



**CITRUS COUNTY TRANSPORTATION DISADVANTAGED LOCAL
COORDINATING BOARD (LCB)**

REGULAR MEETING

Thursday, May 9, 2024, at 9:30 a.m.

MEETING LOCATION: Lecanto Government Building, 3600 W. Sovereign Path, Room 166, Lecanto, FL

AGENDA

A. CALL TO ORDER

1. Moment of Silence
2. Pledge of Allegiance
3. Introduction of Board Members and Staff
4. Declaration of Quorum
5. Enter Proof of Public Notice into the Record

B. APPROVAL/MODIFICATION OF AGENDA (Limited to Board and Staff comment only)

C. REVIEW/APPROVAL OF MINUTES

1. February 8, 2024, LCB Annual Public Workshop
2. February 8, 2024, LCB Regular Public Meeting

D. REPORTS

1. Quarterly Report of the Community Transportation Coordinator (CTC) - Joanne Granger, Transit Director
2. Key Training Center Quarterly Report – Theresa Flick, Programs and Services Director

E. ACTION ITEMS

1. Review and approval of the Annual Evaluation of the Community Transportation Coordinator (CTC)
2. Review and approval of the FY 2025 Rate Model Calculation for Citrus County

F. FEATURE PRESENTATIONS

Hope Florida presentation – Natarra Bradwell, Department of Children & Families

G. CITIZEN COMMENTS

H. BOARD MEMBER COMMENTS

I. MPO STAFF COMMENTS

- J. ADJOURNMENT AND NEXT MEETING** – The next regular meeting of the Citrus County Transportation Disadvantaged Local Coordinating Board (LCB) is scheduled for Thursday, August 8, 2024, beginning at 9:30 a.m., at the Lecanto Government Building, 3600 W. Sovereign Path, Room 166, Lecanto, Florida.

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

REVIEW/APPROVAL OF MINUTES – FEBRUARY 8, 2024, LCB ANNUAL PUBLIC WORKSHOP

Review and approve the Minutes of the Thursday, February 8, 2024, Annual Public Workshop of the Citrus County Transportation Disadvantaged Local Coordinator Board (LCB).

Staff Recommendation: It is recommended the LCB review and approve the Minutes of the February 8, 2024, Annual Public Workshop meeting.

Attachment: Meeting Minutes from Thursday, February 8, 2024, Annual Public Workshop



CITRUS COUNTY TRANSPORTATION DISADVANTAGED LOCAL COORDINATING BOARD (LCB)

Thursday, February 8, 2024

ANNUAL PUBLIC WORKSHOP MINUTES

The Citrus County Transportation Disadvantaged Local Coordinating Board (LCB) held its Annual Public Workshop at 9:30 a.m. at the Lecanto Government Building, 3600 W. Sovereign Path, Room 166, Lecanto, Florida. The meeting was advertised in the Citrus Chronicle newspaper and the agenda was available on the Hernando/Citrus MPO website.

MEMBERS PRESENT

David Douglas, Vice Chair, Citizen Advocate – Transit User as Primary Means
Dave Newell, Florida Department of Transportation, District 7, Alternate
Stephen Brown, Person with a Disability
Joanne Granger, Transit Services Director, Mass Transit Coordinator
Cara Brunk, Florida Department of Elder Affairs
Deirdre Barrett LaBelle, Local Representative for Children at Risk
Walter “Bud” Osborne, Veteran Services Office Alternate
Debbie Letterman, Regional Workforce Development Board
Katie Lucas, Local Medical Community Representative
Jeannette Estes, State of Florida Agency for Persons with Disabilities

MEMBERS ABSENT

Ruthie Schlabach, Chair, Citrus County Commissioner
Emilio Santiago, Florida Department of Health Care Administration
Elizabeth Alacci, Florida Department of Children and Family Services

OTHERS PRESENT

Robert Esposito, MPO Executive Director
Mary Elwin, MPO Coordinator
Joy Turner, MPO Administrative Assistant III
Victoria Anderson, Assistant County Attorney, Hernando County

MEETING CALLED TO ORDER

- Vice Chair Douglas called the meeting to order at 9:32 a.m. and led the moment of silence.
- The Pledge of Allegiance and the introductions of Board and staff followed the moment of silence.
- A quorum was declared, and the affidavit of publication was read into the record.

APPROVAL/MODIFICATION OF AGENDA

Motion: A motion was made by Ms. Lucas to approve the agenda. The motion was seconded by Mr. Brown and the motion passed unanimously.

PRESENTATIONS

[It is noted for the record that Jeannette Estes, member representing the State of Florida Agency for Persons with Disabilities, arrived at the meeting.]

Government-in-the-Sunshine and Conflict-of-Interest Presentation by the Hernando County Attorney's Office

Victoria Anderson, Assistant County Attorney for Hernando County, made a presentation to the LCB Board on the Sunshine Law and Public Record and Voting Conflicts. Ms. Anderson also provided a Voting Conflict-Case Summaries handout which was well received by the Board members. Ms. Estes commended Ms. Anderson on the presentation and thanked her for the comprehensive Voting Conflict-Case Summaries handout.

Transportation Disadvantaged Local Coordinating Board (LCB) Orientation/Overview of Program by MPO Staff

Mary Elwin, MPO Coordinator, reviewed a presentation outlining the Commission for the Transportation Disadvantaged program and the roles of the Community Transportation Coordinator (CTC), the Metropolitan Planning Organization (MPO), and the LCB members.

CITIZEN COMMENTS - There were no citizen comments.

BOARD MEMBER COMMENTS - There were no citizen comments.

MPO STAFF COMMENTS – There were no MPO staff comments.

ADJOURNMENT AND NEXT MEETING

Vice Chair Douglas adjourned the meeting at 10:17 a.m. The next regular meeting of the Citrus County Transportation Disadvantaged Local Coordinating Board (LCB) immediately followed the Annual Public Workshop.

DRAFT

REVIEW/APPROVAL OF MINUTES – FEBRUARY 8, 2024, LCB REGULAR PUBLIC MEETING

Review and approve the Minutes of the Thursday, February 8, 2024, Regular Public Meeting of the Citrus County Transportation Disadvantaged Local Coordinator Board (LCB).

Staff Recommendation: It is recommended the LCB review and approve the Minutes of the February 8, 2024, Regular Public Meeting.

Attachment: Meeting Minutes from Thursday, February 8, 2024, Regular Public Meeting



CITRUS COUNTY TRANSPORTATION DISADVANTAGED LOCAL COORDINATING BOARD (LCB)

Thursday, February 8, 2024

MINUTES

The Citrus County Transportation Disadvantaged Local Coordinating Board (LCB) held a regular quarterly meeting at 10:00 a.m. at the Lecanto Government Building, 3600 W. Sovereign Path, Room 166, Lecanto, Florida. The meeting was advertised in the Citrus Chronicle newspaper and the agenda was available on the Hernando/Citrus MPO website.

