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February 1, 2016

TO: Madison County Transportation Disadvantaged Coordinating Board

FROM: Lynn Godfrey, AICP, Senior Planner

SUBJECT: Meeting Announcement

The Madison County Transportation Disadvantaged Coordinating Board will meet Monday, February 8, 2016 at 1:00 p.m. in the meeting room of the Madison County Courthouse Annex located at 112 E. Pinckney Street, Madison, Florida. All Board members are encouraged to attend this meeting.

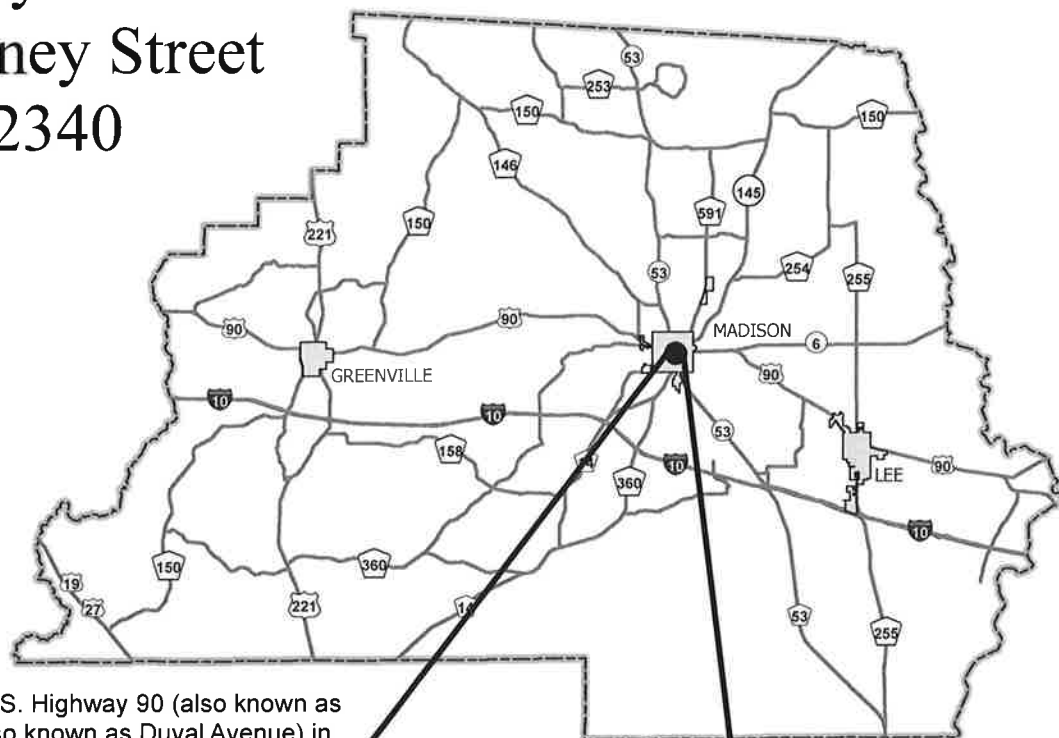
Attached is the meeting agenda and supporting materials. If you have any questions, please do not hesitate to contact me at extension 110.

Attachments

t:\lynn\td2016\madison\memos\feb.docx

Dedicated to improving the quality of life of the Region's citizens,
by coordinating growth management, protecting regional resources,
promoting economic development and providing technical services to local governments.

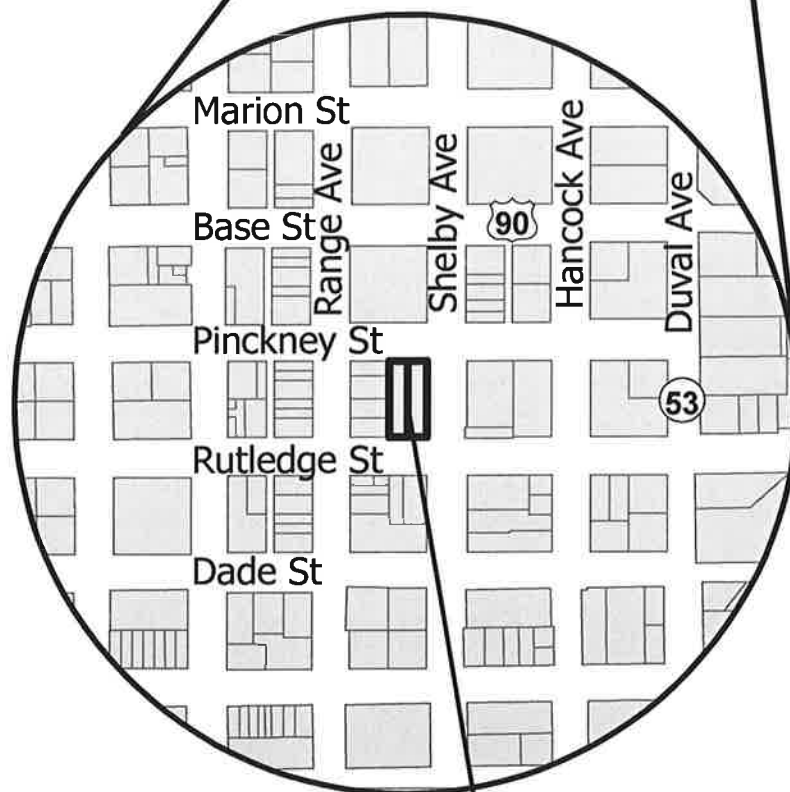
Madison County Courthouse Annex
112 East Pinckney Street
Madison, FL 32340



Directions: From the intersection U.S. Highway 90 (also known as Base Street) and State Road 53 (also known as Duval Avenue) in the City of Madison, turn West onto U.S. Highway 90 (also known as Base Street), travel two blocks to Shelby Avenue, turn left (South) onto Shelby Avenue, travel one block to Pinckney Street, turn right (West) and the Madison County Courthouse Annex will be on the left, on the South side of Pinckney Street.



1 inch = 500 feet



Madison County
Courthouse Annex





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**MADISON COUNTY
TRANSPORTATION DISADVANTAGED COORDINATING BOARD**

MEETING ANNOUNCEMENT AND AGENDA

Madison County Courthouse Annex
112 E. Pinckney Street_
Madison, Florida 32340

Monday
February 8, 2016
1:00 p.m.

I. BUSINESS MEETING – CALL TO ORDER

A. Introductions

B. Approval of the Meeting Agenda

ACTION REQUIRED

**C. Approval of the November 2, 2015
Minutes**

Page 7

ACTION REQUIRED

II. NEW BUSINESS

**A. Madison County Transportation
Disadvantaged Service Plan Amendments**

Page 11

ACTION REQUIRED

The Board needs to review and approve an amendments to the Madison County
Transportation Disadvantaged Service Plan

B. Big Bend Transit Ridership Report

Page 63

NO ACTION REQUIRED

III. OTHER BUSINESS

A. Comments

1. Members

2. Citizens

IV. FUTURE MEETING DATES

- A. May 9, 2016 at 1:00 p.m.**
- B. September 12, 2016 at 1:00 p.m.**
- C. November 7, 2016 at 1:00 p.m.**

**** Please note that this is a tentative meeting schedule, all dates and times are subject to change.**

If you have any questions concerning the enclosed materials, please do not hesitate to contact me at 1-800-226-0690, extension 110.

**MADISON COUNTY
TRANSPORTATION DISADVANTAGED COORDINATING BOARD**

MEMBER/REPRESENTING	ALTERNATE/REPRESENTING
Commissioner Ronnie Moore Local Elected Official/Chair Grievance Committee Member	Not Applicable
Sandra Collins Florida Department of Transportation	Janell Damato Florida Department of Transportation
Karen Page Florida Department of Children and Families	Vacant Florida Department of Children and Families
Vacant Florida Department of Education	Vacant Florida Department of Education
Rosa Richardson Florida Department of Elder Affairs	Margaret Minter Florida Department of Elder Affairs
Deweece Ogden Florida Agency for Health Care Administration	Pamela Hagley Florida Agency for Health Care Administration
Sheryl Rehberg Regional Workforce Development Board Grievance Committee Member	Anthony Jennings Regional Workforce Development Board
Matthew Pearson, Vice-Chair Florida Association for Community Action Grievance Committee Member Term ending June 30, 2017	Vacant Florida Association for Community Action Term ending June 30, 2017
Gladney Cherry Public Education Grievance Committee Member	Lori Newman Public Education
Oliver Bradley Veterans Term ending June 30, 2017	Vacant Veterans Term ending June 30, 2017
Shanetha Mitchell Citizen Advocate Term ending June 30, 2018	Vacant Citizen Advocate Term ending June 30, 2018
Vacant Citizen Advocate - User Term ending June 30, 2018	Vacant Citizen Advocate - User Term ending June 30, 2018
Vacant Persons with Disabilities Term ending June 30, 2018	Vacant Persons with Disabilities Term ending June 30, 2018
Vacant Elderly Term ending June 30, 2017	Vacant Elderly Term ending June 30, 2017
Leila C. Rykard Medical Community Term ending June 30, 2016	Kimberly Allbritton Medical Community Term ending June 30, 2016
Vacant Children at Risk Term ending June 30, 2016	Vacant Children at Risk Term ending June 30, 2016
Vacant Private Transit Term ending June 30, 2016	Vacant Private Transit Term ending June 30, 2016

Note: Unless specified, members and alternates serve at the pleasure of the North Central Florida Regional Planning Council.

**MADISON COUNTY
TRANSPORTATION DISADVANTAGED COORDINATING BOARD**

MEETING MINUTES

County Commission Meeting Room
Madison County Courthouse Annex
Madison, Florida

Monday
November 2, 2015
1:00 p.m.

VOTING MEMBERS PRESENT

Commissioner Ronnie Moore, Chair
Gladney Cherry, Public Education Representative
Sandra Collins, Florida Department of Transportation Representative
Pamela Hagley, Florida Agency for Health Care Administration
Margaret Minter representing Rosa Richardson, Florida Department of Elder Affairs Representative
Matthew Pearson representing Florida Association for Community Action Representative
Sheryl Rehberg, Workforce Development Board Representative
Leila Rykard, Medical Community Representative

VOTING MEMBERS ABSENT

Oliver Bradley, Veterans Representative
Karen Page, Florida Department of Children and Families
Shanetha Mitchell, Citizen Advocate

OTHERS PRESENT

Robert Adams, Big Bend Transit
Shawn Mitchell, Big Bend Transit

STAFF PRESENT

Lynn Godfrey, North Central Florida Regional Planning Council

I. BUSINESS MEETING CALL TO ORDER

Chairman Moore called the meeting to order at 1:00 p.m.

A. Introductions

Chairman Moore asked everyone to introduce themselves.

B. Approval of the Meeting Agenda

ACTION: Matthew Pearson moved to approve the meeting agenda. Sheryl Rehberg seconded; motion passed unanimously.

C. Approval of the September 14, 2015 Minutes

ACTION: Matthew Pearson moved to approve the September 14, 2015 minutes. Pamela Hagley seconded; motion passed unanimously.

II. NEW BUSINESS

A. Madison County Transportation Disadvantaged Service Plan Amendment

Ms. Lynn Godfrey, North Central Florida Regional Planning Council Senior Planner, stated that the Madison County Transportation Disadvantaged Service Plan includes the rates charged for Transportation Disadvantaged Program sponsored services. She said Big Bend Transit is requesting an amendment to the Transportation Disadvantaged Service Plan to include a Transportation Disadvantaged bus pass rate. She said the Board needs to review and approve the proposed amendment.

Mr. Shawn Mitchell, Big Bend Transit General Manager, said Madison County contributed \$14,000 to the operation of the Madison Shuttle. He said unfortunately, the City of Madison has not contributed any funding this year. He explained that using Transportation Disadvantaged Trust Funds to purchase bus passes will help fund the continued operation of the shuttle and provide service to disadvantaged residents.

The Board discussed the proposed amendment.

ACTION: Sheryl Rehberg moved to amend the Madison County Transportation Disadvantaged Service Plan to include the Transportation Disadvantaged Program bus pass rate. Gladney Cherry seconded; motion passed unanimously.

