

Hernando County Transportation Disadvantaged Local Coordinating Board (TDLCB) Regular Meeting Wednesday, May 11, 2022 at 10:15 a.m.

MEETING LOCATION:

Hernando County Building Training Facility 1661 Blaise Drive, Brooksville 34601

AGENDA

A CALL TO ORDER

Declaration of Quorum / Reading of the Public Notice into the public record.

- B APPROVAL/MODIFICATION OF AGENDA Board/Staff comment only
- C REVIEW/APPROVAL OF MINUTES 2/9/2022
- D CORRESPONDENCE/INFORMATIONAL ITEMS
 - 1. Membership Update
 - 2. Community Transportation Coordinator Quarterly Report–Miranda Maldonado
 - 3. Innovation and Service Grant
 - 4. Planning Agency Survey
 - 5. Planning Agency Grant FY 2022-2023

E ACTION ITEMS

- 1. Transportation Disadvantaged Service Plan Annual Update
- 2. Community Transportation Coordinator (CTC) Annual Evaluation
- F. TDLCB MEMBER PRESENTATIONS
- G. CITIZEN COMMENTS
- H. COMMENTS/UPDATES
- I. ADJOURNMENT AND NEXT MEETING The next regular meeting will be held on Wednesday August 10, 2022 at 10:00 a.m. at Hernando County Building Training Facility, 1661 Blaise Drive, Brooksville, FL. The meeting agenda and back-up materials are available online at:

www.hernandocounty.us/hernandocitrusmpo.com

C REVIEW OF MEETING MINUTES

Attached are the draft meeting minutes from the February 9, 2022, TDLCB meeting for review and approval.

Attachment: Draft minutes from February 9, 2022, meeting

Hernando County Transportation Disadvantaged Local Coordinating Board (TDLCB) Regular Meeting

Wednesday, February 09, 2022, at 10:00 a.m.

MINUTES

The Hernando County Transportation Disadvantaged Local Coordinating Board (TDLCB) held a public meeting on February 09, 2022, in-person at the Hernando County Building Training Facility, 1661 Blaise Drive, Brooksville, FL. The meeting was advertised in the Hernando Sun and the agenda was available on the MPO Website.

MEMBERS PRESENT:

John Allocco, TDLCB Chairman
Cara Brunk, FL Dept of Elder Affairs
Denise Clark, Public Education Community
John Eberle, Regional Workforce Board
Holly Ferguson, Veterans Services
Shanika Figueroa Rodriguez, Children-at-Risk
Emily Hughart, Florida Agency for Health Care Administration
Tracy Noyes, FDOT
Gretchen Samter, Citizen Advocate, Public Transit User – Participating via Zoom
Elizabeth Watson, Persons with Disabilities Agency

MEMBERS ABSENT:

Kevin Bargerstock, Florida Division of Vocational Rehabilitation Joe DeGeorge, Hernando County Transit/TheBus, Vice Chair Benita Dixon, Private for Profit Transportation David Knazur, Florida Department of Children & Family Services Kathleen Winters, Local Representative Medical Community

OTHERS PRESENT:

Cayce Dagenhart, Transportation Planner II
Bob Esposito, Executive Director Hernando/Citrus MPO
Carlene Riecss, Transportation Planner III
Chris Mundell, HCSB Transportation
David Philipsen, Hernando County resident

A. CALL TO ORDER

- Chairman Allocco called the meeting to order at 10:00 a.m.
- Notice of Meeting publication was read into the record.
- A quorum was declared.

The Chairman called for a motion to allow Ms. Gretchen Samter to participate as a voting member via zoom due to being COVID positive.

Motion

Ms. Denise Clark made the motion to allow Ms. Samter to participate as a voting member via Zoom. It was seconded by Ms. Shanika Figueroa Rodriguez. The motion carried unanimously.

B. APPROVAL/MODIFICATION OF AGENDA (LIMITED TO BOARD AND STAFF COMMENT)

Motion:

A Motion to approve the agenda was made by Ms. Denise Clark and seconded by Mr. John Eberle. The motion passed unanimously.

C. REVIEW OF MINUTES

Regular Meeting Minutes November 17, 2021

Motion:

A motion to approve the draft minutes from November 17, 2021, with Ms. Denise Clark a correction of her name, was made by Ms. Denise Clark and seconded by Ms. Shanika Figueroa Rodrigues. The motion passed unanimously.

D. CORRESPONDENCE / INFORMATION ITEMS

1. Member Conflict of Interest

Members are required to be informed of the conflict of interest statute yearly. Ms. Dagenhart read the synopsis below and directed the members to the Section 112.3143, Florida Statutes, which outlines requirements relating to voting conflicts by the Board members, attachment in their packets.

No appointed public officer shall participate in any matter which would inure to the officer's special private gain or loss; which the officer knows would inure to the special private gain or loss of any principal by whom he or she is retained or to the parent organization or subsidiary of a corporate principal by which he or she is retained; or which he or she knows would inure to the special private gain or loss of a relative or business associate of the public officer, without first disclosing the nature of his or her interest in the matter.

Per the Statutes, the term "public officer" includes any person elected or appointed to hold office in any agency including any person serving on an advisory body.

2. Annual CTD Workshop Highlights

Ms. Dagenhart read the positions for the TDLCB that are currently vacant.

3. Quarterly Report - Miranda Maldonado

Ms. Maldonado provided a quarterly report from TransHernando, for the period from October 1, 2021, through December 2021.

E. ACTION ITEMS

1. The Election of a Vice-Chair

Pursuant to the Transportation Disadvantaged Local Coordinating Board Bylaws, the Board shall hold a meeting at the beginning of the calendar year for the purpose of electing a Vice-Chairman by a majority vote from the quorum present. The Chairman is appointed by the MPO Board. The Hernando County Board of County Commissioners has requested Commissioner John Allocco continue to serve as the TDLCB Chairman for 2022.

In the event of the Chair's absence, or at the direction of the Chair, the Vice-Chair shall assume the duties of the Chair and conduct the meetings.

Motion: A motion to elect Mr. Joe DeGeorge as Vice-Chair of the Hernando TDLCB for the 2022 calendar year was made by Ms. Gretchen Samter and seconded by Mr. John Allocco. The motion passed unanimously.

2. By-laws Adoption

The Commission for the Transportation Disadvantaged requires that the TDLCB review and approve their bylaws on an annual basis. Staff presented the bylaws with changes that were explained. Upon discussion, the Board members wanted to add more people who would be notified when agency appointees had three (3) unexcused absences.

Motion:

A motion to approve the bylaws with the proposed changes, and the request to add the following statement in Article III, Section 6: "If that voting member is an agency representative rather than a citizen member, the DOPA shall send written communication to the agency head, Speaker of the Florida House of Representatives, and the Florida Senate President to report the three consecutive un-excused absences and request a recommendation for a replacement to be appointed by that agency" was made by Ms. Elizabeth Watson and seconded by Ms. Denise Clark. The motion passed unanimously.

F. CITIZEN COMMENTS

Mr. David Philipsen was in attendance and commented that one of the receptionists with Mid Florida is hard to hear because her voice is very quiet. Ms. Maldonado let him know that she would look into this and try to find a solution. Mr. Philipsen raised a question as to why the new Flamingo cards did not link to the ADA service provision especially since it comes out of the same account (his) when paying for the ride. He also requested that the brochures for TheBus be updated, since they no longer allow "tokens" to be used as payment. Mr. DeGeorge was not in attendance to answer these questions, but staff replied that the questions would be passed along to him for a response. Chairman Allocco asked to be copied on the email asking the question and asked that Jeff Rogers also be included.

G. COMMITTEE MEMBER COMMENTS/UPDATES

Ms. Cara Brunk provided the Board information about the Elder Affairs programs.

H. MPO STAFF COMMENTS/UPDATES

I. ADJOURNMENT AND NEXT MEETING:

The Chair adjourned the meeting, noting that the annual public workshop and regular meeting of the Hernando County Transportation Disadvantaged Local Coordinating Board (TDLCB) will be held on Wednesday, May 11, 2022, at 10:00 a.m. and 10:15 a.m. respectively, at the Hernando County Building Training Facility, 1661 Blaise Drive, Brooksville, FL



D Correspondence/Informational Items

1. Membership Update – April 7, 2022, MPO Appointments

Recent appointments

Chris Mundell – Hernando County Schools, replacing Denise Clark Gretchen Samter – Hernando County, representing the disabled

Attachments: N/A

2. Community Transportation Coordinator (CTC) Update – Miranda Maldonado

Quarterly Report

Attachments: Quarterly report: January 1, 2022 – March 30, 2022

3. Trip and Equipment Grant

As an informational Item, attached is the trip and equipment grant template for the upcoming grant cycle.

Attachments: Application

4. Planning Agency Survey

On an annual basis, MPO staff requests the TDLCB complete the Planning Agency Survey which provides input to the staff regarding services provided.

The survey is anonymous, please complete the attached and provide to staff at the conclusion of the meeting.

Attachments: Planning Agency Survey

5. Planning Agency Grant

The staff is requesting the MPO Board authorize submittal of the FY 2022/2023 Planning Grant application in the amount of \$23,987 at their 5/5/21 meeting. The grant provides funding for staff support services for the TDLCB. No formal action is required.

Attachments: N/A

COMMUNITY TRANSPORTATION FOR DISADVANTAGED REPORT

Hernando County, Florida

Quarterly System Report for Fiscal Period JULY 1, 2021 THROUGH JUNE 30, 2022

PREPARED FOR:

Hernando County Transportation Disadvantaged Coordinating Board

PREPARED BY:

TRANS HERNANDO

Mid Florida Community Services, Inc. Phone (352) 799-1510 Fax: (352) 754-9390

INTRODUCTION

Introduction to Hernando County's Transportation Disadvantaged System:

Trans Hernando, a department within Mid Florida Community Services, Inc., operates as the Community Transportation Coordinator (CTC) for the Transportation Disadvantaged program in Hernando County. As the coordinator, Trans Hernando has the responsibilities to provide transportation to all Hernando County residents in a safe and cost effective manner. System priorities, established by members of a Local Coordinating Board, include the provision of transportation county-wide for medical, nutritional, educational, work, and recreational trips, respectively. Services are for senior citizens (over 60), physically or mentally challenged individuals, and economically or transportation disadvantaged general public.

The system utilizes a shared ride multi-load approach with guaranteed arrival times to rider destinations. Because many citizens are wheelchair bound, all service fleet vehicles are equipped and in compliance with American with Disabilities Act (ADA) recognized wheelchair lifts and securement devices. Trans Hernando provides physically challenged individuals equal service, appointment guarantees, and fare box fees.

Fare Box Fees:

Non sponsored clients are required to pay a fare box fee. Individual fare box fee is \$5.00 per one way trip. State assistance for fare box fees are available and can be applied for by individuals to offset financial hardships.

Office Hours:

Office hours are Monday through Friday from 6:00 a.m. to 4:30 p.m. except County recognized holidays.

Service Hours-Transportation Disadvantaged:

Transportation Disadvantaged service hours are Monday thru Friday from 6:00 a.m. to 4:00 p.m. except for county recognized holidays.

Scheduling Hours:

Scheduling is provided by telephone Monday thru Friday, excluding County recognized holidays. by calling (352) 799-1510 between the hours of 8:00 a.m. and 4:30 p.m.

	Month	/t-imp	Aug. 21	Sep. 27	00%.24	Moh.27	000.27	san 22	r. 66,22	War. 22	Aon. 22	Way. 23	ct. un	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	
	Work Days	21	22	21	21	19	20	19	19	23	20	21	21	247	
	Total incoming calls received	2378	2626	2402	2558	2712	2740	2402	2554	3360	0	0	0	23,732	
Requests	Average number calls received per day	113	119	114	122	143	137	126	134	146	0	0	0		
al Trip F	Total trip requests received	1189	1313	1201	1279	1356	1370	1201	1277	1680	0	0	0	11,866	
Overview of Total Trip	Total cancelled trips	203	235	194	183	296	258	225	212	309				2,115	
erview	Total ASAP Trips	22	21	19	24	11	33	22	17	19				188	
Ó	Total NS trips	25	30	24	19	35	35	44	31	46				289]
	Total trip requests provided	939	1027	964	1053	1014	1044	910	1017	1306				9,274	
															_
% of	Trip Requests Provided	79.0%	78.2%	80.3%	82.3%	74.8%	76.2%	75.8%	79.6%	77.7%	#DIV/0!	#DIV/0!	#DIV/0!		
(% of Trip Requests Cancelled	17.1%	17.9%	16.2%	14.3%	21.8%	18.8%	18.7%	16.6%	18.4%	#DIV/0!	#DIV/0!	#DIV/0!		
% of	No Show Trip Requests	2.1%	2.3%	2.0%	1.5%	2.6%	2.6%	3.7%	2.4%	2.7%	#DIV/0!	#DIV/0!	#DIV/0!		

	Moon	¹ / ₄ ,21	Aug.21	Sep. 21	00%.27	Mon. 24	Dec. 27	cs, nov	reb. 23	Mor. 22	Apr. 23	W. 25. 14. 25. 14. 15. 14. 15. 15. 15. 15. 15. 15. 15. 15. 15. 15	ctim	, Mr. J
	Work Days	21	22	21	21	19	20	19	19	23	20	21	21	247
					REA	SON FOR	UNPROVID	DED REQU	ESTS					
% of ⁻	Trip Requests unable to Provide	1.09%	1.29%	1.00%	0.00%	1.62%	2.55%	1.67%	0.94%	1.49%	#DIV/0!	#DIV/0!	#DIV/0!	
,	Same day Request	3	4	5	5	4	9	3	3	7				43
0	ut-of-county request	3	3	2	7	3	4	5	3	4				34
	Stretcher	0	1	0	0	1	0	0	0	2				4
	Holiday/Weekend	4	2	2	2	10	13	9	1	5				48
Befor	re 8 a.m./after 3:00 p.m. appointments	3	7	3	7	4	9	3	5	7				48
	Total Unprovided	13	17	12	0	22	35	20	12	25	0	0	0	156
	Medical	794	821	801	836	775	726	639	705	875				6,972
щ	Nutritional/Shop	57	75	45	85	118	196	162	160	225				1,123
POS	Connector	0	0	0	0	0	0	0	0	0				0
PURPOSE	Education	16	32	34	31	27	24	46	68	109				387
TRIP I	Employment	21	40	41	29	35	40	27	40	42				315
_	Other	51	59	43	72	59	58	36	44	55				477
	Total	939	1,027	964	1,053	1,014	1,044	910	1,017	1,306	0	0	0	9,274

	Month	/ te mp	Aug.21	Sp. 21	00%34	Monisy	060.27	cs.ins,	F. 66, 22	Mar. 23	A St.	May. 23	ct. in ct.	/ M/01	_
	Work Days	21	22	21	21	19	20	19	19	23	20	21	21	247	
PE	Elderly (Over 60)	774	830	716	795	813	826	718	790	1,036				7,298	1
TYPE	Adult	165	197	248	258	201	218	192	227	270				1,976	
TRIP	Child (Under 16)	0	0	0	0	0	0	0	0	0				0	
	Total	939	1,027	964	1,053	1,014	1,044	910	1,017	1,306	0	0	0	9,274	
씽	AMBI	505	614	577	620	623	608	557	624	840				5,568	
MODE	WHLI & SCOI	434	413	387	433	391	436	353	393	466				3,706	1
TRIP	AMBO	0	0	0	0	0	0	0	0	0				0	
Ľ	Total	939	1,027	964	1,053	1,014	1,044	910	1,017	1,306	0	0	0	9,274	
۲	Elderly (Over 60)	137	136	130	153	156	148	126	148	155				1,289	
COUNT	Percent %	88.4%	87.7%	85.0%	86.4%	87.6%	86.0%	86.3%	85.1%	85.2%	#DIV/0!	#DIV/0!	#DIV/0!	86.4%	
	Adult	18	19	23	24	22	24	20	26	27				203	
UNDUPLICATED	Percent %	11.6%	12.3%	15.0%	13.6%	12.4%	14.0%	13.7%	14.9%	14.8%	#DIV/0!	#DIV/0!	#DIV/0!	13.6%	
)] 	Child (Under 17)	0	0	0	0	0	0	0	0	0	0	0	0	0	
	Percent %	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	#DIV/0!	#DIV/0!	#DIV/0!	0%	
3	Total	155	155	153	177	178	172	146	174	182	0	0	0	1,492	
%	CTD - T&E	25	30	24	16	30	32	43	26	41				267	1
SHOW	DOEA	0	0	0	3	5	3	1	5	5				22	1
NO.	Total No Shows	25	30	24	19	35	35	44	31	46	0	0	0	289	

	Monn	¹ / ₁₁ / ₂₁	Aug.21	Sep.21	00%	Mon.27	Dec. 21	cy.ins,	\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	Mar. 22	ky, ct	Way.	Sim, 25	N.O.	
	Work Days	21	22	21	21	19	20	19	19	23	20	21	21	247	<u> </u>
	Suspended	0	0	0	0	0	0	0	0	0	0	0	0	0	
	System Miles	16366	16621	15303	15103	15220	15284	13325	15200	18577				140,999	
₹	Revenue Miles	14194	13700	12546	12680	12653	12834	10981	12524	15623				117735	
NG DATA	Average System Miles per trip	15.1	13.3	13.0	12.0	12.5	12.3	12.1	12.3	12.0	#DIV/0!	#DIV/0!	#DIV/0!	12.7	
OPERATING	System Hours	761	919.0	816	863	865	864	786	819	1041				7,734	
OPE	Revenue Hours	631	753.0	683	732	708	712	663	693	875				6,450	
	Cost Per Trip	\$26.21	\$26.07	\$26.04	\$25.96	\$26.00	\$25.98	\$25.97	\$25.99	\$25.96	#DIV/0!	#DIV/0!	#DIV/0!		
	System Cost per Mile	\$1.70	\$1.92	\$1.96	\$2.12	\$2.05	\$2.08	\$2.12	\$2.08	\$2.14	#DIV/0!	#DIV/0!	#DIV/0!		

