commission standards.

<table>
<thead>
<tr>
<th>Commission Standards</th>
<th>Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td>Local toll free phone number must be posted in all vehicles.</td>
<td>All vehicles have the local toll free contact information posted and readily available from the driver.</td>
</tr>
<tr>
<td>Vehicle Cleanliness</td>
<td>COVID has required that 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.</td>
</tr>
<tr>
<td>Passenger/Trip Database</td>
<td>All information on trips and scheduling is maintained in a map-based computer software program called Route Match.</td>
</tr>
<tr>
<td>Adequate seating</td>
<td>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.</td>
</tr>
<tr>
<td>------------------------</td>
<td>--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------</td>
</tr>
<tr>
<td>Driver Identification</td>
<td>When transporting passengers, all drivers will have a picture identification displayed at all times. Drivers also have name tag and company logo on their uniform/person for identification.</td>
</tr>
<tr>
<td>Passenger Assistance</td>
<td>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.</td>
</tr>
<tr>
<td>Smoking, Eating and Drinking</td>
<td>Smoking, eating and drinking is prohibited onboard all vehicles.</td>
</tr>
<tr>
<td>Two-way Communications</td>
<td>All vehicles are equipped with a two-way radio communication device to provide audible accessibility between the driver and base at all times.</td>
</tr>
<tr>
<td>------------------------</td>
<td>------------------------------------------------------------------------------------------------------------------</td>
</tr>
<tr>
<td>Air Conditioning/Heating</td>
<td>All vehicles are equipped with air conditioners and heaters.</td>
</tr>
<tr>
<td>Billing Requirements</td>
<td>All riders are expected to pay fare at time that they receive services. Passengers must have exact change; drivers do not carry cash.</td>
</tr>
</tbody>
</table>
COMMISSION STANDARDS

Findings:

Recommendations:
Compliance with Local Standards
“...shall adhere to Commission approved standards...”

Review the TDSP for the Local standards.

<table>
<thead>
<tr>
<th>Local Standards</th>
<th>Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td>Transport of Escorts and dependent children policy</td>
<td>Escorts are limited to one per rider, as deemed medically necessary. Escorts must be at least 16 years old 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.</td>
</tr>
<tr>
<td>Use, Responsibility, and cost of child restraint devices</td>
<td>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.</td>
</tr>
<tr>
<td>Out-of-Service Area trips</td>
<td>Out-of-service area trips provided only as approved by LCB and CTC.</td>
</tr>
<tr>
<td>CPR/1st Aid</td>
<td>Not required</td>
</tr>
<tr>
<td>Driver Criminal Background Screening</td>
<td>Criminal background and drug check (with local law enforcement and Florida Dept. of Law Enforcement) are done prior to date of hire.</td>
</tr>
<tr>
<td>Rider Personal Property</td>
<td>Riders may carry personal property on vehicles if it can be placed on lap or under seat. Drivers may not handle customer's property. Exception is shopping trips, customer may have 2-3 bags, and driver may assist to ensure bags are safely stowed on vehicle.</td>
</tr>
<tr>
<td>Advance reservation requirements</td>
<td>Trips must be scheduled a minimum of 72 hours prior to date of travel or 2 weeks in advance of date of travel.</td>
</tr>
<tr>
<td>Pick-up Window</td>
<td>There is a two hour pick-up window prior to appointment time. Three hours are required for outlying areas.</td>
</tr>
<tr>
<td>Measurable Standards/Goals</td>
<td>Standard/Goal</td>
</tr>
<tr>
<td>---------------------------</td>
<td>--------------</td>
</tr>
<tr>
<td>Public Transit Ridership</td>
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<tr>
<td></td>
<td>Operator A</td>
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<tr>
<td></td>
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<tr>
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<td>Accidents</td>
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<td>Average age of fleet:</td>
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<td>Call-Hold Time</td>
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<td>Operator B</td>
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<tr>
<td></td>
<td>Operator C</td>
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</tbody>
</table>
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:

<table>
<thead>
<tr>
<th>Provision of Service</th>
<th>Training Provided</th>
<th>Written Policy</th>
<th>Neither</th>
</tr>
</thead>
<tbody>
<tr>
<td>Accommodating Mobility Aids</td>
<td>Yes</td>
<td>Yes</td>
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<tr>
<td>Accommodating Life Support Systems (O₂ Tanks, IV's...)</td>
<td>Yes</td>
<td>Yes</td>
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<tr>
<td>Passenger Restraint Policies</td>
<td>Yes</td>
<td>Yes</td>
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<tr>
<td>Standee Policies (persons standing on the lift)</td>
<td>Yes</td>
<td>Yes</td>
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<tr>
<td>Driver Assistance Requirements</td>
<td>Yes</td>
<td>Yes</td>
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<tr>
<td>Personal Care Attendant Policies</td>
<td>Yes</td>
<td>Yes</td>
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<tr>
<td>Service Animal Policies</td>
<td>Yes</td>
<td>Yes</td>
<td></td>
</tr>
<tr>
<td>Transfer Policies (From mobility device to a seat)</td>
<td>Yes</td>
<td>Yes</td>
<td></td>
</tr>
<tr>
<td>Equipment Operation (Lift and securement procedures)</td>
<td>Yes</td>
<td>Yes</td>
<td></td>
</tr>
<tr>
<td>Passenger Sensitivity/Disability Awareness Training for Drivers</td>
<td>Yes</td>
<td>Yes</td>
<td></td>
</tr>
</tbody>
</table>

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.

N/A 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): 1603

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

Person Conducting Review: Liz Mitchell - Ocala Marion TPO

Date: 2/4/21

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

<table>
<thead>
<tr>
<th>Name of Service Provider/Contractor</th>
<th>Total # of Vehicles Available for CTC Service</th>
<th># of ADA Accessible Vehicles</th>
<th>Areas/Sub areas Served by Provider/Contractor</th>
</tr>
</thead>
<tbody>
<tr>
<td>Marion Transit Services</td>
<td>43</td>
<td>43</td>
<td>Marion County</td>
</tr>
</tbody>
</table>

**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:
The following questions relate to items specifically addressed in the FY _2020___/2021___ 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 _2020-2021___)

☑ 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 _2020-2021___)

☑ Yes ☐ No
STATUS REPORT FOLLOW-UP FROM LAST REVIEW(S)

DATE OF LAST REVIEW: 1/2020          STATUS REPORT DATED: N/A

CTD RECOMMENDATION:

CTC Response:

Current Status:

CTD RECOMMENDATION:

CTC Response:

Current Status:

CTD RECOMMENDATION:

CTC Response:

Current Status:
<table>
<thead>
<tr>
<th>CTD RECOMMENDATION:</th>
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</tr>
</thead>
<tbody>
<tr>
<td>CTC Response:</td>
<td></td>
</tr>
<tr>
<td>Current Status:</td>
<td></td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>CTD RECOMMENDATION:</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>CTC Response:</td>
<td></td>
</tr>
<tr>
<td>Current Status:</td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>CTD RECOMMENDATION:</th>
<th></th>
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</thead>
<tbody>
<tr>
<td>CTC Response:</td>
<td></td>
</tr>
<tr>
<td>Current Status:</td>
<td></td>
</tr>
</tbody>
</table>
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 | 3 |
| Non-Ambulatory | 1 |

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

Did the driver provide any passenger assistance?  Yes  No 

Was the driver wearing any identification?  Yes: Uniform  Name Tag 

ID Badge  No 

Did the driver render an appropriate greeting?  Yes  No 

Driver regularly transports the rider, not necessary

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

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

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

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

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

If used, was the lift in good working order?  Yes  No
Was there safe and appropriate seating for all passengers?  
[ ] Yes  [ ] No

Did the driver properly use the lift and secure the passenger?  
[ ] Yes  [ ] No

If No, please explain:

CTC: Marion Transit  County: Marion

Date of Ride: 2/3/21

<table>
<thead>
<tr>
<th>Funding Source</th>
<th>No. of Trips</th>
<th>No. of Riders/Beneficiaries</th>
<th>No. of Calls to Make</th>
<th>No. of Calls Made</th>
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<tr>
<td>CTD</td>
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<td>1</td>
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<td>Totals</td>
<td>6</td>
<td>10</td>
<td>6</td>
<td>6</td>
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</table>

Note: Attach the manifest
## Scheduled Trips Summary - FL_Marion

**Run Name:** Unassigned  
**Vehicle:** Bus 1405

<table>
<thead>
<tr>
<th>Customer Name</th>
<th>Pick Up Time</th>
<th>Pick Up Address</th>
<th>Drop Off Time</th>
<th>Drop Off Address</th>
<th>Mobility Type</th>
<th>Customer Pay</th>
<th>Telephone Ext.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Fletcher, Leonie</td>
<td>7:45:00AM</td>
<td>Silver Springs Shores 303 Oak Track Dr Ocala, FL 34472</td>
<td>8:15:00AM</td>
<td>Family Care Spec 2300 Se 17th St #402 Ocala, FL 34471</td>
<td>Ambulatory</td>
<td>$2.00</td>
<td>(352) 680-0279</td>
</tr>
<tr>
<td>Saint Clair, Abel</td>
<td>8:30:00AM</td>
<td>9 Fir Drive Pl Ocala, FL 34472</td>
<td>9:00:00AM</td>
<td>Ocala Home Division 2860 SE 1st Ave Ocala, FL 34471</td>
<td>Ambulatory</td>
<td>$0.00</td>
<td>(352) 512-4831</td>
</tr>
<tr>
<td>Corcoran, Robert</td>
<td>9:00:00AM</td>
<td>Silver Springs Shores 9321 Spring Rd Ocala, FL 34472</td>
<td>9:30:00AM</td>
<td>Walmart 34 Bahia Ave Ocala, FL 34472</td>
<td>Ambulatory</td>
<td>$2.00</td>
<td>(352) 687-4873</td>
</tr>
<tr>
<td>Name</td>
<td>Pick Up Time</td>
<td>Pick Up Address</td>
<td>Drop Off Time</td>
<td>Drop Off Address</td>
<td>Mobility Type</td>
<td>Customer Pay</td>
<td>Telephone Ext.</td>
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</tr>
<tr>
<td>Kearney, McKinley</td>
<td>9:30:00AM</td>
<td>Silver Springs Shores 510 Clear Rd Ocala, FL 34472</td>
<td>10:00:00AM</td>
<td>Regions Bank - Shores 9297 Se Maricamp Rd Ocala, FL 34472</td>
<td>Ambulatory</td>
<td>$ 2.00</td>
<td>(352) 687-8911</td>
</tr>
<tr>
<td>Fletcher, Leonie</td>
<td>9:45:00AM</td>
<td>Family Care Spec 2300 Se 17th St #402 Ocala, FL 34471</td>
<td>10:15:00AM</td>
<td>Publix 7578 Se Maricamp Rd Ocala, FL 34472</td>
<td>Ambulatory</td>
<td>$ 2.00</td>
<td>(352) 680-0279</td>
</tr>
<tr>
<td>Kearney, McKinley</td>
<td>10:30:00AM</td>
<td>Regions Bank - Shores 9297 Se Maricamp Rd Ocala, FL 34472</td>
<td>11:00:00AM</td>
<td>Publix 7578 Se Maricamp Rd Ocala, FL 34472</td>
<td>Ambulatory</td>
<td>$ 2.00</td>
<td>(352) 687-8911</td>
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<tr>
<td>Corcoran, Robert</td>
<td>11:30:00AM</td>
<td>Walmart 34 Bahia Ave Ocala, FL 34472</td>
<td>12:00:00PM</td>
<td>Silver Springs Shores 9321 Spring Rd Ocala, FL 34472</td>
<td>Ambulatory</td>
<td>$ 2.00</td>
<td>(352) 687-4873</td>
</tr>
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</table>

Request Time: 9:30 am
Funding Source: ADA
Assistance Needs: General Comments [Palm Gardens]

Request Time: 10:00 am
Funding Source: ADA
Assistance Needs: General Comments [Palm Gardens]

Request Time: 10:15 am
Funding Source: ADA
Assistance Needs: General Comments [Palm Gardens]

Request Time: 11:00 am
Funding Source: ADA
Assistance Needs: General Comments [Palm Gardens]
<table>
<thead>
<tr>
<th>Customer Name</th>
<th>Pick Up Time</th>
<th>Pick Up Address</th>
<th>Drop Off Time</th>
<th>Drop Off Address</th>
<th>Mobility Type</th>
<th>Customer Pay</th>
<th>Telephone Ext.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Fletcher, Leonie</td>
<td>12:15:00PM</td>
<td>Publix 7578 Se Maricamp Rd Ocala, FL 34472</td>
<td>12:45:00PM</td>
<td>Silver Springs Shores 303 Oak Track Dr Ocala, FL 34472</td>
<td>Ambulatory</td>
<td>$ 2.00</td>
<td>(352) 680-0279</td>
</tr>
<tr>
<td>Request Time:</td>
<td>12:15 pm</td>
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<td>Funding Source:</td>
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<tr>
<td>Assistance Needs:</td>
<td>General Comments [*ADA Client/1 hour window unless TD trip.]</td>
<td></td>
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<tr>
<td>VanBlarcom, Christine</td>
<td>12:30:00PM</td>
<td>Silver Springs Shores 4 Clear Pl Ocala, FL 34472</td>
<td>1:00:00PM</td>
<td>Silver Springs Shores 1515 E Silver Springs Blvd #217 Ocala, FL 34470</td>
<td>Ambulatory</td>
<td>$ 2.00</td>
<td>(941) 615-7089</td>
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<tr>
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<td>1:00 pm</td>
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<tr>
<td>Assistance Needs:</td>
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<tr>
<td>Kearney, McKinley</td>
<td>1:00:00PM</td>
<td>Publix 7578 Se Maricamp Rd Ocala, FL 34472</td>
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<td>(352) 687-8911</td>
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<td>Assistance Needs:</td>
<td>General Comments [Palm Gardens]</td>
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</tr>
<tr>
<td>Banfield, William</td>
<td>1:30:00PM</td>
<td>Silver Springs Shores 7 Emerald Ct Ocala, FL 34472</td>
<td>2:00:00PM</td>
<td>Regions Bank - Shores 9257 Se Maricamp Rd Ocala, FL 34472</td>
<td>Ambulatory</td>
<td>$ 2.00</td>
<td>(352) 537-0915</td>
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<tr>
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<tr>
<td>Assistance Needs:</td>
<td>General Comments [Palm Gardens]</td>
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</tr>
</tbody>
</table>
RIDDER/BENEFICIARY SURVEY

Staff making call: Andrea Melvin  
Date of Call: 3/3/21
County: Marion  
Funding Source: N/A

1) Did you receive transportation service on 3/3/21?  
☐ Yes or ☐ No

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

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

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

A. How many times in the last 6 months have you been refused transportation services?  
☐ None  ☐ 3-5 Times  
☐ 1-2 Times  ☐ 6-10 Times
If none, skip to question # 4.

B. What was the reason given for refusing you transportation services?  
☐ Ineligible  ☐ Space not available  
☐ Lack of funds  ☐ Destination outside service area  
☐ Other _____________

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

6) Did you have a problem with your trip on 3/3/21?  
☐ Yes. If yes, please state or choose problem from below  
☐ No. If no, skip to question # 6
What type of problem did you have with your trip?  
☐ Advance notice  ☐ Cost  
☐ Pick up times not convenient  ☐ Late pick up - specify time of wait  
☐ Assistance  ☐ Accessibility  
☐ Service Area Limits  ☐ Late return pick up - length of wait
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? (Permission granted by _____________ for use in publications.)

Additional Comments:

Nicerst people... I love these people. The best drivers - outstanding!
RIDER/BENEFICIARY SURVEY

Staff making call: Andrea Melvin  County: Marion
Date of Call: 3/21  Funding Source: N/A

1) Did you receive transportation service on 3/21?  Yes or No

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

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

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

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

6) Did you have a problem with your trip on 3/21?
☐ Yes. If yes, please state or choose problem from below
☐ No. If no, skip to question # 6
What type of problem did you have with your trip?
☐ Advance notice  ☐ Cost
☐ Pick up times not convenient  ☐ Late pick up—specify time of wait
☐ Assistance  ☐ Accessibility
☐ Service Area Limits  ☐ Late return pick up - length of wait
Drivers - specify
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 granted by ____________ for use in publications.)

Additional Comments:

   In the past occasional late pick up, but
   lately very good,
RIDER/BENEFICIARY SURVEY

Staff making call: Andrea Melvin
County: Marion
Funding Source: N/A

Date of Call: 2/3/21

1) Did you receive transportation service on 2/3/21? Yes or No

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

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

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

   A. How many times in the last 6 months have you been refused transportation services?
   - None
   - 3-5 Times
   - 1-2 Times
   - 6-10 Times
   If none, skip to question # 4.

   B. What was the reason given for refusing you transportation services?
   - Ineligible
   - Space not available
   - Lack of funds
   - Destination outside service area
   - Other

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

6) Did you have a problem with your trip on 2/3/21? Yes or No
   - Yes. If yes, please state or choose problem from below
   - No. If no, skip to question # 6

   What type of problem did you have with your trip?
   - Advance notice
   - Cost
   - Pick up times not convenient
   - Late pick up - specify time of wait
   - Assistance
   - Accessibility
   - Service Area Limits
   - Late return pick up - length of wait
Drivers - specify
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 granted by __________________ for use in publications.)

Jr meets my needs.

Additional Comments:

I'd like to compliment Trish. She understands.

Dispatch and Reservations always try to accommodate me.

Yvonne, Brenda, and Mickey are great.
RIDER/BENEFICIARY SURVEY

Staff making call: Andrea Melvin
Date of Call: 2/3/21
County: Marion
Funding Source: N/A

1) Did you receive transportation service on 2/3/21? ☑ Yes or ☐ No

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

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

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

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

6) Did you have a problem with your trip on 2/3/21? 
   ☐ Yes. If yes, please state or choose problem from below
   ☑ No. If no, skip to question # 6
      What type of problem did you have with your trip?
         ☐ Advance notice   ☐ Cost
         ☐ Pick up times not convenient   ☐ Late pick up specify time of wait
         ☐ Assistance   ☐ Accessibility
         ☐ Service Area Limits   ☐ Late return pick up - length of wait
7) On a scale of 1 to 10 (10 being most satisfied) rate the transportation you have been receiving.

10

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

Additional Comments:

Everyone's been great. Service has been much better over the last year and a half than before then.
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: 2/2/2021

Please list any special guests that were present: N/A

Location: Northeast Ocala

Number of Passengers picked up/dropped off:

<table>
<thead>
<tr>
<th>Ambulatory</th>
<th>Non-Ambulatory</th>
</tr>
</thead>
<tbody>
<tr>
<td>0</td>
<td>2</td>
</tr>
</tbody>
</table>

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

Did the driver provide any passenger assistance?   Yes □ No

Was the driver wearing any identification?   Yes: Uniform □ Name Tag

ID Badge □ No

Did the driver render an appropriate greeting?

Yes □ No    Driver regularly transports the rider, not necessary

If CTC has a policy on seat belts, did the driver ensure the passengers were properly belted?

Yes □ No

Was the vehicle neat and clean, and free from dirt, torn upholstery, damaged or broken seats, protruding metal or other objects?

Yes □ No

Is there a sign posted on the interior of the vehicle with both a local phone number and the TD Helpline for comments/complaints/commendations?

Yes □ No

Does the vehicle have working heat and air conditioning?

Yes □ No

Does the vehicle have two-way communications in good working order?

Yes □ No

If used, was the lift in good working order?

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

☐ Yes  ☐ No

Did the driver properly use the lift and secure the passenger?  

☐ Yes  ☐ No

If No, please explain:

CTC: Marion Transit  
County: Marion

Date of Ride: 2/21/2021

<table>
<thead>
<tr>
<th>Funding Source</th>
<th>No. of Trips</th>
<th>No. of Riders/Beneficiaries</th>
<th>No. of Calls to Make</th>
<th>No. of Calls Made</th>
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</thead>
<tbody>
<tr>
<td>CTD</td>
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</tr>
<tr>
<td>Medicaid</td>
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</tr>
</tbody>
</table>

Totals: 1 2

Number of Round Trips Number of Riders/Beneficiaries to Survey

| 0 – 200 | 30% |
| 201 – 1200 | 10% |
| 1201 + | 5% |

Note: Attach the manifest
## Scheduled Trips Summary - FL_Marion

**For Time Period: 2/2/2021**  
Printed: 2/1/2021 1:13:33PM

### Run Name: Unassigned

<table>
<thead>
<tr>
<th>Customer Name</th>
<th>Pick Up Time</th>
<th>Pick Up Address</th>
<th>Drop Off Time</th>
<th>Drop Off Address</th>
<th>Mobility Type</th>
<th>Customer Pay</th>
<th>Telephone Ext.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Johnson, Nicole</td>
<td>8:30:00AM</td>
<td>4945 NE 15th Place Ocala, FL 34470</td>
<td>9:00:00AM</td>
<td>Employ U 1515 E Silver Springs Blvd Suite #130 Ocala, FL 34470</td>
<td>Lift to Load</td>
<td>$2.00</td>
<td>(302) 242-2453</td>
</tr>
<tr>
<td>Peltier, Sylvia</td>
<td>8:30:00AM</td>
<td>Cypress Villas 667 Ne 26th Ct Apt #D Ocala, FL 34470</td>
<td>9:00:00AM</td>
<td>Publix 3450 E Silver Springs Blvd Ocala, FL 34470</td>
<td>Ambulatory</td>
<td>$2.00</td>
<td>(618) 435-7365</td>
</tr>
<tr>
<td>Morgan, Robert</td>
<td>9:15:00AM</td>
<td>Silver Springs Manor 5401 E Silver Springs Blvd #22 Silver Springs, FL 34488</td>
<td>9:45:00AM</td>
<td>Advanced Imaging 2300 Se 17th St #800 Ocala, FL 34471</td>
<td>Lift to Load</td>
<td>$2.00</td>
<td>(352) 361-1726</td>
</tr>
</tbody>
</table>

**Funding Source:** ADA

**Assistance Needs:**

- General Comments [Client is requesting for driver to honk the horn.]
- General Comments [USES WALKER/ LTU 02 GOOD 4HRS]
<table>
<thead>
<tr>
<th>Customer Name</th>
<th>Pick Up Time</th>
<th>Pick Up Address</th>
<th>Drop Off Time</th>
<th>Drop Off Address</th>
<th>Mobility Type</th>
<th>Customer Pay</th>
<th>Telephone Ext.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Peltier, Sylvia</td>
<td>11:00:00AM</td>
<td>Publix 3450 E Silver Springs Blvd</td>
<td>11:30:00AM</td>
<td>Cypress Villas 667 Ne 28th Ct Apt D</td>
<td>Ambulatory</td>
<td>$ 2.00</td>
<td>(618) 435-7365</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Ocala, FL 34470</td>
<td></td>
<td>Ocala, FL 34470</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Taylor, Rachelleah</td>
<td>12:30:00PM</td>
<td>905 Ne 4th St</td>
<td>1:00:00PM</td>
<td>Associated Comprehensive Eye Care 2437 E Fort King St</td>
<td>Ambulatory</td>
<td>$ 2.00</td>
<td>(352) 512-5520</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Ocala, FL 34470</td>
<td></td>
<td>Ocala, FL 34471</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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

Funding Source: ADA
Assistance Needs: Visually Impaired; Requires Door-to-Door assistance [Client Blind]
RIDER/BENE_FICIARY SURVEY

Staff making call: BARD~
County: Marion
Funding Source: N/A

Date of Call: 2/2/21

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

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

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

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

   A. How many times in the last 6 months have you been refused transportation services?
      □ None □ 3-5 Times
      □ 1-2 Times □ 6-10 Times
      If none, skip to question # 4.

   B. What was the reason given for refusing you transportation services?
      □ Ineligible □ Space not available
      □ Lack of funds □ Destination outside service area
      □ Other __________________

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

6) Did you have a problem with your trip on __________?
      □ Yes. If yes, please state or choose problem from below.
      □ No. If no, skip to question # 6
      What type of problem did you have with your trip?
      □ Advance notice □ Cost
      □ Pick up times not convenient □ Late pick up-specify time of wait
      □ Assistance □ Accessibility
      □ Service Area Limits □ Late return pick up - length of wait
7) On a scale of 1 to 10 (10 being most satisfied) rate the transportation you have been receiving.

10

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

Additional Comments:

"I'm glad we have Marion Transit. It's been a blessing for me and I'm sure it has been for others too."

______________________________
RIDER/BENEFICIARY SURVEY

Staff making call: ANTHONY SCHIETTE  County: Marion
Date of Call: 2/2/21  Funding Source: N/A

1) Did you receive transportation service on 2/2/2021? □ Yes or □ No

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

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

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

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

6) Did you have a problem with your trip on _________?
   □ Yes. If yes, please state or choose problem from below.
   □ No. If no, skip to question # 6
   What type of problem did you have with your trip?
      □ Advance notice  □ Cost
      □ Pick up times not convenient  □ Late pick up-specify time of wait
      □ Assistance  □ Accessibility
      □ Service Area Limits  □ Late return pick up - length of wait
7) On a scale of 1 to 10 (10 being most satisfied) rate the transportation you have been receiving. 

10

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

Additional Comments:

"All the drivers are courteous, kind, and helpful. I have no problem with any of the drivers. They are so nice."
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: 2-4-21

Please list any special guests that were present: N/A.