B. Annual Performance Evaluation

Ms. Godfrey stated that the Board is required to evaluate Big Bend Transit's performance as the Madison County Community Transportation Coordinator annually. She said the draft evaluation is included in the meeting packet for the Board's review.

ACTION: Matthew Pearson moved to approve Big Bend Transit's annual performance evaluation. Sheryl Rehberg seconded; motion passed unanimously.

B. Approval of the Meeting Agenda

ACTION: Matthew Pearson moved to approve the meeting agenda. Sheryl Rehberg seconded; motion passed unanimously.

C. Approval of the September 14, 2015 Minutes

ACTION: Matthew Pearson moved to approve the September 14, 2015 minutes. Pamela Hagley seconded; motion passed unanimously.

II. NEW BUSINESS

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The Board discussed the proposed amendment.

ACTION: Sheryl Rehberg moved to amend the Madison County Transportation Disadvantaged Service Plan to include the Transportation Disadvantaged Program bus pass rate. Gladney Cherry seconded; motion passed unanimously.

B. Annual Performance Evaluation

Ms. Godfrey stated that the Board is required to evaluate Big Bend Transit's performance as the Madison County Community Transportation Coordinator annually. She said the draft evaluation is included in the meeting packet for the Board's review.

ACTION: Matthew Pearson moved to approve Big Bend Transit's annual performance evaluation. Sheryl Rehberg seconded; motion passed unanimously.

ADJOURNMENT

The meeting adjourned at 1:45 p.m.

Coordinating Board Chairperson

Date

t:\lynn\td2015\madison\minutes\nov.doc



February 1, 2016

TO: Madison County Transportation Disadvantaged Coordinating Board
FROM: Lynn Godfrey, AICP, Senior Planner
SUBJECT: Madison County Transportation Disadvantaged Service Plan Amendments

RECOMMENDATION

Approve the Madison County Transportation Disadvantaged Service Plan amendments.

BACKGROUND

Projects selected for funding under Moving Ahead for Progress in the 21st Century (MAP-21) Act programs must be derived from a Coordinated Public Transit-Human Services Transportation Plan. The Plan must be developed through a process that includes representatives of public, private, and nonprofit transportation and human services providers and participation by the public.

In addition, Rule 41-2.011(6) of the Florida Administrative Code requires the Board to review all applications for local, state and federal transportation disadvantaged funds submitted for and planned for use in Madison County.

Attached are draft amendments to the Madison County Transportation Disadvantaged Service Plan that meet the federal and state requirements. Also, attached are applications for U.S.C. Section 5310, 5311 and Section 5339 grant funds.

If you have any questions concerning this matter, please do not hesitate to contact me.

Attachments

t:\lynn\td2016\madison\memos\tdspamendgrantappl.docx

Madison County Transportation Disadvantaged Service Plan

July 1, 2015 - June 30, 2016

Madison County Transportation Disadvantaged
Coordinating Board



3. Barriers to Coordination

Medicaid non-emergency transportation services are no longer coordinated through Florida's Coordinated Transportation System in Madison County. In May 2014, the Florida Agency for Health Care Administration implemented Florida's Managed Medical Care Program. The Managed Medical Care Program requires Managed Medical Assistance Plans to provide transportation to their enrollees who have no other means of transportation available.

The Managed Medical Assistance Plans provide transportation services directly through their own network of transportation providers. According Chapter 2 of the Florida Agency for Health Care Administration Transportation Coverage, Limitations and Reimbursement Handbook, July 1997, "Medicaid is required by Chapter 427, Florida Statutes to purchase transportation services through the designated Community Transportation Coordinator, unless those services are not cost effective or the Community Transportation Coordinator does not coordinate Medicaid transportation services."

4. Needs Assessment

United States Code Section 5310 Grant Program

PROJECT	PROJECT YEAR	AREAS AFFECTED BY PROJECT	ESTIMATED COST	FUNDING SOURCE
<u>Purchase four replacement vehicles.</u>	<u>2016/17</u>	<u>Madison County</u>	<u>\$214,276.00</u>	<u>United States Code Section 5310</u>
			<u>\$26,784.50</u>	<u>Florida Department of Transportation</u>
			<u>\$26,784.50</u>	<u>Big Bend Transit</u>
<u>Purchase one replacement vehicle to provide transportation to individuals with disabilities for employment and to the Life Skills Development Center.</u>	<u>2016/17</u>	<u>Madison County</u>	<u>\$34,854.00</u>	<u>United States Code Section 5310</u>
			<u>\$4,357.00</u>	<u>Florida Department of Transportation</u>
			<u>\$4,357.00</u>	<u>The ARC of Big Bend, Inc.</u>
Service expansion	2015/16	Madison County	\$36,150	United States Code Section 5310
			\$36,245	The ARC of Big Bend, Inc.

United States Code Section 5311 Grant Program

PROJECT	PROJECT YEAR	AREAS AFFECTED BY PROJECT	ESTIMATED COST	FUNDING SOURCE
Operation and management of coordinated transportation system.	2016/17	Madison County	\$353,389 \$353,389	United States Code Section 5311 Big Bend Transit

United States Code Section 5339 Grant Program

PROJECT	PROJECT YEAR	AREAS AFFECTED BY PROJECT	ESTIMATED COST	FUNDING SOURCE
Purchase two vehicles to provide transportation to individuals with disabilities for employment and to the Life Skills Development Center.	2015/16	Madison County	\$71,523 \$8,940 \$8,941	United States Code Section 5339 Florida Department of Transportation The ARC of Big Bend, Inc.

Rural Area Capital Assistance Program

PROJECT	PROJECT YEAR	AREAS AFFECTED BY PROJECT	ESTIMATED COST	FUNDING SOURCE
Purchase fleet monitoring software system Purchase replacement vehicle	2014/15	Gadsden, Madison, Jefferson and Taylor Counties	\$101,578 \$11,236	Rural Area Capital Assistance Program Grant Big Bend Transit

Transportation Disadvantaged Trust Fund Grant

PROJECT	PROJECT YEAR	AREAS AFFECTED BY PROJECT	ESTIMATED COST	FUNDING SOURCE
Provide trips to transportation disadvantaged individuals.	2015/16	Madison County	\$208,432 \$23,159	Transportation Disadvantaged Trust Fund Big Bend Transit

Big Bend Transit, Inc.

P.O. Box 1721
Tallahassee, Florida 32302
850/574-6266

STATE OF FLORIDA DEPARTMENT OF TRANSPORTATION GRANT APPLICATION

BIG BEND TRANSIT, INC. submits this Application for the Section 5310 Program Grant and agrees to comply with all assurances and exhibits attached hereto and by this reference made a part thereof, as itemized in the Checklist for Application Completeness.

BIG BEND TRANSIT, INC. further agrees, to the extent provided by law (in case of a government agency in accordance with Sections 129.07 and 768.28, Florida Statutes) to indemnify, defend and hold harmless FDOT and all of its officers, agents and employees from any claim, loss, damage, cost, charge, or expense arising out of the non-compliance by the Agency, its officers, agents or employees, with any of the assurances stated in this Application.

This Application is submitted on this 7TH day of December, 2015 with two (2) original resolutions or certified copies of the original resolution authorizing Shawn Mitchell, General Manager to sign this Application.

BIG BEND TRANSIT, INC.

By:  Date: December 7, 2015

Title: General Manager

Application for Federal Assistance SF-424		
<div> <div> * 1. Type of Submission: <input type="checkbox"/> Preapplication <input checked="" type="checkbox"/> Application <input type="checkbox"/> Changed/Corrected Application </div> <div> * 2. Type of Application: <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision </div> <div> * If Revision, select appropriate letter(s): <div></div> * Other (Specify): <div></div> </div> </div>		
* 3. Date Received: 12/7/2015		4. Applicant Identifier: <div></div>
5a. Federal Entity Identifier: <div></div>		5b. Federal Award Identifier: <div></div>
State Use Only:		
6. Date Received by State: <div></div>		7. State Application Identifier: <div></div>
3. APPLICANT INFORMATION:		
* a. Legal Name: BIG BEND TRANSIT, INC.		
* b. Employer/Taxpayer Identification Number (EIN/TIN): 59-1909296		* c. Organizational DUNS: 1143287010000
d. Address:		
* Street1: P.O. Box 1721 Street2: <div></div> * City: Tallahassee County/Parish: <div></div> * State: FL: Florida Province: <div></div> * Country: USA: UNITED STATES * Zip / Postal Code: 32302		
e. Organizational Unit:		
Department Name: <div></div>		Division Name: <div></div>
f. Name and contact information of person to be contacted on matters involving this application:		
Prefix: <div></div> * First Name: shawn Middle Name: <div></div> * Last Name: mitchell Suffix: <div></div> Title: General Manager Organizational Affiliation: <div></div> * Telephone Number: 850.574.6266 Fax Number: <div></div> * Email: smitchell@bigbendtransit.org		

Application for Federal Assistance SF-424

*** 9. Type of Applicant 1: Select Applicant Type:**

M: Nonprofit with 501C3 IRS Status (Other than Institution of Higher Education) ▼

Type of Applicant 2: Select Applicant Type:

▼

Type of Applicant 3: Select Applicant Type:

▼

* Other (specify):

*** 10. Name of Federal Agency:**

Federal Transit Administration

11. Catalog of Federal Domestic Assistance Number:

20.513

CFDA Title:

SECTION 5310

*** 12. Funding Opportunity Number:**

* Title:

Enhanced Mobility of Seniors and Individuals with Disabilities Program

13. Competition Identification Number:

Title:

14. Areas Affected by Project (Cities, Counties, States, etc.):

Madison County

Add Attachment

Delete Attachment

View Attachment

*** 15. Descriptive Title of Applicant's Project:**

Enhanced Mobility of Seniors and Individuals with Disabilities in our service area.

Attach supporting documents as specified in agency instructions.

Add Attachments

Delete Attachments

View Attachments

Application for Federal Assistance SF-424**16. Congressional Districts Of:**

* a. Applicant

2

* b. Program/Project

Attach an additional list of Program/Project Congressional Districts if needed.

Add Attachment

Delete Attachment

View Attachment

17. Proposed Project:

* a. Start Date:

07/01/2016

* b. End Date:

06/30/2017

18. Estimated Funding (\$):

* a. Federal	214,276.00
* b. Applicant	
* c. State	26,784.50
* d. Local	26,784.50
* e. Other	0
* f. Program Income	0
* g. TOTAL	267,845

*** 19. Is Application Subject to Review By State Under Executive Order 12372 Process?**☐ a. This application was made available to the State under the Executive Order 12372 Process for review on☐ b. Program is subject to E.O. 12372 but has not been selected by the State for review.☒ c. Program is not covered by E.O. 12372.*** 20. Is the Applicant Delinquent On Any Federal Debt? (If "Yes," provide explanation in attachment.)**☐ Yes☒ No

If "Yes", provide explanation and attach

Add Attachment

Delete Attachment

View Attachment

21. *By signing this application, I certify (1) to the statements contained in the list of certifications** and (2) that the statements herein are true, complete and accurate to the best of my knowledge. I also provide the required assurances** and agree to comply with any resulting terms if I accept an award. I am aware that any false, fictitious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties. (U.S. Code, Title 218, Section 1001)

☒ ** I AGREE

** The list of certifications and assurances, or an internet site where you may obtain this list, is contained in the announcement or agency specific instructions.

Authorized Representative:

Prefix:

Mr.

* First Name:

SHAWN

Middle Name:

* Last Name:

MITCHELL

Suffix:

* Title:

GENERAL MANAGER

* Telephone Number:

850.574.6266

Fax Number:

* Email:

SMITCHELL@BIGBENDTRANSIT.ORG

* Signature of Authorized Representative:

* Date Signed:

12/07/2015

Exhibit – A

Current System Description

Big Bend Transit, Inc. is a private non-profit corporation, incorporated in March 1978 whose mission statement is as follows:

To provide safe, reliable, courteous, and affordable transportation to the community while maintaining dignity and respect for our customers. This service will improve the quality of life for our customers by providing access to health care, education, employment, and recreation. We will constantly solicit feedback to improve our service to our customers as they will always be our highest priority.