COMPLIMENTS/COMPLAINTS

		Monn	,c,m²		S. S			\$\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	12 /su. 3	\$\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\			S Rep			,/
		Work Days	22	21	21	22	18	21	19	19	23	21	20	22	TOTAL	
		Driver	3	1	2	1	3	2	0	0	2				14	
	ENT	Vehicle	0	0	0	0	0	1	0	0	0				1	
	COMPLIMENT	Service	2	2	0	2	1	0	1	2	5				15	
NDO	CON	Policy	0	0	0	0	0	0	0	0	0				0	
HERNANDO		Other	0	0	0	0	0	0	0	0	0				0	
		Driver	0	0	0	0	0	0	0	0	0				0	
TRANS	INT	Vehicle	0	0	0	0	0	0	0	0	0				0	
	COMPLAINT	Service	0	0	0	0	0	0	0	1	0				1	
	CO	Policy	0	0	0	0	0	0	1	0	1				2	
		Other	0	0	0	0	0	0	0	0	0				0	

BREAKDOWNS/ACCIDENTS

		Month	14H, 24													,/
		Work Days	22	21	21	22	18	21	19	19	23	21	20	22	TOTAL	
20		TOWS	0	1	1	0	0	0	0	0	0					2
HERNANDO		ROAD CALLS	0	0	0	0	0	0	0	0	0					0
TRANS	CIDENT &	CHARGEABLE	0	0	0	0	0	0	0	0	0					0
TR	INCIDENT ACCIDEN	NON-CHARGEABLE	0	0	0	0	1	0	0	1	0					2



Transportation Disadvantaged Innovative Service Development Grant

APPLICATION

Legal Name of Applicant			
Federal Employer Identification Number			
Registered Address			
City and State		Zip Code	
Contact Person for this Grant		Phone Number	
E-Mail Address [Required]			
Project Location [County(ies)]		Proposed Project Start Date	
	Proposed Project Funding Reques	t	
	Total Proposed Pr	oject Amount (100%)	\$
		Local Match [10%]	\$
	Requested F	Funding Amount [90%]	\$
	pient Representative, I hereby certify and is submitted in accordance wi		
Signature of Grant	Recipient Representative		Date

Packet Page 14



Agenda Item D3 Transportation Disadvantaged Innovative Service Development Grant

PROJECT SCOPE

Proposals MUST complete the following sections according to the Project Scope Instructions provided in the manual. Applications that are incomplete or do not follow the instructions will not be considered.

Evidence of Need:

- <u>a)</u> Describe service limitations or gaps within the current transportation system and the resulting mobility access challenge(s).
- **b)** Provide details regarding the scale or urgency of the challenge and the size of the specific populations that are affected.
- **c)** Provide any documentation or evidence of the challenge(s), such as from a locally developed Transportation Disadvantaged Service Plan (TDSP), other planning document, or other supporting information.

Project Description:

- **a)** Provide a detailed description of the proposed project, including the service area and type(s) of service that will be offered.
- **b)** Identify an estimated number of trips and riders the proposed project will serve.

Agenda Item D3

- c) Identify potential or planned destinations such as a veterans' hospital, employment center, educational/training location, or other lifesustaining activities.
- <u>d)</u> Explain how the project will be implemented, including details on how existing and potential riders will be informed of the proposed service AND how services will be requested and provided.
- **e)** If the proposed project will utilize a transportation hub to connect customers to the broader transportation system, explain the coordination of schedules between the services and how the rider will transfer between the two systems.
- **f)** Explain the process for ensuring riders are eligible to receive Transportation Disadvantaged services. Include how rider eligibility will be determined and, if not by the applicant, what organization will be determining that a rider is transportation disadvantaged, pursuant to Chapter 427, Florida Statutes.

Project Innovation:

- <u>a)</u> Explain how the proposed project will do something in a new or improved way that differs from services already being provided.
- **b)** Explain how the proposed project is designed to enhance an eligible rider's mobility.

Demonstration of Proposed Outcomes:

<u>a)</u> Describe the proposed project's intended outcomes, and how they will address at least one of the ISD Program's objectives.

- **b)** Provide details regarding the specific performance data that will be collected and analyzed to demonstrate the project's actual vs. intended outcomes, AND whether the availability of the data has been verified.
- c) Confirm the applicant's ability to submit performance data (including data obtained from customer satisfaction surveys)

Other Required Application Elements:

- <u>a) Project Budget:</u> Provide a Proposed Project Expense Budget to support the total amount of funding requested. Include a budget table here or use the sample excel template provided.
- **b)** Proposed Service Rates: Provide the proposed project service rate(s) by mode and unit of service (trip, mile). Demonstrate how the proposed rates were determined.
- <u>c)</u> <u>Project Timeline:</u> Provide the project timeline, identifying the project start date, project implementation date, and any major milestones.
- <u>d)</u> <u>Project Personnel:</u> Provide the name, current title and summary of work experience for each key staff member who will work on the project.
- **<u>e)</u>** Local Match: Describe the source of the local match and when such funds will be available.

- <u>a)</u> If the proposed project is collaborative, describe key project partners, their specific role(s) in the project, and how the collaboration increases the likelihood of the project's long-term sustainability and success.
- **b)** Applicants may further strengthen their proposals by attaching letters of commitment, cooperative agreements, MOU, or other evidence of strong commitment from partners.

<u>Utilization of Non-Traditional Service Providers (Not required but strongly encouraged):</u>

<u>a)</u> If the proposed project includes the utilization of transportation network companies (TNCs), taxi and other non-traditional transportation service providers, describe how such services will add value to the existing TD services.

LOCAL COORDINATING BOARD SURVEY OF THE OFFICIAL PLANNING AGENCY

Pla	anning Agency:	Date:	
Co	ounty (ies) Served:	LCB Member Name:	
Da	te Survey Completed:_		
1.	Please rate the Official Responsibilities:	l Planning Agency's performance on the following Coord	inating Board
	SUFFICIENT	INSUFFICIENT	
	BUTTICIETYT	Assistance in the scheduling of meetin	gs
		Training board members	U
		Evaluating cost effectiveness	
		Reviewing the local TDSP	
		Preparing, duplicating and distributing	
		meeting packets	
		Other administrative duties & costs, as appropriate	
	<u> </u>	al Planning Agency provides the LCB with sufficient staffed Coordinating Board to fulfill its responsibilities as set for es no	
2.	proposed agenda for lo	ency staff give two weeks' notice of the date, time, location ocal Coordinating Board meetings to local Coordinating Flays usually sometimes never	
3.		ency staff have the agenda materials available and deliver than one week in advance of the meeting? always mes never	
4.	of the date, time, locati	ency staff give LCB members and others one week notice ion, and proposed agenda for local Coordinating Board concern meetings? always usually some	ommittee
5.	Do you attend LCB me	eetings? always usually sometimes	never
6.	<u> </u>	which the Planning Agency could improve?you 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.	• • • •	present benefit from your participation as a member of the Comments:	e LCB?
9.	<u> </u>	here the Commission can assist in improving the work of B? yes no If yes, please specify by using the separate page	

E ACTION ITEMS

1. Transportation Disadvantaged Service Plan (TDSP) - Annual Update

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):

- Development Plan
- Cost/Revenue Allocation and Rate Structure Justification
- Service Plan, including the 2022/2023 Rate Model Calculation Worksheet
- Quality Assurance

The attached update includes the following changes:

- TDLCB Membership updated to reflect current roster
- Page 24 Service priorities changed to read "educational and employment" (from some educational and job)
- Page 41 Hernando County Senior Services Title III, rates for transporting clients to various meal sites in congregate dining program are a contract cost of \$11.63 (from \$10.63)
- The current Grievance Procedures were included
- The Cost/Revenue Allocation and Rate Structure justification was reviewed
- Appendix C The vehicle inventory was updated
- Appendix D The rate/model worksheet was updated with the CTC approved 2023/2024 worksheet

Roll Call Vote

Attachment: TDSP Annual Update

HERNANDO COUNTY TRANSPORTATION DISADVANTAGED SERVICE PLAN (TDSP)

Effective: July 1, 2018 – June 30, 2023

Hernando County Transportation Disadvantaged
Local Coordinating Board:
Major Update Approved 9/12/18;
Annual Update 5/20/20
Annual Update 5/19/21
Update 11/17/21
Annual Update 5/11/22

Coordinating Board Membership Certification Hernando/Citrus Metropolitan Planning Organization (MPO) 1661 Blaise Drive, Brooksville, FL 34601

The MPO/Designated Official Planning Agency named above certifies the following:

- 1. The membership of the Local Coordinate Board, established pursuant to Rule 41-012(3) FAC does in fact represent the appropriate parties as identified in the following list: and
- 2. The membership represents, to the maximum extent feasible, a cross section of the local community.

Signature:	Date:

Table 1: Hernando County TDLCB Membership

Representation	Member	Alternate	Term
Private for-Profit Transportation	Benita Dixon		N/A
Elected Official Appointed by MPO	John Allocco Chairman		Annual
FL Department of Transportation	Tracy Noyes	Dave Newell	N/A
Public Education Community	Denise Clark	Chris Mundell	N/A
Persons with Disabilities Agency	Elizabeth Watson		N/A
FL Agency for Health Care Administration	Emily Hughart	Ian Martin	N/A
Citizen Advocate/User	vacabt		N/A
Mass Transit or Public Transit Board	Joe DeGeorge, Vice Chairman	Daniel Hopkins	N/A
Regional Workforce Development Board	John Eberle		N/A
Local Representative Medical Community	Kathleen Winters		N/A
FL Division of Vocational Rehabilitation	Kevin Bargerstock	Karla Lagos	N/A
FL Department of Children & Family Services	David Knazur		N/A
Veterans Services	Tony Graham	Holly Ferguson	N/A
FL Department of Elderly Affairs	Cara Brunk		N/A
Local Representative for Children at Risk	Shanika Figueroa Rodriguez		1/25/2024
Resident, Disabled	Gretchen Samter		4/7/2024
Resident, 60+ Years	Vacant		N/A
Florida Association for Community Action	Vacant		N/A

SECTION 2. CTC SERVICE PLAN

OPERATIONS

The Community Transportation Coordinator (CTC) for Hernando County, Trans Hernando, operates a shared ride, door-to-door, non-emergency paratransit system for transportation-disadvantaged citizens in Hernando County. The system provides ambulatory and wheelchair services and requires twenty-four (24) hours advanced reservations. Clients are responsible for supplying their own wheelchairs. Services are designed for the elderly, the young, physically and/or mentally challenged individuals and transportation/economically disadvantaged and general public who do not own an automobile and/or cannot afford private transportation services and/or have no other means of transportation.

As the designated Community Transportation Coordinator with responsibilities for administration and provision of Transportation Disadvantaged Services, Trans Hernando in conjunction with the Local Coordinating Board will operate and provide transportation disadvantaged services as described in FS 427 and pursuing document 41-2.006 F.A.C.

By September 15th of each year, the Community Transportation Coordinator will provide operating statistics to the Commission utilizing the Chart of Accounts as defined in the American Association of State Highway and Transportation Officials, Inc., Comprehensive Financial Management Guidelines for Rural and Small Urban Public Transportation Providers, dated September 1992.

TYPES, HOURS AND DAYS OF SERVICE

Hours of service operations are Monday through Friday, 6:00 a.m. until 3:00 p.m. with office hours and scheduling performed from 7:30 a.m. until 4:00 p.m. daily. Trans Hernando observes the same holiday schedule as Mid Florida Community Services.

SUBSCRIPTION TRIPS

Regularly scheduled medical trips are provided for clients with multiple (ongoing) appointments.

ADA PARATRANSIT SERVICE

In accordance with the Americans with Disabilities Act (ADA) of 1990, ADA paratransit service began in March of 2005. Individuals must qualify and receive an ADA identification card before scheduling trip service. Eligibility certification is being provided by TheBus as the fixed-route operator, and the phone number to schedule an on-site ADA eligibility interview is (352) 754-4890.

ADA service is provided as a complementary service to the fixed-route system, depending on service area. This service is available, by appointment, during the fixed-route hours of service, 6:00 a.m. until 7:00 p.m., Monday thru Friday, except County-observed holidays, upon certification of a person's disability. Services are provided on a 24-hour advance reservation basis (by 5:00 p.m. the business day before the trip) and the fare box is \$2.50 per one-way trip. The ADA service is available to those who qualify and whose trip origin and destination are within 3/4 miles of the fixed-route service area.

Additional information on ADA service is available by brochure, located at County government buildings, the Chamber of Commerce, the Tax Collectors office, as well as TheBus Depot, located at

1525 E. Jefferson Ave., Brooksville, FL 34601. You may also have a brochure mailed to your local address by calling TheBus at (352) 754-4444.

ACCESSING SERVICES

Contact Information

As a non-emergency system that requires advanced reservations, scheduling services are available during the hours of 7:30 a.m. – 4:00 p.m. by calling (352) 799-1510. Clients utilize four phone lines in a rollover system for easy access. The TDD toll-free number is: 1-800-648-6084.

Advanced Notification

24-hour advanced reservation is required for trip scheduling.

Cancellations

Cancellation of a previously scheduled trip is allowed at no charge to the client; however, cancelled trips where a vehicle was dispatched to the client's home and the client was not home or did not make the trip is considered a no-show by Trans Hernando.

No Show Procedures

After three no-shows in a sixty-day period, the riders' access to services can be suspended for a period up to one month: or at the discretion of the CTC. Trans Hernando has established 1% as the no-show standard based on the percentage of funding source trips.

Program Eligibility

Transportation for Disadvantaged is a specialized service to provide mobility for the elderly (over 60), the young (under 16), and physically or mentally challenged individuals. Public individuals can also access the system on a space-available basis.

Service Prioritization

Services are prioritized for medical and nutritional needs; however, educational, employment, and recreation trips are provided as seating and funding allow. Non-prioritized trips are provided to those residents living in the non-urbanized areas of Hernando County.

SCHOOL BUS UTILIZATION

The Hernando County School Board annually provides the State of Florida Department of Education form ESE 567, Semi-Annual Report of Vehicle Availability for Coordinated Disadvantaged Transportation. Trans Hernando is available to coordinate with the County's EOC and the School Board for vehicle use in the event of emergency evacuation procedures.

VEHICLE INVENTORY

Trans Hernando currently maintains eleven (11) wheelchair accessible vehicles. Seven (7) of these vehicles are in service daily three (3) vehicles in back-up. All vehicles can accommodate ten or eleven ambulatory passengers.

SYSTEM SAFETY PROGRAM PLAN CERTIFICATION

The MOA between the CTC and the CTD requires that the CTC develop and implement a System Safety Program Plan (SSPP). An SSPP has been developed and is conducted every three years by the Florida Department of Transportation (FDOT). The plan includes statement of Safety Policy, Introduction and Purpose of SSPP, Goals and Objectives of the system, Regulatory Agencies, System Description, System Safety Management and System Safety tasks and Implementation. The SSPP Certification and Plan are included as Appendix A: System Safety Certificate and Appendix B: System Safety Program Plan and Attachments.