Location: MARION OAKS - GOLD LINE

Number of Passengers picked up/dropped off:

<table>
<thead>
<tr>
<th>Ambulatory</th>
<th>Non-Ambulatory</th>
</tr>
</thead>
<tbody>
<tr>
<td>2</td>
<td></td>
</tr>
</tbody>
</table>

Was the driver on time?  

- Yes  
- No - How many minutes late/early?

Did the driver provide any passenger assistance?  

- Yes  
- No

Was the driver wearing any identification?  

- Yes: Uniform  
- Name Tag  
- ID Badge  
- No

Did the driver render an appropriate greeting?  

- Yes  
- No  
- Driver regularly transports the rider, not necessary

If CTC has a policy on seat belts, did the driver ensure the passengers were properly belted?  

- Yes  
- No

Was the vehicle neat and clean, and free from dirt, torn upholstery, damaged or broken seats, protruding metal or other objects?  

- Yes  
- No

Is there a sign posted on the interior of the vehicle with both a local phone number and the TD Helpline for comments/complaints/commendations?  

- Yes  
- No

Does the vehicle have working heat and air conditioning?  

- Yes  
- No

Does the vehicle have two-way communications in good working order?  

- Yes  
- No

If used, was the lift in good working order?  

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

Did the driver properly use the lift and secure the passenger?  □ Yes  □ No

If No, please explain:

CTC:  ________________  County:  ________________
Date of Ride:  2-4-21

<table>
<thead>
<tr>
<th>Funding Source</th>
<th>No. of Trips</th>
<th>No. of Riders/Beneficiaries</th>
<th>No. of Calls to Make</th>
<th>No. of Calls Made</th>
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<tbody>
<tr>
<td>CTD</td>
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<td>Medicaid</td>
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Totals

<table>
<thead>
<tr>
<th>Number of Round Trips</th>
<th>Number of Riders/Beneficiaries to Survey</th>
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</thead>
<tbody>
<tr>
<td>0 – 200</td>
<td>30%</td>
</tr>
<tr>
<td>201 – 1200</td>
<td>10%</td>
</tr>
<tr>
<td>1201 +</td>
<td>5%</td>
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Note: Attach the manifest
Scheduled Trips Summary - FL_Marion

For Time Period: 2/4/2021
Printed: 2/3/2021 4:10:20PM

Run Name: Unassigned
Driver Name: 
Vehicle: Bus 1603

<table>
<thead>
<tr>
<th>Customer Name</th>
<th>Pick Up Time</th>
<th>Pick Up Address</th>
<th>Drop Off Time</th>
<th>Drop Off Address</th>
<th>Mobility Type</th>
<th>Customer Pay</th>
<th>Telephone Ext.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cotto, Daisy</td>
<td>9:00:00AM</td>
<td>Marion Oaks 14581 Sw 38th Terrace Rd Ocala, FL 34473</td>
<td>9:30:00AM</td>
<td>Walmart 9570 Sw Highway 200 Ocala, FL 34481</td>
<td>Ambulatory</td>
<td>$ 2.00</td>
<td>(862) 224-7264</td>
</tr>
<tr>
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<tr>
<td>Cotto, Daisy</td>
<td>11:30:00AM</td>
<td>Walmart 9570 Sw Highway 200 Ocala, FL 34481</td>
<td>12:00:00PM</td>
<td>Marion Oaks 14581 Sw 38th Terrace Rd Ocala, FL 34473</td>
<td>Ambulatory</td>
<td>$ 2.00</td>
<td>(862) 224-7264</td>
</tr>
</tbody>
</table>

Funding Source: 5311
Assistance Needs: General Comments []
RIDER/BENEFICIARY SURVEY

Staff making call:  
Date of Call:  
County: Marion  
Funding Source: N/A

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

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

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

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

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

6) Did you have a problem with your trip on _________?  
   Yes. If yes, please state or choose problem from below  
   No. If no, skip to question # 6  
      What type of problem did you have with your trip?  
      Advance notice  Cost  
      Pick up times not convenient  Late pick up-specify time of wait  
      Assistance  Accessibility  
      Service Area Limits  Late return pick up - length of wait
7) On a scale of 1 to 10 (10 being most satisfied) rate the transportation you have been receiving.

[ ] Drivers - specify  [ ] Reservations - specify length of wait
[ ] Vehicle condition  [ ] Other

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

Additional Comments:

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

Very good
RIDER/BENEFICIARY SURVEY

Staff making call: L. Mitchell
Date of Call: 2/4/2021

County: Marion
Funding Source: N/A

1) Did you receive transportation service on 2/4/2021? □ Yes or □ No

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

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

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

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

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

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

10

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

Additional Comments:

Drivers are very professional and very helpful
RIDER/BENEFICIARY SURVEY

Staff making call: TraceyScott  County: Marion
Date of Call: 2/11/21  Funding Source: N/A

1) Did you receive transportation service on 2/11/21?  □ Yes or □ No

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

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

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

A. How many times in the last 6 months have you been refused transportation services?
□ None  □ 3-5 Times
□ 1-2 Times  □ 6-10 Times
If none, skip to question # 4.

B. What was the reason given for refusing you transportation services?
□ Ineligible  □ Space not available
□ Lack of funds  □ Destination outside service area
□ Other __________________

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

6) Did you have a problem with your trip on ________________?
□ Yes. If yes, please state or choose problem from below

□ No. If no, skip to question # 6

What type of problem did you have with your trip?
□ Advance notice  □ Cost
□ Pick up times not convenient  □ Late pick up-specify time of wait
□ Assistance  □ Accessibility
□ Service Area Limits  □ Late return pick up - length of wait
Drivers - specify

☐ Reservations - specify length of wait

☐ Vehicle condition

☐ Other

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

9

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

Additional Comments:

Mobility, ability to get where I need to go.
1) Did you receive transportation service on 2/11/21? □ Yes or □ No

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

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

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

A. How many times in the last 6 months have you been refused transportation services?
□ None  □ 3-5 Times
□ 1-2 Times  □ 6-10 Times
If none, skip to question # 4.

B. What was the reason given for refusing you transportation services?
□ Ineligible  □ Space not available
□ Lack of funds  □ Destination outside service area
□ Other

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

6) Did you have a problem with your trip on ____________?
□ Yes. If yes, please state or choose problem from below
□ No. If no, skip to question # 6

What type of problem did you have with your trip?
□ Advance notice  □ Cost
□ Pick up times not convenient  □ Late pick up-specify time of wait
□ Assistance  □ Accessibility
□ Service Area Limits  □ Late return pick up - length of wait
Drivers - specify

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 granted by for use in publications.)

"My life line"

Additional Comments:

We would like Tuesday & Thursdays for shopping if possible.
RIDER/BENEFICIARY SURVEY

Staff making call: Tracey Soto  County: Marion
Date of Call: 2/12/21  Funding Source: N/A

1) Did you receive transportation service on 2/11/2021? ☐ Yes or ☐ No

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

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

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

   A. How many times in the last 6 months have you been refused transportation services?
      ☐ None  ☐ 3-5 Times
      ☐ 1-2 Times  ☐ 6-10 Times
      If none, skip to question # 4.

   B. What was the reason given for refusing you transportation services?
      ☐ Ineligible  ☐ Space not available
      ☐ Lack of funds  ☐ Destination outside service area
      ☐ Other ____________

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

6) Did you have a problem with your trip on ____________?
   ☐ Yes. If yes, please state or choose problem from below
   ☑ No. If no, skip to question # 6

   What type of problem did you have with your trip?
   ☐ Advance notice  ☐ Cost
   ☐ Pick up times not convenient  ☐ Late pick up - specify time of wait
   ☐ Assistance  ☐ Accessibility
   ☐ Service Area Limits  ☐ Late return pick up - length of wait
7) On a scale of 1 to 10 (10 being most satisfied) rate the transportation you have been receiving.  
10

8) What does transportation mean to you? (Permission granted by Ronald Mozzy for use in publications.) Being able to get around.

Additional Comments:

________________________________________________________________________________________
________________________________________________________________________________________
________________________________________________________________________________________
________________________________________________________________________________________
RIDER/BENEFICIARY SURVEY

Staff making call: Tracey Sapp
County: Marion
Date of Call: 2/11/2021

Funding Source: N/A

1) Did you receive transportation service on 2/11/2021? □ Yes or □ No

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

If so, how much?

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

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

A. How many times in the last 6 months have you been refused transportation services?
□ None □ 3-5 Times
□ 1-2 Times □ 6-10 Times
If none, skip to question # 4.

B. What was the reason given for refusing you transportation services?
□ Ineligible □ Space not available
□ Lack of funds □ Destination outside service area
□ Other __________________

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

6) Did you have a problem with your trip on _________?
□ Yes. If yes, please state or choose problem from below
□ No. If no, skip to question # 6

What type of problem did you have with your trip?
□ Advance notice □ Cost
□ Pick up times not convenient □ Late pick up - specify time of wait
□ Assistance □ Accessibility
□ Service Area Limits □ Late return pick up - length of wait
7) On a scale of 1 to 10 (10 being most satisfied) rate the transportation you have been receiving. [ ]

8) What does transportation mean to you? (Permission granted by Willi e L h e for use in publications.) "Everything to me"

Additional Comments:

The ability to get to the Dr means the world to me.
RIDER/BENEFICIARY SURVEY

Staff making call: Tracy Sapp
Date of Call: 2/11/2021
County: Marion
Funding Source: N/A

1) Did you receive transportation service on 2/11/2021?  □ Yes or □ No

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

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

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

A. How many times in the last 6 months have you been refused transportation services?
□ None  □ 3-5 Times
□ 1-2 Times  □ 6-10 Times
If none, skip to question # 4.

B. What was the reason given for refusing you transportation services?
□ Ineligible  □ Space not available
□ Lack of funds  □ Destination outside service area
□ Other

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

6) Did you have a problem with your trip on ____________?
□ Yes. If yes, please state or choose problem from below
□ No. If no, skip to question # 6

What type of problem did you have with your trip?
□ Advance notice  □ Cost
□ Pick up times not convenient  □ Late pick up - specify time of wait
□ Assistance  □ Accessibility
□ Service Area Limits  □ Late return pick up - length of wait
7) On a scale of 1 to 10 (10 being most satisfied) rate the transportation you have been receiving.

10

8) What does transportation mean to you? (Permission granted by Valente for use in publications.) "Without it I don't know what I would do"

Additional Comments:

Drivers go over and beyond in their jobs. Loves every one of them. They make me feel safe on that van. This service is such a blessing, they don't make us feel like a problem.
RIDER/BENEFICIARY SURVEY

Staff making call: Susan Hanley
Date of Call: 02/08/2021
County: Marion
Funding Source: N/A

1) Did you receive transportation service on 02/08/2021? ☑ Yes or ☐ No

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

If so, how much? I do not have a copay for my dialysis appointments on M-W-F. I pay $4 roundtrip for doctor appointments.

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

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

A. How many times in the last 6 months have you been refused transportation services?
☐ None ☐ 3-5 Times
☐ 1-2 Times ☐ 6-10 Times
If none, skip to question # 4.

B. What was the reason given for refusing you transportation services?
☐ Ineligible ☐ Space not available
☐ Lack of funds ☐ Destination outside service area
☐ Other __________________

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

6) Did you have a problem with your trip on 02/08/2021?
☐ Yes. If yes, please state or choose problem from below
☑ No. If no, skip to question # 6

What type of problem did you have with your trip?
☐ Advance notice ☐ Cost
☐ Pick up times not convenient ☐ Late pick up-specify time of wait
☐ Assistance ☐ Accessibility
☐ Service Area Limits ☐ Late return pick up - length of wait
7) On a scale of 1 to 10 (10 being most satisfied) rate the transportation you have been receiving.

[ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [X] [ ]

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

Additional Comments:

Individual had no additional comments
RIDER/BENEFICIARY SURVEY

Staff making call: Susan Hanley
Date of Call: 02/09/2021
County: Marion
Funding Source: N/A

1) Did you receive transportation service on 01/19/2021? ☑ Yes or ☐ No

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

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

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

A. How many times in the last 6 months have you been refused transportation services?
☐ None ☐ 3-5 Times
☐ 1-2 Times ☐ 6-10 Times
If none, skip to question # 4.

B. What was the reason given for refusing you transportation services?
☐ Ineligible ☐ Space not available
☐ Lack of funds ☐ Destination outside service area
☐ Other ____________

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

6) Did you have a problem with your trip on 01/19/2021?
☐ Yes. If yes, please state or choose problem from below
☑ No. If no, skip to question # 6

What type of problem did you have with your trip?
☐ Advance notice ☐ Cost
☐ Pick up times not convenient ☐ Late pick up-specify time of wait
☐ Assistance ☐ Accessibility
☐ Service Area Limits ☐ Late return pick up - length of wait
7) On a scale of 1 to 10 (10 being most satisfied) rate the transportation you have been receiving.  
10

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

Additional Comments:

They are great. The drivers are very nice and they always say hi and talk to me. I tell you what they are so polite and the other people on the bus are nice too.
RIDER/BENEFICIARY SURVEY

Staff making call: Susan Hankey  
County: Marion  
Funding Source: N/A

Date of Call: 02/10/2021

1) Did you receive transportation service on 02/05/2021?  Yes or No

2) Where you charged an amount in addition to the co-payment? Yes or No  
If so, how much? $2.00 one-way $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 # 4

A. How many times in the last 6 months have you been refused transportation services?  
None  3-5 Times  1-2 Times  6-10 Times

B. What was the reason given for refusing you transportation services?  
Ineligible  Space not available  Lack of funds  Destination outside service area  Other

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

6) Did you have a problem with your trip on 02/05/2021?  
Yes. If yes, please state or choose problem from below
No. If no, skip to question # 6

What type of problem did you have with your trip?  
Advance notice  Cost  Pick up times not convenient  Late pick up-specify time of wait  Assistance  Accessibility  Service Area Limits  Late return pick up - length of wait
7) On a scale of 1 to 10 (10 being most satisfied) rate the transportation you have been receiving.  
[ ] 10

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

**Additional Comments:**

I have been using them for a long time. I broke my neck and they have really helped me get to Walmart or the doctor. All the drivers and dispatchers are considerate and good. I do sometimes gripe to them, but that is on me when I am having a frustrating day. The drivers are very helpful and even help me find a motorized cart in Walmart's parking lot.
1) Did you receive transportation service on 02/10/2021?  Yes or No

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

3) How often do you normally obtain transportation?
   Daily 7 Days/Week  Other  1-2 Times/Week  3-5 Times/Week
   I have MS and have clinic appointments weekly.

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

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

6) Did you have a problem with your trip on 02/10/2021?
   Yes. If yes, please state or choose problem from below
   No. If no, skip to question # 6
   What type of problem did you have with your trip?
   Advance notice  Cost
   Pick up times not convenient  Late pick up-specify time of wait
   Assistance  Accessibility
   Service Area Limits  Late return pick up - length of wait
7) On a scale of 1 to 10 (10 being most satisfied) rate the transportation you have been receiving.

   10 +

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

Additional Comments:

Honestly, without Marion Transit, I would not be here. It is heaven sent. They are very polite and care about you and your disability. They treat you with respect. These drivers are on the front line and people need to be patient with them.
RIDER/BENEFICIARY SURVEY

Staff making call: Susan Hanley
Date of Call: 02/11/2021

County: Marion
Funding Source: N/A

1) Did you receive transportation service on 02/11/2021? 
   - Yes or No

2) Where you charged an amount in addition to the co-payment? 
   - Yes or No
   If so, how much? $4 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 # 4
   A. How many times in the last 6 months have you been refused transportation services?
      - None
      - 1-2 Times
      - 3-5 Times
      - 6-10 Times
   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 02/11/2021? 
   - Yes. If yes, please state or choose problem from below
   - No. If no, skip to question # 6
   What type of problem did you have with your trip?
   - Advance notice
   - Pick up times not convenient
   - Assistance
   - Service Area Limits
   - Cost
   - Late pick up-specify time of wait
   - Accessibility
   - 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? (Permission granted by __________________ for use in publications.)

Additional Comments:

I give them 99.9%. I just wish they could pick me up earlier for shopping trips so I do not get home so close to my seizure medication time.
RIDER/BENEFICIARY SURVEY

Staff making call: Susan Haney
County: Marion
Date of Call: 02/11/2021
Funding Source: N/A

1) Did you receive transportation service on 02/11/2021? ☑ Yes or ☐ No

2) Where you charged an amount in addition to the co-payment? ☑ Yes or ☐ No
If so, how much? $4 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 # 4

A. How many times in the last 6 months have you been refused transportation services?
☐ None ☐ 3-5 Times
☐ 1-2 Times ☐ 6-10 Times
If none, skip to question # 4.

B. What was the reason given for refusing you transportation services?
☐ Ineligible ☐ Space not available
☐ Lack of funds ☐ Destination outside service area
☐ Other ________________

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

6) Did you have a problem with your trip on 02/11/2021?
☐ Yes. If yes, please state or choose problem from below
☑ No. If no, skip to question # 6
What type of problem did you have with your trip?
☐ Advance notice ☐ Cost
☐ Pick up times not convenient ☐ Late pick up - specify time of wait
☐ Assistance ☐ Accessibility
☐ Service Area Limits ☐ Late return pick up - length of wait
7) On a scale of 1 to 10 (10 being most satisfied) rate the transportation you have been receiving.  
8 to 9

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

Additional Comments:

I really like Albert. He is one of the better drivers. Sometimes when there is a different driver it does not go quite as smoothly. I feel that sometimes they overschedule dialysis riders.
RIDER/BENEFICIARY SURVEY

Staff making call: M. Mulligan
Date of Call: 02/04/2021
County: Marion
Funding Source: N/A

1) Did you receive transportation service on 02/01/2021? ☐ Yes or ☐ No

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

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

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

A. How many times in the last 6 months have you been refused transportation services?
☐ None  ☐ 3-5 Times
☐ 1-2 Times  ☐ 6-10 Times
If none, skip to question # 4.

B. What was the reason given for refusing you transportation services?
☐ Ineligible  ☐ Space not available
☐ Lack of funds  ☐ Destination outside service area
☐ Other_____________

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

6) Did you have a problem with your trip on 02/01/2021?  
☐ Yes. If yes, please state or choose problem from below
☒ No. If no, skip to question # 6
What type of problem did you have with your trip?
☐ Advance notice  ☐ Cost
☐ Pick up times not convenient  ☐ Late pick up—specify time of wait
☐ Assistance  ☐ Accessibility
☐ Service Area Limits  ☐ Late return pick up - length of wait
7) On a scale of 1 to 10 (10 being most satisfied) rate the transportation you have been receiving.

10

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

Getting to my doctor

Additional Comments:

Alvin is the best. She has two family members but they work and cannot drive her.
RIDER/BENEFICIARY SURVEY

Staff making call: M. Mulligan
Date of Call: 02/04/2021
County: Marion
Funding Source: N/A

1) Did you receive transportation service on 02/02/2021? ☑ Yes or ☐ No

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

If so, how much?

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

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

A. How many times in the last 6 months have you been refused transportation services?
☐ None ☑ 1-2 Times
If none, skip to question #4.

B. What was the reason given for refusing you transportation services?
☐ Ineligible ☐ Space not available
☐ Lack of funds ☐ Destination outside service area
☑ Other called in - too close to an 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 02/02/2021?
☐ Yes. If yes, please state or choose problem from below
☑ No. If no, skip to question #6

What type of problem did you have with your trip?
☐ Advance notice ☐ Cost
☐ Pick up times not convenient ☐ Late pick up - specify time of wait
☐ Assistance ☐ Accessibility
☐ Service Area Limits ☐ Late return pick up - length of wait
Drivers - specify
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. 9

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

Additional Comments:

Riding Marion Transit for 2+ years and is very appreciative of the service.
RIDER/BENEFICIARY SURVEY

Staff making call: M. Mulligan
Date of Call: 02/04/2021
County: Marion
Funding Source: N/A

1) Did you receive transportation service on [date]? ☐ Yes or ☐ No

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

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

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

A. How many times in the last 6 months have you been refused transportation services?
☐ None ☐ 3-5 Times
☐ 1-2 Times ☐ 6-10 Times
If none, skip to question # 4.

B. What was the reason given for refusing you transportation services?
☐ Ineligible ☐ Space not available
☐ Lack of funds ☐ Destination outside service area
☐ Other __________________

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

6) Did you have a problem with your trip on _______?
☐ Yes. If yes, please state or choose problem from below
☒ No. If no, skip to question # 6.
What type of problem did you have with your trip?
☐ Advance notice ☐ Cost
☐ Pick up times not convenient ☐ Late pick up-specify time of wait
☐ Assistance ☐ Accessibility
☐ Service Area Limits ☐ Late return pick up - length of wait
7) On a scale of 1 to 10 (10 being most satisfied) rate the transportation you have been receiving.

10!

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

I am happy that they provide a professional service to get to places I need to be.

Additional Comments:

As a retired nurse, she was very impressed at how professional, nice, and on-time Transit is. She did not know about the stopping, so she said she would inquire once she is out of the hospital.
RIDER/BENEFICIARY SURVEY

Staff making call: M. Mulligan
Date of Call: 02/04/2021
County: Marion
Funding Source: N/A

1) Did you receive transportation service on 01/29/2021? ☑ Yes or ☐ No

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

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

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

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

6) Did you have a problem with your trip on 01/29/2021?
   ☐ Yes. If yes, please state or choose problem from below
   ☑ No. If no, skip to question # 6
   What type of problem did you have with your trip?
   ☐ Advance notice ☐ Cost
   ☐ Pick up times not convenient ☐ Late pick up - specify time of wait
   ☐ Assistance ☐ Accessibility
   ☐ Service Area Limits ☐ Late return pick up - length of wait

Page 47
7) On a scale of 1 to 10 (10 being most satisfied) rate the transportation you have been receiving.  

   10

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

Additional Comments:

Client wished for other transportation to other places than doctor or shopping, like Senior Centers or Silver Sneakers locations.
RIDER/BENEFICIARY SURVEY

Staff making call: M. Mulligan
Date of Call: 02/05/2021
County: Marion
Funding Source: N/A

1) Did you receive transportation service on ~01/14/2021?  Yes or No

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

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

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

   A. How many times in the last 6 months have you been refused transportation services?
      - None
      - 3-5 Times
      - 1-2 Times
      - 6-10 Times
      If none, skip to question # 4.

   B. What was the reason given for refusing you transportation services?
      - Ineligible
      - Space not available
      - Lack of funds
      - Destination outside service area
      - Other

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

6) Did you have a problem with your trip on ~01/14/2021? Yes.
   If yes, please state or choose problem from below

   No. If no, skip to question # 6
   What type of problem did you have with your trip?
   - Advance notice
   - Cost
   - Pick up times not convenient
   - Late pick up - specify time of wait
   - Assistance
   - Accessibility
   - Service Area Limits
   - Late return pick up - length of wait
<table>
<thead>
<tr>
<th>□ Drivers - specify</th>
<th>□ Reservations - specify length of wait</th>
</tr>
</thead>
<tbody>
<tr>
<td>□ Vehicle condition</td>
<td>□ Other</td>
</tr>
</tbody>
</table>

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

10

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

Additional Comments:

She has been using Marion Transit for over 25 years. The schedulers are very nice, excellent people. She wishes shopping could be moved to Tuesday instead of Monday due to holidays, like President's Day.
1) Did you receive transportation service on 02/04/2021?  ☑ Yes or ☐ No

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

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

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

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

6) Did you have a problem with your trip on 02/04/2021?
   ☐ Yes. If yes, please state or choose problem from below
   ☑ No. If no, skip to question # 6
   What type of problem did you have with your trip?
      ☐ Advance notice  ☐ Cost
      ☐ Pick up times not convenient  ☐ Late pick up - specify time of wait
      ☐ Assistance  ☐ Accessibility
      ☐ Service Area Limits  ☐ Late return pick up - length of wait
7) On a scale of 1 to 10 (10 being most satisfied) rate the transportation you have been receiving. 

[ ] □ Drivers - specify
[ ] □ Reservations - specify length of wait
[ ] □ Vehicle condition
[ ] □ Other

9

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

Additional Comments:

_____________________________________________________________________________

_____________________________________________________________________________

_____________________________________________________________________________

_____________________________________________________________________________
1) Did you receive transportation service on 02/01/2021? ☒ Yes or ☐ No

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

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

4) Have you ever been denied transportation services?
   ☐ Yes
   ☒ No. If no, skip to question # 4
   A. How many times in the last 6 months have you been refused transportation services?
      ☐ None
      ☐ 1-2 Times
      ☐ 3-5 Times
      ☐ 6-10 Times
      If none, skip to question # 4.
   B. What was the reason given for refusing you transportation services?
      ☐ Ineligible
      ☐ Lack of funds
      ☐ Space not available
      ☐ 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 02/01/2021?
   ☐ Yes. If yes, please state or choose problem from below
   ☒ No. If no, skip to question # 6
   What type of problem did you have with your trip?
   ☐ Advance notice
   ☐ Pick up times not convenient
   ☐ Assistance
   ☐ Service Area Limits
   ☐ Cost
   ☐ Late pick up-specify time of wait
   ☐ Accessibility
   ☐ 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? (Permission granted by ________________ for use in publications.)