MEMBERS PRESENT

David Douglas, Vice Chair, Citizen Advocate – Transit User as Primary Means
Dave Newell, Florida Department of Transportation, District 7, Alternate
Stephen Brown, Person with a Disability
Joanne Granger, Transit Services Director, Mass Transit Coordinator
Cara Brunk, Florida Department of Elder Affairs
Deirdre Barrett LaBelle, Local Representative for Children at Risk
Walter “Bud” Osborne, Veteran Services Office Alternate
Emilio Santiago, Florida Department of Health Care Administration
Debbie Letterman, Regional Workforce Development Board
Katie Lucas, Local Medical Community Representative
Jeannette Estes, State of Florida Agency for Persons with Disabilities

MEMBERS ABSENT

Ruthie Schlabach, Chair, Citrus County Commissioner
Elizabeth Alacci, Florida Department of Children and Family Services

OTHERS PRESENT

Robert Esposito, MPO Executive Director
Mary Elwin, MPO Coordinator
Joy Turner, MPO Administrative Assistant III

MEETING CALLED TO ORDER

- Vice Chair Douglas called the meeting to order at 10:20 a.m., immediately following the Annual Public Workshop and led the moment of silence.
- The Pledge of Allegiance and the introductions of Board and staff followed the moment of silence.
- A quorum was declared, and the affidavit of publication was read into the record.

ELECTION OF VICE CHAIR FOR 2024

Motion: A motion was made by Mr. Brown to elect Mr. Douglas as LCB Vice Chair for 2024. The motion was seconded by Mr. Osborn and the motion passed unanimously.

APPROVAL/MODIFICATION OF AGENDA

Motion: A motion was made by Ms. Lucas to approve the agenda. The motion was seconded by Mr. Newell and the motion passed unanimously.

REVIEW/APPROVAL OF MINUTES – NOVEMBER 9, 2023, LCB REGULAR PUBLIC MEETING

Motion: The November 9, 2023, minutes reflected that Elizabeth Watson versus Jeannette Estes attended the Citrus County Transportation Disadvantaged Local Coordinating Board (LCB) meeting of November 9, 2023. A motion was made by Ms. Lucas to approve the November 9, 2023, Minutes of the LCB’s Regular Public Meeting, as amended. The motion was seconded by Mr. Brown and the motion passed unanimously.

REPORTS

Community Transportation Coordinator (CTC) Quarterly Report – Joanne Granger, Transit Director

Ms. Granger, representing the CTC, reported that from October through December 2023, the CTC averaged 4,096 total trips. November and December reflected fewer trips due to the holidays. Most trips continue to be employment, medical, and nutritional related, respectively. The majority of paratransit door-to-door trips are transportation disadvantaged averaging 1,858 for the three-month period. Ms. Granger informed the Board that new flyers and schedules are available for the paratransit and deviated fixed routes.

Key Training Center Quarterly Report – Theresa Flick, Programs and Services Director

The Key Training Center reported that 17,373 trips were provided October through December 2023. The majority of trips were for medical purposes (8,687) and for educational purposes (7,818). The Key Training Center has applied for 5310 grant funds requesting three vehicles and assistance with operating funds. Ms. Flick expressed her appreciation to the Florida Department of Transportation (FDOT) for their assistance to acquire vehicles. Ms. Estes asked how successful the use of Citrus County transit for community-based employment trips was versus using Key Training Center transportation. Ms. Flick confirmed the use of county transit services is working well.

ACTION ITEMS

1. ANNUAL REVIEW AND APPROVAL OF THE LCB BYLAWS

Motion: The Florida Agency for Persons with Disabilities was omitted as a designated member [C.2.b.(15)] in the Bylaws. A motion was made by Mr. Newell to approve the LCB Bylaws, as amended. The motion was seconded by Ms. LaBelle and the motion passed unanimously.

[Ms. Elwin noted for the record that Emilio Santiago, member representing the Florida Department of Health Care Administration, was attending the meeting.]

2. ANNUAL REVIEW AND APPROVAL OF THE LCB GRIEVANCE PROCEDURES

Motion: A motion was made by Ms. Lucas to approve the LCB Grievance Procedures and authorize the Chair's signature thereon. The motion was seconded by Mr. Newell and the motion passed unanimously.

3. ELECTION OF GRIEVANCE COMMITTEE MEMBERS

After Board discussion the following LCB Board members were nominated as the Grievance Committee for 2024:

1. David Douglas, member
2. Katie Lucas, member
3. Jeannette Estes, member
4. Steve Brown, alternate member

Motion: A motion was made by Mr. Osborne to approve the modified list of LCB Grievance Committee Members. The motion was seconded by Ms. LaBelle and the motion passed unanimously.

Mr. Brown and Mr. Newell nominated Mr. Douglas as the LCB Grievance Committee Chair for 2024. Mr. Newell and Ms. LaBelle nominated Ms. Lucas as the LCB Grievance Committee Vice Chair for 2024.

Motion: A motion was made by Mr. Newell to approve Mr. Douglas as the LCB Grievance Committee Chair for 2024 and Ms. Lucas as the Vice Chair. The motion was seconded by Ms. LaBelle and the motion passed unanimously.

FEATURE PRESENTATION-VETERAN SERVICES

Bud Osborn, Veteran Services Representative, shared that there is a veterans' clinic in Lecanto albeit the Lecanto clinic does not offer as many medical services as other facilities. Auditory, optical, and radiology services are provided at The Villages and additional services would be provided in Gainesville. Due to population growth, Gainesville has exceeded capacity and those services are now offered in Tampa. Transportation from Veteran Services is performed by volunteers and not always reliable. Citrus County Transit can provide scheduled and reliable service to the veteran community, but the challenge is training veterans on how to utilize the services offered by public transit. Ms. Granger affirmed the information is available online and informational flyers are available to hand out. Ms. Granger also mentioned most veterans' facilities will coordinate services for individuals using public transportation.

CITIZEN COMMENTS

Ms. Leanne Smith, a resident of Beverly Hills, commented on the need for a local Veterans' Hospital that can offer more services to the veterans. Ms. Smith did compliment Citrus County Transit for the services they provide to the veteran community and suggested making business cards available that list the days/times county transit is available to veterans' facilities.

BOARD MEMBER COMMENTS

Ms. Estes shared that a presentation on the Hope Florida initiative will be provided to the Hernando County Transportation Disadvantaged Local Coordinating Board (TDLCB) and asked if the Citrus LCB would be interested in having a similar presentation at the next board meeting. The Board expressed their interest and upon confirmation from Ms. Estes, the feature presentation for the May 9, 2024, LCB meeting will be from a representative of the Florida Department of Families and Children presenting on the Hope Florida initiative. Ms. Lucas will provide the feature presentation for the August 8, 2024, meeting.

