



**Citrus County Transportation Disadvantaged Local Coordinating Board (LCB)
Regular Meeting
May 21, 2020 at 10:45 a.m.**

MEETING WILL BE CONDUCTED VIA ZOOM WEBINAR

To participate in public comment you can join in Zoom webinar via any computer or smart device at:

https://hernandoclerk.zoom.us/webinar/register/WN_hns7C8u5SoqE6yyRZr1VSg

The webinar will be recorded. Attendees will be required to register before they are connected to the meeting.

AGENDA

- A CALL TO ORDER**
- B APPROVAL/MODIFICATION OF AGENDA**
(Limited to Board and Staff comment only)
- C REVIEW/APPROVAL OF MINUTES – 2/20/2020**
- D CORRESPONDENCE/INFORMATIONAL ITEMS**
 - Commission for the Transportation Disadvantaged (CTD) Update
- E ACTION ITEMS**
 - 1. TDSP Update - Rate Model Worksheet and Grievance Procedures
 - 2. Annual Community Transportation Coordinator (CTC) Evaluation
 - 3. Planning Agency Survey
- F CITRUS COUNTY TRANSIT – Lon Frye**
- G KEY CENTER UPDATE – Theresa Flick**
- H CITIZEN COMMENTS**
- I COMMISSION MEMBER COMMENTS/UPDATES**
- J MPO STAFF COMMENTS/UPDATES**
- K ADJOURNMENT AND NEXT MEETING: The next regular meeting of the LCB is scheduled for Thursday, August 20, 2020, at 10:30 a.m. At Citrus County Transit Center, 1600 Lecanto Highway, Lecanto, FL**

The meeting agenda and back-up materials are available online at:
www.hernandocounty.us/hernandocitrusmpo

C REVIEW OF MINUTES

The minutes from the Thursday, February 20, 2020 Meeting are attached for review and approval.

Attachment: Meeting Minutes from Thursday, February 20, 2020

**CITRUS COUNTY
TRANSPORTATION DISADVANTAGED
LOCAL COORDINATING BOARD
February 20, 2020 Minutes - Draft**

The Citrus County Transportation Disadvantaged Local Coordinating Board (LCB) held a public meeting on February 20, 2020 at the Citrus Transit Center, 1300 South Lecanto Highway, Lecanto, Florida. The meeting was advertised in the Citrus Chronicle and the agenda was available on the Citrus County Transit website at: <http://www.citruscountytransit.com/tdcb.htm>.

MEMBERS PRESENT:

Jimmie T. Smith, Citrus County Commissioner
David Douglas, Citrus County, Public Transit User
Beverly Isabelle, Daystar Life Center
Katie Lucas, Local Representative Medical Community
Elizabeth Watson, Persons with Disabilities Agency
Tamyika Young, Florida Agency for Health Care Administration
Sandra Woodard, Local Representative Children at Risk
Ginger West, Florida Association for Community Action
Katina Kavouklis (alternate), FDOT District 7
William Burda Citrus County Citizen Advocate
Stephen Brown, Citrus County Resident, Disabled

MEMBERS ABSENT:

Terence Garrity, Private For-Profit Transportation
Brenda Chrisman, Regional Workforce Development Board
Jeffrey Aboumrad, Florida Division of Vocational Rehabilitation
Marilyn Farmer, Public Education Community

OTHERS PRESENT:

Steve Diez, MPO Executive Director
Carlene Riecss, Transportation Planner III
Alaina Kidd, Administrative Assistant III
Lon Frye, Citrus County Transit Director
Erin Kluis, Citrus County Transit
Theresa Flick, Director, Key Training Center
Heather Flory, Citrus County Resident

A. CALL TO ORDER

Chairman Smith called the meeting to order at 10:30 a.m.

Introductions were made and quorum was declared.

B. ANNUAL ELECTION OF 2020 VICE CHAIR

MOTIONED: Stephen Brown

SECONDED: Beverly Isabelle

Motion: Stephen Brown moved to approve the appointment of David Douglas as Vice Chair. Beverly Isabelle seconded, and the motion carried unanimously.

C. APPROVAL/ MODIFICATION OF AGENDA

MOTIONED: Katie Lucas

SECONDED: David Douglas

Motion: Katie Lucas moved to approve the February 20, 2020 LCB agenda as presented. David Douglas seconded, and the motion carried unanimously.

D. REVIEW/APPROVAL OF MINUTES – November 14, 2019

Motion: William Burda moved to approve the November 14, 2019, LCB Meeting minutes. Beverly Isabelle seconded, and the motion carried unanimously.

E. CORRESPONDENCE/INFORMATION ITEMS – Steve Diez, MPO Staff

1. TD Program Overview

Mr. Diez presented a power point presentation giving a brief overview of the Transportation Disadvantaged Program. The presentation addressed funding, service eligibility, (at risk children, elderly, low income, persons with disabilities), the responsibilities of the board and the consequences for not attending meetings. The membership of the LCB established by statute was reviewed, as well as attendance, quorums, failure to attend, etc.

Mr. Brown asked for an explanation of at-risk children. It was explained that children included in this category can live-in low-income areas (based on federal poverty guidelines), those who have been involved with the Department of Juvenile Justice (JDD), mental or physical disabilities, no transportation, etc.

Mr. Burda requested information regarding qualifications for being considered transportation disadvantaged.

2. Commission for the Transportation Disadvantaged, (CTD) Business Meeting

Ms. Diez briefly reviewed the CTD meeting. The formula used to distribute funds from the Trip and Equipment Grant within the Transportation Disadvantaged Trust fund was a formula established in 1999-00. The Commission implemented changes in FY 2017-18 and 2018-19 but these were not included in the appropriation which negatively impacted several counties. On November 25, 2019 the commission voted to restore funding to the counties that experienced a decrease, including Hernando and Citrus counties.

3. Citrus County Transit Development Plan Major Update

Ms. Riecss explained that Citrus County is in the process of a major update to their Transit Development Plan (TDP). The major TDP update must be completed by the end of June 2020. Staff was providing the survey to the LCB for their use. The survey is posted on the Hernando/Citrus MPO website and the Citrus Transit website. The board expressed a need to enhance public outreach beyond website surveys so more public can be involved.

Ms. Kavouklis questioned whether County Administrators are involved in transportation decisions. She indicated that transportation/transit decisions are important to the success of community. She encouraged the LCB members to get involved with their representatives regarding transportation needs. She further indicated that FDOT will be supportive when the decision makers are ready to invest in their public transportation system.

F. ACTION ITEM

1. Annual Bylaw Update

Mr. Diez discussed that the LCB Bylaws must be reviewed on an annual basis.

Motion: Sandra Woodard

Second: Katie Lucas

Sandra Woodard moved to approve the bylaws with the updates as recommended by staff. Katie Lucas seconded, and the motion carried unanimously.

2. Grievance Committee Appointment and Reappointment

Ms. Riecss indicated that the LCB bylaws identify grievance committee members by representative position for a total of five (5) members. The bylaws further state that if the representative position is vacant, the LCB may appoint other membership positions. The grievance committee would meet to address complaints on and as-needed basis.

Currently, Sandra Woodard, David Douglas and Jeffrey Aboumrad occupy grievance committee positions. There are 2 vacant representative positions on the committee.

William Burda and Stephen Brown each volunteered to fill one of the vacant positions.

Motion: Katie Lucas

Second: Beverly Isabelle

Katie Lucas motioned to accept the five Grievance committee members (Sandra Woodard, David Douglas, Jeffrey Aboumrad, William Burda and Stephen Brown). Beverly Isabelle seconded, and the motion carried unanimously.

G. CITRUS TRANSIT, Lon Frye

1. Quarterly Report

Mr. Frye provided the LCB with the quarterly report for Oct-Dec 2019.

2. Veteran Transportation Update

Mr. Frye reported that services are being provided to Gainesville, Tampa and Ocala three days a week. He also indicated there is a need to provide services from Citrus County to the Social Security Office in Ocala. He requested the LCB support transit services to Ocala at least once a month. The Citrus County BOCC would have to approve the request; however, the members agreed LCB support would be helpful. The request will be scheduled before the BOCC on March 26, 2020.

Motion: Ginger West

Second: Katie Lucas

Ginger West made a motion that the Transportation Disadvantaged Local Coordinating Board recommend that Citrus Transit implement transportation services to the Social Security Office in Ocala at least once a month by May 2020. Katie Lucas seconded, and the motion carried unanimously.

H. KEY CENTER UPDATE, Theresa Flick

Ms. Flick reported the Key Center received two 8-passenger vans to replace to vans no longer in operation. They also received notice their 2019 capital application for a 10-passenger van had been approved. Ms. Flick noted that a CDL licensed driver is not required, and the van can transport eight ambulatory passengers and two wheelchair passengers for one of the medically fragile group homes.

I. CITIZENS COMMENTS

Heather Flory, who is legally blind, asked for assistance from the Citrus County Transit Center. She is requesting to be picked up at 7:30 a.m. instead of 8:00 a.m. or often later. She only needs the consideration a few times a month. The staff is reviewing to see if any adjustments can be made.

J. ADJOURNMENT AND NEXT MEETING

It was announced that the next Transportation Disadvantaged Local Coordinating Board (LCB) Annual Public Hearing and Regular meeting are scheduled for Thursday, May 21, 2020, beginning at 10:30 a.m., at the Citrus Transit Center, 1300 South Lecanto Highway, Lecanto.