Additional Comments:

__________________________________________________________________________

__________________________________________________________________________

__________________________________________________________________________

__________________________________________________________________________
RIDER/BENEFICIARY SURVEY

Staff making call: Sharaayla Irby
Date of Call: 1/11/21
County: Marion
Funding Source: N/A

1) Did you receive transportation service on 1/11/21? ☑ Yes or ☐ No

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

If so, how much?

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

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

A. How many times in the last 6 months have you been refused transportation services?
☐ None ☐ 3-5 Times
☐ 1-2 Times ☐ 6-10 Times

If none, skip to question # 4.

B. What was the reason given for refusing you transportation services?
☐ Ineligible ☐ Space not available
☐ Lack of funds ☐ Destination outside service area
☐ Other

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

6) Did you have a problem with your trip on 1/11/21? ☑ Yes. If yes, please state or choose problem from below.
☐ No. If no, skip to question # 6

What type of problem did you have with your trip?
☐ Advance notice ☐ Cost
☐ Pick up times not convenient ☐ Late pick up - specify time of wait
☐ Assistance ☐ Accessibility
☐ Service Area Limits ☐ Late return pick up - length of wait
7) On a scale of 1 to 10 (10 being most satisfied) rate the transportation you have been receiving.

10

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

Additional Comments:
RIDER/BENEFICIARY SURVEY

Staff making call: Shamayla Irby
County: Marion
Funding Source: N/A

1) Did you receive transportation service on 1/5/21? ☑ Yes or ☐ No

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

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

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

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

6) Did you have a problem with your trip on 1/5/21? ☐ Yes. If yes, please state or choose problem from below
☑ No. If no, skip to question # 6
What type of problem did you have with your trip?
☐ Advance notice ☐ Cost
☐ Pick up times not convenient ☐ Late pick up-specify time of wait
☐ Assistance ☐ Accessibility
☐ Service Area Limits ☐ Late return pick up - length of wait
7) On a scale of 1 to 10 (10 being most satisfied) rate the transportation you have been receiving. 
\[ \boxed{10} \]

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

**Additional Comments:**

A safe way to get to one place, to another
RIDER/BENEFICIARY SURVEY

Staff making call: Shakayla Irby
County: Marion
Funding Source: N/A

Date of Call: 1/22/21

1) Did you receive transportation service on 1/19/21? ☑ Yes or ☐ No

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

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

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

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

6) Did you have a problem with your trip on 1/19/21?
   ☐ Yes. If yes, please state or choose problem from below
   ☑ No. If no, skip to question # 6
   What type of problem did you have with your trip?
      ☐ Advance notice ☐ Cost
      ☐ Pick up times not convenient ☐ Late pick up-specify time of wait
      ☐ Assistance ☐ Accessibility
      ☐ Service Area Limits ☐ Late return pick up - length of wait
7) On a scale of 1 to 10 (10 being most satisfied) rate the transportation you have been receiving.
10

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

Additional Comments:
RIDER/BENEFICIARY SURVEY

Staff making call: Stryker, Wby
County: Marion
Funding Source: N/A

Date of Call: 1/22/21

1) Did you receive transportation service on 1/18/21? □ Yes or □ No

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

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

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

A. How many times in the last 6 months have you been refused transportation services?
□ None □ 3-5 Times
□ 1-2 Times □ 6-10 Times
If none, skip to question # 4.

B. What was the reason given for refusing you transportation services?
□ Ineligible □ Space not available
□ Lack of funds □ Destination outside service area
□ Other ____________

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

6) Did you have a problem with your trip on ____________?
□ Yes. If yes, please state or choose problem from below
☑ No. If no, skip to question # 6
What type of problem did you have with your trip?
□ Advance notice □ Cost
□ Pick up times not convenient □ Late pick up - specify time of wait
□ Assistance □ Accessibility
□ Service Area Limits □ Late return pick up - length of wait
7) On a scale of 1 to 10 (10 being most satisfied) rate the transportation you have been receiving.

10

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

Additional Comments:
Contractor Survey
Marion County
Florida Center for the Blind

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  N/A

   If yes, is the phone number posted the CTC’s?
   - ☐ Yes  ☐ No  N/A

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:
We have an agreement to have MT transport our clients to our facility for training purposes. They are trained on how to ride public transportation independently without assistance. Once training is complete MT transports our clients to doctors appointments and shopping as needed. They pay the $2.00 fare and once qualified they ride under TD qualifications.
Contractor Survey

Marion County

Advocacy Resources Center

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
   - N/A

5. Does the CTC give your facility adequate time to report statistics?
   - Yes
   - No
   - N/A

6. Have you experienced any problems with the CTC?
   - Yes
   - No
   If yes, what type of problems?

Comments:

We have an agreement with MT for them to utilize our fleet of buses during an emergency situation if needed, to transport riders.
Insert Cost page from the AOR.

INSERTED
## CTC Expense Sources

**County:** Marion  
**CTC Status:** Submitted  
**Fiscal Year:** 07/01/2019 - 06/30/2020  
**CTD Status:** Under Review  
**CTC Organization:** Marion Senior Services, Inc.

<table>
<thead>
<tr>
<th>Expense Sources</th>
<th>CTC A Transportation Operators</th>
<th>Coordination Contractors</th>
<th>Total</th>
<th>CTC A Transportation Operators</th>
<th>Coordination Contractors</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Previous Reporting Period</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Labor</strong></td>
<td>$1,532,431</td>
<td>$205,352</td>
<td>$1,737,783</td>
<td>$1,532,769</td>
<td>$168,211</td>
<td>$1,700,980</td>
</tr>
<tr>
<td>Fringe Benefits</td>
<td>$443,602</td>
<td>$37,198</td>
<td>$480,800</td>
<td>$426,742</td>
<td>$34,418</td>
<td>$461,160</td>
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<tr>
<td>Services</td>
<td>$257,859</td>
<td>$0</td>
<td>$257,859</td>
<td>$289,071</td>
<td>$0</td>
<td>$289,071</td>
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<tr>
<td>Materials &amp; Supplies Consumed</td>
<td>$378,170</td>
<td>$78,666</td>
<td>$456,836</td>
<td>$421,427</td>
<td>$91,402</td>
<td>$512,829</td>
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<tr>
<td>Utilities</td>
<td>$32,428</td>
<td>$12,477</td>
<td>$44,905</td>
<td>$29,813</td>
<td>$6,654</td>
<td>$36,467</td>
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<tr>
<td>Casualty &amp; Liability</td>
<td>$144,665</td>
<td>$33,471</td>
<td>$178,136</td>
<td>$88,767</td>
<td>$27,860</td>
<td>$116,727</td>
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<tr>
<td>Taxes</td>
<td>$854</td>
<td>$0</td>
<td>$854</td>
<td>$782</td>
<td>$0</td>
<td>$782</td>
</tr>
<tr>
<td>Miscellaneous</td>
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<td>$13,450</td>
<td>$0</td>
<td>$13,450</td>
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<tr>
<td>Interest</td>
<td>$994</td>
<td>$0</td>
<td>$994</td>
<td>$504</td>
<td>$0</td>
<td>$504</td>
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<tr>
<td>Leases &amp; Rentals</td>
<td>$10,621</td>
<td>$0</td>
<td>$10,621</td>
<td>$14,683</td>
<td>$0</td>
<td>$14,683</td>
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<tr>
<td>Capital Purchases</td>
<td>$389,179</td>
<td>$58,930</td>
<td>$448,109</td>
<td>$0</td>
<td>$50,000</td>
<td>$50,000</td>
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<tr>
<td>Contributed Services</td>
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<td>$0</td>
<td>$0</td>
<td>$0</td>
<td>$0</td>
<td>$0</td>
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<td>Allocated Indirect Expenses</td>
<td>$0</td>
<td>$0</td>
<td>$0</td>
<td>$328,059</td>
<td>$0</td>
<td>$328,059</td>
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</tbody>
</table>

## Subcontracted Labor Sources

<table>
<thead>
<tr>
<th>Subcontracted Labor Sources</th>
<th>CTC A Transportation Operators</th>
<th>Coordination Contractors</th>
<th>Total</th>
<th>CTC A Transportation Operators</th>
<th>Coordination Contractors</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Bus Pass</strong></td>
<td>$0</td>
<td>N/A</td>
<td>$0</td>
<td>N/A</td>
<td>$0</td>
<td>N/A</td>
</tr>
<tr>
<td>School Board (School Bus)</td>
<td>$0</td>
<td>N/A</td>
<td>$0</td>
<td>N/A</td>
<td>$0</td>
<td>N/A</td>
</tr>
<tr>
<td>Transportation Network Companies (TNC)</td>
<td>$0</td>
<td>N/A</td>
<td>$0</td>
<td>N/A</td>
<td>$0</td>
<td>N/A</td>
</tr>
<tr>
<td>Taxi</td>
<td>$0</td>
<td>N/A</td>
<td>$0</td>
<td>N/A</td>
<td>$0</td>
<td>N/A</td>
</tr>
<tr>
<td>Contracted Operator</td>
<td>$0</td>
<td>N/A</td>
<td>$0</td>
<td>N/A</td>
<td>$0</td>
<td>N/A</td>
</tr>
</tbody>
</table>

## Total Expense Sources

<table>
<thead>
<tr>
<th>Total Expense Sources</th>
<th>CTC A Transportation Operators</th>
<th>Coordination Contractors</th>
<th>Total</th>
<th>CTC A Transportation Operators</th>
<th>Coordination Contractors</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>$3,725,000</strong></td>
<td>$3,530,780</td>
<td>$23,813</td>
<td>$3,741,593</td>
<td>$3,530,780</td>
<td>$23,813</td>
<td>$3,741,593</td>
</tr>
</tbody>
</table>
# Level of Competition

## Worksheet 2

1. **Inventory of Transportation Operators in the Service Area**

<table>
<thead>
<tr>
<th>Column A Operators Available</th>
<th>Column B Operators Contracted in the System.</th>
<th>Column C Include Trips</th>
<th>Column D % of all Trips</th>
</tr>
</thead>
<tbody>
<tr>
<td>Private Non-Profit</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Private For-Profit</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Government</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Public Transit Agency</td>
<td>3</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>3</strong></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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?

<table>
<thead>
<tr>
<th>Low bid</th>
<th>Requests for proposals</th>
</tr>
</thead>
<tbody>
<tr>
<td>Requests for qualifications</td>
<td>Requests for interested parties</td>
</tr>
<tr>
<td>Negotiation only</td>
<td>X</td>
</tr>
</tbody>
</table>

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?

<table>
<thead>
<tr>
<th>Capabilities of operator</th>
<th>Scope of Work</th>
</tr>
</thead>
<tbody>
<tr>
<td>Age of company</td>
<td>Safety Program</td>
</tr>
<tr>
<td>Previous experience</td>
<td>Capacity</td>
</tr>
<tr>
<td>Management</td>
<td>Training Program</td>
</tr>
<tr>
<td>Qualifications of staff</td>
<td>Insurance</td>
</tr>
<tr>
<td>Resources</td>
<td>Accident History</td>
</tr>
<tr>
<td>Economies of Scale</td>
<td>Quality</td>
</tr>
<tr>
<td>Contract Monitoring</td>
<td>Community Knowledge</td>
</tr>
<tr>
<td>Reporting Capabilities</td>
<td>Cost of the Contracting Process</td>
</tr>
<tr>
<td>Financial Strength</td>
<td>Price</td>
</tr>
<tr>
<td>Performance Bond</td>
<td>Distribution of Costs</td>
</tr>
<tr>
<td>Responsiveness to Solicitation</td>
<td>Other: (list) None</td>
</tr>
</tbody>
</table>

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
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 older adults, persons with disabilities, disadvantaged residents with priority given to those who do not own or drive a vehicle and who do not have family or friends to assist them.

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 3, 2021

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 – imartinez@marionseniorservices.org
- Mr. Tom Wilder, Transportation Director – twilder@marionseniorservices.org
- Ms. Rhonda Blaney, Finance Director – rblaney@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,

[Signature]
Tom Wilder, Transportation Director
October 8, 2018

Tom Wilder, Transportation Director
Marion Senior Services
1101 SW 20th Court
Ocala, FL 34471

RE: Compliance Notice for the Marion Senior Services 2018 Triennial Review

Dear Mr. Wilder:

This letter is to confirm that our site visit for the 2018 Marion Senior Services Triennial Review on July 9, 2018 was satisfactory and we have found your agency to comply with the Florida Department of Transportation’s (FDOT) regulations for providing public transportation services and for receiving federal funding under 49 U.S.C. § 5310, § 5311, and § 5339. A summary of review findings is provided as an appendix to this Compliance Notice. Your agency’s response was received by the FDOT reviewer via the Corrective Action Plan (CAP) on September 14, 2018.

Your cooperation during the entire process was greatly appreciated and we look forward to working with you in the future to provide safe and efficient 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 (407) 482-7860, Diane.poitras@dot.state.fl.us or Kayla Costello (407) 482-7887, Kayla.costello@dot.state.fl.us.

Sincerely,

Diane Poitras
Transit Programs Administrator
FDOT District Five

Attachment 1 – Triennial Review CAP Matrix

DP/kc
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
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:**
Complaint Report

Date: 9/8/2020 @ 904 AM

Bus # & Driver: IN GENERAL

Written By: Cyndi

Compliment made by: Lynn Ennis Address / Phone: 407-760-7902

Complaint Details:
She said that every time a bus comes in the development to pick up the lady across the street at 7318 Cherry Pass (Carol Guinn) she said that the bus blocks her driveway and she has to take her kid to school and her to work. She said that she can’t be blocking the street. She said that the bus needs to see if they can pull into the driveway, instead of blocking her.

Supervisor Comments: I spoke w/ Ms. Ennis. Apologized for drivers blocking her driveway. Will put client note to not block neighbor driveway across from Ms. Guinn’s driveway.

Supervisor Name & Signature: Ken Mc Kelv

Director Comments:

Director Signature & Date: 9/9/20
### Incident Description – Complaint

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<th>9/8/2020</th>
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### Employee Involved – General Complaint

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<tr>
<th>Bus#</th>
<th>N/A</th>
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### Details determined by investigation/review –
 Caller Lynn Ennis called to advise our bus blocks her driveway when picking up a client at 7318 Cherry Pass. She is asking that we not block her driveway, because she takes her kid to school and herself to work.

### Corrective Action(s) YES or NO

(If yes, corrective action completed – Date Completed)

Supervisor spoke with Ms. Ennis. Apologized for drivers blocking her driveway.

### Changes (if any) to prevent future incidents of this type –

- All drivers will
- Notes added to client file advising drivers not to block Ms. Ennis driveway.

### Supervisor

Ken McKinley

Date 9-8-20

### Director

Date 9-9-20

*Mission – “Is to provide public transportation that offers riders a high-quality safe, reliable, and efficient paratransit experience”.*
February 3, 2021

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


To: District Five

This letter provides certification that Marion Senior Services, Inc. d/b/a Marion Transit has not made any changes to the Title VI Plan implemented on July 1, 2016. As of December 31, 2020, Marion Senior Services, Inc. d/b/a Marion Transit does not have any Title VI related investigations, complaints or lawsuits to report to the Department. Below is a list of all public notices located throughout our facility and the active URL where our public notice is located.

1. Front Lobby
2. Transportation Bay
3. All Buses

Sincerely,

Tom Wilder, Transportation Director
August 7, 2018

Tom Wilder
Marion Senior Services
1101 SW 20th Court
Ocala, FL 34471

Re: Marion Senior Services Title VI Plan Review - Letter of Concurrence

Dear Mr. Wilder,

The Department has completed a review of the Marion Senior Services Title VI Plan adopted May 2016, amended June 2018. We find the Title VI Plan to be in compliance with Section 49 Code of Federal Regulations, part 21 and Federal Transit Administration (FTA) Circular 4702.18 as well as the Department’s Title VI Plan Guidance. Therefore, the Department is in concurrence with the Marion Senior Services Title VI Plan.

We appreciate the opportunity to review the document and ensure compliance with the federal and state requirements. Please include a copy of this letter in the appendices of your agency’s Title VI Plan as outlined in the Title VI requirements. 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 (407) 482-7860 or e-mail diane.poitras@dot.state.fl.us.

Sincerely,

Diane Poitras
Transit Programs Administrator
District 5

DP/kc
The Department of Transportation has revised its rules under the Americans with Disabilities Act (ADA) and Section 504 of the Rehabilitation Act of 1973.

It now specifically provides that transportation agencies are required to make reasonable modifications to policies, practices and procedures to avoid discrimination and ensure that their programs are accessible to individuals with disabilities.

Marion Transit is committed to providing safe, reliable, efficient, and accessible service to all its customers. To ensure equality and fairness, Marion Transit will make reasonable modifications to policies and procedures to ensure that individuals with disabilities have equal access to all services.

Exceptions would include modifications that:

- Cause a direct threat to the health and/or safety of others;
- Result in a fundamental alteration of the nature of the service;
- Are not necessary in order for the individual with a disability to fully utilize Marion Transit.

A request for modification of policy or procedures to participate with Marion Transit program or service should contact:

Tom Wilder, Transportation Director
1101 S.W. 20th Court, Ocala, Florida 34471
352-620-3071 or twilder@marionseniorservices.org
Reasonable Modification Request Determination

For each reasonable modification request, consider each of the questions below. If the request does not provide enough specific information related to a question, consider what additional information is needed and how it would impact your answer to the question. Once each question has been considered, indicate what action you would take related to the request. If the decision would vary based on other factors/information, note the assumptions you made in making your decision.

- Does the person making the request have a disability? Circle: Yes or No
  What change in policy is being requested? 

- Because of the person’s disability, is the requested change needed to fully benefit from the transportation service?

- Would granting the request create a direct threat to the health or safety of others?

- Would granting the request fundamentally change the nature of the transportation service?

Determination -

- Grant the request
- Deny the request

If denied, please explain reason:

Date and method the requestor was notified of decision:

Additional comments:
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.

Mission: “Is to provide Public Transportation that offers riders a high-quality safe, reliable, and efficient paratransit experience.”
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:
  
  o The nature and cost of the accommodation.
  
  o 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.
  
  o 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.

Mission: “is to provide Public Transportation that offers riders a high-quality safe, reliable, and efficient paratransit experience”.
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.

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

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 website.

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

Mission: “Is to provide Public Transportation that offers riders a high-quality safe, reliable, and efficient paratransit experience”.
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.

Mission: “Is to provide Public Transportation that offers riders a high-quality safe, reliable, and efficient paratransit experience”.
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***
# MARION TRANSIT
## INCIDENT REPORT

**INCIDENT TYPE/DESCRIPTION:**

**LOCATION OF INCIDENT:**

**DATE:** __________  **TIME:** __________  **AM or PM**

**ROUTE:** _____  **BUS#:** _______  **DRIVER NAME:** ________________

**PASSENGERS:**
1) ________  2) ________  3) ________
4) ________  5) ________  6) ________  7) ________

**OTHER:** ___________________________________________________

### INCIDENT DETAILS

**NAME:** ____________________  **ADDRESS:** ____________________

**NARRATIVE:** (Who, What, When, Where, Why?)

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**Driver Signature:** ____________________

**Supervisor Approval:** ____________________  **Date:** __________

**Comments:** ___________________________________________________

---

White Copy – Original
Yellow Copy – Driver File

General Incident Form Aug 2016
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 Tom Wilder (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.
Tom Wilder, Transportation Director
1101 SW 20th Court
Ocala, FL 34471
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 filing 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.

________________________________________

________________________________________

________________________________________

Rev 10/2019
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 ____________________________
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: [Signature]

Date signed: January 24, 2018

Policy effective date: January 24, 2018

Rev. Jan 2018
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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
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, *Marion Transit* 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. *Marion Transit* must obtain the applicant's written consent for the release of their drug and alcohol testing information from their previous DOT covered employers to *Marion Transit*. Applicants refusing to provide written consent are prohibited from performing safety-sensitive functions for *Marion Transit*.

   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 *Marion Transit*.

5. **Pre-Employment Testing**
   All applicants for safety-sensitive positions shall undergo a pre-employment urine drug test. *Marion Transit* 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 Marion Transit.** 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. *Marion Transit* 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. *Marion Transit* 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

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MARION TRANSIT

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, articulateable 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.

MARION TRANSIT 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

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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...
MARION TRANSIT

program. Employees are required to be immediately removed from safety-sensitive duty and provided a list of USDOT-qualified Substance Abuse Professionals. Per MARION TRANSIT 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, MARION TRANSIT 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 MARION TRANSIT as the final result and the test of record. MARION TRANSIT 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 5 mg/dl but less than 20 mg/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 MARION TRANSIT 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 MARION TRANSIT. 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. MARION TRANSIT 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 MARION TRANSIT without consultation. Based on the MRO recommendation, MARION TRANSIT may deem the employee medically disqualified from performing safety-sensitive functions. The MRO assigned to review
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
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 Marion Transit 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 Marion Transit authority, violation of the USDOT/FTA testing program will result in termination of employment.*

19. **Marion Transit 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

*Rev. May 2018*
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
DATE 2/3/2021

Section 5311 Subrecipient Information:
AGENCY NAME: Marion Senior Services, Inc.
ADDRESS: 1101 SW 20th Court, Ocala, FL 34471
PHONE: 352-620-3071

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

Signature

Attachment: (Applicable Contractor(s) - Name, Address, Phone #, Contact Person)
II. Covered Employees: (A) Enter Total Number Safety-Sensitive Employees In All Employee Categories: ________________

(B) Enter Total Number of Employee Categories: ________________

(C) 

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I. Employer:

Company Name: Marion Senior Services, Inc.

Doing Business As (DBA) Name (if applicable): Marion Transit

Address: 1101 SW 20th Court, Ocala, Florida 34471

Name of Certifying Official: Tom Wilder

Date Certified: 01-14-2021

II. Covered Employees: (A) Enter Total Number Safety-Sensitive Employees In All Employee Categories: 50

(B) Enter Total Number of Employee Categories: 2

III. Drug Testing Data:

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<td>0</td>
<td>0</td>
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</tr>
<tr>
<td>Return-to-Duty</td>
<td>0</td>
<td>0</td>
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</tr>
<tr>
<td>Follow-Up</td>
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</tr>
<tr>
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</table>

IV. Alcohol Testing Data:

<table>
<thead>
<tr>
<th>Type of Test</th>
<th>Total Number Of Screen Tests With Results Below 0.02</th>
<th>Screening Tests With Results 0.02 Or Greater</th>
<th>Total Number Of Confirmation Tests With Results 0.02 Or Greater</th>
<th>Confirmation Tests With Results 0.05 Or Greater</th>
<th>Refusal Results</th>
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<tbody>
<tr>
<td>Pre-Employment</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Random</td>
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</tr>
<tr>
<td>Post-Accident</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
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<tr>
<td>Reasonable Susp./Cause</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Return-to-Duty</td>
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<td>0</td>
<td>0</td>
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<tr>
<td>Follow-Up</td>
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</tr>
</tbody>
</table>
U.S. DEPARTMENT OF TRANSPORTATION DRUG AND ALCOHOL TESTING MIS DATA COLLECTION FORM

Calendar Year Covered by this Report: 2020

Form DOT F 1385 (Rev. 4/2019)

I. Employer:

Company Name: Marlen Senior Services, Inc.

Doing Business As (DBA) Name (if applicable): Marlen Transiti

Address: 1101 8W 20th Court, Ocala, Florida 34471

Name of Certifying Official: Tom Withcr

Signature: ___________________________ 

Date Certified: 01-14-2021

Prepared by (if different): ___________________________ 

Telephone: (215) 306-5500

C/TPA Name and Telephone (if applicable): FirstLab ___________________________ 

If you have multiple employee categories, complete Sections I and II (A) & (B). Take that filled-in form and make one copy for each employee category and complete Sections II (C), III, and IV for each separate employer category.