MPO STAFF COMMENTS

- The 2050 Long-Range Transportation Plan (LRTP), which is one of the MPO's single largest studies is wrapping up and will be presented to the MPO Board for adoption in October 2024. Work on the 2050 LRTP began approximately one year ago and is a 25-year look forward on which roads should be built and the priority thereof.
- Staff is also involved in the process of developing the new two-year Unified Planning Work Program (UPWP) for FY2025 – FY2026.
- The MPO is conducting an in-depth level of service analysis on US 41 and SR 200 in Citrus County and on County Line Road and US 41 in Hernando County.

ADJOURNMENT AND NEXT MEETING

Vice Chair Douglas adjourned the meeting at 11:05 a.m. The next regular meeting of the Citrus County Transportation Disadvantaged Local Coordinating Board (LCB) is scheduled for Thursday, May 9, 2024, beginning at 9:30 a.m., at the Lecanto Government Building, 3600 W. Sovereign Path, Room 166, Lecanto, Florida. The meeting agenda and back-up materials are available online at: www.hernandocounty.us/hernandocitrusmpo.

**QUARTERLY REPORT OF THE COMMUNITY TRANSPORTATION COORDINATOR (CTC) AGENCY,
Joanne Granger, Transit Director**

As an informational item, attached is the Community Transportation Coordinator (CTC) Quarterly Report for the period of January 1, 2024, through March 31, 2024.

This is an informational item; no action is required.

Staff Recommendation: It is recommended the LCB review the quarterly report and provide comments as desired. No action is required by the LCB at this time.

Attachment: CTC Quarterly Report

County:	Citrus			
CTC:	Citrus County Transit			
Contact:	Joanne Granger			
Email:	Joanne.Granger@citrusbocc.com			
	2024			
Trips By Type of Service	Jan	Feb	Mar	Average
Deviated Fixed Route*	2,336	2,465	2,417	2,406
Ambulatory	2,119	2,166	2,174	2,153
Wheelchair	232	235	178	215
Total Trips By Type of Service	4,687	4,866	4,769	4,774
Passenger Trips By Purpose				
Education/Training/Daycare	75	128	146	116
Employment	523	511	525	520
Medical	525	541	456	507
Nutritional	814	740	750	768
Life-Sustaining/Other	414	481	475	457
Total Trips by Purpose	2,351	2,401	2,352	
Passenger Trips by Funding Source				
CTD-Commission for the Transportation Disadvantaged	1,967	1,948	1,860	1,925
CTD-VA Hospital (Tampa/Gainesville/ The Villages)	33	46	32	37
APD-Agency for Persons with Disabilities	0	0	0	0
DOEA-Department of Elderly Affairs-Veterans	0	0	0	0
DOEA-Department of Elderly Affairs-Congregate Dining	0	0	0	0
Other-Public	351	407	460	406
Total Trips By Funding Source	2,351	2,401	2,352	2,368

Note:

KEY TRAINING CENTER QUARTERLY REPORT, Theresa Flick, Program and Service Director

As an informational item, attached is the Key Training Center Quarterly Report for the period of January 1, 2024, through March 31, 2024.

This is an informational item; no action is required.

Staff Recommendation: It is recommended the LCB review the quarterly report and provide comments as desired. No action is required by the LCB at this time.

Attachment: Key Training Center Quarterly Report



KEY TRAINING CENTER
Kindness, Love, Dignity and Respect

Chester V. Cole
Forever in our hearts

Corporate Officers

Carolyn Zemanik
President, Board of Directors

Melissa Walker
Executive Director
(352) 795-5541 ext 203
kcenter@tampabay.rr.com

Programs and Services

Theresa Flick, Director
(352) 795-5541 ext 214
pdktc@keytrainingcenter.org

Social Services

Bill Rutterman, Supervisor
(352) 795-5541 ext 219
sss@keytrainingcenter.org

Day Services

Barbara Branch, Director
(352) 795-5541 ext 244
bbranchres@keytrainingcenter.org

Residential Services

Brian Kantorczyk, Director
(352) 795-5541 ext 227
resdir@keytrainingcenter.org

Fiscal Management

Leo Doucette, Director
(352) 795-5541 ext 303
super@keytrainingcenter.org

Human Resources

Stephen Arena, Director
(352) 795-5541 ext 308
hrdir@keytrainingcenter.org

Key Center Foundation

Tinker Bowen, Director KCF
(352) 795-5541 ext 106
tinkor@keytrainingcenter.org

Community Relations

Amanda Oestreich, Development & Community Relations Manager
(352) 795-5541 ext 313
foundation@keytrainingcenter.org or amanda@keytrainingcenter.org

Retail Operations

Mo Brown, Manager
(352) 795-5541 ext 101
ROM@keytrainingcenter.org
Inverness (352) 726-0271
Lecanto (352) 527-0037
Crystal River (352) 564-9477
Wildwood (352) 661-3049
Labels / Inverness (352) 419-7591
Delivery/Pickup (352) 726-0271

Maintenance

Chris Linhart, Director Fleet & Facilities
(352) 795-5541 ext 230
clinhart@keytrainingcenter.org

To: Joanne Granger, CCT
From: Theresa Flick, KTC
Re: Quarterly data (Jan/Feb/Mar 2024)

Trips by type of service:

Demand response	17,021
Ambulatory	15,521
Wheelchair	1,500

Passenger types by purpose:

Medical	8,510
Employment	0
Educational	7,660
Shopping	340
Other (recreational)	511

5399 W. Gulf to Lake Hwy. • Lecanto, Florida 34461

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www.keytrainingcenter.org • www.facebook.com/KeyTrainingCenter

REVISED 5/08/2020

**REVIEW AND APPROVAL OF THE ANNUAL EVALUATION OF THE COMMUNITY
TRANSPORTATION COORDINATOR (CTC)**

Attached is the Annual Evaluation of the Community Transportation Coordinator (CTC) conducted by the Hernando/Citrus MPO staff (Planning Agency). Based on the review, the CTC appears to be operating consistent with the Florida Statutes Chapter 427, and Rule 41-2 of the Florida Administrative Code.

Staff Recommendation: It is recommended the LCB review the 2024 Annual CTC Evaluation, provide comments, and approve for submittal to the Florida Commission for the Transportation Disadvantaged (CTD).