There being no further business to discuss, Chairman Smith adjourned the LCB meeting.

Jimmie T. Smith, Chairman

DRAFT

D CORRESPONDENCE/INFORMATION ITEMS

Commission for the Transportation Disadvantaged (CTD)

As a standard TDLCB agenda item, the MPO staff provides an update from the recent CTD Board meetings relating to the TD program. In response to containment efforts to reduce the spread of COVID-19, the Commission has temporarily suspended all public workshops. Additionally, the CTD has requested that Local Coordinating Boards make their meetings available via Webinar.

Absent the CTD Board meeting update, there are topics of interest on the CTD website for the TDLCB's information:

1. The Commission for the Transportation Disadvantaged is launching a website that will provide all information relevant to the Trip and Equipment Grant Allocation Formula Study. Information can be found at: <https://ctdallocationstudy.com/>. The website includes a summary of the study objectives and guiding principles to support the development of a new funding formula. It also provides information about the upcoming public workshops. In the coming weeks, the website will also provide data that is being analyzed within the study and potential funding models for consideration that will be discussed during future public workshops.
2. The Florida Legislature directed the Commission for the Transportation Disadvantaged to administer the "Advantage Ride" pilot program to test new ways of improving the "transportation services experience" for individuals with intellectual or development disabilities (IDD) to live, learn work and play in their communities. Beginning in January 2019, the Commission entered into a contract with UZURV, an adaptive transportation network company (TNC), to provide on-demand, door-to-door, and scheduled transportation options for individuals with IDD in Hillsborough, Manatee and Pinellas Counties. The program has served approximately 483 individuals and provided over 20,000 trips in 2019. The Performance Evaluation for the program is provided for the Board's information.

Staff Recommendation: Informational items only, no Board action is required.

Attachment: Advantage Ride Pilot Program Performance Evaluation – February 2020

Performance Evaluation

Advantage Ride Pilot Program

Presented by the Florida Commission for the Transportation Disadvantaged

February 1, 2020

Prepared by:
Center for Urban Transportation Research at the University of South Florida
4202 East Fowler Avenue
Tampa, Florida 33620

Executive Summary

Transportation plays a critical role in an individual's ability to participate in and contribute to their community. Yet it is one of the most significant barriers for individuals with intellectual or developmental disabilities (IDD) to live, learn, work and play in their community. Though programs exist to support community transportation for individuals with IDD, including the Agency for Persons with Disabilities Medicaid Waiver and Transportation Disadvantaged Program, these options may be limited to certain destinations or activities, such as day care programs or medical appointments.

The Florida Legislature directed the Commission for the Transportation Disadvantaged to administer the "Advantage Ride" pilot program to test new ways of improving the "transportation services experience" for this population. Beginning in January 2019, the Commission entered into a contract with UZURV, an adaptive transportation network company (TNC), to provide on-demand, door-to-door and scheduled transportation options for individuals with IDD in Hillsborough, Manatee and Pinellas Counties. The program has served approximately 483 individuals and provided over 20,000 trips in 2019.

This report provides an overview of the Advantage Ride pilot program and its performance between January 29, 2019 and October 31, 2019. The Commission contracted with the Center for Urban Transportation Research (CUTR) at the University of South Florida to assist with data analyses and evaluating the program's performance in meeting its objectives, including:

- **Customer Satisfaction** – Overall, the program received very positive feedback from participants regarding their transportation experience. The report provides a summary of customer satisfaction survey responses on key areas of performance, including safety, on-time performance, convenience, and experience with drivers.
- **Ridership** – The program experienced a significant increase in ridership over the course of the pilot, from 157 customers in March to 483 customers in October 2019. Despite the introduction of a rider co-pay and cap on total trips (beginning in July 2019), ridership and demand for service continued to grow.
- **Demand** – Growth in demand posed a significant challenge to the program's sustainability. The average trip count grew from 12.4 trips per day in February to 109 trips per day in June 2019. The report chronicles the efforts that were made to maintain funding (\$500,000) through Fiscal Year 2019-20, and their subsequent impact on demand. Despite these efforts, demand for services continued to exceed funding available to maintain the program through June 30, 2020. As of the publication of this report, funding is expected to expire on or before February 29, 2020.
- **On-Time Performance** – The program excelled on on-time performance, where 99 percent of all trips were made within the scheduled pick-up time. Further, the program experienced a low number of rider "no-shows" (596) and trip cancellations (2,399) between January 29 and October 31, 2019, and only 29 of those cancellations were because of an unavailable driver, driver cancellation or administration error.
- **Trip Lengths and Durations** – The average trip length for program participants was 10.7 miles and over 70 percent of all trips traveled less than 15 miles to their destination. The average trip

duration for program participants was 23 minutes and 49.4 percent of all trips took less than 20 minutes to reach their destination. The program allowed for participants to take trips across county lines; however, the majority of trips occurred within the county lines of Hillsborough and Pinellas (only 4 percent of trips were within Manatee County and less than 1 percent were outside of the three counties of service).

- **Program Costs** – The Advantage Ride pilot cost \$886,684, of which \$26,998 was funded by riders through the implementation of rider copayments, and the remaining \$859,686 was funded by the pilot program. A portion of the total costs included the cost of rider education and program setup administration. Given the investigative nature of pilot programs, the cost model over the life of the project have changed. The initial cost structure was based on best estimates of delivering service to the three-county area. Additionally, comparisons between service areas cannot be easily compared due to the wide array of circumstances that go into cost determinations for transportation services for vulnerable populations. Further, the unit costs are difficult to compare because the pricing model, which is based on a flat rate plus a per mile rate, results in shorter trips costing more per mile compared to longer trips.

The report concludes with an assessment and discusses factors to consider if the pilot is continued or applied to other regions or programs serving individuals who are transportation disadvantaged.

E ACTION ITEMS

1. Transportation Disadvantaged Service Plan – Rate Model Calculations and Grievance Procedures

In accordance with Rule 41-2 F.A.C., the TDLCB must annually review and approve the following sections of the Transportation Disadvantaged Service Plan (TDSP). The Citrus LCB reviewed and approved the TDSP at their September 12, 2019 meeting had has satisfied this requirement; however, the updated 2020/21 Rate Model Calculation worksheet recently approved should be updated into the document.

The Planning grant for Citrus County requires that the Grievance Procedures be annually approved as well. The Grievance Procedures are included in the TDSP and were approved via the September action; however, we are requesting a specific motion to include for clarification of the record.

Staff Recommendation: It is recommended that the LCB approve the rate model calculation worksheet and the grievance procedures for inclusion in the TDSP.

(ROLL CALL VOTE IS REQUIRED)

Attachment: Annual Update –Rate Model Calculations and Grievance Procedures

2. CTC Annual Evaluation

Attached is the Community Transportation Coordinator (CTC) Annual Evaluation that was conducted by the Planning Agency in April of 2020. Based on the Planning Agency Review, we find the CTC to be meeting the required standards of the Transportation Disadvantaged program.

Staff Recommendation: It is recommended that the LCB Board review the 2020 Annual CTC Evaluation, provide comments, and approve for submittal to the CTD.

Attachment: 2020 CTC Evaluation

Attachment A

Grievance Procedures

- A. Establishment - It is the intent of the LCB (Local Coordinating Board) to encourage resolution of grievances at the lowest level and to educate passengers, funding agencies and any other interested parties about the grievance process(es).

A grievance committee is established under Article IX of the Citrus County Transportation Disadvantaged Coordinating Board by-laws and shall be applied as it becomes necessary under conditions described in Section D below.

- B. Hearing vs. Hearing and Determining - There is a distinct difference between “hearing” a grievance and “hearing and determining” a grievance. There is no bar to a person or entity listening to or “hearing” a grievance. An entity may investigate a grievance as long as it does not impose requirements on third parties that are not supported by statute or contractual agreement. However, when an entity makes a determination of the rights, duties, privileges, benefits or legal relationships of a specified person or persons, it is exercising “adjudicative” or “determinative” powers. It should be noted that Chapter 427, F.S grants no “adjudicative” powers to any party or entity “hearing” a grievance.
- C. This section will delineate the difference between a formal grievance pursuant to Chapter 427 F.S. and Rule 41-2 F.A.C., and a service complaint.

1. Service Complaint- service complaints are routine incidents that occur on a daily basis, and, are reported to the driver, dispatcher or other individuals involved with the daily operations. Service complaints are to be resolved within a reasonable period of time and followed up by the CTC (Community Transportation Coordinator).

Service complaints may include but not limited to:

- I. Late trips (late pick-up and or late drop off)
- II. No-show by transit operator
- III. No-show by client
- IV. Client behavior
- V. Driver behavior
- VI. Service denial to client
- VII. Passenger discomfort

2. Formal Grievance- a formal grievance is a written complaint to document any concerns or an unresolved service complaint regarding the operation or administration of TD, (Transportation Disadvantaged), services by the CTC, DOPA (Designated Official Planning Agency), or LCB.