INTERCOUNTY SERVICES

Trans Hernando currently has no Intercounty contracts for services; but will continue to pursue opportunities for coordination of such services.

EMERGENCY PREPAREDNESS AND RESPONSE

Mid Florida Community Services, Inc. has an established Safety Policy and Procedures Manual as part of their System Safety Program Plan. This SSPP is included as Appendix B: System Safety Program Plan and Attachments.

INSURANCE, SAFETY REQUIREMENTS AND STANDARDS

Consistent with Chapter 427, F.S., Rule 41-2006 F.A.C.:

- 1. Trans Hernando will ensure minimum liability insurance requirements of \$200,000 per person and \$300,000 per incident for all transportation services purchased or provided for the transportation disadvantaged. check
- 2. Trans Hernando will ensure purchasers of service that operations and services are following the safety requirements as specified in Section 341.061(2)(a), Florida Statues, and Chapter 14-90, F.A.C.
- 3. Trans Hernando will ensure purchasers of continuing compliance with the applicable state or federal laws relating to drug testing (specifically, Section 112.0455, Florida Statues; Rule 14-17.012 and Chapters 59A-24 and 60L-19, F.A.C.; and 41 U.S.C. 701; 49 C.F.R., Parts 29 and 382; and 46 C.F.R., Parts 4,5,14 and 16).

CONTRACTUAL ARRANGEMENTS

A coordination contract exists with The ARC of the Nature Coast. Coordination contracts are typically five years and allow the coordinator access to vehicles in emergencies.

TRANSPORTATION OPERATORS AND COORDINATION CONTRACTORS

Trans Hernando, a division of Mid Florida Community Services, Inc. is responsible for evaluating their operators and coordination contracts to ensure contractual compliance. This process is conducted on an annual basis to ensure that all contractual elements and delivery services are being met.

COST/REVENUE ALLOCATION AND RATE STRUCTURE JUSTIFICATION

COST/REVENUE ALLOCATION NEEDS TO BE UPDATED

The Cost/Revenue Allocation and Fare Structure Element is intended to provide information about the overall costs of the CTCs operations, as identified in the upcoming year of the Memorandum of Agreement (in this instance, FY 2021/22). The column of the Financial Element will be allocated to the different Transportation Disadvantaged Service segments arranged or provided by the CTC.

BUDGETED COST PER UNIT OF SERVICE

• Administrative Costs: \$ 2.41 per person/trip

Operating Costs: \$40.63 per person/trip - \$36.27
Cost per Unit of Service: \$48.088 per person/trip - \$38.30

FARE STRUCTURE

Transportation Disadvantaged Trip Rates are derived for the most current available Transportation Disadvantage Rate Model.

HERNANDO COUNTY SENIOR SERVICES - TITLE III

Rates for transporting clients to various meal sites in congregate dining programs are a contracted cost of \$11.63

CTD - TRIP RELATED GRANT/NON-SPONSORED TRIPS, ONE WAY (TRIP AND EQUIPMENT)

The Commission for the Transportation Disadvantaged (CTD) reimburses the CTC for 90% of the Fully Allocated System Costs (FASC) after the service is provided.

• Ambulatory: \$29.98

• Wheelchair FASC: \$50.80

• Scooter FASC: \$50.80

TD FUND UTILIZATION

This section provides detail regarding how CTD funds allocated for the transport of non-sponsored persons/trips will be utilized.

Fund Distribution Rate Mechanism (Fare-box)

As approved by the Local Coordinating Board (LCB), CTD funds are for individual transportation services identified as non-sponsored individuals who because of physical or mental disability, income status, or age are unable to transport themselves or are unable to purchase transportation for

themselves. They are instead dependent upon others to obtain transportation in order to access health care, employment, education, shopping, social activities, or other life-sustaining activities.

Prioritized services are medical, nutritional, grocery shopping, educational, employment, and social activities, respectively. Individual fares for these services are based on the individuals' economic ability to pay as determined through an application for funding process. This application process is based on Federal Poverty Guidelines (FPG) and is broken down as follows:

Fare: \$1.00 - for clients, whose household income is below 100% of FPG

\$3.00 - for clients, whose household income is above 100% of FPG

\$5.00 - for clients, whose household income is above 200% of FPG

APPENDIX C: VEHICLE INVENTORY REVIEW

MID FLORIDA COMMUNITY SERVICES, INC. Trans Hernando 2021 CURRENT VEHICLE INVENTORY

DOT	VEH NO	VEHICLE TYPE	VIN NUMBER	YR	SPEC EQUIP	COND	FUEL	Currrent Mileage 4/07/2022	SEATING CAPACITY	W/C POS	Grant Source	Contract #	Aquisit. Date	% of Federal Participation	Location
70771	2	TURTLE TOP	1HA3GRCG5HN006165	2017	WC LIFT	EXC	GAS	105,780	10	2	5310	TRIPS-17-CA-ABG	2/20/2018	90%	Trans Hernando
70774	3	TURTLE TOP	1HA3GRCG2HN006379	2017	WC LIFT	EXC	GAS	112,359	10	2	5310	TRIPS-17-CA-ABG	3/13/2018	90%	Trans Hernando
70760	4	TURTLE TOP	1GB3GRCL9G1273272	2017	WC LIFT	EXC	DIESEL	96,620	10	2	5310	TRIPS-17-CA-ABG	5/4/2017	90%	Trans Hernando
	5	TURTLE TOP	1FDWE3FLXFDA28075	2015	WC LIFT	EXC	GAS	136,696	10	2					Trans Hernando
99777	6	TURTLE TOP-3500	1GB3G2CL4F1240573	2016	WC LIFT	EXC	DIESEL	113,441	10	2	5310	TRIPS_11-CA-FCCSC	5/31/2016	90%	Trans Hernando
	7	FORD TRANSIT 350	1FDVU4XM7JKA33119	2018	WC LIFT	EXC	GAS	86,195	10	2					Trans Hernando
	8	TURTLE TOP	1GB3GRCL9G1274499	2016	WC LIFT	EXC	DIESEL	99,741	10	2					Trans Hernando
	9	FORD TRANSIT 350	1FDVU4XM3JKA33120	2018	WC LIFT	EXC	GAS	95,792	10	2					Trans Hernando
	11	FORD TRANSIT 350	1FDVU4X89LKB61870	2020	WC LIFT	EXC	GAS	14,486	10	2					Trans Hernando
	54	TURTLE TOP-3500	1GBJG316871232178	2008	WC LIFT	GOOD	DIESEL	234,610	11	2					Trans Hernando
	56	TURTLE TOP-3500	1GBJG316371233321	2008	WC LIFT	GOOD	DIESEL	256,135	11	2					Trans Hernando