II. Covered Employees: (A) Enter Total Number Safety-Sensitive Employees In All Employee Categories: 50

(B) Enter Total Number of Employee Categories: 2

(C) Employee Category Total Number of Employees in this Category

CDL/Non-Revenue Vehicle 0

III. Drug Testing Data:

<table>
<thead>
<tr>
<th>Type of Test</th>
<th>Total Number Of Test Results</th>
<th>Positive Results</th>
<th>Positive For One Or More Drugs</th>
<th>Positive For Marijuana</th>
<th>Positive For Cocaine</th>
<th>Positive For Opiate</th>
<th>Positive For Amphetamines</th>
<th>Adulterated</th>
<th>Substituted</th>
<th>&quot;Shy Bladder&quot;</th>
<th>Other Refusal To Testing</th>
<th>Cancelled Results</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pre-Employment</td>
<td>0</td>
<td>0</td>
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<td>0</td>
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<td>0</td>
</tr>
<tr>
<td>Reasonable Susp./Cause</td>
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<tr>
<td>Return-to-Duty</td>
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IV. Alcohol Testing Data:

<table>
<thead>
<tr>
<th>Type of Test</th>
<th>Total Number Of Test Results</th>
<th>Screened Tests With Results Below 0.02</th>
<th>Screened Tests With Results 0.02 Or Greater</th>
<th>Number Of Confirmation Tests Results</th>
<th>Confirmation Tests With Results 0.02 Or Greater</th>
<th>Confirmation Tests With Results Through 0.0399</th>
<th>Confirmation Tests With Results 0.04 Or Greater</th>
<th>Refusal Results</th>
<th>Cancelled Results</th>
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<tbody>
<tr>
<td>Pre-Employment</td>
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<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
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<td>0</td>
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<td>0</td>
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</tr>
<tr>
<td>Post-Accident</td>
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<tr>
<td>Return-to-Duty</td>
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<td>0</td>
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</tr>
<tr>
<td>Follow-Up</td>
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<td>0</td>
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</tr>
</tbody>
</table>
I. Employer:

Company Name: Marion Senior Services, Inc.
Doing Business As (DBA) Name (if applicable): Marion Transit
Address: 1101 SW 70th Court, Ocala Florida 34471
Name of Certifying Official: Tom Wilder
Telephone: (352) 690-3519
Signature: ___________________________ Date Certified: 01-14-2021
Prepared by (if different):( ) Telephone: (215) 726-5500
C/TPA Name and Telephone (if applicable): __________

Check the DOT agency for which you are reporting MIS data; and complete the information on that same line as appropriate:

- FMCSA - Motor Carrier: DOT #: __________ Owner-operator: (circle one) YES or NO Exempt: (circle one) YES or NO
- FAA - Aviation: Cert# (if applicable): __________ Plan/Registration # (if applicable): __________
- USCG - Maritime: Vessel ID# (USCG- or State-Issued): ____________
- FTA - Transit

II. Covered Employees: (A) Enter Total Number of Employee Categories:

(B) Enter Total Number of Employee Categories: 2

(C) Employee Category Total Number of Employees in this Category

<table>
<thead>
<tr>
<th>Employee Category</th>
<th>Total Number of Employees in this Category</th>
</tr>
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<tbody>
<tr>
<td>Revenue Vehicle Control/Dispatch</td>
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</table>

III. Drug Testing Data:

<table>
<thead>
<tr>
<th>Type of Test</th>
<th>Total Number Of Category Positive Results (columns 3, 9, 10, 11, and 12)</th>
<th>Verified Positive Results - For One Or More Drugs</th>
<th>Positive For Marijuana</th>
<th>Positive For Cocaine</th>
<th>Positive For Opiates</th>
<th>Positive For PCP</th>
<th>Positive For Amphetamines</th>
<th>Refusal Results</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pre-Employment</td>
<td>0</td>
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<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
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</tr>
<tr>
<td>Return-to-Duty</td>
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</tr>
</tbody>
</table>

If you have multiple employee categories, complete Sections I and II (A) & (B). Take that filled-in form and make one copy for each employee category and complete Sections II (C), III, and IV for each separate employee category.

IV. Alcohol Testing Data:

<table>
<thead>
<tr>
<th>Type of Test</th>
<th>Total Number Of Screening Tests With Results (columns 2, 3, 7, and 8)</th>
<th>Screenings With Results Below 0.02</th>
<th>Screenings With Results 0.02 Or Greater</th>
<th>Number Of Confirmations</th>
<th>Confirmations With Results 0.02 Through 0.09</th>
<th>Confirmations With Results 0.10 Or Greater</th>
<th>Refusal Results</th>
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</thead>
<tbody>
<tr>
<td>Pre-Employment</td>
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<td>0</td>
<td>0</td>
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</tr>
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<td>0</td>
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</tr>
<tr>
<td>Post-Accident</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
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<tr>
<td>Reasonable Susp./Cause</td>
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<tr>
<td>Return-to-Duty</td>
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<tr>
<td>Follow-Up</td>
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<td>0</td>
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<td>0</td>
</tr>
</tbody>
</table>
I. Employer:

Company Name: Marian Senior Services, Inc.

Doing Business As (DBA) Name (if applicable): Marian Transit

Address: 1101 SW 30th Court, Ocala Florida 34471

Name of Certifying Official: Tom Wilder

Signature:

Telephone: (332) 620-3519

Date Certified: 01-14-2021

Prepared by (if different):

CTPA Name and Telephone (if applicable):

Check the DOT agency for which you are reporting MIS data; and complete the information on that same line as appropriate:

FMCSA - Motor Carrier: DOT #: __________ Owner-operator: (circle one) YES or NO Exempt: (circle one) YES or NO

FAA - Aviation: Certificate # (if applicable): __________ Plan/Registration # (if applicable): __________ (if more than one vessel, list separately.)

PHMSA - PipeLine: Gas Gathering Gas Transmission Gas Distribution Transport Hazardous Liquids Transport Carbon Dioxide

U.S. DEPARTMENT OF TRANSPORTATION DRUG AND ALCOHOL TESTING MIS DATA COLLECTION FORM

II. Covered Employees: (A) Enter Total Number Safety-Sensitive Employees In All Employee Categories: 50

(B) Enter Total Number of Employee Categories: 2

(C) If you have multiple employee categories, complete Sections 1 and II (A) & (B). Take that filled-in form and make one copy for each employee category and complete Sections II (C), III, and IV for each separate employee category.

III. Drug Testing Data:

<table>
<thead>
<tr>
<th>Type of Test</th>
<th>Total Number of Refusal Results</th>
<th>Adulterated</th>
<th>Substituted</th>
<th>&quot;ShyBladder&quot; or Without Medical Explanation</th>
<th>Other Refusal To Submit To Testing</th>
<th>Canceled Results</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pre-Employment</td>
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<td>0</td>
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<tr>
<td>Post-Accident</td>
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<td>0</td>
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<td>0</td>
</tr>
<tr>
<td>Reasonable Susp./Cause</td>
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</tr>
<tr>
<td>Return-to-Duty</td>
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</tr>
<tr>
<td>Follow-Up</td>
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</table>

IV. Alcohol Testing Data:

<table>
<thead>
<tr>
<th>Type of Test</th>
<th>Total Number Of Tests</th>
<th>Screening Tests With Results Below 0.2</th>
<th>Screening Tests With Results 0.2 Or Greater</th>
<th>Number Of Confirmation Tests</th>
<th>Confirmation Tests With Results 0.02 Through 0.03</th>
<th>Confirmation Tests With Results 0.04 Or Greater</th>
<th>Refusal Results</th>
<th>Cancelled Results</th>
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<tr>
<td>Pre-Employment</td>
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<td>0</td>
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<tr>
<td>Return-to-Duty</td>
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<tr>
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<td>Drug Selection Pct</td>
<td>Drug Completed Count</td>
<td>Drug Completed Pct</td>
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<td>Alc Selection Count</td>
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</tr>
<tr>
<td>01/01/2020</td>
<td>47</td>
<td>6</td>
<td>12.77%</td>
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<tr>
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<td>58.54%</td>
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<td>95.83%</td>
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</tbody>
</table>

**Drug**
- 21 - 50% Annual Random Drug Requirement
- 23 - # of Random Drug Tests Completed
- 0 - # Random Drug Tests to be Completed by Year End

**Alcohol**
- 5 - 10% Annual Random Alcohol Requirement
- 5 - # of Random Alcohol Tests Completed
- 0 - # Random Alcohol Tests to be Completed by Year End

Disclaimer: Alcohol results do not have an agency and therefore all Alcohol results will appear regardless of the Agency that was selected.
MARION TRANSIT

Driver Safety Meeting/Training
October 11, 2018 – 5:00 PM till 7:00 PM

• Director Updates
• United Way Drive
• Special Recognitions – Hurricane Michael

**********************************

1. Training Topic – Pre & Post Trip
2. USDOT/FTA Drug & Alcohol Testing Program – (Handbook)

• NOTES:

ADMINISTRATIVE

Karen –

Herman –
  o Odometer – Ford Digital (IMPORTANT)
  o Bus assignments - changes
  o Pre-Trip Importance
  o Driver - Bus requirements - inspections
  o Time off requests – short notice

Tom –
  o On the job injuries, must report.
  o Rear end accidents – do’s & don’ts
  o Incident Reports – Importance of providing “heads up” to Supervisor(s)
  o Triannual Review – Letter of Compliance

• FTO Certificates

SAVE THE DATES

✓ Annual MSS Christmas Party – Friday, November 30th @ 6PM. Ewers Center CFC

Questions?
Driver Safety Meeting/Training
September 26, 2019 – 5:00 PM till 7:00 PM

✓ MSS Director Updates

✓ Training Topic #1: Drug & Alcohol Annual
  Video: Prescription for Safety – CUTRUSF – YouTube

NOTES:

ADMINISTRATIVE

Karen –
✓ No Shows — Cancellations

Herman —
✓ Time management
✓ Running late — what to do
✓ Breaks
✓ Teamwork - Helping
✓ Video observations —
  o Venting to clients
  o Violations
  o Notify Management (don’t wait to see if complaint comes in first)

Tom —
✓ Hurricane preparedness — let the clients know
✓ On-Time Performance
✓ Recent client incident — social media
✓ New buses for 2020 — 5310 Grant Award
✓ Management

Presentations —
✓ FTO Certificates
✓ Transit STAR of the Quarter
✓ Volunteer Letters

Other — Quiz Safety Questions

SAVE THE DATES

Working Holiday’s:
✓ Veteran’s Day — Monday, November 11th
✓ Day after Thanksgiving — Friday, November 29th
✓ Day before Christmas — Tuesday, December 24th
**Marion Transit**

**Training Lesson Plan**

<table>
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<tr>
<th>Topic</th>
<th>FTA Drug &amp; Alcohol Testing Program – Annual</th>
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<tr>
<td>Instructor(s)</td>
<td>Online, Video &amp; Handbook</td>
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<tr>
<td>Methodology</td>
<td>Circle: Video Lecture Other: Online</td>
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**Length of Training:** 2 Hours (60 minutes Drug & 60 minutes Alcohol)

**Objective**  
(As a result of this training what will the student learn/be able to do)

Understand the rules and procedures developed by the US Department of Transportation for the mandated for drug and alcohol testing in the transportation workplace. 49 CFR Part 40 “Procedures for Transportation Workplace Drug and Alcohol Testing Programs.

**Assessment**  
(Assignments, projects, exams to show what they have learned)

Each student will receive the USDOT/FTA Drug and Alcohol Testing Program Handbook for Transit Employers and Employees. A certificate of completion will be issued.

Quiz

Completed in December 2020.

**Approval:**  
Date: 12/1/2020

**Director:**  
Date: 12/1/2020

Mission: “Is to provide public transportation that offers riders a high-quality safe, reliable, and efficient paratransit experience”.  
Rev. 8/2018
February 3, 2021

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,

Tom Wilder, Transportation Director
February 3, 2021

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

Re: ANNUAL CERTIFICATION – 2020  
49 U.S.C. 5310 – VEHICLES

To: District Five:

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

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

Tom Wilder, Transportation Director

Attachments
CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 02/04/2021

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

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

PRODUCER
Brown & Brown of Florida, Inc.
1720 SE 16th Avenue, Suite 301
Ocala FL 34471

INSURED
Marion Senior Services Inc
1101 SW 20th Court
Ocala FL 34471

COVERAGES

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DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
Attn: Diane Poitras, Transit Programs Administrator Diane.Poitras@dot.state.fl.us See attached schedule - certificate holder is listed as loss payee as respects the units on the schedules shown

CERTIFICATE HOLDER
Florida Department of Transportation District 5
420 W Landstreet Rd
Orlando FL 32824

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE

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Philadelphia Indemnity Insurance Company

Loss Payee Schedule

Policy Number: PHPK2220717

Loss Payee

First Data Merchant Services Corp
Mall 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 - 1GB6G5BG7D1120637
FL - Veh #6 2013 CHEVROLET EXPRESS CUTAWAY G450 - 1GB6G5BG4D1121678
FL - Veh #7 2013 CHEVROLET EXPRESS CUTAWAY G450 - 1GB6G5BG5D1121172
FL - Veh #8 2013 CHEVROLET EXPRESS CUTAWAY G450 - 1GB6G5BG1D1122030
FL - Veh #9 2013 CHEVROLET EXPRESS G4500 - 1GB6G5BG2D11121971
FL - Veh #11 2014 CHEVROLET EXPRESS CUTAWAY G450 - 1GB6G5BG3E1171067
FL - Veh #12 2014 CHEVROLET EXPRESS CUTAWAY G450 - 1GB6G5BG9E1170795
FL - Veh #13 2014 CHEVROLET EXPRESS CUTAWAY G450 - 1GB6G5BG7E1171119
FL - Veh #16 2014 CHEVROLET EXPRESS CUTAWAY G450 - 1GB6G5BG6E1187506
FL - Veh #17 2014 CHEVROLET EXPRESS CUTAWAY G450 - 1GB6G5BG6E1188493
Philadelphia Indemnity Insurance Company

Loss Payee Schedule

Policy Number: PHPK2220717

Loss Payee-Auto

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

FL - Veh #20 2016 FORD ECONOLINE - 1FDFE4FSXGDC03214
FL - Veh #21 2016 FORD ECONOLINE - 1FDFE4FS6GDC03212
FL - Veh #22 2016 FORD ECONOLINE - 1FDFE4FS8GDC03213
FL - Veh #23 2016 FORD ECONOLINE - 1FDFE4FS4GDC03211
FL - Veh #24 2016 FORD ECONOLINE - 1FDFE4FS1GDC03215
FL - Veh #25 2017 FORD TRANSIT - 1FDVU4XG2HKA67568
FL - Veh #26 2017 FORD TRANSIT - 1FDVU4XG7HKA67565
FL - Veh #27 2017 FORD TRANSIT - 1FDVU4XG4HKA67569
FL - Veh #28 2017 FORD TRANSIT - 1FDVU4XG9HKA67566
FL - Veh #29 2017 FORD TRANSIT - 1FDVU4XG0HKA67567
FL - Veh #30 2018 CHEVROLET EXPRESS G4500 - 1HA6GUBG2JN002324
FL - Veh #31 2018 CHEVROLET EXPRESS G4500 - 1HA6GUBG1JN002394
FL - Veh #32 2018 CHEVROLET EXPRESS G4500 - 1HA6GUBG9JN002336
FL - Veh #33 2018 CHEVROLET EXPRESS G4500 - 1HA6GUBG9JN002403
FL - Veh #34 2018 CHEVROLET EXPRESS G4500 - 1HA6GUBG5JN002298
FL - Veh #38 2019 FORD ECONOLINE - 1FDFE4FS5KDC27574
FL - Veh #39 2019 FORD ECONOLINE - 1FDFE4FS4KDC29672
FL - Veh #40 2019 FORD ECONOLINE - 1FDFE4FS3KDC66499
FL - Veh #41 2019 FORD ECONOLINE - 1FDFE4FS6KDC66500
FL - Veh #42 2019 FORD ECONOLINE - 1FDFE4FS8KDC66501
FL - Veh #43 2019 FORD ECONOLINE - 1FDFE4FSXKDC66502
Philadelphia Indemnity Insurance Company

Loss Payee Schedule

Policy Number: PHPK2220717

Loss Payee-Auto

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

FL - Veh #4 2019 FORD ECONOLINE - 1FDFE4FS1KDC66503

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 #10 2013 CHEVROLET EXPRESS G4500 - 1GB6G5BG9D1129596

FL - Veh #14 2014 CHEVROLET EXPRESS CUTAWAY G450 - 1GB6G5BG8E1171940

FL - Veh #15 2014 CHEVROLET EXPRESS CUTAWAY G450 - 1GB6G5BG8E1187734

FL - Veh #18 2015 FORD E450 SUPER DUTY - 1FDFE4FS3FDA30490

FL - Veh #19 2015 FORD E450 SUPER DUTY - 1FDFE4FS5FDA30491

Loss Payee-Auto

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

FL - Veh #37 2019 FORD ECONOLINE - 1FDFE4FS2KDC29671

FL - Veh #45 2021 FORD ECONOLINE - 1FDFE4FN0MDC14258

FL - Veh #46 2021 FORD ECONOLINE - 1FDFE4FN2MDC14259

FL - Veh #47 2021 FORD ECONOLINE - 1FDFE4FN2MDC14262
Philadelphia Indemnity Insurance Company

Additional Insured Schedule

**Policy Number:** PHPK2220717

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 - 1GB6G5BG3E1171067
CA2001 - FL - Veh #12 2014 CHEVROLET EXPRESS CUTAWAY G450 - 1GB6G5BG9E1170795
CA2001 - FL - Veh #13 2014 CHEVROLET EXPRESS CUTAWAY G450 - 1GB6G5BG7E1171119
CA2001 - FL - Veh #16 2014 CHEVROLET EXPRESS CUTAWAY G450 - 1GB6G5BG6E1187506
CA2001 - FL - Veh #17 2014 CHEVROLET EXPRESS CUTAWAY G450 - 1GB6G5BG6E1188493
CA2001 - FL - Veh #2 2012 CHEVROLET EXPRESS CUTAWAY G450 - 1GB6G5BG6C1112253
CA2001 - FL - Veh #20 2016 FORD ECONOLINE - 1FDFE4FSXGDC03214
CA2001 - FL - Veh #21 2016 FORD ECONOLINE - 1FDFE4FS6GDC03212
CA2001 - FL - Veh #22 2016 FORD ECONOLINE - 1FDFE4FS8GDC03213
CA2001 - FL - Veh #23 2016 FORD ECONOLINE - 1FDFE4FS4GDC03211
CA2001 - FL - Veh #24 2016 FORD ECONOLINE - 1FDFE4FS1GDC03215
CA2001 - FL - Veh #25 2017 FORD TRANSIT - 1FDVU4XG2HKA67568
CA2001 - FL - Veh #26 2017 FORD TRANSIT - 1FDVU4XG7HKA67565
CA2001 - FL - Veh #27 2017 FORD TRANSIT - 1FDVU4XG4HKA67569
CA2001 - FL - Veh #28 2017 FORD TRANSIT - 1FDVU4XG9HKA67566
CA2001 - FL - Veh #29 2017 FORD TRANSIT - 1FDVU4XG0HKA67567
CA2001 - FL - Veh #3 2012 CHEVROLET EXPRESS CUTAWAY G450 - 1GB6G5BG2C1113660
CA2001 - FL - Veh #30 2018 CHEVROLET EXPRESS G4500 - 1HA6GUBG2JN002324
CA2001 - FL - Veh #31 2018 CHEVROLET EXPRESS G4500 - 1HA6GUBG1JN002394
CA2001 - FL - Veh #32 2018 CHEVROLET EXPRESS G4500 - 1HA6GUBG9JN002336
Philadelphia Indemnity Insurance Company

Additional Insured Schedule

Policy Number: PHPK2220717

Additional Insured

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

CA2001 - FL - Veh #33 2018 CHEVROLET EXPRESS G4500 - 1HA6GUBG9JN002403
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CA2001 - FL - Veh #5 2013 CHEVROLET EXPRESS CUTAWAY G450 - 1GB6G5BG7D1120637
CA2001 - FL - Veh #6 2013 CHEVROLET EXPRESS CUTAWAY G450 - 1GB6G5BG4D1121678
CA2001 - FL - Veh #7 2013 CHEVROLET EXPRESS CUTAWAY G450 - 1GB6G5BG5D1121172
CA2001 - FL - Veh #8 2013 CHEVROLET EXPRESS CUTAWAY G450 - 1GB6G5BG1D1122030
CA2001 - FL - Veh #9 2013 CHEVROLET EXPRESS G4500 - 1GB6G5BG2D1121971

Additional Insured

The Commission for the Transportation of the Disadvantaged
605 Suwannee St MS 49
Tallahassee, FL 32399-6509

CA2048 - FL - Veh #10 2013 CHEVROLET EXPRESS G4500 - 1GB6G5BG9D1129596
CA2048 - FL - Veh #14 2014 CHEVROLET EXPRESS CUTAWAY G450 - 1GB6G5BG8E1171940
CA2048 - FL - Veh #15 2014 CHEVROLET EXPRESS CUTAWAY G450 - 1GB6G5BG8E1187734
CA2048 - FL - Veh #18 2015 FORD E450 SUPER DUTY - 1FDFE4FS3FDA30490
CA2048 - FL - Veh #19 2015 FORD E450 SUPER DUTY - 1FDFE4FS5FDA30491
CA2048 - FL - Veh #4 2012 DODGE GRAND CARAVAN SE - 2C4RDGBG4CR281275
Philadelphia Indemnity Insurance Company

Additional Insured Schedule

Policy Number: PHPK2220717

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

Additional Insured

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

CA2048 - FL - Veh #37 2019 FORD ECONOLINE - 1FDFE4FS2KDC29671
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.
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.
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.
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 +++
February 3, 2021

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

RE:  5311 COST ALLOCATION METHODOLOGY

To: District Five

This letter provides certification that Marion Senior Services, Inc. d/b/a Marion Transit will utilize
reports provided by our transit software program (RouteMatch) to provide a methodology based on
productivity of the various funding sources for providing public transportation.

Attached is an example of our productivity report broken down by funding source. This was run for the
time period of November 1 – November 30. 5311 trips accounted for:
  • Service miles reported was 27,309 of the total system 55,215 service miles or 49.45%.
  • Service hours reported was 1500.43 of the total system 3588.35 service hours or 39.05%.

This methodology allows us to bill 49.45% of our total direct costs and 42% of our salaries and benefits
to 5311 or non-urbanized transportation service for the time period.

This methodology specifically accounts for the cost(s) of providing non-urbanized transportation service
in Marion County.

Sincerely,

[Signature]
Tom Wilder, Transportation Director

Attachment – RouteMatch Report
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<td>0</td>
<td>57.42</td>
<td>57.42</td>
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<td>0</td>
<td>0</td>
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</tr>
<tr>
<td>Grand Totals</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
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</tr>
<tr>
<td>55,926</td>
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<td>2,830.97</td>
<td>2,436.35</td>
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<td>2,548</td>
<td>117,448</td>
<td>4,442</td>
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<tr>
<td>43,773</td>
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<td>3,646.27</td>
<td>815.30</td>
<td>3.00</td>
<td>171</td>
<td>0</td>
<td>1,650</td>
<td>7,647.43</td>
<td>4,198</td>
</tr>
</tbody>
</table>
SECTION 5310 PROGRAM PERFORMANCE MEASURES
ANNUAL REPORT (JAN 1 – DEC 31, 2020)

Agencies that have received funding through the FTA Section 5310 program must collect the following data as part of the annual program performance measure report. For this report, recipients must submit both quantitative and qualitative information on each of the following measures as applicable to your agency. Please submit this report with your agency’s Annual Certifications package.

There are two (2) versions of the performance report to be completed as applicable to your agency:

(1) SECTION 5310 CAPITAL AWARD PERFORMANCE REPORT - Complete this report if your agency has a Section 5310 Capital Award in operation during this reporting period. This means that your agency has acquired a vehicle, equipment, or other item via capital Section 5310 award(s), and is using the vehicle or item to provide Section 5310-eligible transportation service.

(2) SECTION 5310 OPERATING AWARD PERFORMANCE REPORT - Complete this report if your agency has a Section 5310 Operating Award in operation during this reporting period. This means that your agency has provided Section 5310-eligible trips and either anticipates receiving or has already received reimbursement for these trips through the Section 5310 program.

Complete both reports if your agency has both types of Section 5310 awards in operation during the 2020 calendar year, Jan 1 - Dec 31.

Tip: Refer to the Fact Sheet provided with your agency’s most recent grant application to obtain baseline performance data. If your agency is a Community Transportation Coordinator (CTC), you may use data from your Annual Operating Report (AOR).

<table>
<thead>
<tr>
<th>Section 5310 Annual Reporting Period Summary</th>
</tr>
</thead>
<tbody>
<tr>
<td>Reporting Agency: Marion Senior Services, Inc. d/b/a Marion Transit</td>
</tr>
<tr>
<td>Address: 1101 SW 20th Court</td>
</tr>
<tr>
<td>City: Ocala</td>
</tr>
<tr>
<td>County: Marion</td>
</tr>
<tr>
<td>State: FL</td>
</tr>
<tr>
<td>Zip: 34471</td>
</tr>
<tr>
<td>Service Area i.e., Palm Bay-Melbourne UZA (Consult FDOT District office if unknown): Marion County, Florida.</td>
</tr>
<tr>
<td>Contact Person: Tom Wilder, Transportation Director</td>
</tr>
<tr>
<td>Phone Number: 352-620-3071</td>
</tr>
<tr>
<td>Email: <a href="mailto:twilder@marionseniorservices.org">twilder@marionseniorservices.org</a></td>
</tr>
<tr>
<td>Total Section 5310 capital awarded projects in operation during this reporting period: 1</td>
</tr>
<tr>
<td>Total Section 5310 operating awarded projects in operation during this reporting period: 0</td>
</tr>
</tbody>
</table>
Reporting year: January 1, 2020 – December 31, 2020 (All awarded projects currently in operation)

SECTION 5310 CAPITAL AWARD PERFORMANCE REPORT

Gaps in Service Filled: Provision of transportation options that would not otherwise be available to seniors and individuals with disabilities, measured by the numbers of seniors and individuals with disabilities afforded mobility resulting from Section 5310 capital projects in operation for the current reporting year.

<table>
<thead>
<tr>
<th>Calculation</th>
<th>TOTAL</th>
</tr>
</thead>
<tbody>
<tr>
<td>RouteMatch Software Jan 1, 2020 – December 31, 2020</td>
<td>1707</td>
</tr>
</tbody>
</table>

Discuss any impacts to the quality of transportation options provided to seniors and individuals with disabilities not captured above.

COVID19 impacted our unduplicated riders reducing the number.

Ridership: Actual or estimated number of rides (as measured by one-way trips) provided annually for seniors or individuals with disabilities on Section 5310-supported vehicles and services resulting from Section 5310 capital projects in operation during the current reporting year.