The business affairs of Big Bend Transit, Inc. (BBT) are conducted by a Board of Directors. The operations of the corporation are directed by a General Manager. BBT employs operations, maintenance, fiscal and administrative personnel to accomplish the objectives of the corporate mission. BBT contracts with qualified local service providers to expand the resources available to accomplish the transportation and transportation related service requirements of the transportation disadvantaged.

BBT has been in business since July 1980. BBT has operated paratransit services in Gadsden County since 1981. BBT was designated as the Community Transportation Coordinator for Gadsden County in 1990 and remains the CTC today. BBT has operated paratransit services in Jefferson County since 1981. BBT was designated as the Community Transportation Coordinator for Jefferson County in 1990 and remains the CTC today. BBT has operated paratransit services in Leon County since 1985. BBT served as the Community Transportation Coordinator for Leon County from 1991 through 1995. BBT has operated paratransit services in Madison County since 1983. BBT was designated as the Community Transportation Coordinator for Madison County in 1990 and remains the CTC today. BBT has operated paratransit services in Taylor County since 1983. BBT was designated as the Community Transportation Coordinator for Taylor County in 1990 and remains the CTC today.

Big Bend Transit, Inc. (BBT) was chartered as a corporation not for profit under the Laws of the State of Florida in March 1978. The corporation was organized primarily to coordinate, consolidate, plan for and/or provide paratransit services for the elderly, handicapped, and other transportation disadvantaged groups in Madison County. The business affairs of the corporation are managed by a Board of Directors. BBT employs 68 persons involved in the management and operation of paratransit programs for the transportation disadvantaged. The staff is located in Tallahassee and Madison, Florida

BBT has been coordinating multi-agency and general public transportation needs since 1980, accomplishing the provision of transportation services for multi-agency users and riders for varying purposes. BBT has been formally selected for the coordination and operation of paratransit services by local governments and endorsed by the Florida Commission for the Transportation Disadvantaged (CTD) (formerly the Florida Transportation Disadvantaged Commission, formerly the Florida Coordinating Council for the Transportation Disadvantaged).

Shawn Mitchell will function as the Contract Manager and be responsible for the on-going supervision of the program which includes insurance, training and management, and administration of the agencies

transportation program. Willie Anne Dicky is, currently the on-site/Transportation Manager for Madison County. She will be responsible for the day-to-day operational aspect of the coordinated system including staff supervision, operations control, safety management, and training, record keeping and reporting and functions to ensure a smooth and efficient operation.

Vehicle Maintenance

Maintenance of the BBT fleet is accomplished by BBT maintenance personnel in a BBT operated garage in Tallahassee (Leon County), and by contract with local garages in close proximity to the Madison operations offices. Work orders are issued by BBT supervisory personnel for scheduled and corrective maintenance requirements. Transit operators use a prepared checklist to perform daily inspections. When maintenance of a vehicle is required, a replacement vehicle is utilized to insure there is no disruption in service.

Madison County Transportation Disadvantaged Program

BBT has operated paratransit services for the transportation disadvantaged (TD) in Madison County since 1983. In 1990, BBT was recommended for the designation as the Community Transportation Coordinator (CTC) by the Madison County Transportation Disadvantaged Coordinating Board to the North Central Florida Regional Planning Council, and approved by the CTD. BBT has remained the CTC and functions in this capacity currently. The program involves the coordination of transportation for multiple service agencies as well as the general public, and the provision of transportation by BBT and other qualified carriers. In addition to demand response paratransit services, the program includes: 1) fix route, fixed schedule "in-town" shuttle service in Madison, 2) coordination agreement with the Agency for Persons with Disabilities and, 3) commuter vanpool service. Currently the program schedules approximately 81 trips each day with funding from nine Local and State agencies along with the general public.

The 10 Transportation Operators who will be driving the vehicles have an average of 14 years of experience in the coordinated paratransit industry; this includes one driver with a CDL class license. All drivers are required to complete all of the training and testing in accordance with rule Chapter 14-90 FAC and agency specific directives or requirements prior to operating any vehicle unsupervised. Noncompliance with any regulatory or agency specific guideline or requirement may result in the suspension or termination of employment. All employees are required to complete all training tasks detailed on the new hire Orientation Checklist. Each driver (and new hires) shall be given a minimum of 56 hours training by supervisory personnel. Prior to drivers operating any vehicle without supervision, instructional and procedural training will be completed to include at a minimum the following areas:

- SSPP
- SPP
- Transit system safety and operational policies and procedures
- Operational and vehicle inspections

- Equipment familiarization, including safety and emergency equipment, wheelchair lift, and restraining devices
- Basic operations and maneuvering
- Boarding and alighting of passengers
- Defensive driving
- Passenger assistance and securement
- Communication and handling of unsafe conditions, emergencies and security threats
- Application and compliance with applicable federal and state laws and regulations
- Emergency prevention, mitigation, preparedness, response and recovery

8.2. EXHIBIT A-1: FACTSHEET

Name of Applicant: BIG BEND TRANSIT, INC. (MADISON)

	CURRENTLY	IF GRANT IS AWARDED (Estimates are acceptable.)
1. Number of total one-way trips served by the agency PER YEAR (for all purposes)* Please include calculations.	19,081	19,367
2. Number of one-way trips provided to seniors and individuals with disabilities PER YEAR*	11,121	11,287
3. Number of individual senior and disabled clients PER YEAR	368	368
4. Total number of vehicles used to provide service to seniors and individuals with disabilities ACTUAL	12	12
5. Number of 5310 vehicles used to provide service to seniors and individuals with disabilities eligible for replacement ACTUAL (Refer to Vehicle Life Span chart)	4	4
6. Total fleet vehicle miles traveled to provide service to seniors and individuals with disabilities PER YEAR	327,433	332,344
7. Number of days that vehicles are in operation to provide service to seniors and individuals with disabilities AVERAGE PER WEEK	6	6
8. Posted hours of normal operation agency provides service to seniors and individuals with disabilities PER WEEK . (This does not include non-scheduled emergency availability)	M – F: 6am-6pm Saturday: 6am-6pm Sunday: Total (WEEK): 72	M – F: 6am-6pm Saturday: 6am-6pm Sunday: Total (WEEK): 72

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

Exhibit – B

Proposed Project Description

The project of this grant application for Section 5310 is the continuation and expansion of the Coordinated Transportation System of Madison County. The expenses to be included are to be used for the replacement of four (4) vehicles.

Currently there are four (4) vehicles which will need to be replaced due to age and/or mileage. We would like for one (1) of the replacement vehicles to be a purpose built minivan that we will use for long distance trips with low volume of passengers, these vehicle(s) get 28 miles per gallon which will save on our fuel cost.. Please see Form C-4 for a detailed description of each of these vehicles. The application requests funding to replace these vehicles.

The coordinated transportation system offers efficient, cost-effective transportation services on a county-wide basis to the general public and to the sponsored and non-sponsored transportation disadvantaged. The coordinated transportation system is managed by a single central administrative unit, Big Bend Transit, Inc., whose responsibility it is to bring together operators and consumers to ensure quality transportation for general public, sponsored T.D., and non-sponsored T.D. persons at a reasonable cost.

- Offers transportation services, for both ambulatory and non-ambulatory persons, 24 hours a day, 7 days a week
- ensures that liability coverage's are, as a minimum, in the amount of \$100,000 per person and \$200,000 per occurrence; and
- requires that all equipment employed will comply with all Federal, State and Local government requirements, and that all Transportation Operators have a System Safety Program Plan (Section 341.0601, F.S.).

The awarded funds will enable existing services to be continued and an increasing demand, including an increasing demand for multi-loading of non-ambulatory (wheelchair) passengers to be accommodated.

Big Bend Transit, Inc. is a private, not for profit corporation, incorporated in March 1978 for the primary purpose of coordinating, consolidating, planning for and/or providing efficient and effective paratransit services for the elderly, handicapped, and other transportation disadvantaged persons (and groups), and to further, by study, research, evaluation, publications, education, advocacy, and consultation, the public knowledge of paratransit needs, patterns and opportunities for elderly, handicapped and transportation disadvantaged persons (and groups).

The operation of the transit system is directed by a General Manager. The equivalent of 68 operations, maintenance, and administrative personnel are employed by Big Bend Transit to accomplish the delivery of transportation services for the elderly and disabled persons in Madison, Florida.

Operations offices are located in Monticello (Jefferson County) and services Madison. The main office is located in Tallahassee (Leon County). A Transportation Manager, scheduler(s)/dispatcher(s), and an appropriate complement of transit operators accommodate the demand for transportation service in Madison. Big Bend Transit's Madison County, operations are supported by administrative and maintenance personnel and a maintenance/administration facility in Tallahassee (Leon County). Record keeping and training are all conducted at the Leon County facility.

Types of Service Provided

Big Bend Transit, Inc. (BBT) provides advanced reservation transportation services, demand response transportation services, fixed route transportation services and commuter vanpool transportation services. These services are provided to employment centers and to social service, health, medical, shopping, and recreational facilities. Intra- and inter-county transportation service is provided within/from each of the counties in the service area, with the emphasis on inter-county service being directed to Alachua and Leon Counties, which provide a high concentration of specialized medical services and employment opportunities in the Big Bend area of North Florida.

All transportation services are scheduled and dispatched by BBT personnel through the operations office. The transportation services would be available 24-hours per day, seven days per week, but generally utilized between the hours of 6:00 AM until 6:00 PM. The transportation services provided by BBT would consolidate approximately 95% of the existing human services transportation in Madison County. This would provide an alternative mode of, and in some instances the only opportunity transportation to the elderly, disabled and general public of the rural, non-urbanized area.

BBT services include, but are not limited to, intra- and inter-county advanced reservation, demand response, and fixed route services available to the elderly, disabled and general public in Madison County.

Big Bend Transit, Inc. offers the same extent and level of transportation services and fare schedule to sponsored T.D., non-sponsored T.D., and general public passengers. Contingent on availability of funds from the Transportation Disadvantaged Trust Fund, a reduced fare will be available to provide subsidized opportunities for non-sponsored transportation disadvantaged persons to obtain access to transportation for daily living needs when they are not sponsored for that need by any other available funding source.

Hours, Days and Conditions of Service

Advanced Reservation Service – curb-to-curb, intra- and inter-county, ambulatory/wheelchair, non-emergency transportation service.

- Monday through Sunday, 6:00 AM to 6:00 PM, excluding Thanksgiving Day, Christmas Day and New Year's Day.

Demand Response Service – curb-to-curb, ambulatory/wheelchair, non-emergency transportation service, requested by an agency and/or the general public, that is provided: 1) outside the specific areas

of services and/or specific periods of regular operation; or 2) without the proper notification.

- Seven (7) day per week, 24 hours per day, excluding Thanksgiving Day, Christmas Day and New Year's Day.

Fixed Route Service – intra-county route, ambulatory/wheelchair, non-emergency transportation service.

- Monday through Sunday, 6:00 AM to 6:00 PM, excluding Thanksgiving Day, Christmas Day and New Year's Day.

Vehicles and Maintenance

Big Bend Transit, Inc. (BBT) operates an in-house (majority of work completed in our facility) maintenance shop with our own personnel in Tallahassee, Florida. This gives us more control over the work being accomplished in an efficient and timely manner.

To decrease down time for vehicles needing maintenance and to avoid a disruption in service for our customers, we reserve a small number of vehicles for the maintenance department to use as exchange vehicles when vehicles come in from surrounding counties for scheduled maintenance. This works to our advantage that it allows us to have our mechanics do most of the work here in the maintenance shop. At times, it is necessary to dispatch one of our mechanics to do unscheduled repairs on an inoperable vehicle in order to be able to drive the vehicle to the shop.

Our maintenance facility is equipped with all of the tools, equipment and resources needed to do 99% of the work in-house. The only work we have to contract out for is extensive body and frame repairs. We use local dealers (Chevrolet and Ford) to accomplish warranty and manufactures recall concerns. We strive to keep a good rapport with these dealers to decrease down time.