APPENDIX D: 2022/2023 RATE MODEL WORKSHEET

Worksheet for Multiple Service Rates 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	CTC: County: us answers	Mid Florida Co Hernando	n Version 1.4	
SECTION I: Services Provided 1. Will the CTC be providing any of these Services to transportation disadvantaged passengers in the upcoming budget year?	Ambulatory • Yes • No Go to Section II for Ambulatory Service	Wheelchair Yes No Go to Section II for Wheelchair Service	Stretcher Yes No STOP! Do NOT Complete Sections II - V for Stretcher Service	Group Yes No STOPI Do NOT Complete Sections II - V for Group Service
SECTION II: Contracted Services				
Will the CTC be contracting out any of these Services TOTALLY in the upcoming budget year?	Ambulatory Yes No Skip # 2, 3 & 4 and Go to	Wheelchair	Stretcher Yes No Do Not Complete	Group Yes No No Complete
	Section III for Ambulatory Service	Section III for Wheelchair Service	Section II for Stretcher Service	Section II for Group Service
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?	○ Yes ● No	○ Yes ● No	○ Yes ● No	○ Yes ● No
If you answered YES to #1 & #2 above, how much is the proposed contract amount for the service?	Leave Blank	Leave Blank	Do NOT Complete Section II for Stretcher Service	Do NOT Complete Section II for Group 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?				
Effective Rate for Contracted Services: per Passenger Mile = per P assenger Trip =	Ambulatory 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
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 Tr 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		Mid Florida Com Version 1.4		
 Answer the questions by completing the GREEN cells starting in Section I for all services Follow the DARK RED prompts directing you to skip or go to certain questions and sections based on previous ansi 	•	Hernando		
2. I offew the DANK NED prompts directing you to skip of go to certain questions and sections based on previous ansi	owers		_	
SECTION III: Escort Service				
Do you want to charge all escorts a fee?	Yes			
	No No			
	#2 - 4 and tion IV and			
	o Section V			
2. If you answered Yes to #1, do you want to charge the fee per passenger trip OR	Pass. Trip	Leave Blank		
per passenger mile?	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?	L	eave Blank		
4. How much will you charge each escort?	L	eave Blank		
	Do NOT			
If the message "You Must Complete This Section" appears to the right, what is the projected total	omplete ection IV			
number of Group Service Passenger Miles? (otherwise leave blank)		Landing Data		
And what is the projected total number of Group Vehicle Revenue Miles?		0.00 to 1.00		
·				
SECTION V: Rate Calculations for Mulitiple Services: 1. Input Projected Passenger Miles and Passenger Trips for each Service in the GREEN cells and the Rates for each * Miles and Trips you input must sum to the total for all Services entered on the "Program-wide Rates" Worksheet, 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				
 Input Projected Passenger Miles and Passenger Trips for each Service in the GREEN cells and the Rates for each * Miles and Trips you input must sum to the total for all Services entered on the "Program-wide Rates" Worksheet, and trips for contracted services IF the rates were calculated in the Section II above 		RATES FOR		up.
Input Projected Passenger Miles and Passenger Trips for each Service in the GREEN cells and the Rates for each Miles and Trips you input must sum to the total for all Services entered on the "Program-wide Rates" Worksheet, 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	, MINUS miles	RATES FOR Ambul Wheel Chair	Stretcher Gro Leave Blank Leave Blank	ир
Input Projected Passenger Miles and Passenger Trips for each Service in the GREEN cells and the Rates for each Miles and Trips you input must sum to the total for all Services entered on the "Program-wide Rates" Worksheet, 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 Projected Passenger Miles (excluding totally contracted services addressed in Section II) = 14	, MINUS miles	RATES FOR Wheel Chair 87,000 + 57,000	Stretcher Gro Leave Blank Leave Blank + 0	
Input Projected Passenger Miles and Passenger Trips for each Service in the GREEN cells and the Rates for each Miles and Trips you input must sum to the total for all Services entered on the "Program-wide Rates" Worksheet, 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	, MINUS miles	RATES FOR Ambul Wheel Chair	Stretcher Gro Leave Blank Leave Blank + 0	\$0.00 per group
Input Projected Passenger Miles and Passenger Trips for each Service in the GREEN cells and the Rates for each Miles and Trips you input must sum to the total for all Services entered on the "Program-wide Rates" Worksheet, 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 Projected Passenger Miles (excluding totally contracted services addressed in Section II) = 14	, MINUS miles	RATES FOR Wheel Chair 87,000 + 57,000 \$2.34 \$4.02	Stretcher Leave Blank + + + + + 0 \$0.00 \$0.00 per passenger	\$0.00 per group
Input Projected Passenger Miles and Passenger Trips for each Service in the GREEN cells and the Rates for each Miles and Trips you input must sum to the total for all Services entered on the "Program-wide Rates" Worksheet, 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 Projected Passenger Miles (excluding totally contracted services addressed in Section II) = 14 Rate per Passenger	MINUS miles 44,000 = ger Mile =	RATES FOR Wheel Chair 87,000 + 57,000 \$2.34 \$4.02 Ambul Wheel Chair	Stretcher Leave Blank So.00 So.00 Stretcher Leave Blank Coave Blank So.00 So.00 per passenger Stretcher Leave Blank Leave Blank Leave Blank	\$0.00 per group
Input Projected Passenger Miles and Passenger Trips for each Service in the GREEN cells and the Rates for each Miles and Trips you input must sum to the total for all Services entered on the "Program-wide Rates" Worksheet, 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 Projected Passenger Miles (excluding totally contracted services addressed in Section II) = 14 Rate per Passenger Projected Passenger Trips (excluding totally contracted services addressed in Section II) = 17	44,000 = ger Mile =	RATES FOR Wheel Chair 87,000 + 57,000 \$2,34 \$4,02 Ambul Wheel Chair 6,600 + 4,400	Stretcher Leave Blank C	\$0.00 per group
Input Projected Passenger Miles and Passenger Trips for each Service in the GREEN cells and the Rates for each Miles and Trips you input must sum to the total for all Services entered on the "Program-wide Rates" Worksheet, 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 Projected Passenger Miles (excluding totally contracted services addressed in Section II) = 14 Rate per Passenger	44,000 = ger Mile =	RATES FOR Wheel Chair 87,000 + 57,000 \$2.34 \$4.02 Ambul Wheel Chair	Stretcher Leave Blank C	\$0.00 per group
Input Projected Passenger Miles and Passenger Trips for each Service in the GREEN cells and the Rates for each Miles and Trips you input must sum to the total for all Services entered on the "Program-wide Rates" Worksheet, 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 Projected Passenger Miles (excluding totally contracted services addressed in Section II) = 14 Rate per Passenger Projected Passenger Trips (excluding totally contracted services addressed in Section II) = 17	44,000 = ger Mile =	RATES FOR Wheel Chair 87,000 + 57,000 \$2,34 \$4,02 Ambul Wheel Chair 6,600 + 4,400	Stretcher Leave Blank \$0.00 \$0.00 per passenger Stretcher Leave Blank Leave Blank Leave Blank Leave Blank Leave Blank	\$0.00 per group
Input Projected Passenger Miles and Passenger Trips for each Service in the GREEN cells and the Rates for each Miles and Trips you input must sum to the total for all Services entered on the "Program-wide Rates" Worksheet, 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 Projected Passenger Miles (excluding totally contracted services addressed in Section II) = 14 Rate per Passenger Projected Passenger Trips (excluding totally contracted services addressed in Section II) = 17	, MINUS miles 44,000 = ger Mile = 11,000 = ger Trip =	Ambul Wheel Chair 87,000 + 57,000 \$2,34 \$4,02 Ambul Wheel Chair 6,600 + 4,400 \$30,62 \$52,50	Stretcher Leave Blank + 0 Stretcher Leave Blank	\$0.00 per group \$0.00 per group
* Miles and Trips you input must sum to the total for all Services entered on the "Program-wide Rates" Worksheet, 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 Projected Passenger Miles (excluding totally contracted services addressed in Section II) = 14 Rate per Passeng Projected Passenger Trips (excluding totally contracted services addressed in Section II) = 17 Rate per Passeng	, MINUS miles 44,000 = ger Mile = 11,000 = ger Trip =	RATES FOR Ambul Wheel Chair 87,000 + 57,000 \$2.34 \$4.02 Ambul Wheel Chair 6,600 + 4,400 \$30.62 \$52.50	Stretcher Leave Blank Stretcher Gro	\$0.00 per group \$0.00 per group
Input Projected Passenger Miles and Passenger Trips for each Service in the GREEN cells and the Rates for each Miles and Trips you input must sum to the total for all Services entered on the "Program-wide Rates" Worksheet, 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 Projected Passenger Miles (excluding totally contracted services addressed in Section II) = 14 Rate per Passenger Projected Passenger Trips (excluding totally contracted services addressed in Section II) = 17 Rate per Passenger Passenger Passenger Passenger Projected Passenger Trips (excluding totally contracted services addressed in Section II) = 17	, MINUS miles 44,000 = ger Mile = 11,000 = ger Trip =	Ambul Wheel Chair 87,000 + 57,000 \$2,34 \$4,02 Ambul Wheel Chair 6,600 + 4,400 \$30,62 \$52,50	Stretcher Leave Blank + 0 Stretcher Leave Blank	\$0.00 per group \$0.00 per group
1. Input Projected Passenger Miles and Passenger Trips for each Service in the GREEN cells and the Rates for each * Miles and Trips you input must sum to the total for all Services entered on the "Program-wide Rates" Worksheet, 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 Projected Passenger Miles (excluding totally contracted services addressed in Section II) = 14 Rate per Passeng Projected Passenger Trips (excluding totally contracted services addressed in Section II) = 17 Rate per Passeng 2 If you answered # 1 above and want a COMBINED Rate per Trip PLUS a per Mile add-on for 1 or more services,	44,000 =	Ambul Wheel Chair 87,000 + 57,000 \$2,34 \$4,02 Ambul Wheel Chair 6,600 + 4,400 \$30,62 \$52,50	Stretcher Leave Blank \$ \$0.00 \$0.00 per passenger Stretcher Leave Blank \$ \$0.00 \$0.00 per passenger Stretcher Leave Blank \$ \$0.00 \$0.00 per passenger Stretcher Leave Blank Leave Blank Leave Blank Leave Blank Stretcher Leave Blank 2 \$0.00 \$0.00 \$0.00 per passenger	\$0.00 per group per group \$0.00 \$0.00
1. Input Projected Passenger Miles and Passenger Trips for each Service in the GREEN cells and the Rates for each * Miles and Trips you input must sum to the total for all Services entered on the "Program-wide Rates" Worksheet, 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 Projected Passenger Miles (excluding totally contracted services addressed in Section II) = 14 Rate per Passeng Projected Passenger Trips (excluding totally contracted services addressed in Section II) = 17 Rate per Passeng 2 If you answered # 1 above and want a COMBINED Rate per Trip PLUS a per Mile add-on for 1 or more services INPUT the Desired Rate per Trip (but must be less than per trip rate)	44,000 =	Ambul Wheel Chair 87,000 + 57,000 \$2.34 \$4.02 Ambul Wheel Chair 6,600 + 4,400 \$30,62 \$52,50 Combound Wheel Chair	Stretcher Leave Blank + S0.00 S0.00 S0.00 per passenger Stretcher Leave Blank + S0.00 S0.00 per passenger Stretcher Leave Blank Cave Blank	\$0.00 per group up \$0.00 so.00
1. Input Projected Passenger Miles and Passenger Trips for each Service in the GREEN cells and the Rates for each Miles and Trips you input must sum to the total for all Services entered on the "Program-wide Rates" Worksheet, 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 Projected Passenger Miles (excluding totally contracted services addressed in Section II) = 14 Rate per Passeng Projected Passenger Trips (excluding totally contracted services addressed in Section II) = 17 Rate per Passeng 2 If you answered # 1 above and want a COMBINED Rate per Trip PLUS a per Mile add-on for 1 or more services	44,000 =	Ambul Wheel Chair 87,000 + 57,000 \$2.34 \$4.02 Ambul Wheel Chair 6,600 + 4,400 \$30,62 \$52,50 Combound Wheel Chair	Stretcher Leave Blank \$ \$0.00 \$0.00 per passenger Stretcher Leave Blank \$ \$0.00 \$0.00 per passenger Stretcher Leave Blank \$ \$0.00 \$0.00 per passenger Stretcher Leave Blank Leave Blank Leave Blank Leave Blank Stretcher Leave Blank 2 \$0.00 \$0.00 \$0.00 per passenger	\$0.00 per group per group \$0.00 \$0.00
1. Input Projected Passenger Miles and Passenger Trips for each Service in the GREEN cells and the Rates for each * Miles and Trips you input must sum to the total for all Services entered on the "Program-wide Rates" Worksheet, 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 Projected Passenger Miles (excluding totally contracted services addressed in Section II) = 14 Rate per Passeng Projected Passenger Trips (excluding totally contracted services addressed in Section II) = 17 Rate per Passeng 2 If you answered # 1 above and want a COMBINED Rate per Trip PLUS a per Mile add-on for 1 or more services INPUT the Desired Rate per Trip (but must be less than per trip rate)	44,000 =	Ambul Wheel Chair 87,000 + 57,000 \$2.34 \$4.02 Ambul Wheel Chair 6,600 + 4,400 \$30.62 \$52.50 Comb Ambul Wheel Chair	Stretcher Leave Blank \$ \$0.00 \$0.00 per passenger Stretcher Leave Blank \$ \$0.00 \$0.00 per passenger Stretcher Leave Blank \$ \$0.00 \$0.00 per passenger Stretcher Leave Blank Leave Blank Leave Blank Leave Blank 2 \$0.00 \$0.00 per passenger	\$0.00 per group \$0.00 per group
1. Input Projected Passenger Miles and Passenger Trips for each Service in the GREEN cells and the Rates for each * Miles and Trips you input must sum to the total for all Services entered on the "Program-wide Rates" Worksheet, 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 Projected Passenger Miles (excluding totally contracted services addressed in Section II) = 14 Rate per Passeng Projected Passenger Trips (excluding totally contracted services addressed in Section II) = 17 Rate per Passeng 2 If you answered # 1 above and want a COMBINED Rate per Trip PLUS a per Mile add-on for 1 or more services INPUT the Desired Rate per Trip (but must be less than per trip rate)	44,000 =	Ambul Wheel Chair 87,000 + 57,000 \$2.34 \$4.02 Ambul Wheel Chair 6,600 + 4,400 \$30.62 \$52.50 Comb Ambul Wheel Chair	Stretcher Leave Blank \$ \$0.00 \$0.00 per passenger Stretcher Leave Blank \$ \$0.00 \$0.00 per passenger Stretcher Leave Blank \$ \$0.00 \$0.00 per passenger Stretcher Leave Blank Leave Blank Leave Blank Leave Blank Stretcher Leave Blank 2 \$0.00 \$0.00 \$0.00 per passenger	\$0.00 per group \$0.00 per group
1. Input Projected Passenger Miles and Passenger Trips for each Service in the GREEN cells and the Rates for each * Miles and Trips you input must sum to the total for all Services entered on the "Program-wide Rates" Worksheet, 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 Projected Passenger Miles (excluding totally contracted services addressed in Section II) = 14 Rate per Passeng Projected Passenger Trips (excluding totally contracted services addressed in Section II) = 17 Rate per Passeng 2 If you answered # 1 above and want a COMBINED Rate per Trip PLUS a per Mile add-on for 1 or more services INPUT the Desired Rate per Trip (but must be less than per trip rate)	44,000 =	Ambul Wheel Chair 87,000 + 57,000 \$2.34 \$4.02 Ambul Wheel Chair 6,600 + 4,400 \$30.62 \$52.50 Comb Ambul Wheel Chair	Stretcher Leave Blank \$ \$0.00 \$0.00 per passenger Stretcher Leave Blank \$ \$ \$0.00 \$0.00 per passenger Stretcher Leave Blank \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$	\$0.00 per group \$0.00 per group \$0.00 per group
1. Input Projected Passenger Miles and Passenger Trips for each Service in the GREEN cells and the Rates for each * Miles and Trips you input must sum to the total for all Services entered on the "Program-wide Rates" Worksheet, 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 Projected Passenger Miles (excluding totally contracted services addressed in Section II) = 14 Rate per Passeng Projected Passenger Trips (excluding totally contracted services addressed in Section II) = 17 Rate per Passeng 2 If you answered # 1 above and want a COMBINED Rate per Trip PLUS a per Mile add-on for 1 or more services INPUT the Desired Rate per Trip (but must be less than per trip rate)	MINUS miles 44,000 = ger Mile = 11,000 = ger Trip = e above) = Balance =	RATES FOR Wheel Chair 87,000 + 57,000 \$2,34	Stretcher Leave Blank Stretcher Gro Leave Blank Stretcher Gro	\$0.00 per group \$0.00 per group \$0.00 per group \$0.00 per group
1. Input Projected Passenger Miles and Passenger Trips for each Service in the GREEN cells and the Rates for each * Miles and Trips you input must sum to the total for all Services entered on the "Program-wide Rates" Worksheet, 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 Projected Passenger Miles (excluding totally contracted services addressed in Section II) = 14 Rate per Passeng Projected Passenger Trips (excluding totally contracted services addressed in Section II) = 17 Rate per Passeng 2 If you answered # 1 above and want a COMBINED Rate per Trip PLUS a per Mile add-on for 1 or more services, INPUT the Desired Rate per Trip (but must be less than per trip rate Rate per Passenger Mile for B	MINUS miles 44,000 = ger Mile = 11,000 = ger Trip = e above) = Balance =	RATES FOR Wheel Chair 87,000 + 57,000 \$2.34	Stretcher Leave Blank \$ \$0.00 \$0.00 per passenger Stretcher Leave Blank \$ \$ \$0.00 \$0.00 per passenger Stretcher Leave Blank \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$	\$0.00 per group \$0.00 \$0.00 per group
1. Input Projected Passenger Miles and Passenger Trips for each Service in the GREEN cells and the Rates for each * Miles and Trips you input must sum to the total for all Services entered on the "Program-wide Rates" Worksheet, 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 Projected Passenger Miles (excluding totally contracted services addressed in Section II) = 14 Rate per Passeng Projected Passenger Trips (excluding totally contracted services addressed in Section II) = 17 Rate per Passeng 2 If you answered # 1 above and want a COMBINED Rate per Trip PLUS a per Mile add-on for 1 or more services INPUT the Desired Rate per Trip (but must be less than per trip rate Rate per Passenger Mile for B	MINUS miles 44,000 = ger Mile = 11,000 = ger Trip = a above) = Balance = ger Mile =	RATES FOR Wheel Chair 87,000 + 57,000 \$2.34	Stretcher Leave Blank Stretcher Gro	\$0.00 per group \$0.00 per group \$0.00 per group \$0.00 per group \$0.00 per group
1. Input Projected Passenger Miles and Passenger Trips for each Service in the GREEN cells and the Rates for each 1. Miles and Trips you input must sum to the total for all Services entered on the "Program-wide Rates" Worksheet, and trips for contracted services IF the rates were calculated in the Section II above 1. Be sure to leave the service BLANK if you answered NO in Section I or YES to question #2 in Section II 1. Projected Passenger Miles (excluding totally contracted services addressed in Section II) = 14 1. Rate per Passeng 1. Rate per Passenger Projected Passenger Trips (excluding totally contracted services addressed in Section II) = 17 1. Rate per Passenger Passenger Passenger Projected Passenger Trips (excluding totally contracted services addressed in Section II) = 17 1. Rate per Passenger Mile for Basenger Passenger Passenge	MINUS miles 44,000 = ger Mile = 11,000 = ger Trip = a above) = Balance = ger Mile =	RATES FOR Wheel Chair 87,000 + 57,000 \$2,34	Stretcher Leave Blank Leave Blank Stretcher Gro Leave Blank Stretcher Gro Leave Blank Stretcher Gro Leave Blank Stretcher Gro	\$0.00 per group \$0.00 per group \$0.00 per group \$0.00 per group \$0.00 per group
1. Input Projected Passenger Miles and Passenger Trips for each Service in the GREEN cells and the Rates for each * Miles and Trips you input must sum to the total for all Services entered on the "Program-wide Rates" Worksheet, 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 Projected Passenger Miles (excluding totally contracted services addressed in Section II) = 14 Rate per Passeng Projected Passenger Trips (excluding totally contracted services addressed in Section II) = 17 Rate per Passeng 2 If you answered # 1 above and want a COMBINED Rate per Trip PLUS a per Mile add-on for 1 or more services INPUT the Desired Rate per Trip (but must be less than per trip rate Rate per Passenger Mile for B	MINUS miles 44,000 = ger Mile = 11,000 = ger Trip = a above) = Balance = ger Mile =	RATES FOR Ambul Wheel Chair 87,000 + 57,000 \$2.34 \$4.02 Ambul Wheel Chair 6,600 + 4,400 \$30.62 \$52.50 Comb Ambul Wheel Chair \$2.34 \$4.02 Rates If No Revenue F Ambul Wheel Chair \$5.39 \$9.24 Ambul Wheel Chair \$70.43 \$120.74	Stretcher Leave Blank Stretcher Gro	\$0.00 per group \$0.00 per group \$0.00 per group \$0.00 per group \$0.00 per group

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Comprehensive Budget V			Version 1.4			Mid Florida Community Services, Inc. Hernando
Complete applicable GREEN cells in c	olumns 2, 3, 4	, and 7				
1	Prior Year's ACTUALS from July 1st of 2020 to June 30th of 2021	Current Year's APPROVED Budget, as amended from July 1st of 2021 to June 30th of 2022 3	Upcoming Year's PROPOSED Budget from July 1st of 2022 to June 30th of 2023 4	% Change from Prior Year to Current Year 5		a purchase of service at a unit price.
REVENUES (CTC/Operators ONLY /	Do NOT inclu	de coordination o	contractors!)			
Local Non-Govt						
Farebox	\$ 17,131	\$ 10,864	\$ 23,000	-36.6%	111.7%	Increase do to ridership increase because of less covid restrictions.
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 County In-Kind, Contributed Services						
City Cash						
City In-kind, Contributed Services Other Cash						
Other In-Kind, Contributed Services						
Bus Pass Program Revenue						
Non Spane, Trip Program	\$ 355.022	e 429.162	¢ 429.162	20.6%	0.0%	
Non-Spons. Trip Program Non-Spons. Capital Equipment	\$ 355,022	\$ 428,163	\$ 428,163	20.6%	0.0%	
Rural Capital Equipment Other TD (specify in explanation)	\$ 115,169	\$ 167,588	\$ 150,000	45.5%	-10.5%	
Bus Pass Program Revenue	\$ 110,109	Ψ 107,300	\$ 130,000	45.570	-10.570	
USDOT & FDOT						
49 USC 5307						New veterans ride grant.
49 USC 5310 49 USC 5311 (Operating)	\$ 227,240	\$ 240,000	\$ 240,000	5.6%	0.0%	
49 USC 5311(Capital) Block Grant						
Service Development						
Other DOT (specify in explanation)			\$ 150,000			
Bus Pass Program Revenue						
AHCA						
Medicaid Other AHCA (specify in explanation)						
Bus Pass Program Revenue						
DCF						
Alcoh, 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 DOEA						
Older Americans Act						
Community Care for Elderly						
Other DOEA (specify in explanation)						
Bus Pass Program Revenue						
Bus Pass Program Revenue						