Attachment: CTC Annual 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 REVIEW: _____

CONTACT INFORMATION: _____
REsposito@hernandocounty.us; MaryE@hernandocounty.us

FORMATTED 2011 – 2012

LCB EVALUATION WORKBOOK

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

REVIEW CHECKLIST & SCHEDULE

COLLECT FOR REVIEW:

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

ITEMS TO REVIEW ON-SITE:

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

ITEMS TO REQUEST:

- REQUEST INFORMATION FOR RIDER/BENEFICIARY SURVEY** (Rider/Beneficiary Name, Agency who paid for the trip [sorted by agency and totaled], and Phone Number)

- REQUEST INFORMATION FOR CONTRACTOR SURVEY** (Contractor Name, Phone Number, Address and Contact Name)

- REQUEST INFORMATION FOR PURCHASING AGENCY SURVEY** (Purchasing Agency Name, Phone Number, Address and Contact Name)

- REQUEST ANNUAL QA SELF CERTIFICATION** (Due to CTD annually by January 15th).

- MAKE ARRANGEMENTS FOR VEHICLES TO BE INSPECTED** (Only if purchased after 1992 and privately funded).

INFORMATION OR MATERIAL TO TAKE WITH YOU:

- Measuring Tape Stop Watch

EVALUATION INFORMATION

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

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

Notes to remember:

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

ENTRANCE INTERVIEW QUESTIONS

INTRODUCTION AND BRIEFING:

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

The LCB will be reviewing the following areas:

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

USING THE APR, COMPILE THIS INFORMATION:

1. OPERATING ENVIRONMENT:

- RURAL URBAN

2. ORGANIZATION TYPE:

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

3. NETWORK TYPE:

- SOLE PROVIDER
- PARTIAL BROKERAGE
- COMPLETE BROKERAGE

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

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

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

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			

GENERAL QUESTIONS

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

1. DESIGNATION DATE OF CTC:

2. WHAT IS THE COMPLAINT PROCESS?

IS THIS PROCESS IN WRITTEN FORM? Yes No
(Make a copy and include in folder)

Is the process being used? Yes No

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

4. DOES THE COMPLAINT FORM INCORPORATE ALL ELEMENTS OF THE CTD'S UNIFORM SERVICE REPORTING GUIDEBOOK?

Yes No

5. DOES THE FORM HAVE A SECTION FOR RESOLUTION OF THE COMPLAINT?

Yes No

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

6. IS A SUMMARY OF COMPLAINTS GIVEN TO THE LCB ON A REGULAR BASIS?

Yes No When applicable.

7. WHEN IS THE DISSATISFIED PARTY REFERRED TO THE TD HELPLINE?

Issues would be referred to the TD Helpline if they could not be resolved at the local level.

8. WHEN A COMPLAINT IS FORWARDED TO YOUR OFFICE FROM THE OMBUDSMAN PROGRAM, IS THE COMPLAINT ENTERED INTO THE LOCAL COMPLAINT FILE/PROCESS?

Yes No

If no, what is done with the complaint?

9. DOES THE CTC PROVIDE WRITTEN RIDER/BENEFICIARY INFORMATION OR BROCHURES TO INFORM RIDERS/ BENEFICIARIES ABOUT TD SERVICES?
 Yes No If yes, what type?

Brochures are used to provide information about TD Services. Copies are available on vehicles, in the office, and on the website. Copies have been provided to the reviewers and included in the review file.

10. DOES THE RIDER/ BENEFICIARY INFORMATION OR BROCHURE LIST THE OMBUDSMAN NUMBER?
 Yes No

11. DOES THE RIDER/ BENEFICIARY INFORMATION OR BROCHURE LIST THE COMPLAINT PROCEDURE?
 Yes No

12. WHAT IS YOUR ELIGIBILITY PROCESS FOR TD RIDERS/ BENEFICIARIES?
 An application is required for TD service eligibility and is valid for a two-year period. A current application is available on CCT's website and is on file at the Planning Agency (MPO) to support this review.

Please Verify These Passengers Have an Eligibility Application on File:

TD Eligibility Verification			
Name of Client	Address of client	Date of Ride	Application on File?
Vera Bartolo	4235 S. Cascade Ave., Inverness, FL 34445	10/10/2023	Yes
Onolee Fass	500 N. Indigo Terrace, Hernando FL 34442	9/20/2023	Yes
Michael Musto	1103 Mossy Oak #1, Inverness, FL 34450	12/20/2023	Yes
Courtney Stivenson	21 N. Washington St, Beverly Hills 34465	8/15/2023	Yes

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

Trips to government resources outside of the Citrus service area are available to the Social Security office in Ocala or the Veterans Administration clinic in Ocala.

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

The computer scheduling software is being evaluated since it is 20 years old. Vendor demonstrations have been conducted.

15. WHAT BARRIERS ARE THERE TO THE COORDINATED SYSTEM?

No barriers exist. Qualified driver shortages exist.

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

None at this time.

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

None at this time.

18. HOW ARE YOU MARKETING THE VOLUNTARY DOLLAR?

A flyer is displayed on the vehicles to remind patrons to consider contributing \$1.00 at the time of vehicle registrations.

GENERAL QUESTIONS

Findings:

No findings.

Recommendations:

No recommendations.

COMPLIANCE WITH CHAPTER 427, F.S.

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

ARE YOUR CONTRACTS UNIFORM? Yes No

IS THE CTD’S STANDARD CONTRACT UTILIZED? Yes No

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

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

IS THE CTC IN COMPLIANCE WITH THIS SECTION? Yes No

Operator Name	Exp. Date	SSPP	AOR Reporting	Insurance

COMPLIANCE WITH CHAPTER 427, F.S.

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

REPORTING TIMELINESS

Were the following items submitted on time?

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

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

List:

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

IS THE CTC IN COMPLIANCE WITH THIS SECTION? Yes No

Comments:

COMPLIANCE WITH CHAPTER 427, F.S.

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

“Review all transportation operator contracts annually.”

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

Is a written report issued to the operator? Yes No

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

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

Is a written report issued? Yes No

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

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

IS THE CTC IN COMPLIANCE WITH THIS SECTION? Yes No

ASK TO SEE DOCUMENTATION OF MONITORING REPORTS.

COMPLIANCE WITH CHAPTER 427, F.S.

Review the TDSP to determine the utilization of school buses and public transportation services [Chapter 427.0155(4)]
“Approve and coordinate the utilization of school bus and public transportation services in accordance with the TDSP.”

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

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

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

N/A

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

Yes No

If YES, what is the goal?

Is the CTC accomplishing the goal? Yes No

IS THE CTC IN COMPLIANCE WITH THIS REQUIREMENT? Yes No

Comments:

COMPLIANCE WITH CHAPTER 427, F.S.

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

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

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

Yes No

If Yes, describe the application review process.

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

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

Yes No

IS THE CTC IN COMPLIANCE WITH THIS SECTION? Yes No

Comments:

COMPLIANCE WITH CHAPTER 427, F.S.