Formal Grievances may include but are not limited to:

- I. Chronic or reoccurring or unresolved service complaints
- II. Violations of specific laws governing the provision of TD services i.e. Charter 427 F.S., Rule 41-2 FAC and accompanying documents,
- III. Sunshine Law and ADA
- IV. Contract disputes (agencies/operators)
- V. Bidding disputes
- VI. Agency compliance
- VII. Conflicts of interest
- VIII. Billing and or accounting procedures

D. These procedures will apply to all service complaints and formal grievances brought to the attention of the CTC or the DOPA staff.

1. Passengers who are trespassed from Citrus County Transit by law enforcement and have been identified as a safety issue are NOT eligible for the Grievance process.
2. If a service complaint cannot be resolved after all efforts by the CTC to reach an amicable resolution, it may be treated as a formal grievance if it is submitted in writing to the CTC. All grievances must contain the following:
 - I. Name and Address of the complainant,
 - II. A statement of the grounds for the grievance with supporting documentation, made in a clear and concise manner;
 - III. An explanation of the relief desired by the complaint.

The CTC will issue a decision in writing, delivered via regular mail, no later than 20 working days after the formal grievance is filed with the CTC. The decision will give the complainant an explanation of the facts that led to the CTC's decision and will provide a method by which a resolution might be reached. Copies of all correspondence must be submitted to the LCB.

3. If an amicable resolution cannot be reached with the CTC, then the written grievance and the CTC's written report will be submitted to the Grievance Committee. The Grievance Committee must schedule a meeting at which the grievance will be heard, with the aggrieved party present. The grievance committee must respond in writing, by certified mail, to the complaint no later than 30 days after the meeting. If the majority of the grievance committee cannot satisfy the complainant or deems the complaint to be of a nature requiring the LCB's attention the matter will next be referred to the LCB.
4. The written grievance and written reports will be submitted to the LCB. The LCB shall meet with the aggrieved party and hear the grievance. The LCB shall have a maximum of 60 days to respond in writing, by certified mail, to the complainant.
5. If a resolution cannot be reached by the LCB, the written grievance and written reports will be submitted to the TDC, (Transportation Disadvantaged Commission). The TDC will review the written grievance and the written reports and will issue a written determination no later than sixty (60) days after its receipt of the case file. This written determination will be sent via Certified Mail to the complainant. Upon the TDC entering its determination, the TDC's direction will be followed or the grievance matter will be closed with no further proceedings on the grievance at the County level.
6. At any time, an aggrieved party with proper standing may elect to seek recourse in other proceedings outside of this grievance process, through the Chapter 120, F.S., administrative hearing process or through

Preliminary Information Worksheet

Version 1.4

CTC Name: Citrus County Transit

County (Service Area): Citrus

Contact Person: Erin Kluis Briggs

Phone # 352-527-7639

Check Applicable Characteristic:

ORGANIZATIONAL TYPE:

- Governmental
- Private Non-Profit
- Private For Profit

NETWORK TYPE:

- Fully Brokered
- Partially Brokered
- Sole Source

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

Comprehensive Budget Worksheet

Version 1.4

CTC: Citrus County Transit
County: Citrus

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

| | Prior Year's ACTUALS from Oct 1st of 2018 to Sept 30th of 2019 | Current Year's APPROVED Budget, as amended from Oct 1st of 2019 to Sept 30th of 2020 | Upcoming Year's PROPOSED Budget from Oct 1st of 2020 to Sept 30th of 2021 | % Change from Prior Year to Current Year | Proposed % Change from Current Year to Upcoming Year | Confirm whether revenues are collected as a system subsidy VS a purchase of service at a unit price. Explain Changes in Column 6 That Are > ± 10% and Also > ± \$50,000 |
|---|--|--|--|--|--|---|
| 1 | 2 | 3 | 4 | 5 | 6 | 7 |

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

Local Non-Govt

| | | | | | | |
|---------------------------------|-----------|-----------|-----------|------|------|--|
| Farebox | \$ 34,600 | \$ 34,600 | \$ 34,600 | 0.0% | 0.0% | |
| Medicaid Co-Pay Received | | | | | | |
| Donations/ Contributions | | | | | | |
| In-Kind, Contributed Services | | | | | | |
| Other | | | | | | |
| Bus Pass Program Revenue | | | | | | |

Local Government

| | | | | | | |
|--------------------------------------|------------|------------|------------|------|---------|----------------------------------|
| District School Board | | | | | | In-Kind will not be used in FY21 |
| Compl. ADA Services | | | | | | |
| County Cash | \$ 258,608 | \$ 260,850 | \$ 235,000 | 0.9% | -9.9% | |
| County In-Kind, Contributed Services | \$ 35,515 | \$ 35,600 | \$ - | 0.2% | -100.0% | |
| City Cash | | | | | | |
| City In-kind, Contributed Services | | | | | | |
| Other Cash | | | | | | |
| Other In-Kind, Contributed Services | | | | | | |
| Bus Pass Program Revenue | | | | | | |

CTD

| | | | | | | |
|-----------------------------------|------------|------------|------------|-------|------|--|
| Non-Spons. Trip Program | \$ 377,010 | \$ 436,595 | \$ 459,711 | 15.8% | 5.3% | |
| Non-Spons. Capital Equipment | | | | | | |
| Rural Capital Equipment | | | | | | |
| Other TD (specify in explanation) | | \$ 30,000 | \$ 30,000 | | 0.0% | |
| Bus Pass Program Revenue | | | | | | |

USDOT & FDOT

| | | | | | | |
|------------------------------------|--------------|------------|------------|-------|---------|---|
| 49 USC 5307 | \$ 152,913 | \$ 155,000 | \$ 155,000 | 1.4% | 0.0% | Citrus County Transit will now use 5307 Capital on place of 5310 Capital. |
| 49 USC 5310 | \$ 379,773 | \$ 371,800 | | -2.1% | -100.0% | |
| 49 USC 5311 (Operating) | \$ 139,683 | \$ 142,000 | \$ 145,000 | 1.7% | 2.1% | |
| 49 USC 5311(Capital) | | | | | | |
| Block Grant | \$ 76,456.00 | \$ 77,500 | \$ 77,500 | 1.4% | 0.0% | |
| Service Development | | | | | | |
| Commuter Assistance | | | | | | |
| Other DOT (specify in explanation) | | | \$ 360,000 | | | |
| Bus Pass Program Revenue | | | | | | |

AHCA

| | | | | | | |
|-------------------------------------|--|--|--|--|--|--|
| Medicaid | | | | | | |
| Other AHCA (specify in explanation) | | | | | | |
| Bus Pass Program Revenue | | | | | | |

DCF

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

DOH

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

DOE (state)

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

AWI

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

DOEA

| | | | | | | |
|-------------------------------------|--|--|--|--|--|--|
| Older Americans Act | | | | | | |
| Community Care for Elderly | | | | | | |
| Other DOEA (specify in explanation) | | | | | | |
| Bus Pass Program Revenue | | | | | | |

DCA

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

Comprehensive Budget Worksheet

Version 1.4

CTC: Citrus County Transit
County: Citrus

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

| 1 | 2 | 3 | 4 | 5 | 6 | 7 |
|---|--|--|--|--|--|---|
| | Prior Year's ACTUALS from Oct 1st of 2018 to Sept 30th of 2019 | Current Year's APPROVED Budget, as amended from Oct 1st of 2019 to Sept 30th of 2020 | Upcoming Year's PROPOSED Budget from Oct 1st of 2020 to Sept 30th of 2021 | % Change from Prior Year to Current Year | Proposed % Change from Current Year to Upcoming Year | Confirm whether revenues are collected as a system subsidy VS a purchase of service at a unit price. Explain Changes in Column 6 That Are > ± 10% and Also > ± \$50,000 |

APD

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

DJJ

| | | | | | | |
|---------------------------------|--|--|--|--|--|--|
| (specify in explanation) | | | | | | |
| Bus Pass Program Revenue | | | | | | |

Other Fed or State

| | | | | | | |
|---------------------------------|--|--|------|--|--|--|
| | | | | | | |
| | | | \$ - | | | |
| Bus Pass Program Revenue | | | | | | |

Other Revenues

| | | | | | | |
|---------------------------------|--|--|--|--|--|--|
| Interest Earnings | | | | | | |
| xxxx | | | | | | |
| xxxx | | | | | | |
| Bus Pass Program Revenue | | | | | | |

Balancing Revenue to Prevent Deficit

| | | | | | | |
|---------------------------------------|--|------|--|--|--|--|
| Actual or Planned Use of Cash Reserve | | \$ - | | | | |
|---------------------------------------|--|------|--|--|--|--|

| | | | | | | |
|---------------------------------|--------------------|--------------------|--------------------|-------------|--------------|--|
| Balancing Revenue is Short By = | | None | None | | | |
| Total Revenues = | \$1,454,558 | \$1,543,945 | \$1,496,811 | 6.1% | -3.1% | |