Note: See Fact Sheet in 5310 Instruction Manual for instructions

<table>
<thead>
<tr>
<th>Calculation</th>
<th>TOTAL</th>
</tr>
</thead>
</table>

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

Discuss any impacts to the quality of transportation options provided to seniors and individuals with disabilities not captured above.

This is a reduction in the number of one-way trips is due to COVID19.
Reporting year: January 1, 2020 – December 31, 2020 (All awarded projects currently in operation)

SECTION 5310 OPERATING AWARD PERFORMANCE REPORT – Not Applicable.

Service Improvements: related to geographic coverage, service quality, and/or service times that impact availability of transit services for seniors and individuals with disabilities resulting from Section 5310 operating projects in operation during the current reporting year.

Note: See Fact Sheet in 5310 Instruction Manual for instructions

<table>
<thead>
<tr>
<th>Calculations</th>
<th>Results</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total fleet vehicle miles traveled to provide service to seniors and individuals with disabilities.</td>
<td>N/A</td>
</tr>
<tr>
<td>Total square miles of transportation service coverage.</td>
<td>N/A</td>
</tr>
<tr>
<td>Number of days the vehicles are in operation to provide service to seniors and individuals with disabilities <strong>PER YEAR</strong>.</td>
<td>N/A</td>
</tr>
<tr>
<td>Number of hours of service <strong>AVERAGE PER DAY</strong>.</td>
<td>N/A</td>
</tr>
<tr>
<td>Posted hours of the normal operating hours the agency provides service to seniors and individuals with disabilities <strong>PER WEEK</strong> (this does not include non-scheduled emergency availability).</td>
<td><strong>M – F:</strong> Saturday: Sunday: Total (WEEK):</td>
</tr>
</tbody>
</table>

Discuss any impacts to the quality of your agency’s transportation service not captured above.

N/A

Ridership: Actual or estimated number of rides (as measured by one-way trips) provided annually for seniors or individuals with disabilities on Section 5310-supported vehicles and services because of Section 5310 operating projects in operation during the current reporting year.

Note: See Fact Sheet in 5310 Instruction Manual for instructions

<table>
<thead>
<tr>
<th>Calculations</th>
<th>TOTAL</th>
</tr>
</thead>
<tbody>
<tr>
<td>Number of one-way trips provided to seniors and individuals with disabilities <strong>PER YEAR</strong></td>
<td>N/A</td>
</tr>
</tbody>
</table>
One-way passenger trip is the unit of service provided each time a passenger enters the vehicle, is transported, and then exits the vehicle. Each different destination would constitute a passenger trip.

Discuss any impacts to the quality of trips provided to seniors and individuals with disabilities not captured above.

N/A

**Physical Improvements:** Please list any additions or changes to environmental infrastructure (e.g., transportation facilities, sidewalks, etc.), technology, and/or vehicles that impact the availability of transportation services to seniors and individuals with disabilities as a result of Section 5310 operating projects in operation during the current reporting year.

N/A

**Other Improvements:** Please identify any additional transportation program performance enhancements that resulted from Section 5310 operating projects in operation during the current reporting year.

N/A
CTC Organization

County: Marion  
Fiscal Year: 7/1/2019 - 6/30/2020  
CTC Status: Submitted  
CTD Status: Under Review  
Date Initiated: 9/8/2020

CTC Organization Name: Marion Senior Services, Inc.
Address: 1101 SW 20 CT
City: Ocala
State: FL
Zip Code: 34471
Organization Type: Private Non Profit
Network Type: Partial Brokerage
Operating Environment: Rural
Transportation Operators: No
Number of Transportation Operators: 0
Coordination Contractors: Yes
Number of Coordination Contractors: 2
Provide Out of County Trips: No
Local Coordinating Board (LCB) Chairperson: Commissioner Michele Stone
CTC Contact: Tom Wilder
CTC Contact Title: Transportation Director
CTC Contact Email: twilder@marionseniorservices.org
Phone: (352) 620-3519

CTC Certification

I, Tom Wilder, as the authorized Community Transportation Coordinator (CTC) Representative, hereby certify, under the penalties of perjury as stated in Chapter 837.06, F.S., that the information contained in this report is true, accurate, and in accordance with the accompanying instructions.

CTC Representative (signature): [Signature]

LCB Certification

I, Commissioner Michele Stone, as the Local Coordinating Board Chairperson, hereby certify in accordance with Rule 41-2.007(7) F.S. that the Local Coordinating Board has reviewed this report and the Planning Agency has received a copy.

LCB Chairperson (signature): [Signature]
Organization – Coordination Contractor

County: Marion  CTC Status: Submitted  CTC Organization: Marion Senior Services, Inc.
Fiscal Year: 7/1/2019 - 6/30/2020  Upload Date: 9/8/2020

Coordination Contractor Name: ARC
Address: 2800 SE Maricamp Road
City: Ocala
State: FL
Zip Code: 34471
Organization Type: Private Non Profit
Operating Environment: Rural
Provide Out of County Trips: No
Who Do You Serve: Persons with Disabilities
Contact Person: Frank Sofia
Contact Title: CEO
Contact Email: fsofia@mcarc.com
Phone: (352) 387-2210

Coordination Contractor Certification

By submission of this form, I, Frank Sofia, as the authorized representative of ARC, hereby certify, under the penalties of perjury as stated in Chapter 837.06, F.S., that the information contained in this report is true, accurate, and in accordance with the accompanying instructions.

CTC Representative (signature): ________________________________
Organization – Coordination Contractor

County: Marion  CTC Status: Submitted  CTC Organization: Marion Senior Services, Inc.
Fiscal Year: 7/1/2019 - 6/30/2020  Upload Date: 9/8/2020

Coordination Contractor Name: Florida Center for the Blind, Inc
Address: 1411 NE 22nd Avenue
City: Ocala
State: FL
Zip Code: 34470
Organization Type: Private Non Profit
Operating Environment: Rural
Provide Out of County Trips: Yes
Who Do You Serve: Individuals who are blind or visually impaired
Contact Person: Anissa Pieriboni
Contact Title: President/CEO
Contact Email: apieriboni@flblind.org
Phone: (352) 873-4700

Coordination Contractor Certification

By submission of this form, I, Anissa Pieriboni, as the authorized representative of Florida Center for the Blind, Inc, hereby certify, under the penalties of perjury as stated in Chapter 837.06, F.S., that the information contained in this report is true, accurate, and in accordance with the accompanying instructions.

CTC Representative (signature): ________________________________
## CTC Trips

### Transportation Disadvantaged

**County:** Marion  
**Fiscal Year:** 07/01/2019 - 06/30/2020  
**CTC Status:** Submitted  
**CTD Status:** Under Review  
**CTC Organization:** Marion Senior Services, Inc.

### Selected Reporting Period

<table>
<thead>
<tr>
<th>Service Type</th>
<th>CTC &amp; Transportation Operators</th>
<th>Coordination Contractors</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Fixed Route/Fixed Schedule</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Daily Pass Trips</td>
<td>0</td>
<td>N/A</td>
<td>0</td>
</tr>
<tr>
<td>Weekly Pass Trips</td>
<td>0</td>
<td>N/A</td>
<td>0</td>
</tr>
<tr>
<td>Monthly Pass Trips</td>
<td>0</td>
<td>N/A</td>
<td>0</td>
</tr>
<tr>
<td>Deviated Fixed Route Service</td>
<td>0</td>
<td>N/A</td>
<td>0</td>
</tr>
<tr>
<td>Complementary ADA Service</td>
<td>0</td>
<td>N/A</td>
<td>0</td>
</tr>
<tr>
<td>Paratransit</td>
<td>0</td>
<td>N/A</td>
<td>0</td>
</tr>
<tr>
<td>Ambulatory</td>
<td>44,850</td>
<td>14,308</td>
<td>59,158</td>
</tr>
<tr>
<td>Non-Ambulatory</td>
<td>27,158</td>
<td>2,297</td>
<td>29,455</td>
</tr>
<tr>
<td>Stretcher</td>
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<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Transportation Network Companies</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Taxi</td>
<td>0</td>
<td>N/A</td>
<td>0</td>
</tr>
<tr>
<td>School Board (School Bus)</td>
<td>0</td>
<td>N/A</td>
<td>0</td>
</tr>
<tr>
<td>Volunteers</td>
<td>0</td>
<td>N/A</td>
<td>0</td>
</tr>
<tr>
<td>Total - Service Type</td>
<td>72,006</td>
<td>16,605</td>
<td>88,611</td>
</tr>
</tbody>
</table>

### Previous Reporting Period

<table>
<thead>
<tr>
<th>Service Type</th>
<th>CTC &amp; Transportation Operators</th>
<th>Coordination Contractors</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Fixed Route/Fixed Schedule</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Daily Pass Trips</td>
<td>0</td>
<td>N/A</td>
<td>0</td>
</tr>
<tr>
<td>Weekly Pass Trips</td>
<td>0</td>
<td>N/A</td>
<td>0</td>
</tr>
<tr>
<td>Monthly Pass Trips</td>
<td>0</td>
<td>N/A</td>
<td>0</td>
</tr>
<tr>
<td>Deviated Fixed Route Service</td>
<td>0</td>
<td>N/A</td>
<td>0</td>
</tr>
<tr>
<td>Complementary ADA Service</td>
<td>0</td>
<td>N/A</td>
<td>0</td>
</tr>
<tr>
<td>Paratransit</td>
<td>0</td>
<td>N/A</td>
<td>0</td>
</tr>
<tr>
<td>Ambulatory</td>
<td>29,282</td>
<td>2,322</td>
<td>31,604</td>
</tr>
<tr>
<td>Non-Ambulatory</td>
<td>29,282</td>
<td>2,322</td>
<td>31,604</td>
</tr>
<tr>
<td>Stretcher</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Transportation Network Companies</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Taxi</td>
<td>0</td>
<td>N/A</td>
<td>0</td>
</tr>
<tr>
<td>School Board (School Bus)</td>
<td>0</td>
<td>N/A</td>
<td>0</td>
</tr>
<tr>
<td>Volunteers</td>
<td>0</td>
<td>N/A</td>
<td>0</td>
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<tr>
<td>Total - Service Type</td>
<td>58,564</td>
<td>24,644</td>
<td>83,208</td>
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</table>

### Contracted Transportation Operator Trips

<table>
<thead>
<tr>
<th>Service Type</th>
<th>CTC &amp; Transportation Operators</th>
<th>Coordination Contractors</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Agency for Health Care Administration (AHCA)</td>
<td>233</td>
<td>0</td>
<td>233</td>
</tr>
<tr>
<td>Agency for Persons with Disabilities (APD)</td>
<td>0</td>
<td>1,477</td>
<td>1,477</td>
</tr>
<tr>
<td>Comm for the Transportation Disadvantaged (CTD)</td>
<td>30,240</td>
<td>N/A</td>
<td>30,240</td>
</tr>
<tr>
<td>Dept of Economic Opportunity (DEO)</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Dept of Children and Families (DCF)</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Dept of Education (DOE)</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Dept of Elder Affairs (DOEA)</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Dept of Health (DOH)</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Dept of Juvenile Justice (DJJ)</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Dept of Transportation (DOT)</td>
<td>24,384</td>
<td>13,704</td>
<td>38,088</td>
</tr>
<tr>
<td>Local Government</td>
<td>16,595</td>
<td>0</td>
<td>16,595</td>
</tr>
<tr>
<td>Local Non-Government</td>
<td>1</td>
<td>1,425</td>
<td>1,426</td>
</tr>
<tr>
<td>Other Federal &amp; State Programs</td>
<td>555</td>
<td>0</td>
<td>555</td>
</tr>
<tr>
<td>Total - Revenue Source</td>
<td>72,006</td>
<td>16,605</td>
<td>88,611</td>
</tr>
</tbody>
</table>

### Revenue Source - One-Way

<table>
<thead>
<tr>
<th>Service Type</th>
<th>CTC &amp; Transportation Operators</th>
<th>Coordination Contractors</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Agency for Health Care Administration (AHCA)</td>
<td>233</td>
<td>0</td>
<td>233</td>
</tr>
<tr>
<td>Agency for Persons with Disabilities (APD)</td>
<td>0</td>
<td>1,477</td>
<td>1,477</td>
</tr>
<tr>
<td>Comm for the Transportation Disadvantaged (CTD)</td>
<td>30,240</td>
<td>N/A</td>
<td>30,240</td>
</tr>
<tr>
<td>Dept of Economic Opportunity (DEO)</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Dept of Children and Families (DCF)</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Dept of Education (DOE)</td>
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<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Dept of Elder Affairs (DOEA)</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Dept of Health (DOH)</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Dept of Juvenile Justice (DJJ)</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Dept of Transportation (DOT)</td>
<td>24,384</td>
<td>13,704</td>
<td>38,088</td>
</tr>
<tr>
<td>Local Government</td>
<td>16,595</td>
<td>0</td>
<td>16,595</td>
</tr>
<tr>
<td>Local Non-Government</td>
<td>1</td>
<td>1,425</td>
<td>1,426</td>
</tr>
<tr>
<td>Other Federal &amp; State Programs</td>
<td>555</td>
<td>0</td>
<td>555</td>
</tr>
<tr>
<td>Total - Revenue Source</td>
<td>72,006</td>
<td>16,605</td>
<td>88,611</td>
</tr>
</tbody>
</table>
## CTC Trips (cont'd)

**County:** Marion  
**Fiscal Year:** 07/01/2019 - 06/30/2020  
**CTC Status:** Submitted  
**CTD Status:** Under Review  
**CTC Organization:** Marion Senior Services, Inc.

### Transportation Disadvantaged

<table>
<thead>
<tr>
<th>Passenger Type/One Way</th>
<th>CTC &amp; Transportation Operators</th>
<th>Coordination Contractors</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Older Adults</td>
<td>7,392</td>
<td>0</td>
<td>7,392</td>
</tr>
<tr>
<td>Children At Risk</td>
<td>1,403</td>
<td>0</td>
<td>1,403</td>
</tr>
<tr>
<td>Persons With Disabilities</td>
<td>57,009</td>
<td>16,605</td>
<td>73,614</td>
</tr>
<tr>
<td>Low Income</td>
<td>6,025</td>
<td>0</td>
<td>6,025</td>
</tr>
<tr>
<td>Other</td>
<td>179</td>
<td>0</td>
<td>179</td>
</tr>
<tr>
<td>Total - Passenger Type</td>
<td>72,086</td>
<td>16,605</td>
<td>88,641</td>
</tr>
</tbody>
</table>

### Trip Purpose/One Way

<table>
<thead>
<tr>
<th>Trip Purpose/One Way</th>
<th>CTC &amp; Transportation Operators</th>
<th>Coordination Contractors</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Medical</td>
<td>44,193</td>
<td>0</td>
<td>44,193</td>
</tr>
<tr>
<td>Employment</td>
<td>2,092</td>
<td>363</td>
<td>2,455</td>
</tr>
<tr>
<td>Education/Training/Daycare</td>
<td>5,951</td>
<td>16,242</td>
<td>22,193</td>
</tr>
<tr>
<td>Nutritional</td>
<td>16,312</td>
<td>0</td>
<td>16,312</td>
</tr>
<tr>
<td>Life-Sustaining/Other</td>
<td>3,460</td>
<td>0</td>
<td>3,460</td>
</tr>
<tr>
<td>Total - Trip Purpose</td>
<td>72,086</td>
<td>16,605</td>
<td>88,641</td>
</tr>
</tbody>
</table>

### Unduplicated Passenger Head Count (UDPHC)

<table>
<thead>
<tr>
<th>UDPHC</th>
<th>Total - UDPHC</th>
</tr>
</thead>
<tbody>
<tr>
<td>2,052</td>
<td>2,194</td>
</tr>
<tr>
<td>2,092</td>
<td>2,455</td>
</tr>
</tbody>
</table>

### Unmet & No-Shows

<table>
<thead>
<tr>
<th>Unmet &amp; No-Shows</th>
<th>UDPHC</th>
<th>Total - UDPHC</th>
</tr>
</thead>
<tbody>
<tr>
<td>Unmet Trip Requests</td>
<td>5</td>
<td>27</td>
</tr>
<tr>
<td>No Shows</td>
<td>3,989</td>
<td>3,018</td>
</tr>
</tbody>
</table>

### Customer Feedback

<table>
<thead>
<tr>
<th>Customer Feedback</th>
<th>UDPHC</th>
<th>Total - UDPHC</th>
</tr>
</thead>
<tbody>
<tr>
<td>Complaints</td>
<td>11</td>
<td>20</td>
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<tr>
<td>Commendations</td>
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</table>
# Coordination Contractor Trips

**County:** Marion  
**CTC Status:** Submitted  
**CTC Organization:** Marion Senior Services, Inc.  
**Fiscal Year:** 07/01/2019 - 06/30/2020  
**Upload Date:** 9/8/2020  
**Coordination Contractor:** ARC

<table>
<thead>
<tr>
<th>Service Type - One Way</th>
<th>Selected Reporting Period</th>
<th>Previous Reporting Period</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Coordination Contractors</td>
<td>Coordination Contractors</td>
</tr>
<tr>
<td>Fixed Route/Fixed Schedule</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Daily Pass Trips</td>
<td>N/A</td>
<td>N/A</td>
</tr>
<tr>
<td>Weekly Pass Trips</td>
<td>N/A</td>
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</tr>
<tr>
<td>Monthly Pass Trips</td>
<td>N/A</td>
<td>N/A</td>
</tr>
<tr>
<td>Deviated Fixed Route Service</td>
<td>N/A</td>
<td>N/A</td>
</tr>
<tr>
<td>Complementary ADA Service</td>
<td>N/A</td>
<td>N/A</td>
</tr>
<tr>
<td>Paratransit</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Ambulatory</td>
<td>13,541</td>
<td>0</td>
</tr>
<tr>
<td>Non-Ambulatory</td>
<td>2,297</td>
<td>0</td>
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<tr>
<td>Stretcher</td>
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<tr>
<td>Transportation Network Companies</td>
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<tr>
<td>Taxi</td>
<td>N/A</td>
<td>N/A</td>
</tr>
<tr>
<td>School Board (School Bus)</td>
<td>N/A</td>
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</tr>
<tr>
<td>Volunteers</td>
<td>N/A</td>
<td>N/A</td>
</tr>
<tr>
<td>Total - Service Type</td>
<td>15,838</td>
<td>0</td>
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</tbody>
</table>

**Conducted Transportation Operator**

How many of the total trips were provided by Conducted Transportation Operators? (If the CTC provides transportation services, do not include the CTC.

Total - Conducted Transportation Operator Trips: 0

**Revenue Source - One Way**

<table>
<thead>
<tr>
<th></th>
<th>Selected Reporting Period</th>
<th>Previous Reporting Period</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Coordination Contractors</td>
<td>Coordination Contractors</td>
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<tr>
<td>Agency for Health Care Administration (AHCA)</td>
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<tr>
<td>Agency for Persons with Disabilities (APD)</td>
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<td>N/A</td>
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<tr>
<td>Dept of Economic Opportunity (DEO)</td>
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<tr>
<td>Dept of Children and Families (DCF)</td>
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<td>0</td>
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<tr>
<td>Dept of Education (DOE)</td>
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<td>0</td>
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<tr>
<td>Dept of Elder Affairs (DOEA)</td>
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</tr>
<tr>
<td>Dept of Health (DOH)</td>
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<td>0</td>
</tr>
<tr>
<td>Dept of Juvenile Justice (DJJ)</td>
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<td>0</td>
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<tr>
<td>Dept of Transportation (DOT)</td>
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<tr>
<td>Local Government</td>
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<tr>
<td>Local Non-Government</td>
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<tr>
<td>Other Federal &amp; State Programs</td>
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<tr>
<td>Total - Revenue Source</td>
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09/17/2020 10:50 AM
# Coordination Contractor Trips (cont'd)

**County:** Marion  
**CTC Status:** Submitted  
**Fiscal Year:** 07/01/2019 - 06/30/2020  
**Upload Date:** 9/8/2020  
**CTC Organization:** Marion Senior Services, Inc.  
**Coordination Contractor:** ARC

<table>
<thead>
<tr>
<th>Passenger Types: One Way</th>
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<th>Previous Reporting Period</th>
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<tbody>
<tr>
<td></td>
<td>Coordination Contractors</td>
<td>Coordination Contractors</td>
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<tr>
<td>Older Adults</td>
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</tr>
<tr>
<td>Children At Risk</td>
<td>0</td>
<td>2</td>
</tr>
<tr>
<td>Persons With Disabilities</td>
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<tr>
<td>Low Income</td>
<td>0</td>
<td>0</td>
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<tr>
<td>Other</td>
<td>0</td>
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<tr>
<td>Total - Passenger Type</td>
<td>15,838</td>
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</table>

<table>
<thead>
<tr>
<th>Trip Purpose: One Way</th>
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<th>Previous Reporting Period</th>
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<tr>
<td></td>
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<td>Medical</td>
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<tr>
<td>Employment</td>
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<td>0</td>
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<tr>
<td>Education/Training/Daycare</td>
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<tr>
<td>Nutritional</td>
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<td>0</td>
</tr>
<tr>
<td>Life-Sustaining/Other</td>
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<td>0</td>
</tr>
<tr>
<td>Total - Trip Purpose</td>
<td>15,838</td>
<td>0</td>
</tr>
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**Unduplicated Passenger Head Count (UDPHC):** 92

**Total UPHC:** 92

**Unmet & No Shows:**
- Unmet Trip Requests: N/A
- No Shows: N/A

**Customer Feedback:**
- Complaints: N/A
- Commendations: N/A
## Coordination Contractor Trips

### Coordinator Contractor Trips

- **County:** Marion
- **CTC Status:** Submitted
- **Fiscal Year:** 07/01/2019 - 06/30/2020
- **Upload Date:** 9/8/2020
- **CTC Organization:** Marion Senior Services, Inc.
- **Coordination Contractor:** Florida Center for the Blind, Inc.

### Service Type - One Way

<table>
<thead>
<tr>
<th>Service Type</th>
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<th>Previous Reporting Period</th>
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<tbody>
<tr>
<td>Fixed Route/Fixed Schedule</td>
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<tr>
<td>Daily Pass Trips</td>
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<tr>
<td>Weekly Pass Trips</td>
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<td>N/A</td>
</tr>
<tr>
<td>Monthly Pass Trips</td>
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<td>N/A</td>
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<tr>
<td>Deviated Fixed Route Service</td>
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<tr>
<td>Complementary ADA Service</td>
<td>N/A</td>
<td>N/A</td>
</tr>
<tr>
<td>Paratransit</td>
<td>N/A</td>
<td>N/A</td>
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<tr>
<td>Ambulatory</td>
<td>767</td>
<td>3</td>
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<tr>
<td>Non-Ambulatory</td>
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<td>3</td>
</tr>
<tr>
<td>Stretcher</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Transportation Network Companies</td>
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<tr>
<td>Taxi</td>
<td>N/A</td>
<td>N/A</td>
</tr>
<tr>
<td>School Board (School Bus)</td>
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<tr>
<td>Volunteers</td>
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<tr>
<td>Total - Service Type</td>
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### Contracted Transportation Operator

- How many of the total trips were provided by Contracted Transportation Operators? (If the CTC provides transportation services, do not include the CTC)

<table>
<thead>
<tr>
<th>Coordinate Transportation Operator</th>
<th>Coordination Contractors</th>
<th>Previous Reporting Period</th>
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<tbody>
<tr>
<td>N/A</td>
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### Revenue Source - One Way

<table>
<thead>
<tr>
<th>Revenue Source</th>
<th>Coordination Contractors</th>
<th>Previous Reporting Period</th>
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<tbody>
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<td>Agency for Health Care Administration (AHCA)</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Agency for Persons with Disabilities (APD)</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Community for the Transportation Disadvantaged (CTD)</td>
<td>N/A</td>
<td>N/A</td>
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<tr>
<td>Dept of Economic Opportunity (DEO)</td>
<td>0</td>
<td>0</td>
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<tr>
<td>Dept of Children and Families (DCF)</td>
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<td>0</td>
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<tr>
<td>Dept of Education (DDE)</td>
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<td>0</td>
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<tr>
<td>Dept of Elder Affairs (DOEA)</td>
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<td>0</td>
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<tr>
<td>Dept of Health (DOH)</td>
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<td>0</td>
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<tr>
<td>Dept of Juvenile Justice (DJJ)</td>
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<td>0</td>
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<tr>
<td>Dept of Transportation (DOT)</td>
<td>163</td>
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<tr>
<td>Local Government</td>
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<td>0</td>
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<tr>
<td>Local Non-Government</td>
<td>694</td>
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<tr>
<td>Other Federal &amp; State Programs</td>
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<tr>
<td>Total - Revenue Source</td>
<td>163</td>
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## Coordination Contractor Trips (cont'd)

**Coordination Contractor Trips**

- **County:** Marion
- **Fiscal Year:** 07/01/2019 - 06/30/2020
- **CTC Status:** Submitted
- **Upload Date:** 9/8/2020
- **CTC Organization:** Marion Senior Services, Inc.
- **Coordination Contractor:** Florida Center for the Blind, Inc.