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

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

WHAT ARE THE PRIORITIES FOR THE TDTF TRIPS?

HOW ARE THESE PRIORITIES CARRIED OUT?

IS THE CTC IN COMPLIANCE WITH THIS SECTION? Yes No

Comments:

COMPLIANCE WITH CHAPTER 427, F.S.

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

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

Review the Operational section of the TDSP

1. Hours of Service:

2. Hours of Intake:

3. Provisions for After Hours Reservations/Cancellations?

4. What is the minimum required notice for reservations?

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

IS THE CTC IN COMPLIANCE WITH THIS SECTION? Yes No

Comments:

COMPLIANCE WITH CHAPTER 427, F.S.

Review the cooperative agreement with the local WAGES coalitions according to Chapter 427.0155(9).
“Work cooperatively with local WAGES coalitions established in Chapter 414 to provide assistance in the development of innovative transportation services for WAGES participants.”

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

HAVE ANY INNOVATIVE WAGES TRANSPORTATION SERVICES BEEN DEVELOPED?

IS THE CTC IN COMPLIANCE WITH THIS SECTION? Yes No

Comments:

CHAPTER 427

Findings:

Recommendations:

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

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

WHAT ARE THE MINIMUM LIABILITY INSURANCE REQUIREMENTS?

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

HOW MUCH DOES THE INSURANCE COST (per operator)?

Operator	Insurance Cost

DOES THE MINIMUM LIABILITY INSURANCE REQUIREMENTS EXCEED \$1 MILLION PER INCIDENT?

Yes No

If yes, was this approved by the Commission? Yes No

IS THE CTC IN COMPLIANCE WITH THIS SECTION? Yes No

Comments:

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

Compliance with 41-2.006(2), Safety Standards.

"...shall ensure the purchaser that their operations and services are in compliance with the safety requirements as specified in Section 341.061(2)(a), F.S. and 14-90, F.A.C."

Date of last SSPP Compliance Review _____, Obtain a copy of this review.

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

IS THE CTC IN COMPLIANCE WITH THIS SECTION? Yes No

ARE THE CTC CONTRACTED OPERATORS IN COMPLIANCE WITH THIS SECTION?
 Yes No Not applicable; no operators.

DRIVER REQUIREMENT CHART

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

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

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

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

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

Compliance with 41-2.006(3), Drug and Alcohol Testing
“...shall assure the purchaser of their continuing compliance with the applicable state or federal laws relating to drug testing...”

With which of the following does the CTC (and its contracted operators) Drug and Alcohol Policy comply?

- FTA (Receive Sect. 5307, 5309, or 5311 funding)
- FHWA (Drivers required to hold a CDL)
- Neither

REQUEST A COPY OF THE DRUG & ALCOHOL POLICY AND LATEST COMPLIANCE REVIEW.

DATE OF LAST DRUG & ALCOHOL POLICY REVIEW: _____

IS THE CTC IN COMPLIANCE WITH THIS SECTION? Yes No

Comments:

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

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

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

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

Cost [CTC and Coordination Contractor (CC)]

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

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

Cost [CTC and Transportation Alternative (Alt.)]

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

IS THE CTC IN COMPLIANCE WITH THIS SECTION? Yes No

RULE 41-2

Findings:

Recommendations:

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

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

Review the TDSP for the Commission standards.

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

Adequate seating	
Driver Identification	
Passenger Assistance	
Smoking, Eating and Drinking	

Two-way Communications	
Air Conditioning/Heating	
Billing Requirements	

COMMISSION STANDARDS

Findings:

Recommendations:

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

Compliance with Local Standards

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

Review the TDSP for the Local standards.

Local Standards	Comments
Transport of Escorts and dependent children policy	Children 12 and under traveling must be accompanied by an adult escort. Children 12 and under ride free. TDSP Page 34
Use, Responsibility, and cost of child restraint devices	Child restraint devices are not required on buses. However, if used, it is parent's responsibility to provide and secure device. TDSP Page 34
Out-of-Service Area trips	Services provided to Veterans Admin in Gainesville, Tampa, and the Villages on a weekly basis. Services to Social Security Admin in Ocala provided on a monthly basis. TDSP Page 33
CPR/1st Aid	Drivers are not required to perform CPR/1st Aid. Emergencies require 9-1-1 calls for assistance. TDSP Page 36
Driver Criminal Background Screening	Employment Level II Background completed. TDSP Page 36
Rider Personal Property	Personal property required to be placed on laps or stowed under seat. TDSP Page 33
Advance reservation requirements	Reservations made up to 14 days in advance. Reservations for Social Security Administration Offices in Ocala must be made by Noon on riday the week prior. TDSP Page 36
Pick-up Window	Pick-up window is 1 hour from the scheduled pick-up and 1 hour of the return time. TDSP Page 37

<i>Measurable Standards/Goals</i>	<i>Standard/Goal</i>	<i>Latest Figures</i>	<i>Is the CTC/Operator meeting the Standard?</i>
Public Transit Ridership	CTC 24,651	CTC 26,697	Yes
	Operator A	Operator A	
	Operator B	Operator B	
	Operator C	Operator C	
On-time performance TDSP Pg 37. 7/1/23-3/31/24	CTC 85%	CTC 99.67%	Yes
	Operator A	Operator A	
	Operator B	Operator B	
	Operator C	Operator C	
Passenger No-shows TDSP Pg 37 7/1/23-3/31/24	CTC Less than 3 per rider/per month	CTC 0 Unexcused	Yes
	Operator A	Operator A	
	Operator B	Operator B	
	Operator C	Operator C	
Accidents TDSP Pg 36 7/1/23-3/31/24	CTC 6 per TDSP	CTC 0	Yes
	Operator A	Operator A	
	Operator B	Operator B	
	Operator C	Operator C	
Roadcalls TDSP Pg 37 Average age of fleet: 6.5	CTC <10,000 miles per 1 Yr	CTC 0	Yes
	Operator A	Operator A	
	Operator B	Operator B	
	Operator C	Operator C	
Complaints TDSP & Updated Policy Number filed: 0	CTC 0	CTC 0	Yes, 0 written
	Operator A	Operator A	
	Operator B	Operator B	
	Operator C	Operator C	
Call-Hold Time TDSP Pg 36	CTC 4 Minutes	CTC	Yes, Tested @ 2.5
	Operator A	Operator A	
	Operator B	Operator B	
	Operator C	Operator C	

LOCAL STANDARDS

Findings:

No findings.

Recommendations:

No recommendations at this time.

COMPLIANCE WITH AMERICANS WITH DISABILITIES ACT

REVIEW COPIES OF THE PUBLIC INFORMATION PROVIDED.