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

Operating Expenditures

| | | | | | | |
|---|------------|------------|------------|------|---------|--|
| Labor | \$ 491,189 | \$ 540,000 | \$ 569,520 | 9.9% | 5.5% | |
| Fringe Benefits | \$ 191,015 | \$ 210,000 | \$ 212,000 | 9.9% | 1.0% | |
| Services | \$ 107,261 | \$ 117,880 | \$ 121,041 | 9.9% | 2.7% | |
| Materials and Supplies | \$ 160,443 | \$ 176,000 | \$ 180,000 | 9.7% | 2.3% | |
| Utilities | \$ 15,976 | \$ 17,550 | \$ 18,000 | 9.9% | 2.6% | |
| Casualty and Liability | \$ 10,160 | \$ 11,160 | \$ 12,000 | 9.8% | 7.5% | |
| Taxes | \$ - | \$ - | | | | |
| Purchased Transportation: | | | | | | |
| Purchased Bus Pass Expenses | | \$ - | | | | |
| School Bus Utilization Expenses | | \$ - | | | | |
| Contracted Transportation Services | | \$ - | | | | |
| Other | \$ 17,228 | \$ 18,930 | \$ 20,000 | 9.9% | 5.7% | |
| Miscellaneous | \$ 3,801 | \$ 4,175 | \$ 4,250 | 9.8% | 1.8% | |
| Operating Debt Service - Principal & Interest | | | | | | |
| Leases and Rentals | | | | | | |
| Contrib. to Capital Equip. Replacement Fund | | | | | | |
| In-Kind, Contributed Services | \$ 35,515 | \$ 35,600 | \$ - | 0.2% | -100.0% | |
| Allocated Indirect | | \$ - | | | | |

Capital Expenditures

| | | | | | | |
|---|--------------------|--------------------|--------------------|-------------|--------------|--|
| Equip. Purchases with Grant Funds | \$ 421,969 | \$ 412,650 | \$ 360,000 | -2.2% | -12.8% | |
| Equip. Purchases with Local Revenue | | | | | | |
| Equip. Purchases with Rate Generated Rev. | | | | | | |
| Capital Debt Service - Principal & Interest | | | | | | |
| | | | | | | |
| | | | | | | |
| | \$0 | | | | | |
| Total Expenditures = | \$1,454,558 | \$1,543,945 | \$1,496,811 | 6.1% | -3.1% | |

See NOTES Below.

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

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

Budgeted Rate Base Worksheet

Version 1.4

CTC: Citrus County Transit

County: Citrus

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

| | |
|----------|--|
| | Upcoming Year's BUDGETED Revenues |
| | from |
| | Oct 1st of |
| | 2020 |
| | to |
| | Sept 30th of |
| | 2021 |
| 1 | 2 |

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

REVENUES (CTC/Operators ONLY)

Local Non-Govt

| | | |
|---------------------------------|----|--------|
| Farebox | \$ | 34,600 |
| Medicaid Co-Pay Received | \$ | - |
| Donations/ Contributions | \$ | - |
| In-Kind, Contributed Services | \$ | - |
| Other | \$ | - |
| Bus Pass Program Revenue | \$ | - |

Local Government

| | | |
|--------------------------------------|----|---------|
| District School Board | \$ | - |
| Compl. ADA Services | \$ | - |
| County Cash | \$ | 235,000 |
| County In-Kind, Contributed Services | \$ | - |
| City Cash | \$ | - |
| City In-kind, Contributed Services | \$ | - |
| Other Cash | \$ | - |
| Other In-Kind, Contributed Services | \$ | - |
| Bus Pass Program Revenue | \$ | - |

CTD

| | | |
|---------------------------------|----|---------|
| Non-Spons. Trip Program | \$ | 459,711 |
| Non-Spons. Capital Equipment | \$ | - |
| Rural Capital Equipment | \$ | - |
| Other TD | \$ | 30,000 |
| Bus Pass Program Revenue | \$ | - |

USDOT & FDOT

| | | |
|---------------------------------|----|---------|
| 49 USC 5307 | \$ | 155,000 |
| 49 USC 5310 | \$ | - |
| 49 USC 5311 (Operating) | \$ | 145,000 |
| 49 USC 5311(Capital) | \$ | - |
| Block Grant | \$ | 77,500 |
| Service Development | \$ | - |
| Commuter Assistance | \$ | - |
| Other DOT | \$ | 360,000 |
| Bus Pass Program Revenue | \$ | - |

AHCA

| | | |
|---------------------------------|----|---|
| Medicaid | \$ | - |
| Other AHCA | \$ | - |
| Bus Pass Program Revenue | \$ | - |

DCF

| | | |
|-------------------------------------|----|---|
| Alcoh, Drug & Mental Health | \$ | - |
| Family Safety & Preservation | \$ | - |
| Comm. Care Dis./Aging & Adult Serv. | \$ | - |
| Other DCF | \$ | - |
| Bus Pass Program Revenue | \$ | - |

DOH

| | | |
|---------------------------------|----|---|
| Children Medical Services | \$ | - |
| County Public Health | \$ | - |
| Other DOH | \$ | - |
| Bus Pass Program Revenue | \$ | - |

DOE (state)

| | | |
|---------------------------------|----|---|
| Carl Perkins | \$ | - |
| Div of Blind Services | \$ | - |
| Vocational Rehabilitation | \$ | - |
| Day Care Programs | \$ | - |
| Other DOE | \$ | - |
| Bus Pass Program Revenue | \$ | - |

AWI

| | | |
|---------------------------------|----|---|
| WAGES/Workforce Board | \$ | - |
| AWI | \$ | - |
| Bus Pass Program Revenue | \$ | - |

DOEA

| | | |
|---------------------------------|----|---|
| Older Americans Act | \$ | - |
| Community Care for Elderly | \$ | - |
| Other DOEA | \$ | - |
| Bus Pass Program Revenue | \$ | - |

DCA

| | | |
|---------------------------------|----|---|
| Community Services | \$ | - |
| Other DCA | \$ | - |
| Bus Pass Program Revenue | \$ | - |

| | | | |
|--|----|--------|--|
| | \$ | 34,600 | |
| | \$ | - | |
| | \$ | - | |
| | \$ | - | |
| | \$ | - | |
| | \$ | - | |

| | | | | |
|--|----|---|----|---------|
| | \$ | - | \$ | - |
| | \$ | - | \$ | - |
| | \$ | - | \$ | 235,000 |
| | \$ | - | \$ | 53,910 |
| | \$ | - | \$ | - |
| | \$ | - | \$ | - |

| | | | | | | | | |
|--|----|---------|----|--------|----|---|----|--------|
| | \$ | 459,711 | \$ | - | \$ | - | \$ | 51,079 |
| | \$ | - | \$ | - | \$ | - | \$ | - |
| | \$ | - | \$ | - | \$ | - | \$ | - |
| | \$ | - | \$ | - | \$ | - | \$ | - |
| | \$ | - | \$ | 30,000 | \$ | - | \$ | - |
| | \$ | - | \$ | - | \$ | - | \$ | - |

| | | | | | | |
|--|----|---|----|---------|----|---------|
| | \$ | - | \$ | 155,000 | | |
| | \$ | - | \$ | - | | |
| | \$ | - | \$ | 145,000 | | |
| | \$ | - | \$ | - | | |
| | \$ | - | \$ | 77,500 | | |
| | \$ | - | \$ | - | | |
| | \$ | - | \$ | - | | |
| | \$ | - | \$ | - | | |
| | \$ | - | \$ | 360,000 | \$ | 360,000 |
| | \$ | - | \$ | - | | |

| | | | | |
|--|----|---|----|---|
| | \$ | - | \$ | - |
| | \$ | - | \$ | - |
| | \$ | - | \$ | - |

| | | | | |
|--|----|---|----|---|
| | \$ | - | \$ | - |
| | \$ | - | \$ | - |
| | \$ | - | \$ | - |
| | \$ | - | \$ | - |
| | \$ | - | \$ | - |

| | | | | |
|--|----|---|----|---|
| | \$ | - | \$ | - |
| | \$ | - | \$ | - |
| | \$ | - | \$ | - |

| | | | | |
|--|----|---|----|---|
| | \$ | - | \$ | - |
| | \$ | - | \$ | - |
| | \$ | - | \$ | - |
| | \$ | - | \$ | - |
| | \$ | - | \$ | - |

| | | | | |
|--|----|---|----|---|
| | \$ | - | \$ | - |
| | \$ | - | \$ | - |
| | \$ | - | \$ | - |

| | | | | |
|--|----|---|----|---|
| | \$ | - | \$ | - |
| | \$ | - | \$ | - |
| | \$ | - | \$ | - |

| | | | | |
|--|----|---|----|---|
| | \$ | - | \$ | - |
| | \$ | - | \$ | - |
| | \$ | - | \$ | - |

YELLOW cells
are **NEVER** Generated by Applying Authorized Rates

BLUE cells
Should be funds generated by rates in this spreadsheet

GREEN cells
MAY BE Revenue Generated by Applying
Authorized Rate per Mile/Trip Charges

Fill in that portion of budgeted revenue in Column 2 that will be **GENERATED** through the application of authorized per mile, per trip, or combination per trip plus per mile rates. Also, include the amount of funds that are Earmarked as local match for Transportation Services and **NOT** Capital Equipment purchases.

If the Farebox Revenues are used as a source of Local Match Dollars, then identify the appropriate amount of Farebox Revenue that represents the portion of Local Match required on any state or federal grants. This does not mean that Farebox is the only source for Local Match.

Please review all Grant Applications and Agreements containing State and/or Federal funds for the proper Match Requirement levels and allowed sources.

GOLD cells
Fill in that portion of Budgeted Rate Subsidy Revenue in Column 4 that will come from Funds Earmarked by the Funding Source for Purchasing Capital Equipment. Also include the portion of Local Funds earmarked as Match related to the **Purchase of Capital Equipment** if a match amount is required by the Funding Source.