TUAL year GAIN (program revenue) MUST be reinvested as a trip or system subsidy. Adjustments must be Identified and explained in a following year, or completed, proceed to the Worksheet entitled "Budgeted Rate Base" Standard proceed to the Worksheet entitled "Budgeted Rate Base" CTUAL year GAIN (program revenue) MUST be reinvested as a trip or system subsidy. Adjustments must be Identified and explained in a following year, or completed, proceed to the Worksheet entitled "Budgeted Rate Base" CTUAL year GAIN (program revenue) MUST be reinvested as a trip or system subsidy. Adjustments must be Identified and explained in a following year, or completed.	omprehensive Budget Normplete applicable GREEN cells in a			Version 1.4			Mid Florida Community Services, Inc. Hernando
Tribuse of the Art Department of the Art Dep	1	ACTUALS from July 1st of 2020 to June 30th of 2021	APPROVED Budget, as amended from July 1st of 2021 to June 30th of 2022	PROPOSED Budget from July 1st of ▼ 2022 to June 30th of 2023	from Prior Year to Current Year	% Change from Current Year to Upcoming Year	a purchase of service at a unit price. $Explain\ Changes\ in\ Column\ 6\ That\ Are > \pm\ 10\%\ and\ Also > \pm\ $50,000$
weekpromise Services							
See Past Program Revenue Inter Fet of Salies We Past Program Revenue Inter Fet of Salies We Past Program Revenue Interest Eminion Salies Balancing Revenue is Short By = Total Revenue = Total Revenue is Short By = Total Revenue is Shor	Developmental Services Other APD (specify in explanation) Bus Pass Program Revenue						
	specify in explanation)						
Descriptions of the proper in the properties in the proper							
	XX						
	Bus Pass Program Revenue						
	nterest Earnings						
Balancing Revenue is Short By	XXX						
See NOTES Below. Short By							
Total Revenues	iolada or Flatifica osc of Gasti Nescive						
Completed Completed Completed Continuation Contractors Completed Continuation Contractors Completed Continuation Contractors Completed Continuation Contractors Contract	Balancing Revenue is Short By =			None			_
Sample S	Total Revenues =						
Sample S		\$714,502	\$846,615	\$991,163	18.5%	17.1%	
Inge Benefits \$ 102,771 \$ 137,001 \$ 146,821 \$ 33.3% 7.2% reviews \$ 1.2525 \$ 16,100 \$ 15.500 \$ 30.3% 14.9% retrials and Supplies \$ 76,225 \$ 140,500 \$ 213,367 \$ 84.3% 51.9% retrials and Supplies \$ 76,225 \$ 140,500 \$ 213,367 \$ 84.3% 51.9% retrials and Liability \$ 70,559 \$ 60,000 \$ 72,000 \$ 15.0% \$ 20.0% reviews rehased Transportation: **Prohased Transportation:** **Purchased Bus Plais Expenses						17.1%	-
See NOTES Below. See Completed, proceed to the Worksheet entitled See Completed, proceed to the Worksh	KPENDITURES (CTC/Operators ON					17.1%	
susalty and Liability	XPENDITURES (CTC/Operators ON erating Expenditures bor inge Benefits	LY / Do NOT i	nclude Coordina \$ 370,213 \$ 137,001	tion Contractors \$ 389,802 \$ 146,821	20.2% 33.3%	5.3% 7.2%	
Turchased Transportation: Purchased Bus Pass Expenses School Bus Ultifation Expenses Contracted Transportation Services	XPENDITURES (CTC/Operators ON erating Expenditures bor	\$ 308,098 \$ 102,771 \$ 12,352	s 370,213 \$ 137,001 \$ 16,100	\$ 389,802 \$ 146,821 \$ 18,500	20.2% 33.3% 30.3%	5.3% 7.2% 14.9%	
Funchased Bus Pass Expenses School Bus Ullization Expenses Contracted Transportation Services Contracted Transportation S	XPENDITURES (CTC/Operators ON erating Expenditures bor lings Benefits ervices atterials and Supplies	\$ 308,098 \$ 102,771 \$ 12,352 \$ 76,225 \$ 23,217	\$ 370,213 \$ 137,001 \$ 16,100 \$ 140,500 \$ 25,000	\$ 389,802 \$ 146,821 \$ 18,500 \$ 213,367 \$ 26,000	20.2% 33.3% 30.3% 84.3% 7.7%	5.3% 7.2% 14.9% 51.9% 4.0%	
Dontracted Transportation Services	XPENDITURES (CTC/Operators ON erating Expenditures bor inge Benefits ervices aterials and Supplies littles susualty and Liability ixes	\$ 308,098 \$ 102,771 \$ 12,352 \$ 76,225 \$ 23,217	\$ 370,213 \$ 137,001 \$ 16,100 \$ 140,500 \$ 25,000	\$ 389,802 \$ 146,821 \$ 18,500 \$ 213,367 \$ 26,000	20.2% 33.3% 30.3% 84.3% 7.7%	5.3% 7.2% 14.9% 51.9% 4.0%	
Other Social and Socia	XPENDITURES (CTC/Operators ON erating Expenditures bor long and supplies expenditures at erials and Supplies expenditures expenditures expenditures expenditures expenditures expenditures expenses expenses expenses expenses on the expension of t	\$ 308,098 \$ 102,771 \$ 12,352 \$ 76,225 \$ 23,217	\$ 370,213 \$ 137,001 \$ 16,100 \$ 140,500 \$ 25,000	\$ 389,802 \$ 146,821 \$ 18,500 \$ 213,367 \$ 26,000	20.2% 33.3% 30.3% 84.3% 7.7%	5.3% 7.2% 14.9% 51.9% 4.0%	
perating Debt Service - Principal & Interest paths are sases and Rentals paths to Capital Equip. Replacement Fund Hind, Contributed Services \$. \$. \$. \$. \$. \$. \$. \$. \$. \$	XPENDITURES (CTC/Operators ON erating Expenditures bor inge Benefits ervices aterials and Supplies littles assualty and Liability inchased Transportation: Purchased Bus Pass Expenses Scontracted Transportation Services	\$ 308,098 \$ 102,771 \$ 12,352 \$ 76,225 \$ 23,217	\$ 370,213 \$ 137,001 \$ 16,100 \$ 140,500 \$ 25,000	\$ 389,802 \$ 146,821 \$ 18,500 \$ 213,367 \$ 26,000	20.2% 33.3% 30.3% 84.3% 7.7%	5.3% 7.2% 14.9% 51.9% 4.0%	
Octual Equip. Replacement Fund Serior Contributed Services Service	XPENDITURES (CTC/Operators ON erating Expenditures bor inge Benefits ervices aterials and Supplies lilities assualty and Liability exes urchased Transportation: Purchased Bus Pass Expenses School Bus Utilization Expenses Contracted Transportation Services School Services Scellaneous	\$ 308,098 \$ 102,771 \$ 12,352 \$ 76,225 \$ 23,217 \$ 70,559	\$ 370,213 \$ 137,001 \$ 16,100 \$ 140,500 \$ 25,000 \$ 60,000	\$ 389,802 \$ 146,821 \$ 18,500 \$ 213,367 \$ 26,000 \$ 72,000	20.2% 33.3% 30.3% 84.3% 7.7% -15.0%	5.3% 7.2% 14.9% 51.9% 4.0% 20.0%	
located Indirect \$ 63,642 \$ 66,800 \$ 70,673 \$ 5.0% \$ 5.8%	XPENDITURES (CTC/Operators ON erating Expenditures bor inge Benefits revices aterials and Supplies illities susualty and Liability ixxes inchased Transportation: "Qurchased Bus Pass Expenses School Bus Utilization Expenses Contracted Transportation Services Other Scellaneous berating Debt Service - Principal & Interest asses and Rentals	\$ 308,098 \$ 102,771 \$ 12,352 \$ 76,225 \$ 23,217 \$ 70,559 \$ 52,755	\$ 370,213 \$ 137,001 \$ 16,100 \$ 140,500 \$ 25,000 \$ 60,000	\$ 389,802 \$ 146,821 \$ 18,500 \$ 213,367 \$ 26,000 \$ 72,000	20.2% 33.3% 30.3% 84.3% 7.7% -15.0%	5.3% 7.2% 14.9% 51.9% 4.0% 20.0%	
ACTUAL YEAR GAIN Total Expenditures = \$709,619 \$846,614 \$991,163 19.3% 17.1% See NOTES Below. CTUAL year GAIN (program revenue) MUST be reinvested as a trip or system subsidy. Adjustments must be Identified and explained in a following year, or	XPENDITURES (CTC/Operators ON erating Expenditures bor inge Benefits ervices aterials and Supplies ilities susualty and Liability ixes urchased Transportation: Purchased Bus Pass Expenses School Bus Utilization Expenses Contracted Transportation Services Other scellaneous perating Debt Service - Principal & Interest asses and Rentals ontrib. to Capital Equip. Replacement Fund	\$ 308,098 \$ 102,771 \$ 12,352 \$ 76,225 \$ 23,217 \$ 70,559	\$ 370.213 \$ 137.001 \$ 16,100 \$ 140,500 \$ 25,000 \$ 60,000	\$ 389,802 \$ 146,821 \$ 18,500 \$ 213,367 \$ 26,000 \$ 72,000	20.2% 33.3% 30.3% 84.3% 7.7% -15.0%	5.3% 7.2% 14.9% 51.9% 4.0% 20.0%	
ACTUAL YEAR GAIN Total Expenditures \$709,619 \$846,614 \$991,163 19.3% 17.1% See NOTES Below. CCTUAL Year GAIN (program revenue) MUST be reinvested as a trip or system subsidy. Adjustments must be Identified and explained in a following year, or	XPENDITURES (CTC/Operators ON erating Expenditures borninge Benefits revivies aterials and Supplies liftilities issualty and Liability inchased Transportation: Purchased Bus Pass Expenses School Bus Utilization Expenses Contracted Transportation Services Other Scellaneous berating Debt Service - Principal & Interest lases and Rentals intrib. to Capital Equip. Replacement Fund Kind, Contributed Services located Indirect	\$ 308.098 \$ 102,771 \$ 12,352 \$ 76,225 \$ 23,217 \$ 70,559 \$ 52,755	\$ 370.213 \$ 137.001 \$ 16,100 \$ 140,500 \$ 25,000 \$ 60,000	\$ 389,802 \$ 146,821 \$ 18,500 \$ 213,367 \$ 26,000 \$ 72,000	20.2% 33.3% 30.3% 84.3% 7.7% -15.0%	5.3% 7.2% 14.9% 51.9% 4.0% 20.0%	
ACTUAL YEAR GAIN Total Expenditures = \$709,619 \$846,614 \$991,163 19.3% 17.1% See NOTES Below. Ce completed, proceed to the Worksheet entitled "Budgeted Rate Base" CTUAL Year GAIN (program revenue) MUST be reinvested as a trip or system subsidy. Adjustments must be Identified and explained in a following year, or	XPENDITURES (CTC/Operators ON erating Expenditures bor inge Benefits revices aterials and Supplies illities usualty and Liability inchased Transportation: Purchased Bus Pass Expenses School Bus Utilization Expenses Contracted Transportation Services Other scellaneous perating Debt Service - Principal & Interest iases and Rentals ophith, Contributed Services ocated Indirect oftal Expenditures guip. Purchases with Grant Funds	\$ 308.098 \$ 102,771 \$ 12,352 \$ 76,225 \$ 23,217 \$ 70,559 \$ 52,755	\$ 370.213 \$ 137.001 \$ 16,100 \$ 140,500 \$ 25,000 \$ 60,000	\$ 389,802 \$ 146,821 \$ 18,500 \$ 213,367 \$ 26,000 \$ 72,000	20.2% 33.3% 30.3% 84.3% 7.7% -15.0%	5.3% 7.2% 14.9% 51.9% 4.0% 20.0%	
See NOTES Below. CTUAL year GAIN (program revenue) MUST be reinvested as a trip or system subsidy. Adjustments must be Identified and explained in a following year, or	XPENDITURES (CTC/Operators ON erating Expenditures bor inge Benefits ervices aterials and Supplies littles assualty and Liability inchased Transportation: Purchased Bus Pass Expenses School Bus Utilization Expenses Contracted Transportation Services Dither scellaneous perating Debt Service - Principal & Interest asses and Rentals purchased Indirect Control to Control to Capital Equip. Replacement Fund-Kind, Contributed Services ocated Indirect total Expenditures puip. Purchases with Grant Funds puip. Purchases with Grant Funds puip. Purchases with Grant Funds puip. Purchases with Tate Generated Rev.	\$ 308.098 \$ 102,771 \$ 12,352 \$ 76,225 \$ 23,217 \$ 70,559 \$ 52,755	\$ 370.213 \$ 137.001 \$ 16,100 \$ 140,500 \$ 25,000 \$ 60,000	\$ 389,802 \$ 146,821 \$ 18,500 \$ 213,367 \$ 26,000 \$ 72,000	20.2% 33.3% 30.3% 84.3% 7.7% -15.0%	5.3% 7.2% 14.9% 51.9% 4.0% 20.0%	
See NOTES Below. Ce completed, proceed to the Worksheet entitled "Budgeted Rate Base" CTUAL year GAIN (program revenue) MUST be reinvested as a trip or system subsidy. Adjustments must be Identified and explained in a following year, or	XPENDITURES (CTC/Operators ON erating Expenditures bor inge Benefits ervices aterials and Supplies littles assualty and Liability inchased Transportation: Purchased Bus Pass Expenses School Bus Utilization Expenses Contracted Transportation Services Dither scellaneous perating Debt Service - Principal & Interest asses and Rentals purchased Indirect Control to Control to Capital Equip. Replacement Fund-Kind, Contributed Services ocated Indirect total Expenditures puip. Purchases with Grant Funds puip. Purchases with Grant Funds puip. Purchases with Grant Funds puip. Purchases with Tate Generated Rev.	\$ 308.098 \$ 102,771 \$ 12,352 \$ 76,225 \$ 23,217 \$ 70,559 \$ 52,755	\$ 370.213 \$ 137.001 \$ 16,100 \$ 140,500 \$ 25,000 \$ 60,000	\$ 389,802 \$ 146,821 \$ 18,500 \$ 213,367 \$ 26,000 \$ 72,000	20.2% 33.3% 30.3% 84.3% 7.7% -15.0%	5.3% 7.2% 14.9% 51.9% 4.0% 20.0%	
ce completed, proceed to the Worksheet entitled "Budgeted Rate Base" CTUAL year GAIN (program revenue) MUST be reinvested as a trip or system subsidy. Adjustments must be Identified and explained in a following year, or	XPENDITURES (CTC/Operators ON erating Expenditures bor inge Benefits ervices aterials and Supplies littles assualty and Liability inchased Transportation: Purchased Bus Pass Expenses School Bus Utilization Expenses Contracted Transportation Services Dither scellaneous perating Debt Service - Principal & Interest asses and Rentals protocoted Indirect control to Capital Equip. Replacement Fund-Kind, Contributed Services ocated Indirect purchases with Capital Equip. Purchases with Capital Evenue puip. Purchases with Grant Funds puip. Purchases with Tate Generated Revupital Debt Service - Principal & Interest puip. Purchases with Capital Expenditures puip. Purchases with Capital Expenses with Rate Generated Revupital Debt Service - Principal & Interest	\$ 308,098 \$ 102,771 \$ 12,352 \$ 76,225 \$ 23,217 \$ 70,559 \$ 52,755	\$ 370.213 \$ 137.001 \$ 16,100 \$ 140,500 \$ 25,000 \$ 60,000	\$ 389,802 \$ 146,821 \$ 18,500 \$ 213,367 \$ 26,000 \$ 72,000	20.2% 33.3% 30.3% 84.3% 7.7% -15.0%	5.3% 7.2% 14.9% 51.9% 4.0% 20.0%	
ce completed, proceed to the Worksheet entitled "Budgeted Rate Base" CTUAL year GAIN (program revenue) MUST be reinvested as a trip or system subsidy. Adjustments must be Identified and explained in a following year, or	XPENDITURES (CTC/Operators ON erating Expenditures bor inge Benefits ervices aterials and Supplies littles assualty and Liability inchased Transportation: Purchased Bus Pass Expenses School Bus Utilization Expenses Scellaneous Description of School Contracted Transportation Expresses School Bus Utilization Expenses S	\$ 308.098 \$ 102,771 \$ 12,352 \$ 76,225 \$ 23,217 \$ 70,559 \$ 52,755 \$ 53,755	\$ 370,213 \$ 137,001 \$ 16,100 \$ 25,000 \$ 60,000 \$ 31,000 \$ 60,000	\$ 389,802 \$ 146,821 \$ 18,500 \$ 213,367 \$ 26,000 \$ 72,000 \$ 54,000 \$ 50,673	20.2% 33.3% 30.3% 84.3% -15.0%	5.3% 7.2% 14.9% 51.9% 4.0% 20.0%	
CTUAL year GAIN (program revenue) MUST be reinvested as a trip or system subsidy. Adjustments must be Identified and explained in a following year, or	XPENDITURES (CTC/Operators ON erating Expenditures bor inge Benefits ervices aterials and Supplies lilities except and the second of the secon	\$ 308.098 \$ 102,771 \$ 12,352 \$ 76,225 \$ 23,217 \$ 70,559 \$ 52,755 \$ 53,755	\$ 370,213 \$ 137,001 \$ 16,100 \$ 25,000 \$ 60,000 \$ 31,000 \$ 60,000	\$ 389,802 \$ 146,821 \$ 18,500 \$ 213,367 \$ 26,000 \$ 72,000 \$ 54,000 \$ 50,673	20.2% 33.3% 30.3% 84.3% -15.0%	5.3% 7.2% 14.9% 51.9% 4.0% 20.0%	
CTUAL year GAIN (program revenue) MUST be reinvested as a trip or system subsidy. Adjustments must be Identified and explained in a following year, or	XPENDITURES (CTC/Operators ON erating Expenditures bor inge Benefits ervices aterials and Supplies lilities except and the second of the secon	\$ 308.098 \$ 102,771 \$ 12,352 \$ 76,225 \$ 23,217 \$ 70,559 \$ 52,755 \$ 53,755	\$ 370,213 \$ 137,001 \$ 16,100 \$ 25,000 \$ 60,000 \$ 31,000 \$ 60,000	\$ 389,802 \$ 146,821 \$ 18,500 \$ 213,367 \$ 26,000 \$ 72,000 \$ 54,000 \$ 50,673	20.2% 33.3% 30.3% 84.3% -15.0%	5.3% 7.2% 14.9% 51.9% 4.0% 20.0%	
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CTUAL year GAIN (program revenue) MUST be reinvested as a trip or system subsidy. Adjustments must be identified and explained in a following year, or pplied as a Rate Base Adjustment to proposed year's rates on the next sheet.	XPENDITURES (CTC/Operators ON erating Expenditures bor inge Benefits ervices aterials and Supplies illities issualty and Liability inchased Transportation: Purchased Bus Pass Expenses School Bus Utilization Expenses Contracted Transportation Services Other scellaneous perating Debt Service - Principal & Interest isses and Rentals on this to Capital Equip. Replacement Fund Kind, Contributed Services located Indirect of Interest isses with Capital Expenditures in the Interest is interest. Actual Revenue in Purchases with Rate Generated Rev. Apital Debt Service - Principal & Interest in Interest is in Interest in Interest is in Interest in Interest is in Interest in Intere	\$ 308,098 \$ 102,771 \$ 12,352 \$ 76,225 \$ 23,217 \$ 70,559 \$ 52,755 \$ 54,943 \$ 709,619	\$ 370.213 \$ 137.001 \$ 16,100 \$ 140.500 \$ 25,000 \$ 60,000 \$ 31,000 \$ 31,000 \$ 66,800	\$ 389,802 \$ 146,821 \$ 18,500 \$ 213,367 \$ 26,000 \$ 72,000 \$ 54,000 \$ 54,000 \$ 70,673	20.2% 33.3% 30.3% 84.3% -15.0%	5.3% 7.2% 14.9% 51.9% 4.0% 20.0%	
	Expenditures (CTC/Operators ON erating Expenditures bor inge Benefits ervices aterials and Supplies littles assualty and Liability exes expenses of the second bus Utilization Expenses Contracted Transportation Services Dither scellaneous occated Transportation Services Dither scellaneous occated Indirect expenses octon Bus Utilization Expenses Contracted Transportation Services Dither scellaneous occated Indirect expenses occated Indirect individual Expenditures pup Purchases with Grant Funds (Expenditures pup Purchases with Grant Funds pup Purchases with Total Revenue pup Purchases with Rate Generated Rev. Aprilal Debt Service - Principal & Interest expenses occated Indirect expenses with Rate Generated Rev. Aprilal Debt Service - Principal & Interest expenses occated Indirect expenses with Rate Generated Rev. Aprilal Debt Service - Principal & Interest expenses occated Rev. ACTUAL YEAR GAIN Total Expenditures = See NOTES Below.	\$ 308,098 \$ 102,771 \$ 12,352 \$ 76,225 \$ 23,217 \$ 70,559 \$ 52,755 \$ 63,642 \$ 4,943 \$709,619	\$ 370,213 \$ 137,001 \$ 16,100 \$ 140,500 \$ 25,000 \$ 60,000 \$ 31,000 \$ 66,800	\$ 389,802 \$ 146,821 \$ 18,500 \$ 213,367 \$ 26,000 \$ 72,000 \$ 54,000 \$ 50,673 \$ \$ 70,673	20.2% 33.3% 30.3% 84.3% 7.7% -15.0%	5.3% 7.2% 14.9% 51.9% 4.0% 20.0%	