### Transportation Disadvantaged

*County: Marion*  
*Fiscal Year: 07/01/2019 - 06/30/2020*  
*CTC Status: Submitted*  
*Upload Date: 9/8/2020*  
*CTC Organization: Marion Senior Services, Inc.*  
*Coordination Contractor: Florida Center for the Blind, Inc.*

### Table: Passenger Type and Trip Purpose

<table>
<thead>
<tr>
<th>Passenger Type</th>
<th>Selected Reporting Period</th>
<th>Previous Reporting Period</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Coordination Contractors</td>
<td>Coordination Contractors</td>
</tr>
<tr>
<td>Older Adults</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Children At Risk</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Persons With Disabilities</td>
<td>767</td>
<td>0</td>
</tr>
<tr>
<td>Low Income</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Other</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td><strong>Total - Passenger Type</strong></td>
<td><strong>767</strong></td>
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<table>
<thead>
<tr>
<th>Trip Purpose</th>
<th>Selected Reporting Period</th>
<th>Previous Reporting Period</th>
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<tbody>
<tr>
<td></td>
<td>Coordination Contractors</td>
<td>Coordination Contractors</td>
</tr>
<tr>
<td>Medical</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Employment</td>
<td>363</td>
<td>0</td>
</tr>
<tr>
<td>Education/Training/Daycare</td>
<td>404</td>
<td>0</td>
</tr>
<tr>
<td>Nutritional</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Life-Sustaining/Other</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td><strong>Total - Trip Purpose</strong></td>
<td><strong>767</strong></td>
<td><strong>0</strong></td>
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<table>
<thead>
<tr>
<th>Unduplicated Passenger Head Count (UDPHC)</th>
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<th>Previous Reporting Period</th>
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<td>Coordination Contractors</td>
<td>Coordination Contractors</td>
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<tr>
<td>UDPHC</td>
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<td>0</td>
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<tr>
<td><strong>Total - UDPHC</strong></td>
<td><strong>50</strong></td>
<td><strong>0</strong></td>
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</table>

### Other Statistics

- **Unmet & No Shows**:
  - **Unmet Trip Requests**: N/A  
  - **No Shows**: N/A
- **Customer Feedback**:
  - **Complaints**: N/A  
  - **Compliments**: N/A

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*09/17/2020 10:50 AM*
<table>
<thead>
<tr>
<th>CTC Vehicles &amp; Drivers</th>
</tr>
</thead>
<tbody>
<tr>
<td>County: Marion</td>
</tr>
<tr>
<td>Fiscal Year: 07/01/2019 - 06/30/2020</td>
</tr>
<tr>
<td>CTC Status: Submitted</td>
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<tr>
<td>CTC Organization: Marion Senior Services, Inc.</td>
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<tr>
<td>CTO Status: Under Review</td>
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### Selected Reporting Period

<table>
<thead>
<tr>
<th>Miles</th>
<th>CTC &amp; Transportation Operators</th>
<th>Coordination Contractors</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Deviated Fixed Route Miles</td>
<td>24,038</td>
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<td>24,038</td>
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<tr>
<td>Complementary ADA Service Miles</td>
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<td>86,946</td>
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<td>Paratransit Miles</td>
<td>776,543</td>
<td>116,541</td>
<td>892,694</td>
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<tr>
<td>Transportation Network Companies (TNC) Miles</td>
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<td>N/A</td>
<td>0</td>
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<tr>
<td>Taxi Miles</td>
<td>0</td>
<td>N/A</td>
<td>0</td>
</tr>
<tr>
<td>School Board (School Bus) Miles</td>
<td>0</td>
<td>N/A</td>
<td>0</td>
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<tr>
<td>Volunteers Miles</td>
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<td>Total - Vehicle Miles</td>
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### Road Related Accidents

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<th>CTC &amp; Transportation Operators</th>
<th>Coordination Contractors</th>
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<tr>
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### Vehicle Inventory

<table>
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<tr>
<th>Total Number of Vehicles</th>
<th>CTC &amp; Transportation Operators</th>
<th>Coordination Contractors</th>
<th>Total</th>
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</thead>
<tbody>
<tr>
<td>Total Number of Vehicles</td>
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<td>48</td>
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### Drivers

<table>
<thead>
<tr>
<th>Number of Full Time &amp; Part Time Drivers</th>
<th>CTC &amp; Transportation Operators</th>
<th>Coordination Contractors</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Number of Full Time &amp; Part Time Drivers</td>
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<tr>
<td>Number of Volunteer Drivers</td>
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</table>
### Coordination Contractor Vehicles & Drivers

**County:** Marion  
**CTC Status:** Submitted  
**Fiscal Year:** 07/01/2019 - 06/30/2020  
**Upload Date:** 9/8/2020  
**CTC Organization:** Marion Senior Services, Inc.  
**Coordination Contractor:** ARC

#### Vehicle Miles

<table>
<thead>
<tr>
<th>Miles Type</th>
<th>Selected Reporting Period</th>
<th>Previous Reporting Period</th>
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</thead>
<tbody>
<tr>
<td>Deviated Fixed Route Miles</td>
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<td>N/A</td>
</tr>
<tr>
<td>Complementary ADA Service Miles</td>
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<td>N/A</td>
</tr>
<tr>
<td>Paratransit Miles</td>
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</tr>
<tr>
<td>Transportation Network Companies (TNC) Miles</td>
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<td>N/A</td>
</tr>
<tr>
<td>Taxi Miles</td>
<td>N/A</td>
<td>N/A</td>
</tr>
<tr>
<td>School Board (School Bus) Miles</td>
<td>N/A</td>
<td>N/A</td>
</tr>
<tr>
<td>Volunteers</td>
<td>N/A</td>
<td>N/A</td>
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<tr>
<td><strong>Total Vehicle Miles</strong></td>
<td>106,839</td>
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#### Roadcalls & Accidents

<table>
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<tr>
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<th>Previous Reporting Period</th>
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<tr>
<td>Chargeable Accidents</td>
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#### Vehicle Inventory

<table>
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<tr>
<th>Category</th>
<th>Selected Reporting Period</th>
<th>Previous Reporting Period</th>
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<tbody>
<tr>
<td>Total Number of Vehicles</td>
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</tr>
<tr>
<td>Number of Wheelchair Accessible Vehicles</td>
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#### Drivers

<table>
<thead>
<tr>
<th>Category</th>
<th>Selected Reporting Period</th>
<th>Previous Reporting Period</th>
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<tbody>
<tr>
<td>Number of Full Time &amp; Part Time Drivers</td>
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<tr>
<td>Number of Volunteer Drivers</td>
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</table>
## Coordination Contractor Vehicles & Drivers

**County:** Marion  
**CTC Status:** Submitted  
**Fiscal Year:** 07/01/2019 - 06/30/2020  
**Upload Date:** 9/8/2020  
**CTC Organization:** Marion Senior Services, Inc.  
**Coordination Contractor:** Florida Center for the Blind, Inc.

<table>
<thead>
<tr>
<th>Category</th>
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<th>Previous Reporting Period</th>
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<tbody>
<tr>
<td>Deviated Fixed Route Miles</td>
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<td>N/A</td>
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<tr>
<td>Complementary ADA Service Miles</td>
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<tr>
<td>Paratransit Miles</td>
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<td>Transportation Network Companies (TNC) Miles</td>
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<tr>
<td>Taxi Miles</td>
<td>N/A</td>
<td>N/A</td>
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<tr>
<td>School Board (School Bus) Miles</td>
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<td>N/A</td>
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<tr>
<td>Volunteers Miles</td>
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<td>N/A</td>
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**CTC Organization:** Florida Center for the Blind, Inc.
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CTC Revenue Sources
### Coordination Contractor Revenue Sources

#### County: Marion  
CTC Status: Submitted  
CTC Organization: Marion Senior Services, Inc.

**Fiscal Year:** 07/01/2019 - 06/30/2020  
**Upload Date:** 9/8/2020

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# Coordination Contractor Revenue Sources

**County:** Marion  
**Fiscal Year:** 07/01/2019 - 06/30/2020  
**CTC Status:** Submitted  
**Upload Date:** 9/8/2020  
**CTC Organization:** Marion Senior Services, Inc.  
**Coordination Contractor:** Florida Center for the Blind, Inc

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**Total Revenue Sources:** $16,478
## CTC Expense Sources

**County:** Marion  
**Fiscal Year:** 07/01/2019 - 06/30/2020

### Transportation Disadvantaged

**CTC Status:** Submitted  
**CTD Status:** Under Review

**CTC Organization:** Marion Senior Services, Inc.

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<td>$0</td>
<td>$0</td>
<td>$328,059</td>
<td>$0</td>
<td>$328,059</td>
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<td>Purchased Transportation Services</td>
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<td>N/A</td>
<td>$0</td>
<td>$0</td>
<td>N/A</td>
<td>$0</td>
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<tr>
<td>Bus Pass</td>
<td>$0</td>
<td>N/A</td>
<td>$0</td>
<td>$0</td>
<td>N/A</td>
<td>$0</td>
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<tr>
<td>School Board (School bus)</td>
<td>$0</td>
<td>N/A</td>
<td>$0</td>
<td>$0</td>
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<tr>
<td>Transportation Network Companies (TNC)</td>
<td>$0</td>
<td>N/A</td>
<td>$0</td>
<td>$0</td>
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<tr>
<td>Taxi</td>
<td>$0</td>
<td>N/A</td>
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<td>Contracted Operator</td>
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<td><strong>Total Expense Sources</strong></td>
<td><strong>$1,207,973</strong></td>
<td><strong>$426,604</strong></td>
<td><strong>$1,634,577</strong></td>
<td><strong>$1,532,769</strong></td>
<td><strong>$168,211</strong></td>
<td><strong>$1,700,980</strong></td>
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## Coordination Contractor Expense Sources

**County:** Marion  
**CTC Status:** Submitted  
**CTC Organization:** Marion Senior Services, Inc.  
**Fiscal Year:** 07/01/2019 - 06/30/2020  
**Upload Date:** 9/8/2020  
**Coordination Contractor:** ARC

<table>
<thead>
<tr>
<th>Expense Sources</th>
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<tr>
<td>Labor</td>
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<td>Fringe Benefits</td>
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<td>Services</td>
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<tr>
<td>Materials &amp; Supplies Consumed</td>
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<td>Utilities</td>
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<td>Casualty &amp; Liability</td>
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<td>Interest</td>
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<tr>
<td>Leases &amp; Rentals</td>
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<tr>
<td>Capital Purchases</td>
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<td>$0</td>
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<tr>
<td><strong>Purchased Transportation Services</strong></td>
<td></td>
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<tr>
<td>Bus Pass</td>
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<td>Transportation Network Companies (TNC)</td>
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<tr>
<td>Taxi</td>
<td>N/A</td>
<td>N/A</td>
</tr>
<tr>
<td>Contracted Operator</td>
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<td><strong>Total - Expense Sources</strong></td>
<td>$467,314</td>
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Coordination Contractor Expense Sources

County: Marion  
Fiscal Year: 07/01/2019 - 06/30/2020  
CTC Status: Submitted  
Upload Date: 9/8/2020  
CTC Organization: Marion Senior Services, Inc.  
Coordination Contractor: Florida Center for the Blind, Inc.

<table>
<thead>
<tr>
<th>Expense Category</th>
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<td>Labor</td>
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<td>Utilities</td>
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<td>Casualty &amp; Liability</td>
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<td>Taxes</td>
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<td>Miscellaneous</td>
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<td>$0</td>
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<td>Capital Purchases</td>
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<td>$0</td>
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<tr>
<td>Purchased Transportation Services</td>
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<td>N/A</td>
</tr>
<tr>
<td>Bus Pass</td>
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<tr>
<td>School Board (School Bus)</td>
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<td>N/A</td>
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<tr>
<td>Transportation Network Companies [TNC]</td>
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<tr>
<td>Taxi</td>
<td>N/A</td>
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<tr>
<td>Contracted Operator</td>
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<td>Total Expense Sources</td>
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09/17/2020 10:50 AM
### Demographics

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<tr>
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<tbody>
<tr>
<td>Total County Population</td>
<td>0</td>
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<tr>
<td>Unduplicated Head Count</td>
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### Transportation Disadvantaged

### Vehicle Data

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<tr>
<th></th>
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<th>2019</th>
<th>2020</th>
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</thead>
<tbody>
<tr>
<td>Vehicle Miles</td>
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<td>982,693</td>
<td>1,003,678</td>
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<td>Roadcalls</td>
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<td>14</td>
<td>21</td>
</tr>
<tr>
<td>Accidents</td>
<td>0</td>
<td>3</td>
<td>5</td>
</tr>
<tr>
<td>Vehicles</td>
<td>41</td>
<td>55</td>
<td>61</td>
</tr>
<tr>
<td>Drivers</td>
<td>57</td>
<td>58</td>
<td>70</td>
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### Financial and General Data

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<tr>
<th></th>
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<th>2020</th>
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</thead>
<tbody>
<tr>
<td>Expenses</td>
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<td>Complaints</td>
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<td>20</td>
<td>11</td>
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<td>Passenger No-Shows</td>
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<tr>
<td>Unmet Trip Requests</td>
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<td>27</td>
<td>5</td>
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### Performance Measures

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<th>2019</th>
<th>2020</th>
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</thead>
<tbody>
<tr>
<td>Accidents per 100,000 Miles</td>
<td>0.31</td>
<td>0.31</td>
<td>0.50</td>
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<tr>
<td>Miles between Roadcalls</td>
<td>33,866</td>
<td>70,192</td>
<td>47,794</td>
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<tr>
<td>Avg. Trips per Passenger</td>
<td>32.31</td>
<td>34.28</td>
<td>40.39</td>
</tr>
<tr>
<td>Cost per Trip</td>
<td>$34.23</td>
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<tr>
<td>Cost per Paratransit Trip</td>
<td>$34.23</td>
<td>$31.33</td>
<td>$41.01</td>
</tr>
<tr>
<td>Cost per Total Mile</td>
<td>$3.25</td>
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</tr>
<tr>
<td>Cost per Paratransit Mile</td>
<td>$3.25</td>
<td>$3.58</td>
<td>$3.62</td>
</tr>
</tbody>
</table>
February 3, 2021

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

RE: SYSTEM SAFETY PROGRAM PLAN

To: District Five

This letter provides certification that Marion Senior Services, Inc. d/b/a Marion Transit has not made any major changes to the System Safety Program Plan (SSPP) implemented and adopted in July 2016 and it is currently in effect.

Sincerely,

[Signature]
Tom Wilder, Transportation Director
BUS TRANSIT SYSTEM
ANNUAL SAFETY CERTIFICATION

DATE: February 3, 2021

BUS TRANSIT SYSTEM: Marion Senior Services, Inc. d/b/a Marion Transit

ADDRESS: 1101 S.W. 20th Court
Ocala, Florida 34471

IN ACCORDANCE WITH FLORIDA STATUTE 341.061
THE BUS TRANSIT SYSTEM NAMED ABOVE HEREBY CERTIFIES TO THE FOLLOWING:

1. The adoption of a System Safety Program Plan (SSPP) and the Security Program Plan (SPP) pursuant to Florida Department of Transportation safety standards set forth in Rule Chapter 14-90, Florida Administrative Code (F.A.C.).
   Current date of Adopted SSPP: July 29, 2016
   Current date of Adopted SPP: August 1, 2016

2. Compliance with adopted safety standards in the SSPP and the SPP.

3. Performance of annual safety inspections on all operational buses in accordance with Rule 14-90.009, F.A.C. (This should be signed by the Officer responsible for management of the bus transit system to certify compliance.)
   Signature: 
   Name (Printed or Typed): Tom Wilder
   Title: Transportation Director

4. Name and address of entity(ies) which has (have) performed safety inspections:
   Advanced Tire & Service
   2199 NW 10th Street
   Ocala, FL 34475
   January – December 2020
   Name

   Advanced Vehicle Modifications (Wheelchair Lifts)
   7265 SW 62nd Avenue, Unit #1
   Ocala, FL 34476
   January – December 2020
   Name

(If additional space is needed, please continue on the back of this page.)
Continued: Name and address of entity(ies) which has (have) performed safety inspections:

AAMCO
Name
661 S.W. 17th Loop
Address (Street Number)
Ocala, FL 34471
Address (City, State, Zip Code)
January – December 2018.
Date(s) of Inspection

Fisher's Auto Care
Name
2021 SW 27th Ave
Address (Street Number)
Ocala, FL 34471
Address (City, State, Zip Code)
January – December 2020
Date(s) of Inspection

5. Names and contact information for all contract bus transit systems subject to the provisions of Rule 14-90, F.A.C. N/A
<table>
<thead>
<tr>
<th>FDOT CONTROL NUMBER</th>
<th>AGENCY’S CONTROL NUMBER</th>
<th>VEHICLE DESCRIPTION</th>
<th>YR/MAKE</th>
<th>LENGTH (FEET)</th>
<th>VEHICL. USE</th>
<th>ADO (lift, ramp, etc.)</th>
<th>ADO (archery gear)</th>
<th>ACCESSORY EQUITY</th>
<th>YEAR OF GRANT</th>
<th>ACQUISITION DATE</th>
<th>COST OF PROPERTY</th>
<th>% OF STATE'S TOTAL REVENUE</th>
<th>LOG #</th>
<th>LOCATION</th>
<th>CURRENT USE</th>
<th>ACCESSORY EQUITY</th>
</tr>
</thead>
</table>
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 Senior Services, Inc. and is eligible for the services of the CTC. The transportation services described herein are deemed to comply 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, Inc., 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 of 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 12-04-2019 and expires on 12-31-2020, 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
Jennifer Martinez
Executive Director
December 4, 2019

AGENCY:
Florida Center for the Blind, Inc.
Anissa Pieriboni
President/CEO
December 4, 2019
AGENCY CONTRACT
Effective: January 1, 2020 to December 31, 2020

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

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

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

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

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

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

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

WHEREAS, this Contract allows for the provisions of transportation services be provided by the Agency, in accordance with Chapter 427, F.S., Rule 41-2, F.A.C., and the most current Community Transportation Coordinator policies.
NOW, THEREFORE, in consideration of the mutual covenants, promises and representations herein, the parties agree as follows:

THE AGENCY SHALL:

A. Provide services and vehicles according to the conditions specified in Attachment I.

B. Coordinate available resources and make available transportation services to the Coordinator. Such services shall be provided in accordance with Attachment I.

C. Annually, submit to the Coordinator a Year to Date Operating Report (from the Annual Operating Report) detailing demographic, operational and financial data regarding coordination activities in the designated service area period covering July 1, through June 30 and due by August 1 every year. The report shall be prepared on forms provided by the Commission for the Transportation Disadvantaged, hereinafter Commission, and according to the instructions for the forms.

D. Comply with audit and record keeping requirements by:

1. Utilizing the Commission recognized Chart of Accounts defined in the Transportation Accounting Consortium Model Uniform Accounting System for Rural and Specialized Transportation Providers (uniform accounting system) for all transportation disadvantaged accounting and reporting purposes. Agencies with existing and equivalent accounting systems are not required to adopt the Chart of Accounts in lieu of their existing Chart of Accounts but shall prepare all reports, invoices, and fiscal documents relating to the transportation disadvantaged functions and activities using the chart of accounts and accounting definitions as outlined in the above referenced manual.

2. Maintaining and filing with the Coordinator such progress, fiscal, inventory and other reports as the Coordinator may require during the period of this contract.

3 By reserving to the Coordinator, the right to conduct finance and compliance audits at any time. Such audits conducted by the Coordinator will be at the expense of the Coordinator.
E. Retain all financial records, supporting documents, statistical records, and any other documents pertinent to this Agreement for a period of five (5) years after termination of this Agreement. If an audit has been initiated and audit findings have not been resolved at the end of the five (5) years, the records shall be retained until resolution of the audit findings. The Agency shall assure that these records shall be subject to inspection, review, or audit at all reasonable times by persons duly authorized by the Coordinator or Commission or this Agreement. The Commission and the Coordinator shall have full access to and the right to examine any of the records and documents during the retention period.

F. Comply with Safety Requirements by:

1. Complying with Section 341.061, F.S., and Rule 14-90, F.A.C., concerning System Safety or complying with Chapter 234.051, F.S., regarding school bus safety requirements for those services provided through a school board;

2. Assuring compliance with local, state, and federal laws, and Commission policies relating to drug testing, and;

3. Complying with Coordinator’s System Safety Program Plan (SSPP) for designated service area.

G. Comply with Commission insurance requirements by maintaining at least minimum liability insurance coverage in the amount of $100,000 for any one person and $200,000 per occurrence at all times during the existence of this Contract along with Workers Comp. Upon the execution of this Contract, the Agency shall add the Coordinator as an additional named insured to all insurance policies covering vehicles transporting the transportation disadvantaged. In the event of any cancellation or changes in the limits of liability in the insurance policy, the insurance agent or broker shall notify the Coordinator. The Agency shall furnish the Coordinator written verification of the existence of such insurance coverage prior to the execution of this Contract. School board vehicle insurance coverage shall be in accordance with Section 234.03, F.S. and 234.211, F.S. Insurance coverage in excess of $1 million per occurrence must be approved by the Coordinator and/or the local Coordinating Board before inclusion in this contract or in the justification of rates and fare structures, s. 41-2.006(1), FAC.

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

I. Protect Civil Rights by:

1. Complying with Title VI of the Civil Rights Act of 1964 and Section 504 of the Rehabilitation Act of 1973, as amended. The Agency gives this assurance in consideration of and for the purpose of obtaining federal grants, loans, contracts (except contracts of insurance or guaranty), property, discounts, or other federal financial assistance to programs or activities receiving or benefiting from federal financial assistance and agreeing to complete a Civil Rights Compliance Questionnaire if so required by the Coordinator. Agency shall also assure compliance with:

   a. Title VI of the Civil Rights Act of 1964, as amended, 42 U.S.C. 2000d et seq., which prohibits discrimination on the basis of race, color, or national origin in programs and activities receiving or benefiting from federal financial assistance.

   b. Section 504 of the Rehabilitation Act of 1973, as amended, 29 U.S.C. 794, which prohibits discrimination on the basis of disability in programs and activities receiving or benefiting from federal financial assistance.

   c. Title IX of the Education Amendments of 1972, as amended, 20 U.S.C. 1681 et seq., which prohibits discrimination on the basis of sex in education programs and activities receiving or benefiting from federal financial assistance.

   d. The Age Discrimination Act of 1975, as amended, 42 U.S.C. 6101 et seq., which prohibits discrimination on the basis of age in programs or activities receiving or benefiting from federal financial assistance.

   e. The Omnibus Budget Reconciliation Act of 1981, P.L. 97-35, which prohibits discrimination on the basis of sex and religion in programs and activities receiving or benefiting from federal financial assistance.

   f. All regulations, guidelines, and standards lawfully adopted under the above statutes.
The Americans with Disabilities Act of 1990, as it may be amended from time to time.

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

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

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

1. The Commission for the Transportation Disadvantaged (Attachment II);

2. The local Coordinating Board approved Transportation Disadvantaged Service Plan and;

3. Any entities that purchase service.

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

L. Provide Corrective Action. A corrective action notice is a written notice to the Agency that the Agency is in breach of certain provisions of this Contract and that correction is required. Any corrective action notice will specify a reasonable time for corrective action to be completed. Agency agrees to implement the Corrective Action specified in the notice and provide written documentation to substantiate the implementation of the Corrective Action.

M. All contracts, subcontracts, coordination contracts will be reviewed annually by the Coordinator and local Coordinating Board for conformance with the requirements of this Contract.

N. Return to the Coordinator any overpayments due to unearned funds or funds disallowed pursuant to the terms of this Contract that were disbursed to the Agency by the Coordinator. The Agency shall return any overpayment within thirty (30) calendar days after either discovery by the Agency, or notification of the Agency by the Coordinator or entity purchasing transportation, whichever is earlier. In the event that the Coordinator first discovers an overpayment has been made, the Coordinator will notify the Agency by letter of such a finding. Should repayment not be made in a timely manner, the Coordinator or purchasing entity will charge interest after thirty (30) calendar days after the date of notification or discovery, or the Coordinator will deduct said amount from future invoices.
0. In performing this Contract, the Agency shall not discriminate against any employee or applicant for employment because of race, age, disability, creed, color, sex or national origin. Such action shall include, but not be limited to, the following: employment upgrading, demotion or transfer; recruitment or recruitment advertising; layoff or termination; rates of pay or other forms of compensation; and selection for training, including apprenticeship. The Agency shall insert the foregoing provision modified only to show the particular contractual relationship in all its contracts in connection with the development of operation of the Contract, except contracts for the standard commercial supplies or raw materials, and shall require all such contractors to insert a similar provision in subcontracts relating to the performance of this Contract, except subcontracts for standard commercial supplies or raw materials. The Agency shall post, in conspicuous places available to employees and applicants for employment for Project work, notices setting forth the provisions of the nondiscrimination clause.

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

THE COORDINATOR SHALL:

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

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

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

THE AGENCY AND COORDINATOR FURTHER AGREE:

A. Nothing in the Contract shall require the Coordinator to observe or enforce compliance with any provision thereof, perform any other act or do any other thing in contravention of any applicable state law. If any provision of the Contract is found by a court of law to violate any applicable state law, the purchasing entity will
at once notify the Coordinator in writing in order that appropriate changes and modification may be made by the Coordinator and the Agency to the end that the Agency may proceed as soon as possible with the provision of transportation services.

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

C. Termination Conditions:

1. Termination at Will - This Contract may be terminated by either party upon no less than thirty (30) days' notice, without cause. Said notice shall be delivered by certified mail, return receipt required, or in person with proof of delivery.