System Safety Plan

In the interest of safety and security, to implement the requirements of Florida Statute 341.061, "Transit Safety Standards; Inspection and System Safety Reviews", and to be in compliance with Chapter 14-90, Florida Administrative Code, "Equipment and Operational Safety Standards Governing Public Sector Bus Transit Systems", BBT has developed a System Safety Program Plan (SSPP). This SSPP is incorporated as the standard practice of the organization. Compliance with the SSPP is required of all employees.

Drug Free Work Place

In a commitment to safeguard the health of our employees and to provide a safe environment for everyone, Big Bend Transit, Inc. has established a drug-free workplace policy. This policy was implemented pursuant to the drug-free workplace program requirements under Florida Statutes 440.102 and Administrative Rule 59A-24 of the State of Florida Agency for Health Care Administration.

FORM C-1: TRANSIT-RELATED OPERATING AND ADMINISTRATIVE EXPENSES

Name of Applicant: Big Bend Transit, Inc. (Madison County)

Name of Transit Program: Big Bend Transit, Inc.; USC 5310, Operating and Capital Assistance

Applicant Fiscal period start and end dates: October 1, 2016 to September 30, 2017

State Fiscal period from: July 1, 2016 to June 30, 2017

EXPENSE CATEGORY	EXPENSE \$
Labor (501)	\$401,244
Fringe and Benefits (502)	194,603
Services (503)	12,855
Materials and Supplies (504)	22,921
Vehicle Maintenance (504.01)	124,144
Utilities (505)	7,226
Insurance (506)	36,210
Licenses and Taxes (507)	205
Purchased Transit Service (508)	
Miscellaneous (509)	5,881
Leases and Rentals (512)	8,849
Depreciation (513)	71,365
TOTAL EXPENSE	\$885,503

FORM C-2: OPERATING AND ADMINISTRATIVE REVENUES

Name of Applicant: Big Bend Transit, Inc. (Madison County)

Name of Transit Program: Big Bend Transit, Inc.; USC 5310, Operating and Capital Assistance

Applicant Fiscal period start and end dates: October 1, 2016 to September 30, 2017

State Fiscal period from: July 1, 2016 to June 30, 2017

OPERATING REVENUE CATEGORY	REVENUE \$38,155
Passenger Fares for Transit Service (401)	38,155
Special Transit Fares (402)	
Other (403 – 407) (identify by appropriate code)	
TOTAL OPERATING REVENUE	\$38,155
OTHER REVENUE CATEGORY	
Taxes Levied Directly by the Transit System (408)	
Local Cash Grants and Reimbursements (409)	
Local Special Fare Assistance (410)	
State Cash Grants and Reimbursements (411)	
State Special Fare Assistance (412)	422,594
Federal Cash Grants & Reimbursements (413)	353,389
Interest Income (414)	
Contributed Services (430)	
Contributed Cash (431)	
Subsidy from Other Sectors of Operations (440)	
TOTAL OF OTHER REVENUE	\$775,903
GRAND TOTAL ALL REVENUE	\$814,138

10.4. FORM C-3: LOCAL MATCH FOR THIS APPLICATION

Local match may be derived from any non-U.S. Department of Transportation (USDOT) Federal Program, State Programs, Local Contributions or Grants.

Applicants may not borrow funds to use as match nor may they place liens on Section 5310-funded vehicles or equipment. The breakdown of funding for the Section 5310 grant program is 80% Federal/10% FDOT-State/10% Local for capital projects, meaning the Federal share of eligible capital costs may not exceed 80% of the total award. State funds may support up to 10% of eligible capital costs with the remaining 10% being supported by a local match. **At the time an order is placed for vehicles/equipment, the applicant is required to provide a purchase order for its 10% local match to be paid to the vendor. The required 10% local match must be paid at the time of delivery.**

FORM C-3: LOCAL MATCH FOR THIS APPLICATION

Name of Applicant: Big Bend Transit, Inc. (Madison)

Sources and amounts of local share for the vehicles/equipment, or mobility management, being requested:

SOURCE:	AMOUNT:
Big Bend Transit, Inc.	\$26,784.50



(Signature of authorized representative)

Shawn Mitchell, General Manager

(Name and title of authorized representative)

Attach documentation of vehicle match funds immediately behind this page. Proof may consist of, but not be limited to: written statements from county commissions, state agencies, city managers, mayors, town councils, organizations, accounting firms and financial institutions.

FORM C-4: CURRENT VEHICLE AND TRANSPORTATION EQUIPMENT INVENTORY (a)

Name of Applicant: B.B.T. MADISON

Date of Inventory: 12-07-2015

Model Yr. (b)	Make/size/type (C)	FDOT control # and VIN (d)	Ramp or lift (specify)	Seats & W/C positions (i.e. 12+2)	Avg. miles/ Yr.	Current Mileage	Vehicle Status (Active/Spare/ Other)	Expected retirement date	Other equipment (e)	Funding source (f)
2006*	Ford 21'	5HB19235	Lift	8+2	20,000	177,000	Active	12-02-2015		5310
2007	Chev. 21'	TDTF	Lift	8+2	28,000	224,000	Active			
2008	Chev. 23'	90246	Lift	12+2	21,000	147,500	Active	2/10/2017		5310
2008	Chev. 21'	TDTF	Lift	8+2	33,000	228,500	Active			
2009	Ford Pass.	80207	N/A	11 AMB	8,250	49,500	Active	8/26/2017		5310
2010*	Chev. 23'	80234	Lift	12+2	39,000	195,000	Active	12/3/2015		5310
2010*	Chev. 23'	90266	Lift	12+2	43,500	217,000	Active	12/3/2015		5310
2010	Chev. 23'	90267	Lift	12+2	34,500	172,000	Active	12/3/2015		5310
2010*	Chev. 23'	80233	Lift	12+2	41,000	205,000	Active	12/3/2015		5310
2011	Ford 23'	90292	Lift	12+2	35,500	142,000	Active	11/27/2016		5310
2013	Ford 23'	91218	Lift	12+2	48,000	96,000	Active	8/12/2018		5310
2014	Ford 23'	91235	Lift	12+2	21,000	21,000	Active	4/28/2020		5310

(a) Applicants must use this form.

(b) Identify vehicles to be replaced with this or other grant by placing an asterisk (*) next to the model year. In Exhibit B of the application, provide the name of the lessee or contractor, if applicable.

(c) For example, Ford 22' bus; Dodge converted van.

(d) Show FDOT control number ORVIN if bought with grant through FDOT. If bought through other funding, list the complete VIN.

(e) Include computer hardware and software, copiers, printers, mobile radios, communication systems, etc.

(f) Identify the grant or other funding source used for purchasing the vehicle/equipment.

FORM C-5: CAPITAL REQUEST FORM
VEHICLE REQUEST

Name of Agency: Big Bend Transit, Inc. (Madison)

R or E (a)	Quantity	Description (b) www.tripsflorida.org	Estimated Cost
R	3	Under 30' gasoline bus with lift, 12 ambulatory seats, and 2 wheelchair positions.	\$217,845
R	1	Purpose built 5amb and 1 wheelchair position Minivan.	\$ 50,000
Sub-total			\$267,845

(a) Replacement (R) or Expansion (E).

(b) Provide a brief description including the length and type vehicle, type of fuel, lift or ramp, number of seats and wheelchair positions. For example, 22' gasoline bus with lift, 12 ambulatory seats, and 2 wheelchair positions. Do not show the Make. **Any bus options that are part of purchasing the bus itself should be part of the vehicle request and NOT separated out under equipment.**

EQUIPMENT REQUEST (c)

If item requested is after-market, it is recommended to gather and retain at least two estimates for the equipment requested. Purchases must be approved at the local level and follow Procurement Guidelines.

	Number requested	Description	Estimated Cost
Sub-total			\$

(c) Show mobile radios and identify the type of radio (i.e. two way radio or stereo radio), computer hardware/software, etc. under "Equipment Request."

VEHICLE SUBTOTAL \$267,845+ EQUIPMENT SUBTOTALS 0 = \$ 267,845 (x).

(x) X 80% = \$214,276 [This equals the Federal request. Show this amount on Form 424 in block 18(a)]

10.7. FORM C-6: CAPITAL REQUEST METHODOLOGY FORM

Complete one request form if all vehicles being requested are the same type and configuration. Complete another form to request a vehicle of a different type and configuration. Limit of up to **FIVE (5)** vehicle requests per applicant.

Information to fill this form out may be found at on the TRIPS website <http://tripsflorida.org/> and or at the DMS website http://dms.myflorida.com/business_operations/state_purchasing for small vehicles; cars or station wagons.

Applicant Agency Name: Big Bend Transit, Inc.

Contact Person: Shawn Mitchell, GM, 850.574.6266, smitchell@bigbendtransit.org

(Name, Title, Telephone Number, and Email)

Vendor Name and Contact info: Getaway Bus, LLC

billgould@getawaybus.com Bill Gould, Cell (941) 809-6308

(Vendor, Dealer's Name, Telephone Number)

Contract #: TRIPS-11-CA-GB

Brief Vehicle Description: 3- Under 30' gasoline bus with lift, 12 ambulatory seats, and 2 wheelchair positions. 1- Purpose built 5amb and 1 wheelchair position Minivan.

(Example: 3 – 22' gas cutaways with lift, 12 ambulatory seats and 2 wheelchair positions)

Price Estimation Table: Select only options available in the contract you are interested in. If there are no choices selected on any given row, we understand that you do not need that option.

Computer users – the rows in yellow have formulas to calculate totals. To make the formulas work, first fill out the columns of unit cost \$ and quantity # and then **right click in the yellow cell and click Update Field.**



*For people with intellectual
And developmental disabilities*

Achieve with us.

STATE OF FLORIDA DEPARTMENT OF TRANSPORTATION

GRANT APPLICATION

The Arc Big Bend, Inc. submits this Application for the Section 5310 Program Grant and agrees to comply with all assurances and exhibits attached hereto and by this reference made a part thereof, as itemized in the Checklist for Application Completeness.

The Arc Big Bend, Inc. further agrees, to the extent provided by law (in case of a government agency in accordance with Sections 129.07 and 768.28, Florida Statutes) to indemnify, defend and hold harmless FDOT and all of its officers, agents and employees from any claim, loss, damage, cost, charge, or expense arising out of the non-compliance by the Agency, its officers, agents or employees, with any of the assurances stated in this Application.

This Application is submitted on this 3rd day of December, 2015 with two (2) original resolutions or certified copies of the original resolution authorizing Tim Ressler, Executive Director to sign this Application.

The Arc Big Bend, Inc.

By Tim Ressler Date 12/3/2015

Title Executive Director

RESOLUTION NUMBER: 11-15-1


THIS RESOLUTION of the *Board of Directors of The Arc Big Bend, Inc.* (hereinafter the "Applicant") authorizes the below named designee on behalf of the Applicant, to sign and submit grant application(s) required supporting documents, certifications and assurances to the Florida Department of Transportation, to accept grant award(s) from and to execute and administer related joint participation agreement(s) with the Florida Department of Transportation, and to purchase vehicles and/or equipment and/or expend grant funds pursuant to grant award(s).

WHEREAS, the Applicant desires to and has the fiscal and managerial capability, matching funds and legal authority to apply for and accept grants and make purchases and/or expend funds pursuant to grant awards made by the Florida Department of Transportation as authorized by Chapter 341, Florida Statutes and/or by the Federal Transit Administration Act of 1964, as amended, including but not limited to 49 U.S.C Sections 5310 and 5311, where applicable.

NOW, THEREFORE BE IT RESOLVED BY THE APPLICANT:

1. The above recitals are true and correct and are incorporated herein as if fully set forth in the body of this Resolution.
2. This resolution applies to Federal Program(s) under 49 U.S.C. Section(s) 5310 Formula Grants for the Enhanced Mobility of Seniors and Individuals with Disabilities.
3. The submission of grant application(s) required supporting documents, certifications and assurances to the Florida Department of Transportation is approved.
4. **Timothy Ressler, Executive Director** or his/her duly appointed successor in title is hereby designated and authorized to on behalf of the Applicant, sign and submit application(s) and all required supporting documents, give all required certifications and assurances, accept grant award(s) from and execute and administer related joint participation agreement(s) with the Florida Department of Transportation, purchase vehicles/equipment and/or expend grant funds pursuant to a grant award, unless and until this authorization is specifically rescinded and written notice thereof is sent by certified mail, return receipt requested, to and received by the Florida Department of Transportation at the following address: **Attention: Doreen Joyner-Howard, AICP, District Modal Development Manager, Florida Department of Transportation, 2198 Edison Avenue, MS 2806, Jacksonville, FL 32204-2730.**
5. **Timothy Ressler, Executive Director** is also hereby designated and authorized to sign requests for Joint Participation Agreement Time Extensions as may be required.