Budgeted Rate Base Worksheet

Version 1.4

CTC: Citrus County Transit

County: Citrus

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

| | |
|----------|--|
| | Upcoming Year's BUDGETED Revenues |
| | from |
| | Oct 1st of 2020 |
| | to Sept 30th of 2021 |
| 1 | 2 |

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

| | |
|---|---------------------|
| APD | |
| Office of Disability Determination | \$ - |
| Developmental Services | \$ - |
| Other APD | \$ - |
| Bus Pass Program Revenue | \$ - |
| DJJ | |
| DJJ | \$ - |
| Bus Pass Program Revenue | \$ - |
| Other Fed or State | |
| | 0 \$ - |
| | 0 \$ - |
| | 0 \$ - |
| Bus Pass Program Revenue | \$ - |
| Other Revenues | |
| Interest Earnings | \$ - |
| xxxx | \$ - |
| xxxx | \$ - |
| Bus Pass Program Revenue | \$ - |
| Balancing Revenue to Prevent Deficit | |
| Actual or Planned Use of Cash Reserve | \$ - |
| Total Revenues = | \$ 1,496,811 |

| | | |
|-------------------|---------------------|-------------------|
| \$ - | \$ - | |
| \$ - | \$ - | |
| \$ - | \$ - | |
| \$ - | \$ - | |
| \$ - | \$ - | |
| \$ - | \$ - | |
| \$ - | \$ - | |
| \$ - | \$ - | |
| \$ - | \$ - | |
| \$ - | \$ - | |
| \$ - | \$ - | |
| \$ - | \$ - | |
| \$ - | \$ - | |
| \$ - | \$ - | |
| \$ - | \$ - | |
| \$ - | \$ - | |
| \$ 459,711 | \$ 1,037,100 | \$ 413,910 |

| | |
|--|---------------------|
| EXPENDITURES (CTC/Operators ONLY) | |
| Operating Expenditures | |
| Labor | \$ 569,520 |
| Fringe Benefits | \$ 212,000 |
| Services | \$ 121,041 |
| Materials and Supplies | \$ 180,000 |
| Utilities | \$ 18,000 |
| Casualty and Liability | \$ 12,000 |
| Taxes | \$ - |
| Purchased Transportation: | |
| Purchased Bus Pass Expenses | \$ - |
| School Bus Utilization Expenses | \$ - |
| Contracted Transportation Services | \$ - |
| Other | \$ 20,000 |
| Miscellaneous | \$ 4,250 |
| Operating Debt Service - Principal & Interest | \$ - |
| Leases and Rentals | \$ - |
| Contrib. to Capital Equip. Replacement Fund | \$ - |
| In-Kind, Contributed Services | \$ - |
| Allocated Indirect | \$ - |
| Capital Expenditures | |
| Equip. Purchases with Grant Funds | \$ 360,000 |
| Equip. Purchases with Local Revenue | \$ - |
| Equip. Purchases with Rate Generated Rev. | \$ - |
| Capital Debt Service - Principal & Interest | \$ - |
| | \$ - |
| Total Expenditures = | \$ 1,496,811 |
| <i>minus EXCLUDED Subsidy Revenue =</i> | <i>\$ 1,037,100</i> |
| Budgeted Total Expenditures INCLUDED in Rate Base = | \$ 459,711 |
| Rate Base Adjustment ¹ = | |
| Adjusted Expenditures Included in Rate Base = | \$ 459,711 |

\$ 623,190

Amount of Budgeted Operating Rate Subsidy Revenue

\$

¹ Rate Base Adjustment Cell

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

¹ The Difference between Expenses and Revenues for Fiscal Year: 2018 - 2019

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

Worksheet for Program-wide Rates

CTC: Citrus County Trar Version 1.4
 County: Citrus

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

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

| PROGRAM-WIDE RATES | |
|--|--------------|
| Total <u>Projected</u> Passenger Miles = | 252,348 |
| Rate Per Passenger Mile = \$ | 1.82 |
| Total <u>Projected</u> Passenger Trips = | 22,524 |
| Rate Per Passenger Trip = \$ | 20.41 |

Fiscal Year

2020 - 2021

| | |
|-------------------------------------|-------------------|
| Avg. Passenger Trip Length = | 11.2 Miles |
|-------------------------------------|-------------------|

Rates If No Revenue Funds Were Identified As Subsidy Funds

| | |
|-------------------------------------|--------------|
| Rate Per Passenger Mile = \$ | 5.93 |
| Rate Per Passenger Trip = \$ | 66.45 |

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

Vehicle Miles

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

Vehicle Revenue Miles (VRM)

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

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

Passenger Miles (PM)

The cumulative sum of the distances ridden by each passenger.

Worksheet for Multiple Service Rates

CTC: Citrus County T
 County: Citrus

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

SECTION I: Services Provided

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

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

SECTION II: Contracted Services

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

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

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

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

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

| Ambulatory | Wheelchair | Stretcher | Group |
|-------------|-------------|--|--|
| Leave Blank | Leave Blank | Do NOT Complete Section II for Stretcher Service | Do NOT Complete Section II for Group Service |
| | | | |
| | | | |

Effective Rate for Contracted Services:
 per Passenger Mile =
 per Passenger Trip =

| Ambulatory | Wheelchair | Stretcher | Group |
|--|--|--|--|
| | | | |
| Go to Section III for Ambulatory Service | Go to Section III for Wheelchair Service | Do NOT Complete Section II for Stretcher Service | Do NOT Complete Section II for Group Service |

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

| Combination Trip and Mile Rate | | | |
|--|--|--|--|
| | | | |
| Leave Blank and Go to Section III for Ambulatory Service | Leave Blank and Go to Section III for Wheelchair Service | Do NOT Complete Section II for Stretcher Service | Do NOT Complete Section II for Group Service |

Worksheet for Multiple Service Rates

CTC: Citrus County T | Version 1.4
 County: Citrus

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

SECTION III: Escort Service

1. Do you want to charge all escorts a fee?.....
 Yes
 No
 Skip #2 - 4 and Section IV and Go to Section V

2. If you answered Yes to #1, do you want to charge the fee per passenger trip OR
 per passenger mile?.....
 Pass. Trip **Leave Blank**
 Pass. Mile

3. If you answered Yes to # 1 and completed # 2, for how many of the projected
 Passenger Trips / Passenger Miles will a passenger be accompanied by an escort? Leave Blank

4. How much will you charge each escort?..... Leave Blank

SECTION IV: Group Service Loading

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

..... And what is the projected total number of Group Vehicle Revenue Miles? **Loading Rate**
 0.00 to 1.00

SECTION V: Rate Calculations for Multiple Services:

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

| | | RATES FOR FY: 2020 - 2021 | | | |
|---|---------|---------------------------|-------------|---------------|-------------|
| | | Ambul | Wheel Chair | Stretcher | Group |
| Projected Passenger Miles (excluding totally contracted services addressed in Section II) = | 252,348 | 236,920 | 15,428 | Leave Blank | Leave Blank |
| Rate per Passenger Mile = | | \$1.75 | \$2.99 | \$0.00 | \$0.00 |
| | | | | per passenger | per group |

| | | Ambul | Wheel Chair | Stretcher | Group |
|---|--------|---------|-------------|---------------|-------------|
| Projected Passenger Trips (excluding totally contracted services addressed in Section II) = | 22,524 | 20,888 | 1,636 | Leave Blank | Leave Blank |
| Rate per Passenger Trip = | | \$19.40 | \$33.26 | \$0.00 | \$0.00 |
| | | | | per passenger | per group |

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

| | | Combination Trip and Mile Rate | | | |
|--|--|--------------------------------|-------------|---------------|-------------|
| | | Ambul | Wheel Chair | Stretcher | Group |
| ...INPUT the Desired Rate per Trip (but must be less than per trip rate above) = | | | | Leave Blank | Leave Blank |
| Rate per Passenger Mile for Balance = | | \$1.75 | \$2.99 | \$0.00 | \$0.00 |
| | | | | per passenger | per group |

| | | Rates If No Revenue Funds Were Identified As Subsidy Funds | | | |
|---------------------------|--|--|-------------|---------------|-----------|
| | | Ambul | Wheel Chair | Stretcher | Group |
| Rate per Passenger Mile = | | \$5.68 | \$9.74 | \$0.00 | \$0.00 |
| | | | | per passenger | per group |
| Rate per Passenger Trip = | | \$63.18 | \$108.30 | \$0.00 | \$0.00 |
| | | | | per passenger | per group |

Program These Rates Into Your Medicaid Encounter Data

**CITRUS COUNTY TRANSPORTATION DISADVANTAGED LOCAL
COORDINATING BOARD MEETING MAY 21, 2020**

**ROLL CALL VOTE FOR THE APPROVAL OF THE TRANSPORTATION DISADVANTAGED
SERVICE PLAN UPDATE – Grievance Procedures and Updated Rate Model**