2. Termination due to Lack of Designation - In the event that the Coordinator so designated by the local Coordinating Board and approved by the Commission, loses its designation, this contract is terminated immediately upon notification to the Agency. Notice shall be delivered by certified mail, return receipt requested, or in person, with proof of delivery. Notice shall be effective upon receipt.

3. Termination due to Disapproval of Memorandum of Agreement - In the event that the Commission does not accept and approve any contracted transportation rates listed within the Memorandum of Agreement, this Contract is terminated immediately upon notification to the Agency. Notice shall be delivered by certified mail, return receipt requested, or in person, with proof of delivery. Notice shall be effective upon receipt.

4. Termination due to Lack of Funds - In the event funds to finance this contract become unavailable, the Coordinator may terminate the contract with no less than twenty-four (24) hours written notice to the Agency. Notice shall be delivered by certified mail, return receipt requested, or in person, with proof of delivery. Notice shall be effective upon receipt. The Coordinator shall be the final authority as to the availability of funds.

5. Termination for Breach - Unless the Agency's breach is waived by the Coordinator in writing, the Coordinator may, by written notice to the Agency,
terminate this Contract upon no less than twenty-four (24) hours’ notice. Notice shall be delivered by certified mail, return receipt requested, or in person with proof of delivery. Waiver by the Coordinator of breach of any provision of this Contract shall not be deemed to be a waiver of any other breach and shall not be construed to be a modification of the terms of this Contract, and shall not act as a waiver or estoppel to enforcement of any provision of this Contract. The provisions herein do not limit the Coordinator’s right to remedies at law or to damages.

6. Upon receipt of a notice of termination of this Contract for any reason, the Agency shall cease service and prepare all final reports and documents required by the terms of this Contract. A final invoice shall be sent to the Coordinator within thirty (30) days after the termination of this Contract.

D. Renegotiations or Modifications of this Contract shall only be valid when they have been reduced to writing, duly approved by the Coordinator, and signed by both parties hereto.

E. Agency shall assign no portion of this Contract without the prior written consent of the Coordinator.

F. This Contract is the entire agreement between the parties.

G. Attachments I and II are an integral part of the Contract and are hereby incorporated by reference into this Contract. All subsequent attachments are of an optional nature.

H. Notice and Contact:

The name and address of the contract manager for the Coordinator for this Contract is:
Name: Frank SoFia
Title: CEO
Address: 2800 SE Marion County Blvd Ocala, FL

The representative/position of the Agency responsible for administration of the program under this contract is: Frank SoFia, telephone: 352-357-2210.
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.

Authorized Signature

Frank Sofia, CEO
Name & Title of authorized individual

Date: 1/8/2020

Attachments that are part of this contract:
I - Service Description
II - Standards & Performance Requirements
IV - HIPPA Assurance

Community Transportation Coordinator
Marion Senior Services

Authorized Signature

Jennifer Martinez, Executive Director
Name & Title of authorized individual

Date: 1/8/2020
ATTACHMENT I
SERVICE DESCRIPTION

ADVOCACY RESOURCE CENTER MARION, INC.

1. The agency will be able to provide: (Type of service - ambulatory, non-ambulatory, stretcher, population, purpose)
   Transportation for our 14 developmentally disabled adults to doctor & dental appointments, banks, grocery shopping, employment and volunteer jobs, weekly activities, church bowling, all Special Olympics events, outings (picnics, field trips, movies, etc.). All our residents are ambulatory.

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

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

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

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

- All vehicles must display the agency’s name, phone number and vehicle number unless confidentially of client is required.
- Vehicles used to fulfill non-emergency medical transportation services needs must comply with provisions of Rule 10C-7-45, FL Administrative Code and be issued a wheelchair permit if vehicle is equipped and used for transportation of wheelchairs.
- Vehicles must be equipped with properly functioning heating and air conditioning units.
- Stanchions and grab rails shall be functionally located throughout appropriate vehicles.
- Vehicles shall be properly maintained within reasonable limits which prevent hazardous conditions from occurring. Vehicles purchased with federal, state or local government funds must be maintained according to grant conditions. Vehicles may be subject to inspection by the FL Dept. of Transportation and/or the Coordinator.
- Vehicles must have a first aid kit and fire extinguisher.
- Vehicles must be equipped with two-way radio or equivalent
• Toll free number for complaints shall be posted in each vehicle. In Marion County: 352-620-3071. (MSS Transportation)

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

Drivers employed by the Agency shall:

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

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

Driver and Agency personnel shall be trained by the Proposer to accommodate the special transportation needs of the elderly, disabled and/or socially disadvantaged users.

The program developed should include a minimum of the following:

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

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

(a) Drug and alcohol testing for safety sensitive job positions within the coordinated system regarding pre-employment, randomization, post-accident, and reasonable suspicion as required by the Federal Highway Administration and the Federal Transit Administration;

(b) An escort of a passenger and dependent children are to be transported as locally negotiated and identified in the local Transportation Disadvantaged Service Plan;

(c) Child restraint devices shall be determined locally as to their use, responsibility, and cost of such device in the local Transportation Disadvantaged Service Plan;

(d) Passenger property that can be carried by the passenger and/or driver in one trip and can be safely stowed on the vehicle, shall be allowed to be transported with the passenger at no additional charge. Additional requirements may be negotiated for carrying and loading rider property beyond this amount. Passenger property does not include wheelchairs, child seats, stretchers, secured oxygen, personal assistive devices, or intravenous devices;

(e) Vehicle transfer points shall provide shelter, security, and safety of passengers;

(f) A local toll free phone number for complaints or grievances shall be posted inside the vehicle. The local complaint process shall be outlined as a section in the local Transportation Disadvantaged Service Plan including, advising the dissatisfied person about the Commission’s Ombudsman Program as a step within the process as approved by the local Coordinating Board;

(g) Out of service area trips shall be provided when determined locally and approved by the local Coordinating Board, except in instances where local ordinances prohibit such trips;

(h) Interior of all vehicles shall be free from dirt, grime, oil, trash, torn upholstery, damaged or broken seats, protruding metal or other objects or materials which
could soil items placed in the vehicle or provide discomfort for the passenger;

(i) Billing requirements of the Community Transportation Coordinator to subcontractors shall be determined locally by the local Coordinating Board and provided in the local Transportation Disadvantaged Service Plan. All bills shall be paid within 15 calendar days to subcontractors, after receipt of said payment by the Community Transportation Coordinator, except in instances where the Community Transportation Coordinator is a non-governmental entity;

(j) Passenger/trip data base must be maintained or accessible by the Community Transportation Coordinator on each rider being transported within the system;

(k) Adequate seating for paratransit services shall be provided to each rider and escort, child, or personal care attendant, and no more passengers than the registered passenger seating capacity shall be scheduled or transported in a vehicle at any time. For transit services provided by transit vehicles, adequate seating or standing space will be provided to each rider and escort, child, or personal care attendant, and no more passengers than the registered passenger seating or standing capacity shall be scheduled or transported in a vehicle at any time;

(l) Drivers for paratransit services, including coordination contractors, shall be required to announce and identify themselves by name and company in a manner that is conducive to communications with the specific passenger, upon pickup of each rider, group of riders, or representative, guardian, or associate of the rider, except in situations where the driver regularly transports the rider on a recurring basis. Each driver must have photo identification that is in view of the passenger. Name patches, inscriptions or badges that affix to driver clothing are acceptable. For transit services, the driver photo identification shall be in a conspicuous location in the vehicle;

(m) The paratransit driver shall provide the passenger with boarding assistance, if necessary or requested, to the seating portion of the vehicle. The boarding assistance shall include opening the vehicle door, fastening the seat belt or utilization of wheelchair securement devices, storage of mobility assistive devices, and closing the vehicle door. In certain paratransit service categories, the driver may also be required to open and close doors to buildings, except in situations in which assistance in opening/closing building doors would not be safe for passengers remaining on the vehicle. Assisted access must be in a dignified manner. Drivers may not assist wheelchair up or down more than one step, unless it can be performed safely as determined by the passenger, guardian, and driver;
(n) All vehicles ordered or put into service after adoption of this section of the Rule, and providing service within the coordinated system, shall be equipped with two-way communications in good working order and be audible to the driver at all times to the base. All vehicles that are not equipped with two-way communications shall have two years to be in compliance after the adoption date of this section of the Rule;

(o) All vehicles ordered or put into service after the adoption of this section of the Rule, and providing service within the coordinated system, shall have working air conditioners and heaters in each vehicle. Vehicles that do not have a working air conditioner or heater will be scheduled for repair or replacement as soon as possible. All vehicles that are not equipped with an air conditioner and/or heater shall have two years to be in compliance after the adoption date of this section of the Rule;

(p) First Aid shall be determined locally and provided in the local Transportation Disadvantaged Service Plan; and

(q) Cardiopulmonary Resuscitation shall be determined locally and provided in the local Transportation Disadvantaged Service Plan.
HIPAA CONFIDENTIALITY AGREEMENT between
Advocacy Resource Center Marion, Inc. (Vendor)
and
Marion Senior Services, Inc.

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

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

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

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

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

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

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

Authorized signature: [Signature]  Title: CEO  Date: 1/8/2020
Ridership Criteria

TRANSPORTATION DISADVANTAGED PROGRAM:

427.011 Definitions.—For the purposes of ss. 427.011-427.017:
(1) “Transportation disadvantaged” means those persons who because of physical or mental disability, income status, or age are unable to transport themselves or to purchase transportation and are, therefore, dependent upon others to obtain access to health care, employment, education, shopping, social activities, or other life-sustaining activities, or children who are handicapped or high-risk or at-risk as defined in s. 411.202.

- Age - 60+ or -16 years old.
- Physical or Mental Disability
- Income level - 150% Federal Poverty = Less than $18,084 annually.

SECTION 5311 PROGRAM:

Marion Transit as a sub-recipient of Section 5311 Program, 49 U.S.C. 5311 is to provide transportation to help meet needs of the community as a whole. While our priority is to maximize usage by transportation disadvantaged persons in general, we are open to the public during all operating hours. While the 5311 program focuses on residents within “rural” areas of our community, SunTran is the fixed route transportation provider within the City of Ocala and Marion Transit is the Paratransit provider.

Note: Riders in the 5311 Program must still follow the Reservation guidelines when scheduling a trip. (Details are in our brochure.)

Please call our Reservations and Information line if you have any questions:

352-620-3071

Mission Statement - “Is to provide Public Transportation that offers riders a high-quality safe, reliable, and efficient paratransit experience.”
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: Burns
FIRST NAME: Margaret
ADDRESS: 8705 SW 95th St
CITY: Ocala
STATE: FL
ZIP: 34481
COUNTY: Marion
TELEPHONE #: (352) 291-7856
CELL #: (___) ___-_____
DOB: ___-___-___
SS#: ___-___-___
OTHER HOUSEHOLD MEMBERS (LIST EACH MEMBER)
NAME: ____________________
RELATIONSHIP: ______
AGE: ______
PHONE: ____________________
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
1. N DO YOU OWN A CAR?
2. N DO YOU HAVE A VALID DRIVER’S LICENSE?
3. N COULD YOU DRIVE YOUR CAR TO MEDICAL APPTS? IF NOT, WHY? ____________________
4. N DOES ANYONE IN YOUR HOUSEHOLD HAVE A CAR?
5. N COULD THEY DRIVE YOU TO YOUR APPOINTMENTS? IF NOT, WHY? ____________________
6. N DO YOU HAVE FAMILY MEMBERS WHO CAN TRANSPORT YOU TO APPOINTMENTS?
7. 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:

<table>
<thead>
<tr>
<th>NAME OF HOSPITAL/DOCTOR/FACILITIES</th>
<th>TYPE OF TREATMENT?</th>
<th># MONTHLY VISITS?</th>
</tr>
</thead>
<tbody>
<tr>
<td>Popeii</td>
<td>Primary Care</td>
<td>Every Month</td>
</tr>
</tbody>
</table>

SECTION III -

YES / NO
1. N DO YOU LIVE ON A SUNTRAN ROUTE? WHAT IS THE DISTANCE TO THE NEAREST BUS STOP? ____________________
2. N DO YOU HAVE ANY LIMITATIONS THAT WOULD PREVENT YOU FROM RIDING THE BUS?
   PLEASE DESCRIBE: ____________________
3. 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:
(IF OTHER THAN APPLICANT)
Brenda Showbart
DATE: 11/07/17

PREPARER – PRINT NAME: Brenda Showbart
RELATIONSHIP OR MARION TRANSIT:

OFFICE USE ONLY

LAST NAME: __________________________ FIRST NAME: __________________________

SECTION VI -

AUTHORIZATION

APPROVAL DATE: 11/07/17

DENIED DATE: __________ / __________ / __________ REASON: ________________________________

MANAGER REVIEW – IF DENIED

BY: __________________________ TITLE: __________________________ DATE: __________ / __________ / __________

COMMENTS: __________________________________________________________

_____________________________________________________________________

_____________________________________________________________________

_____________________________________________________________________

_____________________________________________________________________

_____________________________________________________________________

_____________________________________________________________________

_____________________________________________________________________

+++ END +++
MARION TRANSIT
CLIENT AFFIDAVIT

I hereby AFFIRM that MARGARET BURNS the information provided to Marion Transit to complete the Client Intake Form determining qualification for transportation is true and accurate to the best of my knowledge and I will immediately notify Marion Transit of any changes to my status.

Date: 5/17/19

Margaret Burns
Signature

Contact Information:

The "Transportation Disadvantaged" are persons who are defined as having a mental or physical disability, the poor (income level at or below 150% of the Federal Poverty Guidelines) by age (Age = 60+ or <16 years old) unable to transport themselves.

Marion Transit, 1101 S.W. 20th Court, Ocala, Florida 34471 (352)620-3071 Fax (352)620-3504
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: CASTELIANETA  FIRST NAME: ROSE - ROSINA  MI: M
ADDRESS: 6302 SW 84th ST  CITY: OCALA  STATE: FL  ZIP: 34476
COUNTY: MARION  TELEPHONE #: (352) 384-3232  CELL #: ( )
DOB: SS#: OTHER HOUSEHOLD MEMBERS (LIST EACH MEMBER)
NAME: MARY CASTELIANETA  RELATIONSHIP: LMT  AGE: 60  PHONE: SAA
EMERGENCY CONTACT: MARY CASTELIANETA  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
1. □ DO YOU OWN A CAR?
2. □ DO YOU HAVE A VALID DRIVER'S LICENSE?
3. □ COULD YOU DRIVE YOUR CAR TO MEDICAL APPTS?
4. □ DOES ANYONE IN YOUR HOUSEHOLD HAVE A CAR?
5. □ COULD THEY DRIVE YOU TO YOUR APPOINTMENTS?
6. □ DO YOU HAVE FAMILY MEMBERS WHO CAN TRANSPORT YOU TO APPOINTMENTS?
7. □ DO YOU HAVE FRIENDS WHO CAN TRANSPORT YOU TO APPOINTMENTS?

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

NAME OF HOSPITAL/DOCTOR/FACILITIES: DANIEL RITZ TYPE OF TREATMENT: EYE # MONTHLY VISITS: 3 to 4 months

SECTION III -

YES / NO
1. □ DO YOU LIVE ON A SUNTRAN ROUTE? WHAT IS THE DISTANCE TO THE NEAREST BUS STOP?
2. □ DO YOU HAVE ANY LIMITATIONS THAT WOULD PREVENT YOU FROM RIDING THE BUS?
   PLEASE DESCRIBE:
3. □ ARE YOU ENROLLED IN ANY OTHER PROGRAM(S) THAT WILL PAY FOR OR PROVIDE TRANSPORTATION?
   PLEASE LIST:

Marion Transit - 1101 S.W. 20th Court, Ocala, FL 34471 (352)620-3071 Page 1
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: (Amb)

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: ___________________________ DATE: __________ / __________ / ______
(IF OTHER THAN APPLICANT)

PREPARER - PRINT NAME: ___________________________ RELATIONSHIP OR MARION TRANSIT:

OFFICE USE ONLY

LAST NAME: ___________________________ FIRST NAME: ___________________________

SECTION VI -

AUTHORIZATION

APPROVAL DATE: 11/7/17 Updated/Approved 5/19

DENIED DATE: __________ / __________ / ______ REASON: ___________________________

MANAGER REVIEW - IF DENIED

BY: ___________________________ TITLE: ___________________________ DATE: __________ / __________ / ______

COMMENTS: ___________________________

______________________________
______________________________
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+++ END +++
MARION TRANSIT
CLIENT AFFIDAVIT

I hereby AFFIRM that the information provided to Marion Transit to complete the Client Intake Form determining qualification for transportation is true and accurate to the best of my knowledge and I will immediately notify Marion Transit of any changes to my status.

Date: MAY 16, 2019

[Signature]

Contact Information: MARY CASTELLANETA

The "Transportation Disadvantaged" are persons who are defined as having a mental or physical disability, the poor (income level at or below 150% of the Federal Poverty Guidelines) by age 60+ or <16 years old unable to transport themselves.

Marion Transit, 1101 S.W. 20th Court, Ocala, Florida 34471 (352)620-3071 Fax (352)620-3504
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: Edwards  FIRST NAME: Dennis MI: 
ADDRESS: 11042 SW 73rd Cir  CITY: Ocala  STATE: FL  ZIP: 34476
COUNTY: Marion  TELEPHONE #: (352) 854-5537  CELL #: 
DOB:  SS#: 
OTHER HOUSEHOLD MEMBERS (LIST EACH MEMBER)
NAME: Jasmine Edwards  RELATIONSHIP: Sister  AGE: 
PHONE: 352-854-5537
EMERGENCY CONTACT: Jasmine Edwards RELATIONSHIP: Sister  AGE: 
PHONE: 352-854-5537

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

X 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
1. N DO YOU OWN A CAR?
2. N DO YOU HAVE A VALID DRIVER’S LICENSE?
3. N COULD YOU DRIVE YOUR CAR TO MEDICAL APPTS? IF NOT, WHY?
4. N DOES ANYONE IN YOUR HOUSEHOLD HAVE A CAR?
5. N COULD THEY DRIVE YOU TO YOUR APPOINTMENTS? IF NOT, WHY?
6. N DO YOU HAVE FAMILY MEMBERS WHO CAN TRANSPORT YOU TO APPOINTMENTS?
7. N DO YOU HAVE FRIENDS WHO CAN TRANSPORT YOU TO APPOINTMENTS?

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

<table>
<thead>
<tr>
<th>NAME OF HOSPITAL/DOCTOR/FACILITIES</th>
<th>TYPE OF TREATMENT</th>
<th># MONTHLY VISITS</th>
</tr>
</thead>
<tbody>
<tr>
<td>Quick Primary Care</td>
<td>Primary</td>
<td>Every 3 months</td>
</tr>
<tr>
<td>Ocala Kidney Group</td>
<td>Nephrology</td>
<td>Every 3 months</td>
</tr>
</tbody>
</table>

SECTION III -

YES/NO
1. N DO YOU LIVE ON A SUNTRAN ROUTE? WHAT IS THE DISTANCE TO THE NEAREST BUS STOP?
2. N DO YOU HAVE ANY LIMITATIONS THAT WOULD PREVENT YOU FROM RIDING THE BUS?
   PLEASE DESCRIBE: ____________________________
3. 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: ___________________________ DATE: __________/________/________

(IF OTHER THAN APPLICANT)

PREPARER - PRINT NAME: ____________________________

RELATIONSHIP OR MARION TRANSIT: ____________________________

OFFICE USE ONLY

LAST NAME: ____________________________ FIRST NAME: ____________________________

SECTION VI -

AUTHORIZATION

APPROVAL DATE: __________/________/________

DENIED DATE: __________/________/________ REASON: ____________________________

MANAGER REVIEW - IF DENIED

BY: ____________________________ TITLE: ____________________________ DATE: __________/________/________

COMMENTS: ____________________________

______________________________
______________________________
______________________________

+++ END +++
MARION TRANSIT
CLIENT AFFIDAVIT

I hereby AFFIRM that DENNIS EDWARDS, the information provided to Marion Transit to complete the Client Intake Form determining qualification for transportation is true and accurate to the best of my knowledge and I will immediately notify Marion Transit of any changes to my status.

Date: 7/16/2019

Contact Information:
352-854-5537

The "Transportation Disadvantaged" are persons who are defined as having a mental or physical disability, the poor (income level at or below 150% of the Federal Poverty Guidelines) by age (Age = 60+ or <16 years old) unable to transport themselves.

Marion Transit, 1101 S.W. 20th Court, Ocala, Florida 34471 (352)620-3071 Fax (352)620-3594
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: Hunter  FIRST NAME: Valorie
ADDRESS: 5170 SE 112th Rd  CITY: Belleview  STATE: FL  ZIP: 34420
COUNTY: Marion
DOB:
TELEPHONE #: ( )  CELL #: (352) 470-1321

OTHER HOUSEHOLD MEMBERS (LIST EACH MEMBER)
NAME: Katie  RELATIONSHIP: Daughter  AGE: 38  PHONE: (352) 470-1589
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
1. N  DO YOU OWN A CAR?
2. N  DO YOU HAVE A VALID DRIVER’S LICENSE?
3. N  COULD YOU DRIVE YOUR CAR TO MEDICAL APPTS? IF NOT, WHY?
4. N  DOES ANYONE IN YOUR HOUSEHOLD HAVE A CAR?
5. N  COULD THEY DRIVE YOU TO YOUR APPOINTMENTS? IF NOT, WHY?
6. N  DO YOU HAVE FAMILY MEMBERS WHO CAN TRANSPORT YOU TO APPOINTMENTS?
7. 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:
Heart of Florida  Randall
Grocery Shopping

TYPE OF
TREATMENT:

# MONTHLY
VISITS:

SECTION III -

YES / NO
1. _____ DO YOU LIVE ON A SUNTRAN ROUTE? WHAT IS THE DISTANCE TO THE NEAREST BUS STOP?
2. _____ DO YOU HAVE ANY LIMITATIONS THAT WOULD PREVENT YOU FROM RIDING THE BUS? PLEASE DESCRIBE:
3. _____ ARE YOU ENROLLED IN ANY OTHER PROGRAM(S) THAT WILL PAY FOR OR PROVIDE TRANSPORTATION? PLEASE LIST:

Marion Transit - 1101 S.W. 20th Court, Ocala, FL 34471  (352)620-3071
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: ________________________________ DATE: __________/________/________

PREPARER - PRINT NAME: ________________________________ RELATIONSHIP OR MARION TRANSIT:

OFFICE USE ONLY

LAST NAME: ________________________________ FIRST NAME: ________________________________

SECTION VI -

AUTHORIZATION

APPROVAL DATE: __________/________/________ 18 Updated/Appd 10/19

DENIED DATE: __________/________/________ REASON: ________________________________

MANAGER REVIEW - IF DENIED

BY: ________________________________ TITLE: ________________________________ DATE: __________/________/________

COMMENTS: ________________________________

+++ END +++
Marion
Senior Services
MEALS • TRANSIT • IN-HOME SUPPORT

Marion Transit

CLIENT AFFIDAVIT

I hereby AFFIRM that the information provided to Marion Transit to complete the Client Intake Form determining qualification for transportation is true and accurate to the best of my knowledge and I will immediately notify Marion Transit of any changes to my status.

Date: 04-2019

Signature

Contact Information:

The "Transportation Disadvantaged" are persons who are defined as having a mental or physical disability, the poor (income level at or below 150% of the Federal Poverty Guidelines) by age (Age = 60+ or <16 years old) unable to transport themselves.