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

ARE ACCESSIBLE FORMATS ON THE SHELF? Yes No

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

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

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

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

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

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

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

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

IS A RAMP PROVIDED? Yes No

ARE THE BATHROOMS ACCESSIBLE? Yes No

Bus and Van Specification Checklist

Name of Provider:

Vehicle Number (either VIN or provider fleet number):

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

Person Conducting Review:

Date:

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

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

Have the driver lower the lift to the ground:

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

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

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

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

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

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

While inside the vehicle:

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

Vehicles under 22 feet must have:

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

Vehicles over 22 feet must have:

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

COMPLIANCE WITH AMERICANS WITH DISABILITIES ACT

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

Name of Service Provider/ Contractor	Total # of Vehicles Available for CTC Service	# of ADA Accessible Vehicles	Areas/Sub areas Served by Provider/Contractor

BASED ON THE INFORMATION IN TABLE 1, DOES IT APPEAR THAT INDIVIDUALS REQUIRING THE USE OF ACCESSIBLE VEHICLES HAVE EQUAL SERVICE?

Yes No

ADA COMPLIANCE

Findings:

Recommendations:

FY _____/____ GRANT QUESTIONS

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

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

Yes No

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

Yes No **Not applicable; no qualifying accidents.**

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 **Not applicable; no qualifying accidents.**

STATUS REPORT FOLLOW-UP FROM LAST REVIEW(S)

DATE OF LAST REVIEW: _____

STATUS REPORT DATED: _____

CTD RECOMMENDATION:

CTC Response:

Current Status:

CTD RECOMMENDATION:

CTC Response:

Current Status:

CTD RECOMMENDATION:

CTC Response:

Current Status:

CTD RECOMMENDATION:

CTC Response:

Current Status:

CTD RECOMMENDATION:

CTC Response:

Current Status:

CTD RECOMMENDATION:

CTC Response:

Current Status:

ON-SITE OBSERVATION OF THE SYSTEM

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

Date of Observation:

Please list any special guests that were present:

Location:

Number of Passengers picked up/dropped off:

Ambulatory

Non-Ambulatory

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

Did the driver provide any passenger assistance? Yes No

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

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

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

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

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

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

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

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

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

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

If No, please explain:

CTC: _____ County: _____

Date of Ride: _____

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

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

Note: Attach the manifest

RIDER/BENEFICIARY SURVEY

Staff making call: _____

County: _____

Date of Call: / /

Funding Source: _____

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

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

If so, how much?

3) How often do you normally obtain transportation?

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

4) Have you ever been denied transportation services?

Yes

No. If no, skip to question # 4

A. How many times in the last 6 months have you been refused transportation services?

None

3-5 Times

1-2 Times

6-10 Times

If none, skip to question # 4.

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

Ineligible

Space not available

Lack of funds

Destination outside service area

Other _____

Rider indicated that denial was rider's fault as they waited to call the day of the needed ride.

5) What do you normally use the service for?

Medical

Education/Training/Day Care

Employment

Life-Sustaining/Other *Shopping/Groceries*

Nutritional

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

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

No. If no, skip to question # 6

What type of problem did you have with your trip?

Advance notice

Cost

Pick up times not convenient

Late pick up-specify time of wait

Assistance

Accessibility

Service Area Limits

Late return pick up - length of wait

Drivers - specify

Reservations - specify length of wait

Vehicle condition

Other

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

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

Additional Comments:

Contractor Survey

_____County

Contractor name (optional)

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

- Yes No

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

- Yes No

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

- Yes No

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

- Yes No

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

- Yes No

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

- Yes No

6. Have you experienced any problems with the CTC?

- Yes No

If yes, what type of problems?

Comments:

PURCHASING AGENCY SURVEY

Staff making call: _____

Purchasing Agency name: _____

Representative of Purchasing Agency: _____

1) Do you purchase transportation from the coordinated system?

YES

NO If no, why?

2) Which transportation operator provides services to your clients?

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

Medical

Employment

Education/Training/Day Care

Nutritional

Life Sustaining/Other

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

7 Days/Week

1-3 Times/Month

1-2 Times/Week

Less than 1 Time/Month

3-5 Times/Week

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

- Yes
- No If no, skip to question 7

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

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

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

- Yes
- No If no, why? _____

**Level of Cost
Worksheet 1**

Insert Cost page from the AOR.

<h2 style="margin: 0;">Level of Competition Worksheet 2</h2>
--

1. Inventory of Transportation Operators in the Service Area

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

2. How many of the operators are coordination contractors? _____
3. Of the operators included in the local coordinated system, how many have the capability of expanding capacity? _____
Does the CTC have the ability to expand? _____
4. Indicate the date the latest transportation operator was brought into the system. _____

5. Does the CTC have a competitive procurement process? _____
6. In the past five (5) years, how many times have the following methods been used in selection of the transportation operators?

	Low bid
	Requests for qualifications
	Negotiation only

	Requests for proposals
	Requests for interested parties

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

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

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

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

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

How many responded? _____

The request for bids/proposals was distributed:

_____ Locally _____ Statewide _____ Nationally

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

Level of Availability (Coordination)
Worksheet 3

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

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

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

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

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

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

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

Scheduling – How is the trip assignment to vehicles coordinated?

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

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

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

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

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

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

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

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

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

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

REVIEW AND APPROVAL OF THE FY 2025 RATE MODEL CALCULATION FOR CITRUS COUNTY

Each year, the LCB is required to approve proposed trip rates of the Community Transportation Coordinator (CTC). Citrus County Transit, as required, utilizes the Commission for Transportation Disadvantaged (CTD) Trip Rate Calculation process. The Trip Rate Calculation process considers numerous costs items including labor, fringe benefits, insurance, and program income to determine the trip rates. The CTD has reviewed and approved the rate calculation.

Staff Recommendation: It is recommended the LCB review and approve the Citrus County FY 2025 Rate Model Calculation.