THE ROLL CALL VOTE ON THE MOTION TO APPROVE OR DENY IS AS FOLLOWS:

| MEMBER | REPRESENTING | Aye | Nay | Absent |
|------------------------|--------------------------------------|------------|------------|---------------|
| Jimmie T. Smith | Chairman | | | |
| Beverly Isabelle | Elderly Citizen | | | |
| Stephen C. Brown | Disabled Citizen | | | |
| William Burda | Citizen Advocate | | | |
| David Douglas | Citizen Advocate (Vice Chairman) | | | |
| Sandra Woodard | Children at Risk | | | |
| Ginger West | Community Action | | | |
| Marilyn Farmer | Public Education | | | |
| Tracy Noyes | Florida Department of Transportation | | | |
| Vacant | Depart. Of Children and Families | | | |
| Vacant | Dept. of Elder Affairs | | | |
| Jeffrey Abourmrad | Dept. of Vocational Rehabilitation | | | |
| Tamyka Young | Dept. of Health Care Administration | | | |
| Brenda Chrisman | Regional Workforce | | | |
| Vacant | Veteran's Services | | | |
| Terrence Garrity | Transportation Industry | | | |
| Katie Lucas (Susan K.) | Local Medical Community | | | |

Motion to approve

CTC
EVALUATION WORKBOOK

Florida Commission for the



**Transportation
Disadvantaged**

CTC BEING REVIEWED: _____

COUNTY (IES): _____

ADDRESS: _____

CONTACT: _____ **PHONE:** _____

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

PERSON CONDUCTING THE REVIEW: _____

CONTACT INFORMATION: _____

LCB EVALUATION WORKBOOK

| ITEM | PAGE |
|---|-------------|
| REVIEW CHECKLIST _____ | 3 |
| EVALUATION INFORMATION _____ | 5 |
| ENTRANCE INTERVIEW QUESTIONS _____ | 6 |
| GENERAL QUESTIONS _____ | 9 |
| CHAPTER 427, F.S. _____ | 13 |
| RULE 41-2, F.A.C. _____ | 22 |
| COMMISSION STANDARDS _____ | 32 |
| LOCAL STANDARDS _____ | 33 |
| AMERICANS WITH DISABILITIES ACT _____ | 36 |
| FY GRANT QUESTIONS _____ | 42 |
| STATUS REPORT _____ | 43 |
| ON-SITE OBSERVATION _____ | 45 |
| SURVEYS _____ | 47 |
| LEVEL OF COST WORKSHEET # 1 _____ | 52 |
| LEVEL OF COMPETITION WORKSHEET #2 _____ | 53 |
| LEVEL OF AVAILABILITY WORKSHEET #3 _____ | 55 |

REVIEW CHECKLIST & SCHEDULE

COLLECT FOR REVIEW:

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

ITEMS TO REVIEW ON-SITE:

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

ITEMS TO REQUEST:

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

INFORMATION OR MATERIAL TO TAKE WITH YOU:

- Measuring Tape
- Stop Watch

EVALUATION INFORMATION

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

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

Notes to remember:

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

ENTRANCE INTERVIEW QUESTIONS

INTRODUCTION AND BRIEFING:

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

The LCB will be reviewing the following areas:

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

USING THE APR, 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:

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

| Coordination Contract Agencies | | | | |
|---------------------------------------|----------------|-------------------------|-------------------------|----------------|
| Name of Agency | Address | City, State, Zip | Telephone Number | Contact |
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6. NAME THE ORGANIZATIONS AND AGENCIES THAT PURCHASE SERVICE FROM THE CTC AND THE PERCENTAGE OF TRIPS EACH REPRESENTS?
(Recent APR information may be used)

| Name of Agency | % of Trips | Name of Contact | Telephone Number |
|----------------|------------|-----------------|------------------|
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7. REVIEW AND DISCUSS TD HELPLINE CALLS:

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

GENERAL QUESTIONS

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

1. DESIGNATION DATE OF CTC:
 2. WHAT IS THE COMPLAINT PROCESS?

IS THIS PROCESS IN WRITTEN FORM? Yes No
(Make a copy and include in folder)
Is the process being used? Yes No
 3. DOES THE CTC HAVE A COMPLAINT FORM? Yes No
(Make a copy and include in folder)
 4. DOES THE COMPLAINT FORM INCORPORATE ALL ELEMENTS OF THE CTD'S UNIFORM SERVICE REPORTING GUIDEBOOK?
 Yes No
 5. DOES THE FORM HAVE A SECTION FOR RESOLUTION OF THE COMPLAINT?
 Yes No
- Review completed complaint forms to ensure the resolution section is being filled out and follow-up is provided to the consumer.**
6. IS A SUMMARY OF COMPLAINTS GIVEN TO THE LCB ON A REGULAR BASIS?
 Yes No
 7. WHEN IS THE DISSATISFIED PARTY REFERRED TO THE TD HELPLINE?
 8. WHEN A COMPLAINT IS FORWARDED TO YOUR OFFICE FROM THE OMBUDSMAN PROGRAM, IS THE COMPLAINT ENTERED INTO THE LOCAL COMPLAINT FILE/PROCESS?
 Yes No

If no, what is done with the complaint?



Citrus County
Board of County Commissioners
DEPARTMENT OF COMMUNITY SERVICES
TRANSIT SERVICES

1300 S. Lecanto Highway, • Lecanto, FL 34461
Telephone (352) 527-7630 • Facsimile (352) 527-7635

ADA COMPLAINT /GRIEVANCE FORM

Complainant: _____

Person Preparing Complaint (if different from Complainant): _____

Relationship to Complainant (if different from Complainant): _____

Street Address & Apt. No.: _____

City: _____ State: _____ Zip: _____

Phone(____) _____ Email: _____

Please provide a complete description of the specific complaint or grievance:

Please specify any locations(s) related to the complaint or grievance (if applicable) _____

Please state what you think should be done to resolve the complaint or grievance: _____

Please attach additional pages as needed.

Please do not contact me personally.

Signature: _____ Date: _____

Please return to: Carlton Hall, ADA Coordinator
3600 W. Sovereign Path, Suite 212
Lecanto, FL 34461
Charlie.Gatto@citrusbocc.com

9. DOES THE CTC PROVIDE WRITTEN RIDER/BENEFICIARY INFORMATION OR BROCHURES TO INFORM RIDERS/ BENEFICIARIES ABOUT TD SERVICES?
 Yes No If yes, what type?
10. DOES THE RIDER/ BENEFICIARY INFORMATION OR BROCHURE LIST THE OMBUDSMAN NUMBER?
 Yes No
11. DOES THE RIDER/ BENEFICIARY INFORMATION OR BROCHURE LIST THE COMPLAINT PROCEDURE?
 Yes No
12. WHAT IS YOUR ELIGIBILITY PROCESS FOR TD RIDERS/ BENEFICIARIES?

Please Verify These Passengers Have an Eligibility Application on File:

| TD Eligibility Verification | | | |
|------------------------------------|--|---------------------|-----------------------------|
| Name of Client | Address of client | Date of Ride | Application on File? |
| Lori Odonnell | 6690 E Gurley St Inverness, FL 334452 | 03/30/2020 | Yes |
| David Ross | 11469 Red Pine Ct Crystal River, FL 34428 | 04/16/2020 | Yes |
| Patricia Tongate | 3900 S Garland Terr Inverness, FL 34452 | 03/19/2020 | Yes |
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13. WHAT INNOVATIVE IDEAS HAVE YOU IMPLEMENTED IN YOUR COORDINATED SYSTEM?

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

15. WHAT BARRIERS ARE THERE TO THE COORDINATED SYSTEM?

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

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

18. HOW ARE YOU MARKETING THE VOLUNTARY DOLLAR?

GENERAL QUESTIONS

Findings:

Recommendations:

COMPLIANCE WITH CHAPTER 427, F.S.

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

ARE YOUR CONTRACTS UNIFORM? Yes No

IS THE CTD’S STANDARD CONTRACT UTILIZED? Yes No

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

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

IS THE CTC IN COMPLIANCE WITH THIS SECTION? Yes No

| Operator Name | Exp. Date | SSPP | AOR Reporting | Insurance |
|---------------|-----------|------|---------------|-----------|
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COMPLIANCE WITH CHAPTER 427, F.S.

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

REPORTING TIMELINESS

Were the following items submitted on time?

a. Annual Operating Report Yes No

Any issues that need clarification? Yes No

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

List:

b. Memorandum of Agreement Yes No

c. Transportation Disadvantaged Service Plan Yes No

d. Grant Applications to TD Trust Fund Yes No

e. All other grant application (____%) Yes No

IS THE CTC IN COMPLIANCE WITH THIS SECTION? Yes No

Comments:

COMPLIANCE WITH CHAPTER 427, F.S.

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

“Review all transportation operator contracts annually.”

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

Is a written report issued to the operator? Yes No

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

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

Is a written report issued? Yes No

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

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

IS THE CTC IN COMPLIANCE WITH THIS SECTION? Yes No

ASK TO SEE DOCUMENTATION OF MONITORING REPORTS.

COMPLIANCE WITH CHAPTER 427, F.S.

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

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

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

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

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

N/A

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

Yes No

If YES, what is the goal?

Is the CTC accomplishing the goal? Yes No

IS THE CTC IN COMPLIANCE WITH THIS REQUIREMENT? Yes No

Comments:

COMPLIANCE WITH CHAPTER 427, F.S.

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

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

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

Yes No

If Yes, describe the application review process.

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

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

IS THE CTC IN COMPLIANCE WITH THIS SECTION? Yes No

Comments:

COMPLIANCE WITH CHAPTER 427, F.S.