The foregoing resolution was **DULY PASSED, ADOPTED AND** became **EFFECTIVE** at a duly called and convened meeting of the Applicant held on the *10th* day of *November*, 2015

By: 
(Original Signature, Chairman of the Board)
Carson Cherry, President

ATTEST:
 (Stamp corporate seal here :)
(Original Signature, Clerk/Secretary)
Lucile Day, Secretary

Application for Federal Assistance SF-424		
* 1. Type of Submission: <input type="checkbox"/> Preapplication <input checked="" type="checkbox"/> Application <input type="checkbox"/> Changed/Corrected Application		* 2. Type of Application: <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision
* If Revision, select appropriate letter(s): <input type="text"/>		
* Other (Specify): <input type="text"/>		
* 3. Date Received: <input type="text"/>		4. Applicant Identifier: <input type="text"/>
5a. Federal Entity Identifier: <input type="text"/>		5b. Federal Award Identifier: <input type="text"/>
State Use Only:		
6. Date Received by State: <input type="text"/>		7. State Application Identifier: <input type="text"/>
8. APPLICANT INFORMATION:		
* a. Legal Name: <input type="text"/> The Arc Big Bend, Inc.		
* b. Employer/Taxpayer Identification Number (EIN/TIN): <input type="text"/> 59-1568446		* c. Organizational DUNS: <input type="text"/> 1197941880000
d. Address:		
* Street1: <input type="text"/> 122 SW Commerce Drive		
Street2: <input type="text"/> P.O. Box 912		
* City: <input type="text"/> Madison		
County/Parish: <input type="text"/>		
* State: <input type="text"/> FL: Florida		
Province: <input type="text"/>		
* Country: <input type="text"/> USA: UNITED STATES		
* Zip / Postal Code: <input type="text"/> 32342		
e. Organizational Unit:		
Department Name: <input type="text"/> n/a		Division Name: <input type="text"/> n/a
f. Name and contact information of person to be contacted on matters involving this application:		
Prefix: <input type="text"/> Mrs.		* First Name: <input type="text"/> Paula
Middle Name: <input type="text"/>		
* Last Name: <input type="text"/> Arnold		
Suffix: <input type="text"/>		
Title: <input type="text"/> Community Development Consultant		
Organizational Affiliation: <input type="text"/> Consultant		
* Telephone Number: <input type="text"/> 850-973-4614 X 301		Fax Number: <input type="text"/> 850-973-4334
* Email: <input type="text"/> pmarnold@thearcbigbend.org		

Application for Federal Assistance SF-424

*** 9. Type of Applicant 1: Select Applicant Type:**

M: Nonprofit with 501C3 IRS Status (Other than Institution of Higher Education)

Type of Applicant 2: Select Applicant Type:

Type of Applicant 3: Select Applicant Type:

*** Other (specify):**

*** 10. Name of Federal Agency:**

Federal Transit Administration

11. Catalog of Federal Domestic Assistance Number:

20.513

CFDA Title:

Section 20.513: Formula Grants for the Enhanced Mobility of Seniors and Individuals with Disabilities

*** 12. Funding Opportunity Number:**

n/a

*** Title:**

n/a

13. Competition Identification Number:

n/a

Title:

n/a

14. Areas Affected by Project (Cities, Counties, States, etc.):

Add Attachment

Delete Attachment

View Attachment

*** 15. Descriptive Title of Applicant's Project:**

Providing transportation for individuals with disabilities to place of employment and to the Life Skills Development Center in Madison, FL (Madison County)

Attach supporting documents as specified in agency instructions.

Add Attachments

Delete Attachments

View Attachments


Application for Federal Assistance SF-424	
16. Congressional Districts Of:	
* a. Applicant: <input type="text" value="FL2&3"/>	* b. Program/Project: <input type="text" value="FL2&3"/>
Attach an additional list of Program/Project Congressional Districts if needed.	
<input type="text"/>	<input type="button" value="Add Attachment"/> <input type="button" value="Delete Attachment"/> <input type="button" value="View Attachment"/>
17. Proposed Project:	
* a. Start Date: <input type="text" value="07/01/2016"/>	* b. End Date: <input type="text" value="06/30/2017"/>
18. Estimated Funding (\$):	
* a. Federal	<input type="text" value="34,854.00"/>
* b. Applicant	<input type="text" value="4,357.00"/>
* c. State	<input type="text" value="4,356.00"/>
* d. Local	<input type="text"/>
* e. Other	<input type="text"/>
* f. Program Income	<input type="text"/>
* g. TOTAL	<input type="text" value="43,567.00"/>
* 19. Is Application Subject to Review By State Under Executive Order 12372 Process? <input type="checkbox"/> a. This application was made available to the State under the Executive Order 12372 Process for review on <input type="text"/> <input type="checkbox"/> b. Program is subject to E.O. 12372 but has not been selected by the State for review. <input checked="" type="checkbox"/> c. Program is not covered by E.O. 12372.	
* 20. Is the Applicant Delinquent On Any Federal Debt? (If "Yes," provide explanation in attachment.) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If "Yes", provide explanation and attach <input type="text"/> <input type="button" value="Add Attachment"/> <input type="button" value="Delete Attachment"/> <input type="button" value="View Attachment"/>	
21. *By signing this application, I certify (1) to the statements contained in the list of certifications** and (2) that the statements herein are true, complete and accurate to the best of my knowledge. I also provide the required assurances** and agree to comply with any resulting terms if I accept an award. I am aware that any false, fictitious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties. (U.S. Code, Title 218, Section 1001) <input checked="" type="checkbox"/> ** I AGREE ** The list of certifications and assurances, or an internet site where you may obtain this list, is contained in the announcement or agency specific instructions.	
Authorized Representative:	
Prefix: <input type="text" value="Mr."/>	* First Name: <input type="text" value="Tim"/>
Middle Name: <input type="text"/>	
* Last Name: <input type="text" value="Ressler"/>	
Suffix: <input type="text"/>	
* Title: <input type="text" value="Executive Director of The Arc Big Bend, Inc."/>	
* Telephone Number: <input type="text" value="850-973-4614"/>	Fax Number: <input type="text" value="850-973-4334"/>
* Email: <input type="text" value="t.ressler@earthlink.net"/>	
* Signature of Authorized Representative: 	* Date Signed: <input type="text" value="12/3/2018"/>

EXHIBIT A: CURRENT SYSTEM DESCRIPTION

Applicants must submit Exhibit A as part of their application. Exhibit A should provide a short description of who the applicant is and what services they provide (**not to exceed two pages**). It is required that all applicants provide the Current System Description in a **question/answer format**. The following information shall be included in the narrative in a detailed manner:

1. What is a general overview of the organization including its mission, program goals and objectives?

The Arc Big Bend was originally founded in 1974 to provide services to individuals with intellectual disabilities. Our mission is to assist persons with disabilities to live and work within their communities consistent with their interests, dignity, and self-respect. Our goal is to assist our consumers in reaching their full potential through our employment programs, life skills center, and by the identification and removal of roadblocks to their success, whenever possible.

2. What is the organizational structure, type of operation, number of employees, and other pertinent organizational information? Include an organizational chart that shows the positions that are involved in the transit department i.e. fleet manager, vehicle maintenance. The organizational chart may be placed after this exhibit.

The Arc Big Bend is a 501(c)3 non-profit organization that is governed by our Board of Directors, who have regular quarterly meetings and meet more frequently when needed. The day to day administration is managed by the Executive Director, with assistance from his Chief Financial Officer, Program Manager, and competent staff of 52.

The Arc Big Bend, Inc. provides employment to individuals with disabilities through contracts for Rest Area Maintenance and litter control, through the State Respect program and the Department of Transportation. Additionally we assist others with disabilities in job training and preparation, job placement, and supported employment via referrals from the State Vocational Rehabilitation. The Arc Big Bend operates a Life Skills Center that offers clients with intellectual and developmental disabilities an opportunity to socialize and to become educated in areas that will help them to become more self-sufficient such as computer skills, nutrition, finance, personal grooming and hygiene, and basic education.

3. Who is responsible for insurance, training and management, and administration of the agencies transportation programs?

The CFO manages insurance policy requirements. The Executive Director is responsible for the administration of the transportation program. The Project Manager and supervisor's under his authority ensure that all employees have adequate training on vehicles and equipment. Ultimate management and administration is handled by the Executive Director through administration of policies set by the Board of Directors.

4. Who provides maintenance for the vehicles? Is it outsourced? What type of Preventative Maintenance work does the agency do on-site?

Vehicle maintenance is the responsibility of the Project Manager who ensures that all vehicles receive periodic maintenance from a local licensed mechanic. Daily inspections

and checklists are completed for each vehicle prior to operation for normal safety and operational items.

5. What is the agency's current number of transportation related employees?

We have five (5) employees who provide transportation to clients. We cross train staff members whenever possible to allow for transportation coverage in case of illness, etc.

6. Who will drive the vehicle, number of drivers, CDL certifications?

Our existing vehicles and the proposed vehicles do not require CDL certification. We will continue to utilize the existing employees in their current capacity for regular day transport.

7. What is a detailed description of service routes and ridership numbers?

We currently provide daily transport for 4 clients that are unable to utilize the CTC, Big Bend Transit, due to medical reasons. Additionally, we provide transport for our Life Skills Development clients which total up to 35 per day for field trips for educational and recreational purposes. Some trips are local to our area; however, since we are a small rural County, we must drive in excess of 50 miles on way to reach many destinations. In our current capacity, we do not have specific routes and do not expect to set up routes for generalized transport. Our proposal is for individualized services to those in our community with disabilities who are currently unable to attend our Life Skills Development Center due to their inability to utilize Big Bend Transit due either to medical issues, or because they do not have travel funds in their budget and do provide transportation to enhance their experience in the Life Skills Development.

Secondly, we often offer transportation after normal business hours for those individuals with disabilities in our community who have employment that either extends beyond the normal business day or begins after the normal business day. Many of our clients and others with disabilities in our community find employment with fast food restaurants, grocery and other retail stores, and other types of jobs that operate throughout the 24 hour day or at least late into the day. Should their shift begin at 4:00 p.m. they may be able to get a ride to work from the CTC, but then they have no transport home; therefore resulting in a barrier to employment.

EXHIBIT A-1: FACTSHEET

Name of Applicant: The Arc Big Bend, Inc.

	CURRENTLY	IF GRANT IS AWARDED (Estimates are acceptable.)
1. Number of total one-way trips served by the agency PER YEAR (for all purposes)* Please include calculations.	2080	2080 – our request is to maintain existing service
2. Number of one-way trips provided to seniors and individuals with disabilities PER YEAR*	2080 ⁽¹⁾	2080
3. Number of individual senior and disabled clients PER YEAR	42	42 to maintain service
4. Total number of vehicles used to provide service to seniors and individuals with disabilities ACTUAL	3	3- we could replace the van that is in the worst condition
5. Number of 5310 vehicles used to provide service to seniors and individuals with disabilities eligible for replacement ACTUAL (Refer to Vehicle Life Span chart)	We do not currently have any 5310 vehicles in service.	1
6. Total fleet vehicle miles traveled to provide service to seniors and individuals with disabilities PER YEAR	30,000-for fleet, plus rental to go on out of town trips	30,000 plus to maintain service
7. Number of days that vehicles are in operation to provide service to seniors and individuals with disabilities AVERAGE PER WEEK	5	5
8. Posted hours of normal operation agency provides service to seniors and individuals with disabilities PER WEEK. (This does not include non-scheduled emergency availability)	M – F: 7:00- 7:00 Saturday: Sunday: Total (WEEK): 60 ⁽²⁾	M – F: 7:00 – 7:00 Saturday: Sunday: Total (WEEK): 60

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

(1) All of our transport is provided to persons with disabilities.