Budgeted Rate Base Worksheet CTC: Mid Florida Community Services, Inc. County: Hernando 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 Ipcoming Year's BUDGETED What amount of the 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? Subsidy Revenue in col. 4 will come from funds to purchase equipment, OR will be used as match for the purchase of July 1st of 2022 Budgeted Rate Subsidy Revenue EXcluded from June 30th of 2023 the Rate Base equipment? REVENUES (CTC/Operators ONLY) Local Non-Govt YELLOW cells are <u>NEVER</u> Generated by Applying Authorized Rates 23,000 23,000 Donations/ Contributions In-Kind, Contributed Services Bus Pass Program Revenue Local Government District School Board s BLUE cells Should be funds generated by rates in this spreadsheet County In-Kind, Contributed Services City In-kind, Contributed Services Other In-Kind, Contributed Services Bus Pass Program Revenue CTD al match red GREEN cells Non-Spons. Trip Program Non-Spons. Capital Equipment Rural Capital Equipment Other TD MAY BE Revenue Generated by Applying 428,163 428,163 \$ 47 574 Authorized Rate per Mile/Trip Charges 150,000 Fill in that portion of budgeted revenue in Column 2 that will be <u>GENERATED</u> through the application of authorized per mile, per Bus Pass Program Revenue 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 <u>NOT</u> Capital Equipment 49 USC 5307 49 USC 5310 49 USC 5311 (Operating) 49 USC 5311(Capital) 240,000 240.000 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 Commuter Assistance Other DOT 150,000 Bus Pass Program Revenue 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. Bus Pass Program Revenue Alcoh, Drug & Mental Health Family Safety & Preservation Comm. Care Dis./Aging & Adult Sen Other DCF GOLD cells Bus Pass Program Revenue DOH Fill in that portion of Budgeted Rate Subsidy Revenue in Column 4 that will come from Funds Earmarked by the Funding Children Medical Services County Public Health Other DOH Source for Purchasing Capital Equipment. Also include the portion of Local Funds earmarked as Match related to the Bus Pass Program Revenue Purchase of Capital Equipment if a match amount is required by Div of Blind Services Bus Pass Program Reven WAGES/Workforce Board Bus Pass Program Revenue DOFA Community Care for Elderly Other DOEA Bus Pass Program Revenue Community Services Other DCA Bus Pass Program Revenue

Budgeted Rate Base Worksheet CTC: Mid Florida Community Services, Inc. County: Hernando 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 What amount of the 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? Subsidy Revenue in col. 4 will come from funds to purchase equipment, OR will be used as match for the purchase of July 1st of 2022 Budgeted Rate to June 30th of Subsidy Revenue EXcluded from 2023 the Rate Base equipment? APD Office of Disability Determination Developmental Services Other APD Bus Pass Program Revenue D.I.I Bus Pass Program Revenue XXX Bus Pass Program Revenue Other Revenues Interest Earnings Bus Pass Program Revenue Balancing Revenue to Prevent Deficit Actual or Planned Use of Cash Reserve s Total Revenues = \$ 991,163 428,163 \$ 563,000 EXPENDITURES (CTC/Operators ONLY) 563.000 Operating Expenditures Fringe Benefits 146,821 18,500 213,367 26,000 72,000 Materials and Supplies Utilities Casualty and Liability Taxes Purchased Transportation: Purchased Bus Pass Expenses School Bus Utilization Expenses Contracted Transportation Services 54,000 Operating Debt Service - Principal & Interest Leases and Rentals Contrib. to Capital Equip. Replacement Fund In-Kind, Contributed Services 70,673 Allocated Indirect ¹ Rate Base Adjustment Cell Capital Expenditures Equip. Purchases with Grant Funds Equip. Purchases with Local Revenue Equip. Purchases with Rate Generated Rev. Capital Debt Service - Principal & Interest If necessary and justified, this cell is where you 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 <u>Actual</u> 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 exlanation area of the Comprehensive Budget tab. Total Expenditures = \$ 991,163 minus EXCLUDED Subsidy Revenue = \$ 563.000 Budgeted Total Expenditures INCLUDED in 428,163 Rate Base Adjustment¹ = \$ 4,943 Adjusted Expenditures Included in Rate Base = \$ 433,106 2020 - 2021 ¹ The Difference between Expenses and Revenues for Fiscal Year: Once Completed, Proceed to the Worksheet entitled "Program-wide Rates"

Worksheet for Program-wide Rates

CTC: Mid Florida Commu/ersion 1.4

County: Hernando

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!



Fiscal Year 2022 - 2023

Avg. Passenger Trip Length = 13.1 Miles

Rates If No Revenue Funds Were Identified As Subsidy
Funds

Rate Per Passenger Mile = \$ 6.92

Rate Per Passenger Trip = \$ 90.56

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.

E ACTION ITEMS

2. Community Transportation Coordinator (CTC) – Annual Evaluation

Attached is the Community Transportation Coordinator (CTC) Annual Evaluation conducted by the Planning Agency on March 26, 2022 and completed on April 29, 2022. 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 TDLCB Board review the 2022 Annual CTC Evaluation, provide comments, and approve for submittal to the CTD.

Attachment: 2022 CTC Evaluation

CTC EVALUATION WORKBOOK

Florida Commission for the



Transportation Disadvantaged

CTC BEING REVIEWED:		
COUNTY (IES):		
ADDRESS:		
CONTACT:	PHONE:	
REVIEW PERIOD:	REVIEW DATES:	
PERSON CONDUCTING THE RE	VIEW:	
CONTACT INFORMATION:		

FORMATTED 2011 – 2012

LCB EVALUATION WORKBOOK

ITEM	PAGE
REVIEW CHECKLIST	3
EVALUATION INFORMATION	5
ENTRANCE INTERVIEW QUESTIONS	6
GENERAL QUESTIONS	
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
ITE	CMS TO REVIEW ON-SITE:
	SSPP
	SSPP Policy/Procedure Manual
	Policy/Procedure Manual
	Policy/Procedure Manual Complaint Procedure
	Policy/Procedure Manual Complaint Procedure Drug & Alcohol Policy (see certification)
	Policy/Procedure Manual Complaint Procedure Drug & Alcohol Policy (see certification) Grievance Procedure
	Policy/Procedure Manual Complaint Procedure Drug & Alcohol Policy (see certification) Grievance Procedure Driver Training Records (see certification)
	Policy/Procedure Manual Complaint Procedure Drug & Alcohol Policy (see certification) Grievance Procedure Driver Training Records (see certification) Contracts
	Policy/Procedure Manual Complaint Procedure Drug & Alcohol Policy (see certification) Grievance Procedure Driver Training Records (see certification) Contracts Other Agency Review Reports

Page 3 Packet Page 42

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).
<u>INF</u>	ORMATION OR MATERIAL TO TAKE WITH YOU:
	Measuring Tape

Page 4 Packet Page 43

EVALUATION INFORMATION

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

1		
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.

Page 5 Packet Page 44

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. OP	PERATING ENVIRONMENT:				
	\square RURAL \square URBAN				
2. OR	RGANIZATION TYPE:				
	☐ PRIVATE-FOR-PROFIT				
	☐ PRIVATE NON-PROFIT				
	GOVERNMENT				
	☐ TRANSPORTATION AGENCY				
2. OR	□ PRIVATE-FOR-PROFIT□ PRIVATE NON-PROFIT□ GOVERNMENT				

Page 6 Packet Page 45

3.	NETWOR	K TYPE:
		SOLE PROVIDER
		PARTIAL BROKERAGE
		COMPLETE BROKERAGE
4.	NAME	E THE OPERATORS THAT YOUR COMPANY HAS CONTRACTS WITH:
5.		E THE GROUPS THAT YOUR COMPANY HAS COORDINATION RACTS WITH:

Coordination Contract Agencies				
Name of Agency	Address	City, State, Zip	Telephone Number	Contact

Page 7 Packet Page 46

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

7. REVIEW AND DISCUSS TD HELPLINE CALLS:

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

Page 8 Packet Page 47

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?			
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?			

Page 9 Packet Page 48

9.	DOES THE CTC PROVIDE WRITTEN RIDER/BENEFICIARY INFORMATION OR BROCHURES TO INFORM RIDERS/BENEFICIARIES ABOUT TD SERVICES?			
	Yes	No I	If yes, what type?	
10.	DOES THE RID OMBUDSMAN		INFORMATION OR BR	COCHURE LIST THE
	Yes	No		
11.	COMPLAINT P	ROCEDURE?	INFORMATION OR BR	ROCHURE LIST THE
	Yes	No		
12.	WHAT IS YOU	R ELIGIBILITY PRO	OCESS FOR TD RIDERS	/ BENEFICIARIES?
Pleas	e Verify These Pas	sengers Have an Elig	ribility Application on File	2.
	T	D Eligibility Veri		
N	lame of Client	Address of clie	ent Date of Rido	Application on File?

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

Page 10 Packet Page 49

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?

Page 11 Packet Page 50

GENERAL QUESTIONS				
Findings:				
Recommendations:				

Page 12 Packet Page 51

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 UNIFO	ARE YOUR CONTRACTS UNIFORM? Yes No					
IS THE CTD'S STANDARD CON	TRACT UTILIZ	ED?	Yes	No		
DO THE CONTRACTS INCLUDE OPERATORS AND COORDINAT			RDS FOR THE TRAI	NSPORTATION		
DO THE CONTRACTS INCLUDE SUBCONTRACTORS? (Section 2	1.20: Payment to	Subcontracto No				
IS THE CTC IN COMPLIANCE W	TH THIS SEC	ΓΙΟΝ?	Yes U No			
Operator Name	Exp. Date	SSPP	AOR Reporting	Insurance		

Page 13 Packet Page 52

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 follo	owing 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-	-occurri	ng?		
	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						

Page 14 Packet Page 53

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? ☐ Yes ☐ No Is a written report issued? 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? \Box Yes \Box ASK TO SEE DOCUMENTATION OF MONITORING REPORTS.

Page 15 Packet Page 54

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?
Comments:

Page 16 Packet Page 55

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 <u>all</u> 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)? \Box Yes \Box No			
If no, is the planning agency currently reviewing applications for TD funds? Yes No			
IS THE CTC IN COMPLIANCE WITH THIS SECTION? \Box Yes \Box No			
Comments:			

Page 17 Packet Page 56

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? \Box Yes \Box No Comments:

Page 18 Packet Page 57

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?			

Page 19 Packet Page 58

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? \Box Yes \Box No			
Comments:			

Page 20 Packet Page 59

	CHAPTER 427	
Findings:		
Recommendations:		

Page 21 Packet Page 60

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 IN THE OPERATOR AND COORDINATION CONTRACTS?			
HOW MUCH DOES THE INSURANCE COST (per operator)?			
Operator Insurance Cost			
DOES THE MINIMUM LIABILITY INSURANCE REQUIREMENTS EXCEED \$1 MILLIPER INCIDENT? Yes No			
If yes, was this approved by the Commission? \(\subseteq \text{Yes} \subseteq \text{No} \)			
IS THE CTC IN COMPLIANCE WITH THIS SECTION? \Box Yes \Box No			
Comments:			

Page 22 Packet Page 61

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	, Obtain a copy of this review.
Review the last FDOT SSPP Compliance Review, if complete records. If the CTC has not monitored the operators, check dr	
IS THE CTC IN COMPLIANCE WITH THIS SECTION?] Yes □ No
ARE THE CTC CONTRACTED OPERATORS IN COMPLIA \Box Yes \Box No	ANCE WITH THIS SECTION?

DRIVER REQUIREMENT CHART

Driver Last Name	Driver License	Last Physical	CPR/1st Aid	Def. Driving	ADA Training	Other-
G l. G'						

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

Page 23 Packet Page 62

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

 $\underline{Sample\ Size}{:}\quad 1\text{-}20\ Drivers}-50\text{-}100\% \qquad 21\text{-}100\ Drivers}-20\text{-}50\% \qquad 100+\ Drivers}-5\text{-}10\%$

Page 24 Packet Page 63

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 applicabl state or federal laws relating to drug testing"			
With which of the following does the CTC (and its contracted operators) Drug and Alcohol			

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? \Box Yes \Box No
Comments:

Packet Page 64 Page 25

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)					1
					1
Detail other rates as needed: (e.g.					
ambulatory, wheelchair, stretcher,					I
out-of-county, group)					_
					I
					<u> </u>
					1
					I
					<u> </u>
Special or unique considerations that	influence co	sts?			
Explanation:					

Page 26 Packet Page 65

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 co	osts?			
Explanation:					
IS THE CTC IN COMPLIANCE WITH THIS SECTION? \Box Yes \Box No					

Packet Page 66 Page 27

RULE 41-2
Findings:
Recommendations:
Recommendations.