**Review priorities listed in the TDSP, according to Chapter 427.0155(7).
“Establish priorities with regard to the recipients of non-sponsored transportation disadvantaged services that are purchased with Transportation Disadvantaged Trust monies.”**

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

WHAT ARE THE PRIORITIES FOR THE TDTF TRIPS?

HOW ARE THESE PRIORITIES CARRIED OUT?

IS THE CTC IN COMPLIANCE WITH THIS SECTION? Yes No

Comments:

COMPLIANCE WITH CHAPTER 427, F.S.

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

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

Review the Operational section of the TDSP

1. Hours of Service:

2. Hours of Intake:

3. Provisions for After Hours Reservations/Cancellations?

4. What is the minimum required notice for reservations?

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

IS THE CTC IN COMPLIANCE WITH THIS SECTION? Yes No

Comments:

COMPLIANCE WITH CHAPTER 427, F.S.

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

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

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

HAVE ANY INNOVATIVE WAGES TRANSPORTATION SERVICES BEEN DEVELOPED?

IS THE CTC IN COMPLIANCE WITH THIS SECTION? Yes No

Comments:

CHAPTER 427

Findings:

Recommendations:

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

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

WHAT ARE THE MINIMUM LIABILITY INSURANCE REQUIREMENTS?

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

HOW MUCH DOES THE INSURANCE COST (per operator)?

| Operator | Insurance Cost |
|----------|----------------|
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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 05/23/2019, Obtain a copy of this review.

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

IS THE CTC IN COMPLIANCE WITH THIS SECTION? Yes No

ARE THE CTC CONTRACTED OPERATORS IN COMPLIANCE WITH THIS SECTION?

Yes No

DRIVER REQUIREMENT CHART

| Driver Last Name | Driver License | Last Physical | CPR/1st Aid | Def. Driving | ADA Training | Other- |
|------------------|----------------|---------------|-------------|--------------|--------------|--------|
| Osborn | 02/17/2027 | 04/8/2020 | N/A | 01/30/2018 | 05/15/2018 | |
| Peterson | 07/05/2027 | 11/20/2019 | N/A | 01/25/2018 | 05/24/2018 | |
| Vazquez | 10/05/2025 | 07/11/2019 | N/A | 01/24/2018 | 05/31/2018 | |
| Dunson | 08/18/2020 | 04/24/2018 | N/A | 01/30/2018 | 05/21/2018 | |
| Kendzierski | 06/11/2026 | 05/09/2019 | N/A | 02/18/2018 | 05/15/2018 | |
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Sample Size: 1-20 Drivers – 50-100% 21-100 Drivers – 20-50% 100+ Drivers – 5-10%

| Driver Last Name | Driver License | Last Physical | CPR/1st Aid | Def. Driving | ADA Training | Other- |
|-------------------------|-----------------------|----------------------|--------------------|---------------------|---------------------|---------------|
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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: _____

IS THE CTC IN COMPLIANCE WITH THIS SECTION? Yes No

Comments:

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

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

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

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

Cost [CTC and Coordination Contractor (CC)]

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

2. DO YOU HAVE TRANSPORTATION ALTERNATIVES? Yes No
 (Those specific transportation services approved by rule or the Commission as a service not normally arranged by the Community Transportation Coordinator, but provided by the purchasing agency. Example: a neighbor providing the trip)

Cost [CTC and Transportation Alternative (Alt.)]

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

IS THE CTC IN COMPLIANCE WITH THIS SECTION? Yes No

RULE 41-2

Findings:

Recommendations:

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

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

Review the TDSP for the Commission standards.

| Commission Standards | Comments |
|--|-----------------|
| Local toll free phone number must be posted in all vehicles. | |
| Vehicle Cleanliness | |
| Passenger/Trip Database | |

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

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

COMMISSION STANDARDS

Findings:

Recommendations:

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

Compliance with Local Standards

“...shall adhere to Commission approved standards...”

Review the TDSP for the Local standards.

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

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

LOCAL STANDARDS

Findings:

Recommendations:

COMPLIANCE WITH AMERICANS WITH DISABILITIES ACT

REVIEW COPIES OF THE PUBLIC INFORMATION PROVIDED.

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

ARE ACCESSIBLE FORMATS ON THE SHELF? Yes No

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

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

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

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

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

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

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

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

IS A RAMP PROVIDED? Yes No

ARE THE BATHROOMS ACCESSIBLE? Yes No

Bus and Van Specification Checklist

Name of Provider: Citrus County Transit

Vehicle Number (either VIN or provider fleet number): VIN 1FDDE4FS9KDC19252

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

Person Conducting Review: Steve Diez

Date: April 16, 2020

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

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

Have the driver lower the lift to the ground:

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

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

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

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

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

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

While inside the vehicle:

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

Vehicles under 22 feet must have:

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

Vehicles over 22 feet must have:

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

COMPLIANCE WITH AMERICANS WITH DISABILITIES ACT

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

| Name of Service Provider/ Contractor | Total # of Vehicles Available for CTC Service | # of ADA Accessible Vehicles | Areas/Sub areas Served by Provider/Contractor |
|--------------------------------------|---|------------------------------|---|
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BASED ON THE INFORMATION IN TABLE 1, DOES IT APPEAR THAT INDIVIDUALS REQUIRING THE USE OF ACCESSIBLE VEHICLES HAVE EQUAL SERVICE?

Yes No

ADA COMPLIANCE

Findings:

Recommendations:

FY ____ / ____ GRANT QUESTIONS

**The following questions relate to items specifically addressed in the FY _
/ _____ Trip and Equipment Grant.**

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

Yes No

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

Yes No

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

Yes No

STATUS REPORT FOLLOW-UP FROM LAST REVIEW(S)

DATE OF LAST REVIEW: _____

STATUS REPORT DATED: _____

CTD RECOMMENDATION:

CTC Response:

Current Status:

CTD RECOMMENDATION:

CTC Response:

Current Status:

CTD RECOMMENDATION:

CTC Response:

Current Status:

CTD RECOMMENDATION:

CTC Response:

Current Status:

CTD RECOMMENDATION:

CTC Response:

Current Status:

CTD RECOMMENDATION:

CTC Response:

Current Status:

ON-SITE OBSERVATION OF THE SYSTEM

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

Date of Observation:

Please list any special guests that were present:

Location:

Number of Passengers picked up/dropped off:

Ambulatory

Non-Ambulatory

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

Did the driver provide any passenger assistance? Yes No

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

Did the driver render an appropriate greeting?

Yes No Driver regularly transports the rider, not necessary

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

Yes No

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

Yes No

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

Yes No

Does the vehicle have working heat and air conditioning?

Yes No

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

Yes No

If used, was the lift in good working order?

Yes No

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: _____

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

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

Note: Attach the manifest

RIDER/BENEFICIARY SURVEY

Staff making call: Brenda Garcia
Date of Call: 4/15/20

County: Citrus
Funding Source: TD

1) Did you receive transportation service on 3/31/20? 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 3/31/20?

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.

12

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

Additional Comments:

It's a God-send. W/O you people, I couldn't
go anywhere. You always get me when I
mess up my schedule too!

Contractor Survey

_____ County

Contractor name (optional)

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

Yes No

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

Yes No

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

Yes No

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

Yes No

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

Yes No

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

Yes No

6. Have you experienced any problems with the CTC?

Yes No

If yes, what type of problems?

Comments:

PURCHASING AGENCY SURVEY

Staff making call: _____

Purchasing Agency name: _____

Representative of Purchasing Agency: _____

1) Do you purchase transportation from the coordinated system?

YES

NO If no, why?

2) Which transportation operator provides services to your clients?

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

Medical

Employment

Education/Training/Day Care

Nutritional

Life Sustaining/Other

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

7 Days/Week

1-3 Times/Month

1-2 Times/Week

Less than 1 Time/Month

3-5 Times/Week

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

- Yes
- No If no, skip to question 7

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

- Advance notice requirement [specify operator (s)]
- Cost [specify operator (s)]
- Service area limits [specify operator (s)]
- Pick up times not convenient [specify operator (s)]
- Vehicle condition [specify operator (s)]
- Lack of passenger assistance [specify operator (s)]
- Accessibility concerns [specify operator (s)]
- Complaints about drivers [specify operator (s)]
- Complaints about timeliness [specify operator (s)]
- Length of wait for reservations [specify operator (s)]
- Other [specify operator (s)] _____

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

- Yes
- No If no, why? _____

**Level of Cost
Worksheet 1**

Insert Cost page from the AOR.