(2) This is not continuous transport, rather times that travel is available for persons with disabilities.

1.1. EXHIBIT B: PROPOSED PROJECT DESCRIPTION

QUESTIONS RELATED TO ALL AGENCIES REQUESTING CAPITAL FUNDS

1. How will the grant funding be used? Will more hours of service will be provided? Will it expand service to a larger geographic area? Will this funding provide shorter headways? How many more trips will be provided? Please explain in detail. If this capital request is not for a vehicle, please describe the purpose of the request.

Our request is to continue our existing level of service to our clients with intellectual and developmental disabilities. Our existing vehicles are quite aged and several are beyond any useful life. We do not seek to expand geographic coverage, only to continue to provide necessary transport to our existing and future clients.

The type of transport we provide is as follows: (a) client pickup and return home for clients who are unable to utilize Big Bend Transit (Our local CTC), due to medical issues or cost constraints, (b) transport to and from employment for clients who do not have means of transportation and are unable to utilize Big Bend Transit (CTC) due to lack of funds or time of service need, such as after 11:00 p.m. for a midnight shift job, and; (c) day trips for clients of our Life Skills Development Center such as educational, social and entertainment.

2. If a grant award will be used to maintain services as described in Exhibit A, specifically explain how it will be used in the context of total service.

Some of our clients are unable to utilize the local CTC due to medical needs such as spontaneous seizures, etc. For those clients, we provide transportation to and from each day. We take our Life Skills Clients (approximately 35-40), on local day field trips to library, and various community functions. This enriches their lives by providing exposure to segments of the community which they may not otherwise have an opportunity to be a part. Additionally, some of our clients who seek employment are unable to obtain transport due to financial reasons or because the jobs they are likely to find are midnight shift or late hours and the local CTC does not provide transport after 11:00 p.m.

The passenger vans that we are currently using are eleven years old and in various states of dis-repair. We have been very conscientious with our pre and routine maintenance of the vans; however, continued maintenance and use is not efficient, effective, or safe for our clients. If we cannot obtain funds for another vehicle with which we can safely transport, we will need to eliminate services. This could be either the day trips providing clients with educational experience and social inclusion, or it could be transportation to our facility, which could also financially impact their family members who may have to take time from their job, or quit their job to care for the disabled family member.

3. Give a detailed explanation of the need for the vehicle and provide evidence of the need. If this capital request is not for a vehicle, please describe the need for this request.

The vehicles that we have are 11 years old and have already had extensive repairs. We originally purchased 10 passenger vans from the local car dealer. These were standard family type vans, not necessarily designed for regular transport or for constant driving in these rural area dirt roads. We originally had to use the vehicles for transporting all or

our clients to our facility due to issues between the Agency for Persons with Disabilities and the previous management of our local CTC. We began having vehicle issues right away and encountered troubles with the manufacturer not covering warranty items. A couple of the vans were semi-retired within just a couple years with major issues. We have continued to try to maintain the remaining vehicles, but have gotten to the point where we only have two vans that we feel safe to use for our clients. The others seem to have a break down every time we use them. When transporting people with developmental disabilities, you just can take the chance to be stranded beside the highway. We tried just using them for short trips but have gotten to the point that we do not use them unless absolutely necessary. Now both of the “good” ones are starting to have issues and seems they are in constant garage rotation. We desperately need at least one good van that we can safely and efficiently transport our clients.

4. Will a grant award be used to replace existing equipment or purchase additional vehicles/equipment? Provide details.

We would seek to replace the worst running vehicle and then concentrate our repair and maintenance budget on the remaining van to, hopefully maintain two vehicles that may be utilized.

5. Identify vehicles/equipment being replaced and list them on the “**Current Vehicle and Transportation Equipment Inventory**” form, see page **Error! Bookmark not defined.**

This would be a 2004 Ford Free Star Van

6. Describe agency’s maintenance program and include a section on how vehicles will be maintained without interruptions in service (who, what, where, and when).

Our maintenance program will be administered per our Standard Transportation Operating Procedures Manual. The Project Manager in charge of Transportation will insure that drivers maintain a pre-trip and post-trip inspection for safety sensitive items. The inspection checklist will be submitted to the Project Manager, who will maintain them in a file for a period not less than 90 days. The Project Manager will maintain records on the routine maintenance items such as oil changes and will schedule the vehicle with a local license mechanic as needed. The records of those maintenance visits will be maintained in the Vehicle file for the life of the vehicle or a period of not less than five (5) years.

Existing vehicles may be kept on-hand to use during emergency or when the newer vehicle are scheduled to be in the shop for maintenance.

7. If vehicles/equipment are proposed to be used by a lessee or private operator under contract to the applicant, identify the proposed lessee/operator.
 - a. Include an equitable plan for distribution of vehicles/equipment to lessees and/or private operators.

The requested vehicle will not be leased and will be utilized by our staff only for transport of clients of The Arc Big Bend.

8. Each applicant shall indicate whether they are a government authority or a private non-profit agency, provide a brief description of the project which includes the counties served, whether the applicant shall service minority populations and whether the applicant is minority-owned.

The Arc Big Bend, Inc. is a private non-profit organization governed by a Board of Directors. We actually serve a regional five county area. However, this application is for Madison County which is where our administrative facility and Life Skills Center is physically located. We currently provide and will continue to provide transportation services to all individuals without regard to minority status or type of disability. According to US Census data, 12.3% of Madison County's total population has a disability. In the 21 to 64 age group that percentage raises to 31.9% and for the senior population of 65 and older still rises higher to 44.2%. Madison County currently has a minority population of 46.3%. We have noted over the past couple of years that our client population has aged with many of our clients reaching senior citizen level, placing them within both categories of this grant target.

9. Agencies receiving Section 5310 funds must collect both quantitative and qualitative data (detailed in the Threshold Criteria section on page 7) to capture overarching program information as part of the Section 5310 annual report, Please outline how your agency will collect the quantitative and qualitative data required as a Section 5310 sub-recipient. For example, what will the time frame be/how will it be incorporated into program operations? What tools will be used to collect the data?

Though our organization will not meet the requirements outlined in the Threshold Criteria for Audits, we routinely have an annual audit and maintain financial documentation throughout the year for that purpose. The Community Development Consultant, along with the Chief Financial Officer will maintain data on the program activities to meet any grant requirements for reporting and administration.

The Arc Big Bend, Inc. will forward audits as appropriate to meet the requirements should our situation change and we would be pleased to provide reporting documentation as the DOT deems appropriate.

10. Fully explain Your Transportation Program:

- a. Service hours, planned service, routes and trip types

Service hours for the Life Skills Development Center transportation will be for morning and afternoon transport to and from our facility, as well as any field trips or daytime outings. Current transport service hours are approximately four (4) hours each day.

- b. Staffing – include plan for training on vehicle equipment such as wheelchair lifts,

etc.

All drivers will receive initial training on new vehicles and equipment such as wheelchair lifts. Additionally, we will incorporate the vehicle training into our monthly safety training schedule to periodically review safe operation of the vehicles and to provide an opportunity for questions and discussions by staff members.

Existing staff has participated in and received certificates from a Public Transportation Vans and Mini-bus four (4) hour comprehensive driving course provided North Florida Community College. The course content and outcomes were (a) to have the driver demonstrate a vehicle inspection; (b) to have the driver understand and discuss traffic laws; (c) to have the driver understand and discuss liability issues; (d) to have the driver demonstrate basic first aid skills; (e) to have the driver demonstrate fire suppression techniques; (f) to have the driver demonstrate driving skills

- c. Records maintenance– who, what methods, use of databases, spreadsheets etc.

The drivers will maintain a checklist on the vehicle to record pre-trip and post trip safety inspections. Those checklists will be submitted to the Project Manager in charge of Transportation on a weekly basis. The Project Manager will maintain a record of each vehicle via an Excel spreadsheet that will indicate any abnormalities/concerns and the actions taken to correct them. All routine maintenance and mechanical issues will be entered into the spreadsheet for each vehicle. These records shall be maintained for the life of the vehicle.

- d. Vehicle maintenance – who, what, when and where

The Project Manager will manage vehicle maintenance with the assistance of the Excel spreadsheet that will contain continued maintenance information for each vehicle. Vehicle maintenance such as oil change, tire rotation, etc. shall be done by a local licensed mechanic and the records shall be documented in the Excel spreadsheet. Maintenance shall be conducted as recommended by the manufacturer and the mechanic with additional maintenance as needed.

- e. CDL requirement

Our vehicles and the proposed new vehicles do not require a CDL license

- f. Transportation Operating Procedure (TOP)

Our Transportation Operation Procedures are attached for your review and approval.

- g. Drug free work place

The Arc Big Bend, Inc. is a drug free workplace with testing at hire and periodically when there is suspicion or need.

- 11. How do you fund your transit program? What are your funding sources for transit – state/local/federal/ private foundations?

Our transportation needs are included within the costs for individuals that attend our Life

Skills Development Center and/or through funds received by State agencies for employment services. Our needs do not justify a separate budget or fleet department. These costs are part of the expense of providing services to our clients. Our entrepreneurial contracts with DOT for Rest Area Maintenance and Litter control help to fund the services that we provide, including transport. However, we have just received word that one of those contracts has been reduced, which will have a huge impact on our service level.

12. If your agency does not receive its entire capital request, can you still proceed with your transit program?

At this point, we fear that we will not be able to continue providing transport without some assistance. With continued budget cuts from the State and now the huge reduction in our litter control contract, we will struggle to keep the center open for those clients who have other means of transport.

13. **New Agencies:** Have you met with the CTC and, if so, how are you providing a service that they cannot? Provide detailed information supporting this requirement.

Yes, we have discussed these issues with our CTC and they are supportive of our application. The only transport we provide to our facility is for those who are unable to utilize the CTC. Our field trip program and employment services transport issues are also in situations in which the CTC is not and cannot provide the service.

14. **Current Agencies:** Is your CTC agreement current? If not, why not?

N/A – we are a new agency and do not yet have an agreement; however, we will enter into one if funding is approved.

FORM C-1: TRANSIT-RELATED OPERATING AND ADMINISTRATIVE EXPENSES

Name of Applicant: The Arc Big Bend, Inc.

Name of Transit Program: Transport

Applicant Fiscal period start and end dates: July 1, 2016 to June 30, 2017

State Fiscal period from: July 1, 2016 to June 30, 2017

EXPENSE CATEGORY	EXPENSE \$
Labor (501)	\$35,360
Fringe and Benefits (502)	10,608
Services (503)	6,908
Materials and Supplies (504)	
Vehicle Maintenance (504.01)	6,148
Utilities (505)	1,221
Insurance (506)	6,005
Licenses and Taxes (507)	7,112
Purchased Transit Service (508)	-0-
Miscellaneous (509)	-0-
Leases and Rentals (512)	300
Depreciation (513)	1,282
TOTAL EXPENSE	\$74,944

FORM C-2: OPERATING AND ADMINISTRATIVE REVENUESName of Applicant: The Arc Big Bend, Inc.Name of Transit Program: TransportApplicant Fiscal period start and end dates: July 1, 2016 to June 30, 2017State Fiscal period from: July 1, 2016 to June 30, 2017

OPERATING REVENUE CATEGORY	REVENUE \$
Passenger Fares for Transit Service (401)	
Special Transit Fares (402)	7,960.00
Other (403 – 407) (identify by appropriate code)	
TOTAL OPERATING REVENUE	\$7,960.00
OTHER REVENUE CATEGORY	
Taxes Levied Directly by the Transit System (408)	
Local Cash Grants and Reimbursements (409)	
Local Special Fare Assistance (410)	
State Cash Grants and Reimbursements (411)	
State Special Fare Assistance (412)	
Federal Cash Grants & Reimbursements (413)	
Interest Income (414)	
Contributed Services (430)	
Contributed Cash (431)	
Subsidy from Other Sectors of Operations (440)	66,984.00
TOTAL OF OTHER REVENUE	\$66,94.00
GRAND TOTAL ALL REVENUE	\$74,944

FORM C-3: LOCAL MATCH FOR THIS APPLICATION

Local match may be derived from any non-U.S. Department of Transportation (USDOT) Federal Program, State Programs, Local Contributions or Grants.