Attachment: FY 2025 Rate Model Calculation for Citrus County

Preliminary Information Worksheet

Version 1.4

CTC Name:	Citrus County Transit
County (Service Area):	Citrus County
Contact Person:	Tiffany Kersey
Phone #	352-527-7639

Check Applicable Characteristic:

ORGANIZATIONAL TYPE:	NETWORK TYPE:
<input checked="" type="radio"/> Governmental	<input type="radio"/> Fully Brokered
<input type="radio"/> Private Non-Profit	<input checked="" type="radio"/> Partially Brokered
<input type="radio"/> Private For Profit	<input type="radio"/> Sole Source

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

Comprehensive Budget Worksheet

Version 1.4

CTC: Citrus County Transit
County: Citrus County

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

	Prior Year's ACTUALS from Oct 1st of 2022 to Sept 30th of 2023	Current Year's APPROVED Budget, as amended from Oct 1st of 2023 to Sept 30th of 2024	Upcoming Year's PROPOSED Budget from Oct 1st of 2024 to Sept 30th of 2025	% Change from Prior Year to Current Year	Proposed % Change from Current Year to Upcoming Year	Confirm whether revenues are collected as a system subsidy VS a purchase of service at a unit price. Explain Changes in Column 6 That Are > ± 10% and Also > ± \$50,000
1	2	3	4	5	6	7

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

Local Non-Govt

Farebox	\$ 45,152	\$ 46,000	\$ 48,000	1.9%	4.3%	
Medicaid Co-Pay Received						
Donations/ Contributions						
In-Kind, Contributed Services						
Other						
Bus Pass Program Revenue						

Local Government

District School Board						Utilization of 5307 / 5311 CARES Act funding from 2020-2024 reduced the amount of County Cash required. 2023/2024 added back 5311 match and 2024/2025 adds back the 5307 match. Due to the timing of the In-Kind, unable to utilize again until 2024/2025.
Compl. ADA Services						
County Cash	\$ 54,981	\$ 170,634	\$ 221,200	210.4%	29.6%	
County In-Kind, Contributed Services						
City Cash						
City In-kind, Contributed Services						
Other Cash						
Other In-Kind, Contributed Services	\$ 44,688		\$ 45,000	-100.0%		
Bus Pass Program Revenue						

CTD

Non-Spons. Trip Program	\$ 523,153	\$ 530,783	\$ 564,000	1.5%	6.3%	
Non-Spons. Capital Equipment						
Rural Capital Equipment						
Other TD (specify in explanation)						
Bus Pass Program Revenue						

USDOT & FDOT

49 USC 5307	\$ 608,097	\$ 650,000	\$ 710,000	6.9%	9.2%	Utilizing 5311 Grant and Block Grant at a faster rate due to the increase costs below for class & pay adjustment in salaries / fringe and vehicle maintenance & fuel costs.
49 USC 5310						
49 USC 5311 (Operating)	\$ 214,653	\$ 253,334	\$ 260,000	18.0%	2.6%	
49 USC 5311(Capital)						
Block Grant	\$ 107,326	\$ 126,667	\$ 130,000	18.0%	2.6%	
Service Development						
Commuter Assistance						
Other DOT (specify in explanation)						
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

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

DCA

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

Comprehensive Budget Worksheet

Version 1.4

CTC: Citrus County Transit
County: Citrus County

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

	Prior Year's ACTUALS from Oct 1st of 2022 to Sept 30th of 2023	Current Year's APPROVED Budget, as amended from Oct 1st of 2023 to Sept 30th of 2024	Upcoming Year's PROPOSED Budget from Oct 1st of 2024 to Sept 30th of 2025	% Change from Prior Year to Current Year	Proposed % Change from Current Year to Upcoming Year	Confirm whether revenues are collected as a system subsidy VS a purchase of service at a unit price. Explain Changes in Column 6 That Are > ± 10% and Also > ± \$50,000
1	2	3	4	5	6	7

APD

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

DJJ

(specify in explanation)						
Bus Pass Program Revenue						

Other Fed or State

5307-Capital		\$ 427,592	\$ 630,000		47.3%	Purchased 2 Minivans & ordered 2 cutaway buses for delivery in 2023/2024. Anticipate purchase of 3-4 additional replacement cutaway buses in 2024/2025
xxx						
xxx						
Bus Pass Program Revenue						

Other Revenues

Interest Earnings						
xxxx						
xxxx						
Bus Pass Program Revenue						

Balancing Revenue to Prevent Deficit

Actual or Planned Use of Cash Reserve	\$ (76,612)	\$ 76,612				
---------------------------------------	-------------	-----------	--	--	--	--

Balancing Revenue is Short By =			None			
Total Revenues =	\$1,521,438	\$2,281,622	\$2,608,200	50.0%	14.3%	

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

Operating Expenditures

Labor	\$ 741,950	\$ 984,000	\$ 1,020,000	32.6%	3.7%	Increase in salaries and fringe due to Class & Pay study that went into affect on 10/1/23 for the current year. Retirement rate also increased. Increased vehicle maintenance and fuel costs. Miscellaneous was low in 2022/2023 due to cancellation of travel & registrations due to Hurricane. Purchase of 2 Minivans and 2 replacement buses for demand response in 2023/2024. Purchase of additional 3 - 4 replacement buses in 2024/2025.
Fringe Benefits	\$ 312,594	\$ 419,680	\$ 450,000	34.3%	7.2%	
Services	\$ 89,419	\$ 100,500	\$ 105,000	12.4%	4.5%	
Materials and Supplies	\$ 283,562	\$ 297,250	\$ 305,000	4.8%	2.6%	
Utilities	\$ 17,991	\$ 18,500	\$ 19,000	2.8%	2.7%	
Casualty and Liability	\$ 29,559	\$ 30,000	\$ 30,000	1.5%	0.0%	
Taxes						
Purchased Transportation:						
Purchased Bus Pass Expenses						
School Bus Utilization Expenses						
Contracted Transportation Services						
Other						
Miscellaneous	\$ 1,675	\$ 4,100	\$ 4,200	144.8%	2.4%	
Operating Debt Service - Principal & Interest						
Leases and Rentals						
Contrib. to Capital Equip. Replacement Fund						
In-Kind, Contributed Services	\$ 44,688	\$ -	\$ 45,000	-100.0%		
Allocated Indirect						
Capital Expenditures						
Equip. Purchases with Grant Funds		\$ 427,592	\$ 630,000		47.3%	
Equip. Purchases with Local Revenue						
Equip. Purchases with Rate Generated Rev.						
Capital Debt Service - Principal & Interest						
Total Expenditures =	\$1,521,438	\$2,281,622	\$2,608,200	50.0%	14.3%	

See NOTES Below.