County: Citrus
 CTC: Citrus County Transit
 Contact: Lon Frye
 1300 S LECANTO HWY
 LECANTO, FL 34461
 352-527-7634

Email: Lon.Frye@citrusbocc.com

| Demographics | Number |
|-------------------------|---------|
| Total County Population | 145,647 |
| Unduplicated Head Count | 707 |



| Trips By Type of Service | | | | Vehicle Data | | | |
|--|----------------|----------------|----------------|-----------------------------------|-------------|-------------|-------------|
| | 2017 | 2018 | 2019 | | 2017 | 2018 | 2019 |
| Fixed Route (FR) | 0 | 0 | 0 | Vehicle Miles | 739,927 | 744,930 | 459,198 |
| Deviated FR | 87,879 | 45,041 | 0 | Roadcalls | 22 | 18 | 11 |
| Complementary ADA | 0 | 0 | 0 | Accidents | 3 | 3 | 0 |
| Paratransit | 132,555 | 116,219 | 107,314 | Vehicles | 71 | 67 | 56 |
| TNC | 0 | 0 | 0 | Drivers | 50 | 54 | 54 |
| Taxi | 0 | 0 | 0 | | | | |
| School Board (School Bus) | 0 | 0 | 0 | | | | |
| Volunteers | 0 | 0 | 0 | | | | |
| TOTAL TRIPS | 220,434 | 161,260 | 107,314 | | | | |
| Passenger Trips By Trip Purpose | | | | Financial and General Data | | | |
| Medical | 14,723 | 25,540 | 22,632 | Expenses | \$2,012,641 | \$2,042,735 | \$1,952,589 |
| Employment | 23,858 | 13,014 | 10,360 | Revenues | \$2,360,553 | \$2,135,242 | \$1,778,473 |
| Ed/Train/DayCare | 66,415 | 56,479 | 54,298 | Commendations | 11 | 2 | 2 |
| Nutritional | 12,242 | 19,899 | 10,393 | Complaints | 5 | 4 | 1 |
| Life-Sustaining/Other | 103,196 | 46,328 | 9,631 | Passenger No-Shows | 4,545 | 1,158 | 576 |
| TOTAL TRIPS | 220,434 | 161,260 | 107,314 | Unmet Trip Requests | 559 | 369 | 108 |
| Passenger Trips By Revenue Source | | | | Performance Measures | | | |
| CTD | 22,087 | 17,471 | 7,563 | Accidents per 100,000 Miles | 0.41 | 0.40 | 0 |
| AHCA | 0 | 0 | 0 | Miles between Roadcalls | 33,633 | 41,385 | 41,745 |
| APD | 107,392 | 89,194 | 64,629 | Avg. Trips per Passenger | 20.93 | 20.62 | 151.79 |
| DOEA | 4,203 | 0 | 0 | Cost per Trip | \$9.13 | \$12.67 | \$18.20 |
| DOE | 0 | 0 | 0 | Cost per Paratransit Trip | \$9.13 | \$12.67 | \$18.20 |
| Other | 86,752 | 54,595 | 35,122 | Cost per Total Mile | \$2.72 | \$2.74 | \$4.25 |
| TOTAL TRIPS | 220,434 | 161,260 | 107,314 | Cost per Paratransit Mile | \$2.72 | \$2.74 | \$4.25 |
| Trips by Provider Type | | | | | | | |
| CTC | 113,185 | 72,338 | 21,142 | | | | |
| Transportation Operator | 0 | 0 | 0 | | | | |
| Coordination Contractor | 107,249 | 88,922 | 86,172 | | | | |
| TOTAL TRIPS | 220,434 | 161,260 | 107,314 | | | | |

Level of Competition Worksheet 2

1. Inventory of Transportation Operators in the Service Area

The CTC is the only operator for the system.

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

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

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

Does the CTC have the ability to expand? _____

4. Indicate the date the latest transportation operator was brought into the system. _____

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

6. In the past five (5) years, how many times have the following methods been used in selection of the transportation operators?

| | |
|--|-----------------------------|
| | Low bid |
| | Requests for qualifications |
| | Negotiation only |

| | |
|--|---------------------------------|
| | Requests for proposals |
| | Requests for interested parties |
| | |

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

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

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

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

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

How many responded? _____

The request for bids/proposals was distributed:

_____ Locally _____ Statewide _____ Nationally

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

Level of Availability (Coordination)
Worksheet 3

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

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

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

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

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

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

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

Scheduling – How is the trip assignment to vehicles coordinated?

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

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

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

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

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

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

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

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

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

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

E. ACTION ITEMS CONTINUED

3. Local Coordinating Board Survey of the Official Planning Agency

In accordance with Rule 41-2 F.A.C., the Local Coordinating Board (LCB) is required to annually complete the attached one page survey of the Official Planning Agency. The TDLCB members are requested to turn in their completed survey to staff. TDLCB input can be anonymous.

Staff Recommendation: No formal action is required, although the Planning Agency requests the LCB complete the survey.

Attachments: 2020 CTC Evaluation

LOCAL COORDINATING BOARD SURVEY OF THE
OFFICIAL PLANNING AGENCY

Planning Agency: _____ Date: _____
County (ies) Served: _____ LCB Member Name: _____
Date Survey Completed: _____

1. Please rate the Official Planning Agency's performance on the following Coordinating Board Responsibilities:

| <u>SUFFICIENT</u> | <u>INSUFFICIENT</u> | |
|-------------------|---------------------|---|
| _____ | _____ | Assistance in the scheduling of meetings |
| _____ | _____ | Training board members |
| _____ | _____ | Evaluating cost effectiveness |
| _____ | _____ | Reviewing the local TDSP |
| _____ | _____ | Preparing, duplicating and distributing meeting packets |
| _____ | _____ | Other administrative duties & costs, as appropriate |

Do you feel the Official Planning Agency provides the LCB with sufficient staff support and resources to enable the Coordinating Board to fulfill its responsibilities as set forth in Chapter 427, F.S.? _____ yes _____ no

2. Does the Planning Agency staff give two weeks' notice of the date, time, location, and proposed agenda for *local Coordinating Board meetings* to local Coordinating Board members? _____ always _____ usually _____ sometimes _____ never
3. Does the Planning Agency staff have the agenda materials available and delivered to the LCB members no less than one week in advance of the meeting? _____ always _____ usually _____ sometimes _____ never
4. Does the Planning Agency staff give LCB members and others one week notice, if possible, of the date, time, location, and proposed agenda for local Coordinating Board *committee meetings* and *emergency meetings*? _____ always _____ usually _____ sometimes _____ never
5. Do you attend LCB meetings? _____ always _____ usually _____ sometimes _____ never
6. Are there any areas in which the Planning Agency could improve? _____ yes _____ no
If yes, please specify by using the back of this survey, or attach a separate page.
7. Are you satisfied with the job performance of the Planning Agency? _____ yes _____ no
8. Does the group you represent benefit from your participation as a member of the LCB?
_____ yes _____ no Comments:
9. Are there any areas where the Commission can assist in improving the work of the planning agencies and the LCB? _____ yes _____ no If yes, please specify by using the back of this survey, or attach a separate page.

COMMUNITY TRANSPORTATION COORDINATOR'S SURVEY OF THE
PLANNING AGENCY

Planning Agency _____ Date _____

County (ies) Served _____

1. Has the planning agency provided technical assistance, as needed, within budget/staff/schedule availability? _____ yes _____ no If no, please explain.

2. Did the PA provide an adequate amount of technical assistance to meet your needs? _____ yes _____ no If no, please explain.

3. Does the planning agency ensure CTC activities are consistent with local comprehensive planning activities? _____ yes _____ no If no, please explain.

4. Were you involved, with the LCB and planning agency, in the development of the new Transportation Disadvantaged Service Plan (TDSP)? _____ yes _____ no

5. Have you experienced any problems with the planning agency? _____ yes _____ no
If yes, please explain.

6. Overall, are you satisfied with the job performance of the planning agency?
_____ yes _____ no

7. Are there any areas in which the planning agency could improve? _____ yes _____ no
If yes, please explain.

F. CITRUS COUNTY TRANSIT – Lon Frye

Quarterly Report – January 1, 2020-March 31, 2020

Attachments: Quarterly Report

| | | | | |
|--|--|--------------|--------------|----------------|
| County: | Citrus | | | |
| CTC: | Citrus County Transit | | | |
| Contact: | Lon Frye | | | |
| Email: | lon.frye@citrusbocc.com | | | |
| | | | | |
| | 2020 | | | |
| Trips By Type of Service | Jan | Feb | March | Average |
| Deviated Fixed Route | 3,117 | 3,205 | 2,472 | 2,931 |
| Ambulatory | 1,840 | 1,795 | 1,208 | 1,614 |
| Wheelchair | 153 | 139 | 117 | 136 |
| Total Trips By Type of Service | 5,110 | 5,139 | 3,797 | 4,682 |
| | | | | |
| | | | | |
| Passenger Trips By Purpose | | | | |
| Education/Training/Daycare | 111 | 110 | 46 | 89 |
| Employment | 187 | 164 | 131 | 161 |
| Medical | 346 | 398 | 311 | 352 |
| Nutritional | 791 | 795 | 507 | 698 |
| Life-Sustaining/Other | 558 | 467 | 330 | 452 |
| Total Trips by Purpose | 1,993 | 1,934 | 1,325 | 1,958 |
| | | | | |
| | | | | |
| Passenger Trips by Funding Source | | | | |
| CTD-Commission for the Transportation Disadvantaged | 1,812 | 1,814 | 1,189 | 1,605 |
| CTD-VA Hospital (Tampa/Gainesville/ The Villages) | 26 | 33 | 16 | 25 |
| APD-Agency for Persons with Disabilities | 0 | 0 | 0 | 0 |
| DOEA-Department of Elderly Affairs-Veterans | 9 | 10 | 5 | 8 |
| DOEA-Department of Elderly Affairs-Congregate Dining | 0 | 0 | 0 | 0 |
| Other-Public | 146 | 77 | 115 | 113 |
| Total Trips By Funding Source | 1,993 | 1,934 | 1,325 | 1,751 |

***Deviated Fixed Route Service Suspended as of March 30.

***Congregate Dining Suspended as of March 14.