Marion Transit, 1101 S.W. 20th Court, Ocala, Florida 34471 (352)620-3071 Fax (352)620-3504
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

<table>
<thead>
<tr>
<th>LAST NAME:</th>
<th>Patricia</th>
<th>FIRST NAME:</th>
<th>MI:</th>
</tr>
</thead>
<tbody>
<tr>
<td>ADDRESS:</td>
<td>5327 SW 96  P1</td>
<td>CITY:</td>
<td>Ocala</td>
</tr>
<tr>
<td>COUNTY:</td>
<td>MARION</td>
<td>STATE:</td>
<td>FL</td>
</tr>
<tr>
<td>DOB:</td>
<td>[Redacted]</td>
<td>ZIP:</td>
<td>34476</td>
</tr>
</tbody>
</table>

OTHER HOUSEHOLD MEMBERS (LIST EACH MEMBER)

|-------------|---------|----------------------|------|---------------------|

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

<table>
<thead>
<tr>
<th>YES/NO</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. [x] DO YOU OWN A CAR?</td>
</tr>
<tr>
<td>2. [x] DO YOU HAVE A VALID DRIVER'S LICENSE?</td>
</tr>
<tr>
<td>3. [x] COULD YOU DRIVE YOUR CAR TO MEDICAL APPTS?</td>
</tr>
<tr>
<td>4. [x] DOES ANYONE IN YOUR HOUSEHOLD HAVE A CAR?</td>
</tr>
<tr>
<td>5. [x] COULD THEY DRIVE YOU TO YOUR APPOINTMENTS?</td>
</tr>
<tr>
<td>6. [x] DO YOU HAVE FRIENDS WHO CAN TRANSPORT YOU TO APPOINTMENTS?</td>
</tr>
<tr>
<td>7. [x] DO YOU HAVE FAMILY MEMBERS WHO CAN TRANSPORT YOU TO APPOINTMENTS?</td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>NAME OF HOSPITAL/DOCTOR/FACILITIES:</th>
<th>TYPE OF TREATMENT?</th>
<th># MONTHLY VISITS</th>
</tr>
</thead>
<tbody>
<tr>
<td>Urban Home Health Care</td>
<td>Cardiologist</td>
<td>New patient</td>
</tr>
<tr>
<td>Home Health Care</td>
<td>pcp</td>
<td>New patient</td>
</tr>
</tbody>
</table>

SECTION III -

<table>
<thead>
<tr>
<th>YES/NO</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. [x] DO YOU LIVE ON A SUNTRAN ROUTE? WHAT IS THE DISTANCE TO THE NEAREST BUS STOP?</td>
</tr>
<tr>
<td>2. [x] DO YOU HAVE ANY LIMITATIONS THAT WOULD PREVENT YOU FROM RIDING THE BUS?</td>
</tr>
<tr>
<td>PLEASE DESCRIBE:</td>
</tr>
<tr>
<td>3. [x] ARE YOU ENROLLED IN ANY OTHER PROGRAM(S) THAT WILL PAY FOR OR PROVIDE TRANSPORTATION?</td>
</tr>
<tr>
<td>PLEASE LIST:</td>
</tr>
</tbody>
</table>

Marion Transit - 1101 S.W. 20th Court, Ocala, FL 34471 (352)620-3071
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 (IF OTHER THAN APPLICANT): ___________________________ DATE: __________ / __________ / __________

PREPARER – PRINT NAME: ___________________________ RELATIONSHIP OR MARION TRANSIT: ___________________________

OFFICE USE ONLY

LAST NAME: ___________________________ FIRST NAME: ___________________________

SECTION VI -

AUTHORIZATION

APPROVAL DATE: __________ / __________ / __________

DENIED DATE: __________ / __________ / __________ REASON: ___________________________

MANAGER REVIEW – IF DENIED

BY: ___________________________ TITLE: ___________________________ DATE: __________ / __________ / __________

COMMENTS: ___________________________
Marion Transit

Client Affidavit

I hereby AFFIRM that the information provided to Marion Transit to complete the Client Intake Form determining qualification for transportation is true and accurate to the best of my knowledge and I will immediately notify Marion Transit of any changes to my status.

Date: 02-16-2021

Signature

Contact Information:

The "Transportation Disadvantaged" are persons who are defined as having a mental or physical disability, the poor (income level at or below 150% of the Federal Poverty Guidelines) by age (age <60 or <16 years old) unable to transport themselves.

Marion Transit, 1101 S.W. 20th Court, Ocala, Florida 34471 (352)620-3071 Fax (352)620-3504
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:    Roikes
FIRST NAME:   Gerard
MI:           
ADDRESS:      10960 SE 129th Ln
CITY:         Belleview
STATE:        FL
ZIP:          34420
COUNTY:       Marion
TELEPHONE #:  (352) 287-0574
CELL #:       
DOB:          
SS#:          

OTHER HOUSEHOLD MEMBERS (LIST EACH MEMBER)

NAME:         none
RELATIONSHIP:  
AGE:          
PHONE:        

EMERGENCY CONTACT:   none
RELATIONSHIP:      
AGE:            
PHONE:          

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

[X] Mental or Physical Disability  [X] Poor*  [X] 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

1. _ N_ DO YOU OWN A CAR?
2. _ N_ DO YOU HAVE A VALID DRIVER'S LICENSE?
3. _ N_ COULD YOU DRIVE YOUR CAR TO MEDICAL APPTS?
   IF NOT, WHY?
4. _ N_ DOES ANYONE IN YOUR HOUSEHOLD HAVE A CAR?
5. _ N_ COULD THEY DRIVE YOU TO YOUR APPOINTMENTS?
   IF NOT, WHY?
6. _ N_ DO YOU HAVE FAMILY MEMBERS WHO CAN TRANSPORT YOU TO APPOINTMENTS?
7. _ N_ DO YOU HAVE FRIENDS WHO CAN TRANSPORT YOU TO 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:

Shopping


SECTION III -

YES / NO

1. _ N_ DO YOU LIVE ON A SUNTRAN ROUTE? WHAT IS THE DISTANCE TO THE NEAREST BUS STOP?
2. _ N_ DO YOU HAVE ANY LIMITATIONS THAT WOULD PREVENT YOU FROM RIDING THE BUS?
   PLEASE DESCRIBE:
3. _ Y_ ARE YOU ENROLLED IN ANY OTHER PROGRAMS THAT WILL PAY FOR OR PROVIDE TRANSPORTATION?
   PLEASE LIST: Used Medicaid for doctor visits

Copyright 2019 and Client Aff 7-19-19

Marion Transit - 1101 S.W. 20th Court, Ocala, FL 34471  (352)620-3071
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 Sheerbunt __________ DATE: ________________
(IF OTHER THAN APPLICANT)

PREPARER – PRINT NAME: Brenda Sheerbunt __________ RELATIONSHIP OR MARION TRANSIT: ________________________________

OFFICE USE ONLY

LAST NAME: ______________________ FIRST NAME: ______________________

SECTION VI -

AUTHORIZATION

APPROVAL DATE: __________ / __________ / __________ Updated/Approval 9/19

DENIED DATE: __________ / __________ / __________ REASON: ________________________________

MANAGER REVIEW – IF DENIED

BY: ______________________ TITLE: ______________________ DATE: __________ / __________ / __________

COMMENTS: ________________________________

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______________________________

+++ END +++
MARION TRANSIT

CLIENT AFFIDAVIT

I hereby AFFIRM that the information provided to Marion Transit to complete the Client Intake Form determining qualification for transportation is true and accurate to the best of my knowledge and I will immediately notify Marion Transit of any changes to my status.

Date: 9-27-19

Signature

Contact Information:

The "Transportation Disadvantaged" are persons who are defined as having a mental or physical disability, the poor (income level at or below 150% of the Federal Poverty Guidelines) by age (Age = 60+ or <16 years old) unable to transport themselves.

Marion Transit, 1201 S.W. 20th Court, Ocala, Florida 34471 (352)620-3071 Fax (352)620-3504
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: Slocum
FIRST NAME: David
MI: 
ADDRESS: 9370 SW 85th Ave
CITY: OCALA
STATE: FL
ZIP: 34481
COUNTY: MARION
TELEPHONE #: (352) 854-2503
CELL #: 
DOB: October 1, 1952
SS#: 

EMERGENCY CONTACT: Ken
RELATIONSHIP: Friend
AGE: 50
PHONE: 732-915-2183

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

1. ✓ DO YOU OWN A CAR?
2. ✓ DO YOU HAVE A VALID DRIVER’S LICENSE?
3. ✓ COULD YOU DRIVE YOUR CAR TO MEDICAL APPTS?
   IF NOT, WHY: Cannot anymore
4. ✓ DOES ANYONE IN YOUR HOUSEHOLD HAVE A CAR?
5. ✓ COULD THEY DRIVE YOU TO YOUR APPOINTMENTS?
   IF NOT, WHY: Friends in family
   are either the age they have passed away
6. ✓ DO YOU HAVE FAMILY MEMBERS WHO CAN TRANSPORT YOU TO APPOINTMENTS?
7. ✓ 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: Florida Cancer
TYPE OF TREATMENT: Cancer
# MONTHLY VISITS: Every day

SECTION III -

YES / NO

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

GET SCREENED NOT
COPY OF DR. APP

Marion Transit - 1101 S.W. 20th Court, Ocala, FL 34471 (352)620-3071
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:

(IF OTHER THAN APPLICANT)

PREPARER – PRINT NAME: ____________________________ RELATIONSHIP OR MARION TRANSIT: ____________________________

OFFICE USE ONLY

LAST NAME: ___________________________________________ FIRST NAME: ____________________________

SECTION VI -

AUTHORIZATION

APPROVAL DATE: __________ / __________ / __________

DENIED DATE: __________ / __________ / __________ REASON: ________________________________________________

MANAGER REVIEW – IF DENIED

BY: ____________________________ TITLE: ____________________________ DATE: __________ / __________ / __________

COMMENTS: ________________________________________________

_____________________________________________________

_____________________________________________________

_____________________________________________________

_____________________________________________________

_____________________________________________________

+++ END +++
MARION TRANSIT
CLIENT AFFIDAVIT

I hereby AFFIRM that the information provided to Marion Transit to complete the Client Intake Form determining qualification for transportation is true and accurate to the best of my knowledge and I will immediately notify Marion Transit of any changes to my status.

Date: 12/16/16

Signature

Contact Information:

The "Transportation Disadvantaged" are persons who are defined as having a mental or physical disability, the poor (income level at or below 150% of the Federal Poverty Guidelines) by age (Age = 60+ or <16 years old) unable to transport themselves.

Marion Trans., 1101 S.W. 20th Court, Ocala, Florida 34471 (352)620-3071 Fax (352)620-3504
Marion Transit - 1101 S.W. 20th Court, Ocala, FL 34471 (352)620-3071

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: Souza
First Name: Victor
MI: ____________
Address: 17345 SE 115th Terr Rd
City: Summerfield
State: FL
Zip: 34491
County: Marion
Telephone #: (914) 720-0040
Cell #: (_____)
DOB: ____________
SS#: ____________

Other household members (list each member)

Name: ____________________ Relationship: ____________ Age: _____ Phone: ____________

Emergency contact: ____________________ Relationship: ____________ Age: _____ Phone: ____________

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

X 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

1. N Do you own a car?
2. N Do you have a valid driver's license?
3. N Could you drive your car to medical appts? If not, why? ____________
4. N Does anyone in your household have a car?
5. N Could they drive you to your appointments? If not, why? ____________
6. N Do you have family members who can transport you to appointments?
7. 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:

<table>
<thead>
<tr>
<th>Name of Hospital/Doctor/Facilities</th>
<th>Type of Treatment?</th>
<th># Monthly Visits?</th>
</tr>
</thead>
<tbody>
<tr>
<td>Davinci Surgical</td>
<td>Urology</td>
<td>Monthly</td>
</tr>
</tbody>
</table>

Section III -

YES / NO

1. N Do you live on a Suntran route? What is the distance to the nearest bus stop? ____________
2. N Do you have any limitations that would prevent you from riding the bus?
   Please describe: __________________________________________________________
3. 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 - PRINT NAME: Brenda Showeed DATE: ______/_______/_______
(IF OTHER THAN APPLICANT)

PREPARER - PRINT NAME: Brenda Showeed RELATIONSHIP OR MARION TRANSIT:

OFFICE USE ONLY

LAST NAME: ___________________________ FIRST NAME: ___________________________

SECTION VI -

AUTHORIZATION

APPROVAL DATE: ______/_______/_______ UPDATED/APPROVED 5/19

DENIED DATE: ______/_______/_______ REASON: ___________________________

MANAGER REVIEW - IF DENIED

BY: ___________________________ TITLE: ___________________________ DATE: ______/_______/_______

COMMENTS: ________________________________________________________________

______________________________________________________________

______________________________________________________________

______________________________________________________________

______________________________________________________________

______________________________________________________________

+++ END +++
MARION TRANSIT
CLIENT AFFIDAVIT

I hereby AFFIRM that the information provided to Marion Transit to complete the Client Intake Form determining qualification for transportation is true and accurate to the best of my knowledge and I will immediately notify Marion Transit of any changes to my status.

Date: 5-17-2019

Signature

Contact Information:

The "Transportation Disadvantaged" are persons who are defined as having a mental or physical disability, the poor (income level at or below 150% of the Federal Poverty Guidelines) by age (Age = 60+ or <16 years old) unable to transport themselves.

Marion Transit, 1101 S.W. 20th Court, Ocala, Florida 34471 (352)620-3071 Fax (352)620-3504
**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**

<table>
<thead>
<tr>
<th>LAST NAME:</th>
<th>Walker</th>
<th>FIRST NAME:</th>
<th>Dorothy</th>
<th>MI: J</th>
</tr>
</thead>
<tbody>
<tr>
<td>ADDRESS:</td>
<td>13791 SE 85th Circle</td>
<td>CITY: Summerfield</td>
<td>STATE: FL</td>
<td>ZIP: 34491</td>
</tr>
<tr>
<td>COUNTY:</td>
<td>Marion</td>
<td>TELEPHONE #:</td>
<td>(352) 347-9953</td>
<td>CELL #:</td>
</tr>
<tr>
<td>DOB:</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**OTHER HOUSEHOLD MEMBERS (LIST EACH MEMBER)**

<table>
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<tr>
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</thead>
<tbody>
<tr>
<td>EMERGENCY CONTACT:</td>
<td>Jim Walker</td>
<td>RELATIONSHIP: Son AGE: 52 PHONE: 603-566-2135</td>
</tr>
</tbody>
</table>

**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**

1. **YES** Do you own a car? *Shared ownership?*
2. **YES** Do you have a valid driver's license?
3. **NO** Could you drive your car to medical appts? *If not, why haven't driven in years*
4. **YES** Does anyone in your household have a car? *If not, why seizure/stroke history*
5. **NO** Could they drive you to your appointments? *On occasion*
6. **NO** Do you have family members who can transport you to appointments?
7. **YES** Do you have friends who can transport you to appointments? *List all hospitals, doctors, and medical facilities that you visit on a regular basis:*

**NAME OF HOSPITAL/DOCTOR/FACILITIES:**

<table>
<thead>
<tr>
<th>NAME OF HOSPITAL/DOCTOR/FACILITIES:</th>
<th>TYPE OF TREATMENT?</th>
<th># MONTHLY VISITS?</th>
</tr>
</thead>
<tbody>
<tr>
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<tr>
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<td></td>
</tr>
</tbody>
</table>

**SECTION III -**

**YES/NO**

1. **NO** Do you live on a Suntran route? What is the distance to the nearest bus stop?
2. **NO** Do you have any limitations that would prevent you from riding the bus? *Please describe:*
3. **NO** Are you enrolled in any other program(s) that will pay for or provide transportation? *Please list:*

---

Marion Transit - 1101 S.W. 20th Court, Ocala, FL 34471  (352)620-3071
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: 2/16/2021

SIGNATURE OF PREPARER: ___________________ DATE: 2/16/2021

PREPARER - PRINT NAME: ___________________ RELATIONSHIP OR MARION TRANSIT: DAUGHTER

OFFICE USE ONLY

LAST NAME: ___________________ FIRST NAME: ___________________

SECTION VI -

AUTHORIZATION

APPROVAL DATE: 2/16/21

DENIED DATE: ____________ REASON: ______________

MANAGER REVIEW - IF DENIED

BY: ___________________ TITLE: ___________________ DATE: ____________

COMMENTS: _____________________________

+++ END +++
CLIENT AFFIDAVIT

I hereby AFFIRM that the information provided to Marion Transit to complete the Client Intake Form determining qualification for transportation is true and accurate to the best of my knowledge and I will immediately notify Marion Transit of any changes to my status.

Date: 8-16-21

Signature

Contact Information:

The "Transportation Disadvantaged" are persons who are defined as having a mental or physical disability, the poor (income level at or below 150% of the Federal Poverty Guidelines) by age (Age = 60+ or <16 years old) unable to transport themselves.

Marion Transit, 1101 S.W. 20th Court, Ocala, Florida 34471 (352)620-3071 Fax (352)620-3504
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: Wylie
FIRST NAME: Leo
MI: 
ADDRESS: 5347 SW 103rd Loop
CITY: Ocala
STATE: FL
ZIP: 34476
COUNTY: Marion
TELEPHONE #: (352) 873-6831
CELL #: 
SS#: 
DOB: / 
OTHER HOUSEHOLD MEMBERS (LIST EACH MEMBER)
NAME: none
RELATIONSHIP: 
AGE: 
PHONE: 
EMERGENCY CONTACT: none
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
1. ___ DO YOU OWN A CAR?
2. ___ DO YOU HAVE A VALID DRIVER’S LICENSE?
3. ___ COULD YOU DRIVE YOUR CAR TO MEDICAL APPTS? IF NOT, WHY?
4. ___ DOES ANYONE IN YOUR HOUSEHOLD HAVE A CAR?
5. ___ COULD THEY DRIVE YOU TO YOUR APPOINTMENTS? IF NOT, WHY?
6. ___ DO YOU HAVE FAMILY MEMBERS WHO CAN TRANSPORT YOU TO APPOINTMENTS?
7. ___ 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: Ocala Eye Surgeons
TYPE OF TREATMENT?: Injections
# MONTHLY VISITS?: 1X monthly

SECTION III -

YES/NO
1. ___ DO YOU LIVE ON A SUNTRAN ROUTE? WHAT IS THE DISTANCE TO THE NEAREST BUS STOP?
2. ___ DO YOU HAVE ANY LIMITATIONS THAT WOULD PREVENT YOU FROM RIDING THE BUS?
   PLEASE DESCRIBE:
3. ___ ARE YOU ENROLLED IN ANY OTHER PROGRAM(S) THAT WILL PAY FOR OR PROVIDE TRANSPORTATION?
   PLEASE LIST:

Marion Transit - 1101 S.W. 20th Court, Ocala, FL 34471 (352)620-3071 Page 1
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: ___________________________ DATE: __________ / __________ / __________

PREPARER - PRINT NAME: ___________________________ RELATIONSHIP OR MARION TRANSIT: ___________________________

OFFICE USE ONLY

LAST NAME: ___________________________ FIRST NAME: ___________________________

SECTION VI -

AUTHORIZATION

APPROVAL DATE: __________ / __________ / __________ Updated: __________

DENIED DATE: __________ / __________ / __________ REASON: ___________________________

MANAGER REVIEW - IF DENIED

BY: ___________________________ TITLE: ___________________________ DATE: __________ / __________ / __________

COMMENTS: ___________________________

______________________________________________________________

______________________________________________________________

______________________________________________________________

______________________________________________________________

______________________________________________________________

+++ END +++
I hereby AFFIRM that [NAME] is unable to drive himself/herself to appointments and therefore meets the definition of being TRANSPORTATION DISADVANTAGED.

Date: 8/6/2020

Signature/Title

Contact Information:

The "Transportation Disadvantaged" are persons who are defined as having a mental or physical disability, the poor (income level at or below 150% of the Federal Poverty Guidelines) by age (Age = 60+ or <16 years old) unable to transport themselves.

Marion Transit, 1101 S.W. 20th Court, Ocala, Florida 34471 (352)620-3071 Fax (352)620-3504
Community Transportation Coordinator
Annual Evaluation Certification

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 Community Transportation Coordinator Annual Evaluation of this Local Coordinating Board as adopted by the Ocala Marion TPO Transportation Disadvantaged Local Coordinating Board on the 18th day of March 2021.

Commissioner Michelle Stone, TDLCB Board Chairperson

Robert Balmes, TPO Director
MINUTES

Members Present:
Michelle Stone
Tamyika Young
Susan Hanley
Kathleen Woodring
Andrea Melvin

Members Not Present:
Jeffrey Askew
Charmaine Anderson
Tracey Sapp
Carlos Colon
Carissa Hutchinson
Jeff Aboumrad
James Haynes

Others Present:
Rob Balmes, TPO
Derrick Harris, TPO
Shakayla Irby, TPO
Elizabeth Mitchell, TPO
Tom Wilder, Marion Transit
**Item 1. Call to Order and Roll Call**

Chairwoman Stone called the meeting to order at 10:00am. Secretary Shakayla Irby called the roll and a quorum was not present.

Ms. Woodring made a motion to move forward with five board members to participate as a quorum. Ms. Melvin seconded, and the motion passed unanimously.

**Item 2. Pledge of Allegiance**

Chairwoman Stone lead the board members in the Pledge of Allegiance.

**Item 3. Proof of Publication**

Secretary Shakayla Irby stated that the meeting had been published 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 September 17, 2020 edition of the Star Banner.

**Item 4a. Presentation: Ms. Tracey Sapp- Department of Health**

Ms. Sapp was unable to attend the meeting. The presentation was postponed.

**Item 5a. Proposed 2021 Meeting Schedule**

Ms. Mitchell presented a proposed meeting schedule for the year 2021. The meeting schedule included four proposed meeting dates:

- March 18, 2021
- June 17, 2021
- September 16, 2021
- December 16, 2021

The meeting dates were accepted by the board and Chairwoman Stone suggested keeping the meetings start time at 10am and the board was in agreement.

**Item 5b. Selection of Grievance Subcommittee Members (sign-up sheet)**

Ms. Mitchell said that Members of the Grievance Subcommittee would serve on a voluntary basis and the Subcommittee would consist of at least five (5) voting members. Each member of the Grievance Subcommittee would serve at the discretion of the TDLCB.
Grievance Subcommittee members would meet if a grievance was brought before the committee. When a meeting of the Grievance Subcommittee is necessary, the TPO staff would schedule the meeting. Meetings would be held at the time and place as the Grievance Subcommittee would determine.

Members would serve a term of one year, with allowances for multiple terms. The Grievance Subcommittee would elect a Chairperson and Vice-Chairperson. A simple majority would be present in any official action and no voting member would have a vote on an issue that was deemed a conflict of interest.

There was only a list of four members and five was needed:

- Jeffrey Askew
- Tracey Sapp
- Andrea Melvin
- Dennis Yonce (no longer on the board)

Andrea Melvin said she was willing to continue to serve on the Grievance Committee.

Ms. Stone said that staff would continue to reach out for participants for the Grievance Committee.

**Item 6a. Approval of Transportation Disadvantaged Service Plan (TDSP)**

Ms. Mitchell presented and said that the plan covered a five year period with three main components.

1. **Development Section**

- TD program background, with an overview of the program on a local level
- Explains the background and history of the CTC and the planning agency’s selection process
- Organizational chart
- *Review of other plans (Appendix A)*
- Public participation process
- Service Area profile
- Demographics
  - land use
  - population composition
  - employers
  - education and age
  - major trip generators
  - housing
  - household income and vehicles
- Service analysis
- Needs assessment
- Barriers to coordination
- Goals, objectives and strategies

2. **Service Plan**

Developed in its entirety by the CTC- encompasses the operations of the CTC.
- Types of service
- Days and hours of operation
- Accessing services
- Trip eligibility and prioritization
- *Vehicle inventory (Appendix B)*
- *Safety- (Safety Program Certificate in Appendix D)*
- Emergency preparedness
- Service standards
- *Grievance Procedures (Appendix C)*
- Implementation schedule

3. **Quality Assurance**

*Evaluation process of the CTC (Appendix E)*

Performance Standards
- Policies and Procedures
- Reliability – vehicle operation and maintenance
- Service, Safety, and Training Standards
- Quality Assurance
  - drug and alcohol policy
  - billing requirements
  - adequate seating
  - child restraints
  - riders and trip data
  - proper signage on vehicles
  - vehicle cleanliness
  - driver identification
  - training
  - passenger assistance
  - smoking and eating on vehicles
  - no-show policies
  - communication equipment
  - vehicle A/C and heating equipment
  - first aid policy
  - pick up windows and reservation requirements
  - on-time performance
  - complaints
  - accidents

*Cost Revenue Allocation and Rate Structure (Appendix F)*
Ms. Hanley made a motion to approve the Transportation Disadvantaged Service Plan (TDSP). Ms. Melvin seconded, a roll-call vote was called and the motion passed unanimously.

**Item 6b. Approval of Grievance Procedures**

Ms. Woodring made a motion to approve the Grievance Procedures as presented. Ms. Hanley seconded, and the motion passed unanimously.

**Item 7. Consent Agenda**

Ms. Melvin made a motion to approve the Consent Agenda. Ms. Woodring seconded, and the motion passed unanimously.

**Item 8. Comments by TDLCB Board Members**

Ms. Hanley said that the Department of Elderly Affairs was still being conservative and not assessing patient’s in-person due to the high risk population for Covid.

Ms. Melvin said that Center for Independent Living was still closed and not seeing many at all in-person and application processes was over the phone.

Chairwoman Stone mentioned to the board that it would be Kathleen Woodrings’ last meeting with the TDLCB as she was retiring in December and moving out of the area.

Iris Pozo would be the replacement on the board for Ms. Woodring.

**Item 9. Comments by TPO Staff**

Ms. Mitchell said that she would be seeking the help of the TDLCB to conduct ride-a-longs and surveys for Marion Transit in the next coming year. The evaluation time-span would hopefully be two to three weeks with assistance of the board.

Mr. Derrick Harris said the Long Range Transportation Plan (LRTP) was in the public review process and wanted to let the board know it was posted for review and comments.

**Item 10. Comments by Transportation Coordinator (CTC)**

Mr. Wilder said that Marion Transit was working at a 27% decrease in trips year to date and operating 25-28 buses.

Marion Transit was also working with CTD to complete the Annual Operating Report (AOR).
Marion Transit would be looking at a deviated route called the Gold Line in the Marion Oaks area. A bus would be in the area on a fixed route and could deviate to take citizens to appointments. The Gold Line would be implemented within the next few weeks.

Mr. Wilder said that in January Marion Transit would be setup for another Triennial Review and he would work with Ms. Mitchell to make sure the schedules do not conflict.

Marion Transit sent out some Satisfaction Surveys and received a 93% satisfaction report.

**Item 11. Public Comment**

There was no public comment.

**Item 12. Adjournment**

Chairwoman Stone adjourned the meeting at 10:52am.

Respectfully Submitted By:

_______________________________________
Shakayla Irby, TPO Administrative Assistant