Applicants may not borrow funds to use as match nor may they place liens on Section 5310-funded vehicles or equipment. The breakdown of funding for the Section 5310 grant program is 80% Federal/10% FDOT-State/10% Local for capital projects, meaning the Federal share of eligible capital costs may not exceed 80% of the total award. State funds may support up to 10% of eligible capital costs with the remaining 10% being supported by a local match. **At the time an order is placed for vehicles/equipment, the applicant is required to provide a purchase order for its 10% local match to be paid to the vendor. The required 10% local match must be paid at the time of delivery.**

FORM C-3: LOCAL MATCH FOR THIS APPLICATION

Name of Applicant: The Arc Big Bend, Inc.

Sources and amounts of local share for the vehicles/equipment, or mobility management, being requested:

SOURCE:	AMOUNT:
The Arc Big Bend, Inc. -annual budget	\$5,000.00



(Signature of authorized representative)

Tim Ressler, Executive Director

(Name and title of authorized representative)

CHARLES J. REED & ASSOCIATES

Certified Public Accountants

2828 Remington Green South - Tallahassee, Florida 32308

Phone (850) 386-7072

Fax (850) 422-1852

November 24, 2015

To Whom It May Concern:

Please be advised that the The Arc Big Bend, Inc. has adequate financial resources to fund a grant match requirement of \$5,000.

Sincerely,

A handwritten signature in cursive script, appearing to read "Charles J. Reed".

Charles J. Reed

Members

American Institute of Certified Public Accountants
Florida Institute of Certified Public Accountants

FORM C-4: CURRENT VEHICLE AND TRANSPORTATION EQUIPMENT INVENTORY (a)

Name of Applicant: The Arc Big Bend, Inc. Date of Inventory: November 25, 2015

Model Yr. (b)	Make/size/type (C)	FDOT control # and VIN (d)	Ramp or lift (specify)	Seats & W/C positions (i.e. 12+2)	Avg. miles/Yr	Current Mileage	Vehicle Status (Active/Spare/Other)	Expected retirement date	Other equipment (e)	Funding source (f)
Ford 2004	FreeStar Passenger van	2FMZA57674BB21524	Pull down ramp	4 +1	12,000	114,404	Active	2017		The Arc Big Bend
*Ford 2004	FreeStar Passenger van	2FZA57624BB22208	n/a	7 + 0	10,000	186,766	Active – to be replaced	2016		The Arc Big Bend
Ford 2004	FreeStar Passenger van	2FMZA57604BB21901	n/a	7 + 0	8,000	155,006	Active	2017		The Arc Big Bend

(a) Applicants must use this form.

(b) Identify vehicles to be replaced with this or other grant by placing an asterisk (*) next to the model year. In Exhibit B of the application, provide the name of the lessee or contractor, if applicable.

(c) For example, Ford 22' bus; Dodge converted van.

(d) Show FDOT control number OR VIN if bought with grant through FDOT. If bought through other funding, list the complete VIN.

(e) Include computer hardware and software, copiers, printers, mobile radios, communication systems, etc.

(f) Identify the grant or other funding source used for purchasing the vehicle/equipment

FORM C-5: CAPITAL REQUEST FORM
VEHICLE REQUEST

Name of Agency: The Arc Big Bend, Inc.

R or E (a)	Quantity	Description (b)	Estimated Cost
R	1	6,050/202.5" gasoline mini-van for 3 ambulatory passengers and 2 wheelchair passengers	43,567.00
Sub-total			\$43,567.00

(a) Replacement (R) or Expansion (E).

(b) Provide a brief description including the length and type vehicle, type of fuel, lift or ramp, number of seats and wheelchair positions. For example, 22' gasoline bus with lift, 12 ambulatory seats, and 2 wheelchair positions. Do not show the Make. **Any bus options that are part of purchasing the bus itself should be part of the vehicle request and NOT separated out under equipment.**

EQUIPMENT REQUEST (c)

If item requested is after-market, it is recommended to gather and retain at least two estimates for the equipment requested. Purchases must be approved at the local level and follow Procurement Guidelines.

	Number requested	Description	Estimated Cost
Sub-total			\$

(c) Show mobile radios and identify the type of radio (i.e. two way radio or stereo radio), computer hardware/software, etc. under "Equipment Request."

VEHICLE SUBTOTAL \$ 43,567 EQUIPMENT SUBTOTAL -0- = \$ 43,567.00 (x).

(x) X 80% = \$ 34,854.00 [This equals the Federal request. Show this amount on Form 424 in block 18(a)]

FORM C-6: CAPITAL REQUEST METHODOLOGY FORM

Complete one request form if all vehicles being requested are the same type and configuration. Complete another form to request a vehicle of a different type and configuration. Limit of up to **FIVE (5)** vehicle requests per applicant.

Information to fill this form out may be found at on the TRIPS website hmm.tripsflorida.org and or at the DMS website for small vehicles; cars or station wagons.

Applicant Agency Name: The Arc Big Bend, Inc.

Contact Person: Paula Arnold, Community Development Consultant, 850-973-4614, ext 301; pmarnold@thearcbigbend.org

(Name, Title, Telephone Number, and Email)

Vendor Name and Contact info: Florida Transportation Systems, Inc.; Robert Frick; (800) 282-8617 ext. 330

(Vendor, Dealer's Name, Telephone Number)

Contract #: TRIPS-13-MV-FTS

Brief Vehicle Description: Minivan 202.5" in length for 3 ambulatory passengers and 2 wheelchair passengers

(Example: 3 – 22' gas cutaways with lift, 12 ambulatory seats and 2 wheelchair positions)

Price Estimation Table: Select only options available in the contract you are interested in. If there are no choices selected on any given row, we understand that you do not need that option.

Computer users – the rows in yellow have formulas to calculate totals. To make the formulas work, first fill out the columns of unit cost \$ and quantity # and then **right click in the yellow cell and click Update Field.**

Item*	Unit Cost	Quantity	Unit Cost x Quantity (Total Cost)
Base Vehicle Type (Make, Model, Size/Length)	43,017.		43,017.00
Vehicle Description: ADA compliant-202.5"			
Floor Plan: Seat Manufacturer Name:			
Floor Plan/Ambulatory Seats: May choose more than one type of seat if needed.			
Standard Seat:		3	
Foldaway Seat:			
Child Seat:			
Other:			
Securement Systems:			
Wheelchair Securement:			
Seat Belt Extensions: <input type="checkbox"/> No <input type="checkbox"/> Yes, if yes quantify			
Stretcher Securement <input type="checkbox"/> No <input type="checkbox"/> Yes, if yes quantify			
Wheelchair Lift (Include Vendor Name and Cost):			
Engine Type: 3.6L, V-6 gasoline			
Paint Scheme: <input type="checkbox"/> No <input type="checkbox"/> Yes, if yes quantify			
Vehicle Subtotal:			43,017.00
Title VI Notice Signs/Plaques:			
Equipment:			
Other:			
Equipment:			
Other:			
Equipment Subtotal:			
Total:			43,017.00

* Additional items besides those listed on the form can be added by inserting another line or by submitting a sample copy of the order form for the vehicle filled out to your specifications.

Add up the subtotals from all the Capital Request forms you filled out for this application to arrive at the total. The Total x 80% = Federal Portion (to be shown in block 18(a) of Form 424).

Total		Federal Percent	= Federal Portion
43,017.00	X	.8 (80%)	34,413.00

Big Bend Transit, Inc.

P.O. Box 1721
Tallahassee, Florida 32302
850/574-6266

STATE OF FLORIDA DEPARTMENT OF TRANSPORTATION

GRANT APPLICATION

Big Bend Transit, Inc. submits this Application for the Section 5311 Program Grant and agrees to comply with all assurances and exhibits attached hereto and by this reference made a part thereof, as itemized in the Checklist for Application Completeness.

Big Bend Transit, Inc. further agrees, to the extent provided by law (in case of a government agency in accordance with Sections 129.07 and 768.28, Florida Statutes) to indemnify, defend and hold harmless the FDOT and all of its officers, agents and employees from any claim, loss, damage, cost, charge, or expense out of the non-compliance by the Agency, its officers, agents or employees, with any of the assurances stated in this Application.

This Application is submitted on this 7th day of December, 2015 with two (2) original resolutions or certified copies of the original resolution authorizing Shawn Mitchell, General Manager to sign this Application.

Big Bend Transit, Inc.

By 

Date: December 7, 2015

Shawn Mitchell, General Manager

Application for Federal Assistance SF-424		
* 1. Type of Submission:		
<input type="checkbox"/> Preapplication		
<input checked="" type="checkbox"/> Application		
<input type="checkbox"/> Changed/Corrected Application		
* 2. Type of Application:		
<input checked="" type="checkbox"/> New		
<input type="checkbox"/> Continuation		
<input type="checkbox"/> Revision		
* If Revision, select appropriate letter(s):		
<input type="text"/>		
* Other (Specify):		
<input type="text"/>		
* 3. Date Received:		
12/7/2015		
4. Applicant Identifier:		
<input type="text"/>		
5a. Federal Entity Identifier:		
<input type="text"/>		
5b. Federal Award Identifier:		
<input type="text"/>		
State Use Only:		
6. Date Received by State:		
<input type="text"/>		
7. State Application Identifier:		
<input type="text"/>		
8. APPLICANT INFORMATION:		
* a. Legal Name:		
BIG BEND TRANSIT, INC.		
* b. Employer/Taxpayer Identification Number (EIN/TIN):		
59-1909296		
* c. Organizational DUNS:		
1143287010000		
d. Address:		
* Street1:		
P.O. Box 1721		
Street2:		
<input type="text"/>		
* City:		
Tallahassee		
County/Parish:		
<input type="text"/>		
* State:		
FL, Florida		
Province:		
<input type="text"/>		
* Country:		
USA: UNITED STATES		
* Zip / Postal Code:		
32302		
e. Organizational Unit:		
Department Name:		
<input type="text"/>		
Division Name:		
<input type="text"/>		
f. Name and contact information of person to be contacted on matters involving this application:		
Prefix:		
<input type="text"/>		
* First Name:		
shawn		
Middle Name:		
<input type="text"/>		
* Last Name:		
mitchell		
Suffix:		
<input type="text"/>		
Title:		
General Manager		
Organizational Affiliation:		
<input type="text"/>		
* Telephone Number:		
850-574-6266		
Fax Number:		
<input type="text"/>		
* Email:		
smitchell@bigbendtransit.org		

Application for Federal Assistance SF-424

*** 9. Type of Applicant 1: Select Applicant Type:**

Type of Applicant 2: Select Applicant Type:

Type of Applicant 3: Select Applicant Type:

* Other (specify):

*** 10. Name of Federal Agency:**

11. Catalog of Federal Domestic Assistance Number:

CFDA Title:

*** 12. Funding Opportunity Number:**

* Title:

13. Competition Identification Number:

Title:

14. Areas Affected by Project (Cities, Counties, States, etc.):

*** 15. Descriptive Title of Applicant's Project:**

Attach supporting documents as specified in agency instructions.

Application for Federal Assistance SF-424**16. Congressional Districts Of:*** a. Applicant * b. Program/Project

Attach an additional list of Program/Project Congressional Districts if needed.

Add Attachment

Delete Attachment

View Attachment

17. Proposed Project:* a. Start Date: * b. End Date: **18. Estimated Funding (\$):**

* a. Federal	<input type="text" value="353,389"/>
* b. Applicant	<input type="text"/>
* c. State	<input type="text"/>
* d. Local	<input type="text" value="353,389"/>
* e. Other	<input type="text" value="0"/>
* f. Program Income	<input type="text" value="0"/>
* g. TOTAL	<input type="text" value="706,778"/>

*** 19. Is Application Subject to Review By State Under Executive Order 12372 Process?**☐ a. This application was made available to the State under the Executive Order 12372 Process for review on ☐ b. Program is subject to E.O. 12372 but has not been selected by the State for review.☒ c. Program is not covered by E.O. 12372.*** 20. Is the Applicant Delinquent On Any Federal Debt? (If "Yes," provide explanation in attachment.)**☐ Yes ☒ No

If "Yes", provide explanation and attach

Add Attachment

Delete Attachment

View Attachment

21. *By signing this application, I certify (1) to the statements contained in the list of certifications** and (2) that the statements herein are true, complete and accurate to the best of my knowledge. I also provide the required assurances** and agree to comply with any resulting terms if I accept an award. I am aware that any false, fictitious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties. (U.S. Code, Title 218, Section 1001)

☒ ** I AGREE

** The list of certifications and assurances, or an internet site where you may obtain this list, is contained in the announcement or agency specific instructions.