Page 28 Packet Page 67

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	

Page 29 Packet Page 68

Adequate seating	
Driver Identification	
Passenger Assistance	
Smoking, Eating and Drinking	

Page 30 Packet Page 69

Two-way Communications	
Air Conditioning/Heating	
Dill. D	
Billing Requirements	
Billing Requirements	

Page 31 Packet Page 70

	COMMISSION STANDARDS
Findings:	
Recommendations:	

Page 32 Packet Page 71

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	

Page 33 Packet Page 72

Measurable Standards/Goals	Standard/Goal	Latest Figures	Is the CTC/Operator
			meeting the Standard?
Public Transit Ridership	CTC	CTC	
Tuone Transit Rudersimp	Operator A	Operator A	
	Operator B	Operator B	
	Operator C	Operator C	
On-time performance	CTC	CTC	
On time performance	Operator A	Operator A	
	Operator B	Operator B	
	Operator C	Operator C	
Passenger No-shows	CTC	CTC	
assenger to shows	Operator A	Operator A	
	Operator B	Operator B	
	Operator C	Operator C	
Accidents	CTC	CTC	
1 To Tuesties	Operator A	Operator A	
	Operator B	Operator B	
	Operator C	Operator C	
Roadcalls	CTC	CTC	
rtoudeuris	Operator A	Operator A	
Average age of floats	Operator B	Operator B	
Average age of fleet:	Operator C	Operator C	
Complaints	CTC	CTC	
	Operator A	Operator A	
Number filed:	Operator B	Operator B	
ivaniver juea.	Operator C	Operator C	
Call-Hold Time	CTC	CTC	
	Operator A	Operator A	
	Operator B	Operator B	
	Operator C	Operator C	

Page 34 Packet Page 73

	LOCAL STANDARDS
Findings:	
Recommendations:	

Page 35 Packet Page 74

COMPLIANCE WITH AMERICANS WITH DISABILITIES ACT

REVIEW COPIES OF THE PUBLIC INFORMATION PROVIDED.
DOES PUBLIC INFORMATION STATE THAT ACCESSIBLE FORMATS ARE AVAILABLE UPON REQUEST? \Box Yes \Box No
ARE ACCESSIBLE FORMATS ON THE SHELF? \Box Yes \Box 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? \Box Yes \Box No
Florida Relay System:
Voice- 1-800-955-8770
TTY- 1-800-955-8771

Page 36 Packet Page 75

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

Page 37 Packet Page 76

Bus and Van Specification Checklist

Name of Provider	••					
Vehicle Number (either V	'IN or provider fle	et number	·):		
Type of Vehicle:		Minivan		Van		Bus (>22')
		Minibus (<= 22')		Minibus (>22')	
Person Conductin	ıg Revie	w:				
Date:						
Review the owner	's manu	al, check the sticke	ers, or ask	the driver t	the follow	ing:
☐ The lift mu	st have a	weight limit of at le	east 600 po	ounds.		
The lift mu vehicle). Is	-	nipped with an emer e present?	gency bac	k-up system	(in case or	f loss of power to
		nterlocked" with the interlock is engage				
Have the driver le	ower the	lift to the ground:				
☐ Controls to	operate	the lift must require	constant p	oressure.		
☐ Controls m "stow" whi		w the up/down cyclied.	le to be re	versed with	out causing	g the platform to
illuminate	the street	shall be provided in surface around the light switch on, to e	lift, the lig	ghting should	d activate v	when the door/lift
Once the lift is on	the gro	und, review the fol	lowing:			
		barrier to prevent to platform is fully ra		y aid from ro	olling off t	he side closest to
☐ Side barrie	rs must b	e at least 1 ½ inche	s high.			
☐ The outer b	arrier m	ust be sufficient to p	orevent a w	heelchair fro	om riding o	over it.
☐ The platfor	m must l	oe slip-resistant.				
☐ Gaps between	en the p	latform and any bar	rier must b	e no more th	nan 5/8 of a	an inch.
☐ The lift mu	st have t	wo handrails.				
☐ The handra	ils must	be 30-38 inches abo	ove the plat	tform surface	e.	
		have a useable grave sufficient knuckle			s, and mus	at be at least 1 ½
☐ The platfor	m must	be at least 28 1/2 in	nches wide	e measured a	at the platf	form surface, and

Page 38 Packet Page 77

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 t	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.
Vehicl	es 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.
Vehicl	es 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.

Page 39 Packet Page 78

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

BASE	D O	N	THE	INFO)RM	ATION	IN	TABL	E 1	1,	DOES	IT	APPEAR	THAT	INDIVIDUALS
REQU	IRIN	GΊ	THE U	JSE O	F AC	CESSI	BLE	VEHIC	LES	SF	HAVE E	QU	AL SERVI	CE?	
	Yes	[No											

Page 40 Packet Page 79

	ADA COMPLIANCE
Findings:	
Recommendations:	

Page 41 Packet Page 80

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

Page 42 Packet Page 81

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:	
1	
Current Status:	

Page 43 Packet Page 82

CTD RECOMMENDATION:
CTC Response:
Command Status
Current Status:
CTD DECOMMENDATION.
CTD RECOMMENDATION:
CTC Response:
CTC Response.
Current Status:
CTD RECOMMENDATION:
CID RECOMMENDATION.
CTC Response:
Current Status:

Page 44 Packet Page 83

ON-SITE OBSERVATION OF THE SYSTEM

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

Date of Observation: will be scheduled prior to meeting	
Please list any special guests that were present:	
Location:	
Number of Passengers picked up/dropped off:	
Ambulatory	
Non-Ambulatory	
Was the driver on time? \square Yes \square No - How many minutes late/early?	
Did the driver provide any passenger assistance? \square Yes \square 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?	
\square Yes \square N	o
Was the vehicle neat and clean, and free from dirt, torn upholstery, damaged or broken seats, protruding metal or other objects?	_
protruding metal or other objects?	J
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 N	lo
Does the vehicle have working heat and air conditioning? \Box Yes \Box N	Vо
Does the vehicle have two-way communications in good working order? Yes N	VС
If used, was the lift in good working order?	Vо

Page 45 Packet Page 84

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:				

Agenda item E2

Funding Source	No.	No. of	No. of Calls	
	of Trips	Riders/Beneficiaries	to Make	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

Page 46 Packet Page 85

How did you find out about Friend Hospital/Doctor	Trans Hernando and Workplace Veterans Services	Current Rider	
2) How often do you normally u Daily 1-2 Times/Week	se Trans Hernando? 3-5 Times/Week	Other: <u>Magn</u> Other: <u>3-month</u>	
3) Have you ever been denied tra Yes No			
If Yes, what was the reas	on given for refusing	transportation services?	
Ineligible	Space not ava		
Lack of funds		utside service area	
Called too late	Other:		
4) What do you normally use the	gamaian famo		
Medical _		:	
Employment	Education/Tra		
Nutritional	Life-Sustainin		
Timelia	Other:		
5) Have you ever had a problem	with your trin?		
Yes No			
If Yes, What type of p	roblem did you have	with your trip?	
Advance notice			
Pick up times not co		Cost	
Assistance		Late pick up-specify time of wait	
Service Area Limits		Accessibility	
Drivers - specify		Late return pick up - length of wait	
Vehicle condition		Reservations - specify length of wait	
Vehicle condition Other:			
6) Do you have access to a smart p	ohone or computer wi	ith internet?	
7) Is there an employee at Trans H	ernando von wonld l	ike to specifically recognize?	
1412	i	inc to specifically recognize?	
Judy-Cris - >	They are al	10 great	
8) What does transportation mean repermission granted by (please sign	name)		
Comments may be used in the Mid Florida Community Services, Inc. annual report and quarterly newsletter and other TD publications.			

 How did you find out abou Friend Hospital/Doctor 	nt Trans Hernando an Workplace Veterans Services	Current Rider
Trospital/Doctor	veterans Services	Other:
2) How often do you normally Daily 1-2 Times/Week	use Trans Hernando 3-5 Times/Week	? Other:
3) Have you ever been denied Yes No		
If Yes, what was the re Ineligible Lack of funds Called too late	Space not a Destination	ng transportation services? vailable outside service area
4) What do you normally use the	ne service for?	
/ 1 / 1 1		raining
Employment	Life-Sustain	
Nutritional	Other:	
5) Have you ever had a problem Yes No		
If Yes, What type of	problem did you hav	e with your trip?
Advance notice		Cost
Pick up times not	convenient	Late pick up-specify time of wait
Assistance		Accessibility
Service Area Limi	ts	Late return pick up - length of wait
Drivers - specify Vehicle condition		Reservations - specify length of wait Other:
6) De you have access to a smar Yes No	t phone or computer	with internet?
7) Is there an employee at Trans	Hernando you would	like to specifically recognize?
8) What does transportation mean Permission granted by (please sig Comments may be used in the M	gn name) id Florida Communit	space provided on back of page. y Services, Inc. annual report and
quarterly newsletter and other TD	publications.	-

I would be tolally
Howebour y not for Juan-Herrand'
·
-"I would be totally housebound if not for Trans Hernando"
not for Trans Hernando"
T e o e n e

1) How did you find out abou	Workplace	Current Rider	
√Hospital/Doctor	Veterans Services	Other:	
2) How often do you normally Daily 1-2 Times/Week	use Trans Hernando? √3-5 Times/Week	Other:	
3) Have you ever been denied Yes No			
Ineligible	Space not av		
Lack of funds Called too late		outside service area	
4) What do you normally use the	ne service for?		
Medical	Education/Tr	_	
Employment		ng	
Nutritional	Other: Show	pai	
5) Have you ever had a problem Yes No If Yes, What type of	n with your trip? f problem did you have	e with your trip?	
Advance notice		Cost	
Pick up times not	convenient	Late pick up-specify time of wait	
Assistance		Accessibility	
Service Area Lim	its	Late return pick up - length of wait	
Drivers - specify		Reservations - specify length of wait	
Vehicle condition		Other:	
6) Do you have access to a smart phone or computer with internet? No			
7) Is there an employee at Trans	Hernando you would	like to specifically recognize?	
All The Drivers That	- Works for Her	nanda County Transportations	
8) What does transportation mean to you? Please use space provided on back of page. Permission granted by (please sign name) waste by the business of page. Comments may be used in the Mid Florida Community Services, Indiannual report and quarterly newsletter and other TD publications.			

Are The Best. Wonderful People to be around		
With. Thank You for your Service.		

(8)	1) How did you find ou	it about Trans Hernando ar	nd its services?
	Friend	Workplace	Current Rider
	Hospital/Doctor	Veterans Services	
	2) How often do you no	rmally use Trans Hernando	0?
	Daily 1-2 Times/V		Other: 2-4 monTHLY Some Times More
	3) Have you ever been o	lenied transportation service	es? Some Times more
	Yes No		
			ng transportation services?
	Ineligible	Space not a	available
	Lack of fu Called too		outside service area
	Canea too	late Other	
	4) What do you normall		
	Medical	Education/	
	Employme		
	Nutritional	Other: 5/	app in
	5) Have you ever had a p	roblem with your trip?	
	Yes (No)		
	If Yes, What	type of problem did you ha	ve with your trip?
	Advance no	itice	Cost
		es not convenient	Late pick up-specify time of wait
	Assistance	ob not convenient	Accessibility
	Service Are	ea Limits	Late return pick up - length of wait
	Drivers - sp		Reservations - specify length of wait
	Vehicle cor		Other:
	6) Do you have access to	a smart phone or computer	with internet?
ē	Yes No	a smart phone of computer	With Intellict:
	7) Is there an employee at	Trans Harmanda way way	d like to specifically recognize?
	1		id like to specifically recognize?
	CHR15		
	2) What does the man and attail	om man de es 0 DI e	
	Permission granted by (n)	on mean to you? Please use	space provided on back of page,
	Comments may be used in	the Mid Floride Commun	ity Services, Inc. annual report and
	quarterly newsletter and o	ther TD publications.	by Services, Inc. annual report and Sw pping
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U		,	Packet Page 91
			Packet Page 91

 How did you find out about Friend Hospital/Doctor 	Trans Hernando and its serv Workplace Veterans Services	rices? Current Rider Other: Internet
2) How often do you normally to Daily 1-2 Times/Week	use Trans Hernando? 3-5 Times/Week Othe	r:
3) Have you ever been denied to Yes No If Yes, what was the reas	son given for refusing transp	portation services?
Ineligible Lack of funds Called too late	Space not available Destination outside: Other:	service area
4) What do you normally use the Medical Employment Nutritional	e service for? Education/Training Life-Sustaining Other:	
5) Have you ever had a problem Yes No If Yes, What type of 1	*	
Advance notice Pick up times not c Assistance Service Area Limit Drivers - specify Vehicle condition	Acces Late re Reserv	oick up-specify time of wait sibility eturn pick up - length of wait wations - specify length of wait
6) Do you have access to a smart Yes No	phone or computer with inte	ernet?
7) Is there an employee at Trans I	Hernando you would like to s	specifically recognize? Been Excellent
8) What does transportation mean Permission granted by (please sign Comments may be used in the Mic quarterly newsletter and other TD	n name) A d Florida Community Servic	Mars.

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How did you find out about Friend Hospital/Doctor	Trans Hernando and i Workplace Veterans Services	Current Rider
2) How often do you normally to Daily 1-2 Times/Week	use Trans Hernando? 3-5 Times/Week	Other:
3) Have you ever been denied tr		
If Yes, what was the reas Ineligible Lack of funds Called too late	Space not ava Destination or	ilable service area
4) What do you <u>normally</u> use the <u>Medical</u> Employment Nutritional	e service for? Education/Tra Life-Sustainin Other:	g
5) Have you ever had a problem Yes No If Yes, What type of p	-	with your trip?
Advance notice Pick up times not co Assistance Service Area Limits Drivers - specify Vehicle condition	onvenient	Cost Late pick up-specify time of wait Accessibility Late return pick up - length of wait Reservations - specify length of wait Other:
6) Do you have access to a smart J	phone or computer wi	th internet?
7) Is there an employee at Trans H	lernando you would li	ke to specifically recognize?
8) What does transportation mean Permission granted by (please sign Comments may be used in the Mid quarterly newsletter and other TD	name)	· Che 1

Both Kin + Kelly Ane
Very Helpful, Kinds And Make
my this very Plesent
They make some you Are
Sake with my walke is fred Dan
And I An clicked in my Seat.
They sloo Makie Sone To open
Jooks to Billding LAM
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Contort Ball & Saker

How did you find out about Friend			
Hospital/Doctor	Workplace Veterans Services	Current Rider Other: Mother	
Trospinal Doctor	v eterans ser vices	other. To the	
2) How often do you normally		?	
Daily 1-2 Times/Week	3-5 Times/Week	Other:	
3) Have you ever been denied to Yes No	<u>-</u>		
		ng transportation services?	
" Ineligible	Space not a		
Lack of funds		outside service area	
Called too late	Otner:		
4) What do you normally use th	e service for?		
Medical	Education/T	raining	
Employment		_	
Nutritional	Other:		
5) Have you ever had a problem Yes No If Yes, What type of	_	ve with your trip?	
Advance notice		Cost	
Pick up times not o	convenient	Late pick up-specify time of wait	
Assistance		Accessibility	
Service Area Limi	ts	Late return pick up - length of wait	
Drivers - specify		Reservations - specify length of wait	
Vehicle condition		Other:	
6) Do you have access to a smart	t phone or computer	with internet?	
7) Is there an employee at Trans	Hernando vou would	l like to specifically recognize?	
,	Tronium you would	a mile to specifically recognize.	
8) What does transportation mean	n to you? Please use	space provided on back of page	
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-	Transportation	mean5	having	independence,
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1) How did you find out about	Trans Hernando and	its services?
(Friend)	Workplace	Current Rider
Hospital/Doctor	Veterans Services	Other:
2) How often do you normally to Daily 1-2 Times/Week	ise Trans Hernando? 3-5 Times/Week	Other: Medical SHOPPING
2) 11		<i>M</i> .
3) Have you ever been denied tr		
If Yes, what was the reas	son given for refusin	g transportation services?
Ineligible	Space not av	ailable
Lack of funds	Destination of	outside service area
Called too late	Other:	
4) What do you normally use the	service for?	
Medical	Education/Tr	aining
Employment		
Nutritional	Other: SHOP	PING
5) Have you ever had a problem Yes No If Yes, What type of p		e with your trip?
Advance notice		Cost
Pick up times not co	onvenient	Late pick up-specify time of wait
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8) What does transportation mean Permission granted by (please sign Comments may be used in the Mid	name) <i>Venuse</i> Florida Community	- 11 25
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We Use Service for wheel Chair
IRANSBATATION TO Voctor UISITS +
Shopping for food And Accessories
Please Keep This Service ON GOING
Very Good for Seniors And Resple
That DONOT DRIVE OR have A
Jechiche My Hisban is A disable
Vetran We have No CAR AUAILANCE
LANGS YOU FOR YOUR CONTINUED
SUPPORT OF US ALL.

1) How did you find out about	Trans Hernando and	d its services?		
Friend	Workplace	D:1		
Hospital/Doctor	Veterans Services	Other: WOLD OF MOUTH		
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 How did you find out about Friend Hospital/Doctor 	Trans Hernando and Workplace Veterans Services	Current Rider
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Drivers - specify		Reservations - specify length of wait
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KimK - go	od driver	- Friendly -
8) What does transportation mean Permission granted by (please sig Comments may be used in the Mi quarterly newsletter and other TD	n to you? Please use s n name) <u>Alber</u> t id Florida Communit	pace provided on back of page.