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

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

Budgeted Rate Base Worksheet

Version 1.4

CTC: Citrus County Transit

County: Citrus County

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

Upcoming Year's BUDGETED Revenues		What amount of the <u>Budgeted Revenue</u> in col. 2 will be generated at the rate per unit determined by this spreadsheet, OR used as local match for these type revenues?	Budgeted Rate Subsidy Revenue <u>Excluded from</u> the Rate Base	What amount of the <u>Subsidy Revenue</u> in col. 4 will come from funds to purchase equipment, OR will be used as match for the purchase of equipment?
from Oct 1st of 2024		3	4	5
to Sept 30th of 2025				
1	2			

REVENUES (CTC/Operators ONLY)

Local Non-Govt

Farebox	\$ 48,000
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	\$ 221,200
County In-Kind, Contributed Services	\$ -
City Cash	\$ -
City In-kind, Contributed Services	\$ -
Other Cash	\$ -
Other In-Kind, Contributed Services	\$ 45,000
Bus Pass Program Revenue	\$ -

CTD

Non-Spons. Trip Program	\$ 564,000
Non-Spons. Capital Equipment	\$ -
Rural Capital Equipment	\$ -
Other TD	\$ -
Bus Pass Program Revenue	\$ -

USDOT & FDOT

49 USC 5307	\$ 710,000
49 USC 5310	\$ -
49 USC 5311 (Operating)	\$ 260,000
49 USC 5311 (Capital)	\$ -
Block Grant	\$ 130,000
Service Development	\$ -
Commuter Assistance	\$ -
Other DOT	\$ -
Bus Pass Program Revenue	\$ -

AHCA

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

DCF

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

DOH

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

DOE (state)

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

AWI

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

DOEA

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

DCA

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

\$ 48,000	\$ -	
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YELLOW cells
are **NEVER** Generated by Applying Authorized Rates

BLUE cells
Should be funds generated by rates in this spreadsheet

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

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

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

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

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

local match req.

Budgeted Rate Base Worksheet

Version 1.4

CTC: Citrus County Transit
County: Citrus County

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

	Upcoming Year's BUDGETED Revenues
	from Oct 1st of 2024 to Sept 30th of 2025
1	2

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

APD	
Office of Disability Determination	\$ -
Developmental Services	\$ -
Other APD	\$ -
Bus Pass Program Revenue	\$ -
DJJ	
DJJ	\$ -
Bus Pass Program Revenue	\$ -
Other Fed or State	
5307-Capital	\$ 630,000
xxx	\$ -
xxx	\$ -
Bus Pass Program Revenue	\$ -
Other Revenues	
Interest Earnings	\$ -
xxxx	\$ -
xxxx	\$ -
Bus Pass Program Revenue	\$ -
Balancing Revenue to Prevent Deficit	
Actual or Planned Use of Cash Reserve	\$ -
Total Revenues =	\$ 2,608,200

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\$ 564,000	\$ 2,044,200	\$ -

EXPENDITURES (CTC/Operators ONLY)	
Operating Expenditures	
Labor	\$ 1,020,000
Fringe Benefits	\$ 450,000
Services	\$ 105,000
Materials and Supplies	\$ 305,000
Utilities	\$ 19,000
Casualty and Liability	\$ 30,000
Taxes	\$ -
Purchased Transportation:	
Purchased Bus Pass Expenses	\$ -
School Bus Utilization Expenses	\$ -
Contracted Transportation Services	\$ -
Other	\$ -
Miscellaneous	\$ 4,200
Operating Debt Service - Principal & Interest	\$ -
Leases and Rentals	\$ -
Contrib. to Capital Equip. Replacement Fund	\$ -
In-Kind, Contributed Services	\$ 45,000
Allocated Indirect	\$ -
Capital Expenditures	
Equip. Purchases with Grant Funds	\$ 630,000
Equip. Purchases with Local Revenue	\$ -
Equip. Purchases with Rate Generated Rev.	\$ -
Capital Debt Service - Principal & Interest	\$ -
	\$ -
Total Expenditures =	\$ 2,608,200
minus EXCLUDED Subsidy Revenue =	\$ 2,044,200
Budgeted Total Expenditures INCLUDED in	
Rate Base =	\$ 564,000
Rate Base Adjustment ¹ =	
Adjusted Expenditures Included in Rate	
Base =	\$ 564,000

\$ **2,044,200**

Amount of
Budgeted
Operating Rate
Subsidy Revenue

¹ Rate Base Adjustment Cell

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

¹ The Difference between Expenses and Revenues for Fiscal Year: 2022 - 2023

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

Worksheet for Program-wide Rates

CTC: Citrus County Tran Version 1.4
 County: Citrus County

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

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

PROGRAM-WIDE RATES	
Total <u>Projected</u> Passenger Miles =	165,712
Rate Per Passenger Mile = \$ 3.40	
Total <u>Projected</u> Passenger Trips =	23,236
Rate Per Passenger Trip = \$ 24.27	

Fiscal Year
2024 - 2025
Avg. Passenger Trip Length = 7.1 Miles

Rates If No Revenue Funds Were Identified As Subsidy Funds	
Rate Per Passenger Mile = \$ 15.74	
Rate Per Passenger Trip = \$ 112.25	

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

Vehicle Miles

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

Vehicle Revenue Miles (VRM)

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

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

Passenger Miles (PM)

The cumulative sum of the distances ridden by each passenger.

Worksheet for Multiple Service Rates

CTC: Citrus County Tr Version 1.4
 County: Citrus County

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

SECTION I: Services Provided

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

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

SECTION II: Contracted Services

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

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

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

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

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

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

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

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

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

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

Worksheet for Multiple Service Rates

CTC: Citrus County Tr Version 1.4
 County: Citrus County

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

SECTION III: Escort Service

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

SECTION IV: Group Service Loading

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

SECTION V: Rate Calculations for Multiple Services:

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

		RATES FOR FY: 2024 - 2025			
		Ambul	Wheel Chair	Stretcher	Group
Projected Passenger Miles (excluding totally contracted services addressed in Section II) =	165,712 =	151,164	14,548	Leave Blank	Leave Blank
Rate per Passenger Mile =		\$3.20	\$5.49	\$0.00	\$0.00
				per passenger	per group
Projected Passenger Trips (excluding totally contracted services addressed in Section II) =	23,236 =	21,332	1,904	Leave Blank	Leave Blank
Rate per Passenger Trip =		\$22.93	\$39.31	\$0.00	\$0.00
				per passenger	per group
2. If you answered # 1 above and want a COMBINED Rate per Trip PLUS a per Mile add-on for 1 or more services,...					
Combination Trip and Mile Rate					
...INPUT the Desired Rate per Trip (but must be less than per trip rate above) =				Leave Blank	Leave Blank
Rate per Passenger Mile for Balance =		\$3.20	\$5.49	\$0.00	\$0.00
				per passenger	per group

Rates If No Revenue Funds Were Identified As Subsidy Funds				
	Ambul	Wheel Chair	Stretcher	Group
Rate per Passenger Mile =	\$14.81	\$25.39	\$0.00	\$0.00
			per passenger	per group
Rate per Passenger Trip =	\$106.04	\$181.79	\$0.00	\$0.00
			per passenger	per group

Worksheet for Multiple Service Rates

1. Answer the questions by completing the GREEN cells starting in Section I for all services

CTC: Citrus County Tr Version 1.4

County: Citrus County

2. Follow the DARK RED prompts directing you to skip or go to certain questions and sections based on previous answers

Program These Rates Into Your Medicaid Encounter Data