Authorized Representative:Prefix: * First Name: Middle Name: * Last Name: Suffix: * Title: * Telephone Number: Fax Number: * Email:

* Signature of Authorized Representative:

* Date Signed:

8.2. EXHIBIT A-1: FACT SHEET

Name of Applicant: Big Bend Transit, Inc. (Madison)

	CURRENTLY	IF GRANT IS AWARDED
1. Number of one-way passenger trips.* PER YEAR	19,081	19,367
2. Number of individuals served unduplicated (first ride per rider per fiscal year). PER YEAR**	637	649
3. Number of vehicles used for this service. ACTUAL	12	12
4. Number of ambulatory seats. AVERAGE PER VEHICLE (Total ambulatory seats divided by total number of fleet vehicles)	120	120
5. Number of wheelchair positions. AVERAGE PER VEHICLE (Total wheelchair positions divided by total number of fleet vehicles)	22	22
6. Vehicle miles traveled. PER YEAR	327,433	333,981
7. Average vehicle miles PER DAY	115	123
8. Normal vehicle hours in operation. PER DAY	12	12
9. Normal number of days in operation. PER WEEK	6	6
10. Trip length (roundtrip). AVERAGE	13	15

Estimates are acceptable. The information listed should be specific to the Section 5311 funds and not agency wide.

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

** The unduplicated riders are for current year and the subsequent year once the grant is awarded

1.1. FORM B-1: TRANSPORTATION RELATED OPERATING AND ADMINISTRATIVE EXPENSES

Name of Applicant: Big Bend Transit, Inc. (Madison County)

Name of Transit Program: Big Bend Transit, Inc.; USC 5311, Operating Assistance

Applicant Fiscal period start and end dates: October 1, 2015 to September 30, 2015

State Fiscal period from: July 1, 2016 to June 30, 2017

EXPENSE CATEGORY	TOTAL EXPENSE	FTA ELIGIBLE EXPENSE
Labor (501)	\$401244	\$401244
Fringe and Benefits (502)	194603	194603
Services (503)	12855	12855
Materials and Supplies (504)	22921	22921
Vehicle Maintenance (504.01)	124144	124144
Utilities (505)	7226	7226
Insurance (506)	36210	36210
Licenses and Taxes (507)	250	250
Purchased Transit Service (508)		
Miscellaneous (509)	5881	5881
Leases and Rentals (512)	8849	8849
Depreciation (513)	71365	
TOTAL	\$885,503	\$814,138 (a)

SECTION 5311 GRANT REQUEST:

Total FTA Eligible Expenses (from Form B-1, above) \$814,138 (a)

Rural Passenger Fares (from Form B-2) \$ 38,155 (b)

Operating Deficit \$775,983 (c)

[FTA Eligible Expenses (a) minus Rural Passenger Fares (b)] (from Form B-2)

Section 5311 Request \$ 353,389 (d)

(No more than 50% of Operating Deficit)

Grant Total All Revenues (from Form B-2) \$814,138 *(e)

Note: If Grand Total Revenues (e) exceeds FTA Eligible Expenses (a), reduce the Section 5311 Request (d) by that amount.



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February 1, 2016

TO: Madison County Transportation Disadvantaged Coordinating Board

FROM: Lynn Godfrey, AICP, Senior Planner

SUBJECT: Big Bend Transit Ridership Report

RECOMMENDATION

No action required. This agenda item is for information only.

BACKGROUND

Attached is Big Bend Transit's Ridership Report for the Board's review.

If you have any questions regarding the attached information, please contact me.

Attachment

t:\lynn\td2016\madison\memos\statfeb.docx

Dedicated to improving the quality of life of the Region's citizens,
by coordinating growth management, protecting regional resources,
promoting economic development and providing technical services to local governments.



MADISON COUNTY RIDERSHIP REPORT

QUARTERLY REPORT

October 2015 – December 2015

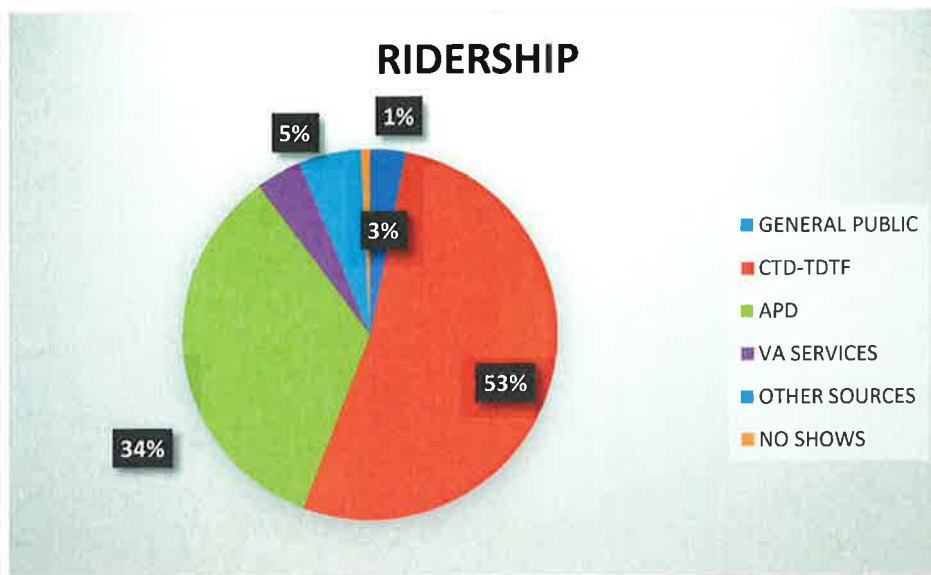
COMMUNITY TRANSPORTATION QUARTERLY REPORT

(October 2015 – December 2015)

Number of Trips Provided From All Funding Sources

During this reporting period BBT provided a total of 3,446 trips. Approximately 53 percent of the trips provided were CTD-TDTF funded trips, 3 percent of the trips were GENERAL PUBLIC, 34 percent APD passengers, 4 percent VA trips and 1 percent of the total scheduled trips were NO SHOWS.

SOURCES	OCTOBER	NOVEMBER	DECEMBER	TOTAL
GENERAL PUBLIC	26	40	39	105
CTD-TDTF	619	580	620	1819
APD	426	357	389	1,172
VA SERVICES	32	43	62	137
OTHER SOURCES	59	66	61	186
NO SHOWS	8	8	11	27
TOTAL	1170	1094	1182	3446



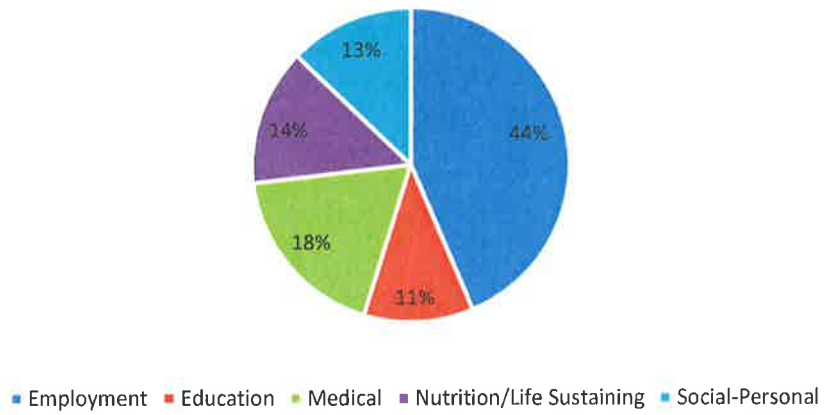
TDTF TRIP PURPOSE

Of the TDTF trips provided during this period, 44 percent where for employment; 18 percent for medical appointments, 11 percent for education, 14 percent for nutritional and life sustaining activities, and 13 percent for Social/Recreational.

TDTF TRIP PURPOSE

	OCTOBER	NOVEMBER	DECEMBER	TOTAL
Employment	270	267	275	812
Education	69	65	41	175
Medical	114	98	97	309
Nutrition/Life Sustaining	87	76	106	269
Social-Personal	79	74	101	254
Total	619	580	620	1819

TDTF TRIP PURPOSE

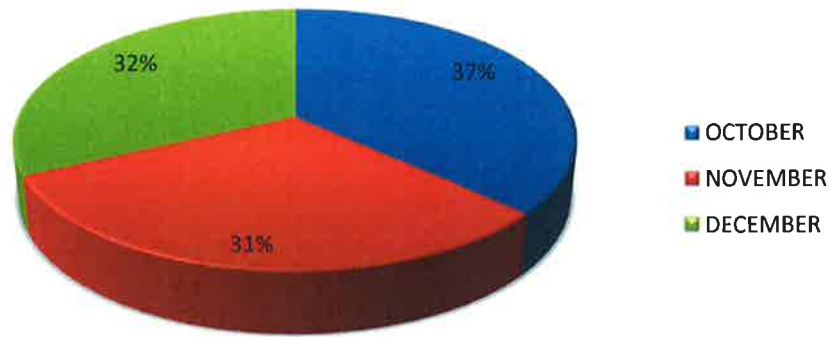


NUMBER OF COMPLAINTS RECEIVED (0)

"IN TOWN SHUTTLE REPORT"

OCTOBER	NOVEMBER	DECEMBER	TOTAL
84	71	73	228

SHUTTLE RIDERSHIP



**MADISON COUNTY
UNMET TRANSPORTATION NEEDS
October 2015 - December 2015**

REASON FOR TRIP DENIAL	NUMBER OF TRIP DENIALS
Lack of Funding	
Trip Purpose	
Out of Service Area Trip	
Insufficient Advance Notice	4
After Hours Trip Request	
Weekend Trip Request	
Other	
TOTALS	4



ATTENDANCE RECORD

MADISON COUNTY TRANSPORTATION DISADVANTAGED COORDINATING BOARD

MEMBER/ORGANIZATION	NAME	2/2/15	6/1/15	9/14/15	11/2/15
Chair	Commissioner Ronnie Moore	P	P	P	P
Florida Department of Transportation	Sandra Collins	P	A	A	P
Alternate Member	Janell Damato	A	A	A	A
Florida Department of Children and Families	Karen Page	A	A	A	A
Alternate Member	(Vacant)				
Florida Agency for Health Care Administration	Deweece Ogden			A	A
Alternate Member	Pamela Hagley			P	P
Florida Department of Education	(Vacant)				
Alternate Member	(Vacant)				
Public Education	Gladney Cherry	P	P	P	P
Alternate Member	Lori Newman				
Citizen Advocate	Shanetha Mitchell	P	P	A	A
Alternate Member	Pamela Robinson	A	A	A	A
Citizen Advocate-User	(Vacant)				
Alternate Member	Cindy Hutto	A	A	A	A
Elderly	(Vacant)				
Alternate Member	(Vacant)				
Veterans	(Vacant)				
Alternate Member	(Vacant)				
Persons with Disabilities	(Vacant)				
Alternate Member	(Vacant)				
Florida Association for Community Action	Matthew Pearson	P	P	P	P
Alternate Member	(Vacant)				
Florida Department of Elder Affairs	Rosa Richardson	A	A	A	A
Alternate Member	Margaret Minter	P	P	P	P
Children at Risk	(Vacant)				
Alternate Member	(Vacant)				
Local Medical Community	Leila C. Rykard	P	A	A	P
Alternate Member	Kimberly Allbritton				
Regional Workforce Board	Sheryl Rehberg	A	A	A	P
Alternate Member	Anthony Jennings	A	A	P	A

ATTENDANCE POLICY: According to Article III, Section 5 of the Coordinating Board bylaws: "The North Central Florida Regional Planning Council shall review and consider rescinding the appointment of any voting member of the Board who fails to attend three consecutive meetings."