My husband can not 9et into car any more	
I didn't Know how to get him to dr	appt
My daughter made phone calls and found you what an awesone Service	1 (
Every one has been wonderful I forgot all to Thank you Thank Ulm everyone is great	henami.
hank for Mank of everyone is great	-
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 How did you find out abou Friend 	t Trans Hernando and Workplace	d its services? Current Rider
Hospital/Doctor	Veterans Services	Other:
2) How often do you normally Daily 1-2 Times/Week	use Trans Hernando 3-5 Times/Week	? Other:
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I Mable Holsoway Would like to a to Vermone Brown on Tuesday and The When I call "Tran Hernand" or spe to Driver. If I have an appointment	tterd ursday ak to
The Dr's Thank You Mable Holloway	- -
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1 <u>) How</u> d	id you find out about	Trans Hernando and	its service	es?
(Friend)		Workplace		Current Rider
Hospita	l/Doctor	Veterans Services		Other:
2) How of Daily	ten do you normally t 1-2 Times/Week	use Trans Hernando? 3-5 Times/Week	Other:	3 times A MONTH
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4) 1771 4 1				
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1) How did you find out about Trans Herna	ando and its services?
Friend Workplace	Current Rider
Hospital/Doctor Veterans Se	
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Drivers - specify	Reservations - specify length of wait
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7) Is there an employee at Trans Hernando you	u would like to specifically recognize?
Kelly is best driver.	I've seen in a long time
B) What does transportation mean to you? Plea	ase use space provided on back of page.
ermission granted by (please sign name)	Well Titace
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uarterly newsletter and other TD publications	•
1/50 Haren was excep	tionally helpful!

1) How did you find out about Friend Hospital/Doctor	Trans Hernando and Workplace Veterans Services	Current Rider
2) How often do you normally u Daily 1-2 Times/Week	ise Trans Hernando? 3-5 Times/Week	Other:
Have you eyer been denied tra Yes No		
If Yes, what was the reas Ineligible Lack of funds Called too late	Space not av Destination of	g transportation services? railable outside service area
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Employment	Life-Sustaini	ng
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	How did you find out about 7 Friend	Trans Hernando and i Workplace Veterans Services	ts services? Current Rider Other:		
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9	All the drivers				
ŀ	8) What does transportation mean the Permission granted by (please sign Comments may be used in the Mid	name)			
q	Comments may be used in the Mid Florida Community Services, Inc. annual report and quarterly newsletter and other TD publications.				

This has been a fabulous service
that my disabled brother is very
grateful for the driver's are
very professional and Brian really
enjoys them and their friendly and
courteous attitude.
Thompson That you so much
Trans-Hernands. This service
has been a real blessing for
our family.
make and Brian
Ahen

Friend	you find out about Poctor	Trans Hernando and Workplace Veterans Services		ces? Current Rider Other: <u>Health Cente</u> l
2) How often Daily 1	do you normally to -2 Times/Week	use Trans Hernando? 3-5 Times/Week		
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+) What do yo	ou normally use the			
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How did you find out about Friend Hospital/Doctor	Trans Hernando and Workplace Veterans Services	its services? Current Rider Other:		
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4) What do you normally use the Medical	service for/			
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Pick up times not co	onvenient	Late pick up-specify time of wait		
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Service Area Limits	1	Late return pick up - length of wait		
Drivers - specify		Reservations - specify length of wait		
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 How did you find out about Friend Hospital/Doctor 	Trans Hernando and Workplace Veterans Services	Current Rider	
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1) How did you find out Friend Hospital/Doctor	about Trans Hernando a Workplace Veterans Service	Current Rider
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nuuruonai	Other:	
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1) How did you find out abo	ut Trans Hernando an	d its services?
Friend	Workplace	Current Rider
Hospital/Doctor	Veterans Services	
2) How often do you normall	v use Trans Hernando	·?
Daily 1-2 Times/Week	3-5 Times/Week	Other:
3) Have you ever been denied Yes No		
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Called too late	Other:	
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I would have no way to get the De apple.
D. apple.
Barbara Hattery
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Friend	id you find out about l/Doctor	Trans Hernando and Workplace Veterans Services	Current Rider
2) How of	ten do you normally t	use Trans Hernando?	,
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How did you find out about Friend Hospital/Doctor	Trans Hernando and Workplace Veterans Services	its services? Current Rider Other:
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1) How did you find out about	Trans Hernando and	its services?
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 How did you find out about Friend Hospital/Doctor 	Trans Hernando and Workplace Veterans Services	Current Rider
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4) What do you normally use the Medical Employment Nutritional	e service for? Education/Tr Life-Sustaini	aining
5) Have you ever had a problem Yes (No) If Yes, What type of	with your trip? problem did you have	e with your trip?
Advance notice Pick up times not of Assistance Service Area Limit Drivers - specify Vehicle condition		Cost Late pick up-specify time of wait Accessibility Late return pick up - length of wait Reservations - specify length of wait Other:
6) Do you have access to a smart Yes No	phone or computer w	vith internet?
7) Is there an employee at Trans I Kelly She IS C	Hernando you would	like to specifically recognize? NICCSTPOPICLUEZOCIME
8) What does transportation mean Permission granted by (please sig Comments may be used in the Mi quarterly newsletter and other TD	n to you? Please use syn name) Aulua d Florida Community	pace provided on back of page.

The By	5 takes	me to	Lunch	
proGrama				
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through n	ny com	puter.		
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How did you find out about Friend Hospital/Doctor	Trans Hernando and i Workplace Veterans Services	Current Rider
2) How often do you normally to Daily 1-2 Times/Week	use Trans Hernando? 3-5 Times/Week	Other: MASL FLYER Other: ONCE IN AWAILE
3) Have you ever been denied tr Yes No		
If Yes, what was the reas	son given for refusing	transportation services?
Ineligible	Space not ava	
Lack of funds		utside service area
Called too late	Other:	
4) W/hat January 11		
4) What do you normally use the Medical		
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8) What does transportation mean	to you? Please use sp	ace provided on back of page.
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1) How d	id you find out abou	t Trans Hernando and	its services?
Friend		Workplace	Current Rider
Hospita	l/Doctor	Veterans Services	Other:
2) How of	ton do 11	77 77 10	
	1 2 Time - We -1	use Trans Hernando?	
Daily	1-2 Times/Week	3-5 Times/Week	Other:
3) Have yo	ou ever been denied to	transportation service	s?
If Y	es, what was the rea	ason given for refusin	g transportation services?
		Space not av	
	Lack of funds		outside service area
	Called too late	Other:	
4) What do	you normally use th		
	Medical Employment	Education/Ti	
	Employment		
	Nutritional	Other:	0
<i>5</i>) II	1 1 11		
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	-P	11 11 1	
1	ir res, what type of	problem did you have	e with your trip?
	Advance notice		Cost
	Pick up times not	convenient	Late pick up-specify time of wait
	Assistance		Accessibility
	Service Area Limi	ts	Late return pick up - length of wait
	Drivers - specify		Reservations - specify length of wait
	Vehicle condition		Other:
6) D 1			
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Yes No)		100
7) Is there ar	employee at Trans	Harnondo vou would	like to specifically recognize?
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	all drive	18)	
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quarterly new	vsletter and other TD	publications.	-

1) How did you find out about	Trans Hernando and	its services?
Friend	Workplace	Current Rider
Hospital/Doctor	Veterans Services	Other:
2) How often do you normally u Daily 1-2 Times/Week		Other:
3) Have you ever been denied to Yes No If Yes, what was the reas		g transportation services?
	Space not av	
Lack of funds		outside service area
Called too late	-	
4) What do you normally use the	e service for?	
Medical Employment	Education/Tr	
Nutritional	Other:	2
5) Have you ever had a problem Yes No If Yes, What type of p	_	e with your trip?
Advance notice		Cost
Pick up times not c	onvenient	Late pick up-specify time of wait
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Service Area Limit	S	Late return pick up - length of wait
Drivers - specify Vehicle condition		Reservations - specify length of wait
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7) Is there an employee at Trans I	Hernando you would	like to specifically recognize?
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8) What does transportation mean	to you? Please use s	pace provided on back of page.
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 How did you find out abou Friend Hospital/Doctor 	t Trans Hernando and Workplace Veterans Services	Current Rider •
2) How often do you normally Daily 1-2 Times/Week	use Trans Hernando? 3-5 Times/Week	Other:
3) Have you ever been denied to Yes No		
If Yes, what was the rea	son given for refusin	g transportation services?
Ineligible	Space not av	ailable
Lack of funds		outside service area
Called too late	Other:	
4) What do you normally use th	o comico for	
Medical	Education/Tr	coining
Employment	Life-Sustaini	_
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5) Have you ever had a problem Yes No If Yes, What type of	problem did you have	e with your trip?
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Pick up times not	convenient	Late pick up-specify time of wait
Assistance		Accessibility
Service Area Limi	ts	Late return pick up - length of wait
Drivers - specify Vehicle condition		Reservations - specify length of wait
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7) Is there an employee at Trans	Hernando you would	like to specifically recognize?
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8) What does transportation mean Permission granted by (please signal properties of the control	n name)	
Comments may be used in the Mi quarterly newsletter and other TD	id Florida Community	Services, Inc. annual report and

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Deure enjoy taking the Transport. everywhere I go, I've met so man	U.
Mice people . Wonderful Drivers.	1
The office Staff are so nice too	
Its such a Blessing to have nice	
Dervice.	
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Contractor Survey

_County

Contracto	r name (optional)
1. Do the ride	ers/beneficiaries call your facility directly to cancel a trip?
☐ Yes	\square No
2. Do the ride	ers/beneficiaries call your facility directly to issue a complaint?
☐ Yes	\square No
-	ave a toll-free phone number for a rider/beneficiary to issue commendations and/or ats posted on the interior of all vehicles that are used to transport TD riders?
☐ Yes	\square No
If yes, is	the phone number posted the CTC's?
☐ Yes	\square No
4. Are the inv	voices you send to the CTC paid in a timely manner?
☐ Yes	\square No
5. Does the C	CTC give your facility adequate time to report statistics?
☐ Yes	\square No
6. Have you	experienced any problems with the CTC?
☐ Yes	\square No
If yes, wh	hat type of problems?
Comments	S:

Page 49 Packet Page 135

PURCHASING AGENCY SURVEY

Staff making call:
Purchasing Agency name:
Representative of Purchasing Agency:
1) Do you purchase transportation from the coordinated system? YES
\square 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

Page 50 Packet Page 136

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

Page 51 Packet Page 137

Level of Cost Worksheet 1

Insert Cost page from the AOR.

Page 52 Packet Page 138

County: Hernando

CTC:

Mid Florida Community Services, Inc.

Contact: Miranda Maldonado

1122 Ponce De Leon Blvd Brooksville, FL 34601

352-799-1510

Email: mimaldonado@mfcs.us.com

Demographics	Number
\ <u></u>	

Total County Population 198,792

Unduplicated Head Count 792



Disadvantaged

Trips By Type of Service	2019	2020	2021	Vehicle Data	2019	2020	2021
Fixed Route (FR)	0	0	0	Vehicle Miles	677,101	569,720	466,787
Deviated FR	0	0	0	Roadcalls	2	5	5
Complementary ADA	0	0	0	Accidents	0	0	4
Paratransit	73,644	55,794	57,845	Vehicles	46	46	45
TNC	0	0	0	Drivers	34	34	35
Taxi	0	0	0				
School Board (School Bus)	0	0	0				
Volunteers	0	0	0				
TOTAL TRIPS	73,644	55,794	57,845				
Passenger Trips By Trip Pur	rpose			Financial and General Da	ata		
Medical	20,461	14,076	9,502	Expenses	\$1,699,762	\$1,232,559	\$1,299,180
Employment	5,202	2,956	2,295	Revenues	\$1,720,957	\$1,223,813	\$1,304,123
Ed/Train/DayCare	26,706	25,748	43,669	Commendations	46	29	0
Nutritional	7,978	4,693	943	Complaints	20	13	0
Life-Sustaining/Other	13,297	8,321	1,436	Passenger No-Shows	352	352	248
TOTAL TRIPS	73,644	55,794	57,845	Unmet Trip Requests	0	0	0
Passenger Trips By Revenue	e Source			Performance Measures			
CTD	16,126	12,488	9,952	Accidents per 100,000 Miles	0	0	0.86
AHCA	. 0	, 0	. 0	Miles between Roadcalls	338,550	113,944	93,357
APD	50,765	12,467	19,157	Avg. Trips per Passenger	72.48	64.06	73.04
DOEA	2,308	1,750	. 0	Cost per Trip	\$23.08	\$22.09	\$22.46
DOE	0	0	0	Cost per Paratransit Trip	\$23.08	\$22.09	\$22.46
Other	4,445	29,089	28,736	Cost per Total Mile	\$2.51	\$2.16	\$2.78
TOTAL TRIPS	73,644	55,794	57,845	Cost per Paratransit Mile	\$2.51	\$2.16	\$2.78
Trips by Provider Type							
CTC	18,434	14,238	9,952				
Transportation Operator	. 0	0	. 0				
Coordination Contractor	55,210	41,556	47,893				
TOTAL TRIPS	73,644	55,794	57,845				

Level of Competition Worksheet 2

1. Inventory of Transportation Operators in the Service Area

Operators Available Operators Contracted in the System. 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? Include Trips % of all Trips %			Column A	Column B	Column C	Column D
Private Non-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 proposals Requests for interested parties			Operators	Operators	Include Trips	% 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 proposals Requests for interested parties			Available	Contracted in the		
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				System.		
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 proposals Requests for interested parties	Privat	te Non-Profit		·		
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 proposals Requests for interested parties	Privat	te For-Profit				
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? In the past five (5) years, how many times have the following methods been used in selection of the transportation operators? Low bid	Gover	rnment				
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 proposals Requests for interested parties	Public	c Transit				
 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	Total					
Does the CTC have the ability to expand? Indicate the date the latest transportation operator was brought into the system. Does the CTC have a competitive procurement process? In the past five (5) years, how many times have the following methods been used in selection of the transportation operators? Low bid Requests for proposals Requests for qualifications Requests for interested parties	2.	How many o	f the operators are	coordination contractor	ors?	
 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 proposals Requests for qualifications Requests for interested parties 	3.			e local coordinated sys	tem, how many ha	ve the capability
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 proposals Requests for qualifications Requests for interested parties		Does the CT	C have the ability	to expand?		
6. In the past five (5) years, how many times have the following methods been used in selection of the transportation operators? Low bid Requests for proposals Requests for qualifications Requests for interested parties	4.	Indicate the	date the latest tran	sportation operator was	s brought into the s	ystem
Low bid Requests for proposals Requests for qualifications Requests for interested parties	5.	Does the CT	C have a competit	ive procurement proce	ss?	
Requests for qualifications Requests for interested parties	6.				ollowing methods b	een used in
		Low	bid		Requests for propo	osals
Negotiation only		Requ	ests for qualificati	ons	Requests for interes	ested parties
		Nego	tiation only			
		Which of the	methods listed or	n the previous page was	s used to select the	current

operators?

Page 53 Packet Page 140

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 operators, to how many potent recently completed process?	1 1			1
	How many responded?				
	The request for bids/proposals w	as distributed:			
	Locally	Statewide		Natio	onally
9.	Has the CTC reviewed the poss than transportation provision (su	*	•	ting any serv	rices other

Page 54 Packet Page 141

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
Eligibility Records – What system is used to coordinate which individuals are eligible for
Eligibility Records – What system is used to coordinate which individuals are eligible for
Eligibility Records – What system is used to coordinate which individuals are eligible for
Eligibility Records – What system is used to coordinate which individuals are eligible for
Eligibility Records – What system is used to coordinate which individuals are eligible for

Page 55 Packet Page 142

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

Page 56 Packet Page 143

Transport – coordinated?	How are	e the actual	transportation	services and	modes of tra	nsportation
Dispatching –	How is the	he real time c	ommunication a	nd direction of	drivers coordina	nted?
General Serv coordinated?	vice Mo	onitoring –	How is the	overseeing o	f transportation	operators
Deily Carvica	Manita	ina How	1 time rese	1-tions to trip		4 40
Daily Service	MOIIIO	IIIIg – now a	are rear-time rest	nunons to trip	problems coolai	nateu :

Page 57 Packet Page 144

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?

Page 58 Packet Page 145

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?

Page 59 Packet Page 146