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2009 NW 67th Place, Gainesville, FL 32653-1603 • 352.955.2200

October 4, 2016

TO:

Union County Transportation Disadvantaged Coordinating Board

FROM:

Lynn Godfrey, AICP, Senior Planner

SUBJECT:

Meeting Announcement

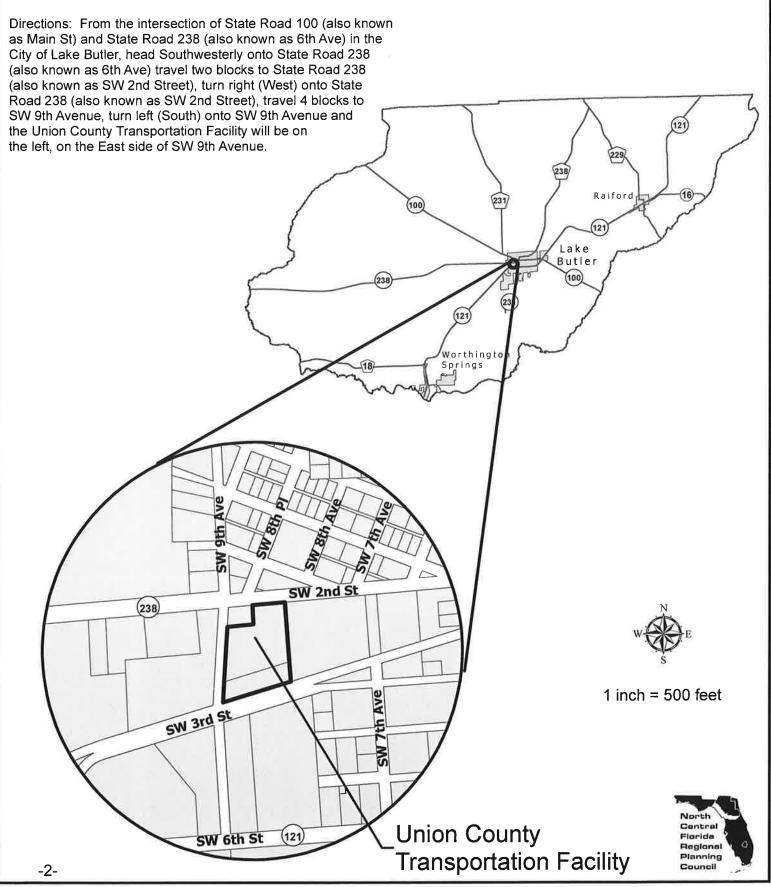
The Union County Transportation Disadvantaged Coordinating Board meet Tuesday, October 11, 2016 at 1:15 p.m. in the Suwannee River Economic Council Office located at the Union County Transportation Facility, 255 SW 9th Avenue, Lake Butler, Florida. All Board members are encouraged to attend this meeting.

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\union\memos\oct.docx

Union County Transportation Facility 255 SW 9th Avenue Lake Butler, Florida 32054





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UNION COUNTY TRANSPORTATION DISADVANTAGED COORDINATING BOARD

MEETING ANNOUNCEMENT AND AGENDA

Union County Transportation Facility 255 SW 9th Avenue Lake Butler, Florida Tuesday October 11, 2016 1:15 p.m.

- I. BUSINESS MEETING CALL TO ORDER
 - A. Introductions
 - B. Approval of the Meeting Agenda

ACTION REQUIRED

C. Approval of the July 12, 2016 Minutes Page 7

ACTION REQUIRED

- II. NEW BUSINESS
 - A. Annual Performance Evaluation

Page 11

ACTION REQUIRED

The Board needs to review and approve Suwannee River Economic Council's annual performance evaluation

B. 2015/16 Annual Operations Report

Page 45 NO ACTION REQUIRED

The Board needs to review the 2015/16 Annual Operations Report

C. Suwannee River Economic Council Operations Reports

Page 61 NO A

NO ACTION REQUIRED

III. OTHER BUSINESS

A. Comments

Members Citizens

IV. FUTURE MEETING DATES

- A. January 10, 2017 at 1:15 p.m.
- B. April 11, 2017 at 115 p.m.
- C. July 11, 2017 at 1:15 p.m.
- D. October 10, 2017 at 1:15 p.m.

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

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

UNION COUNTY TRANSPORTATION DISADVANTAGED COORDINATING BOARD

| MEMBER/REPRESENTING | ALTERNATE/REPRESENTING |
|--|---|
| Commissioner Woody Kitler | |
| Local Elected Official/Chair | |
| Sandra Collins, Vice-Chair | Janell Damato |
| Florida Department of Transportation | Florida Department of Transportation |
| Grievance Committee Member | 1 1 |
| Jaime Sanchez-Bianchi | Vacant |
| Florida Department of Children and Families\ | Florida Department of Children and Families |
| Grievance Committee Member | |
| Vacant | Jeff Aboumrad |
| Florida Department of Education | Florida Department of Education |
| 1 fortal Department of Dansation | Grievance Committee Member |
| Vacant | Vacant |
| Florida Department of Elder Affairs | Florida Department of Elder Affairs |
| Deweece Ogden | Pamela Hagley |
| Florida Agency for Health Care Administration | Florida Agency for Health Care Administration |
| Jeannie Carr | Sifoa Nunu |
| Regional Workforce Board | Regional Workforce Board |
| Vacant | Vacant |
| Florida Association for Community Action | Florida Association for Community Action |
| Term ending June 30, 2017 | Term ending June 30, 2017 |
| Mike Pittman | Vacant |
| Public Education | Public Education |
| Barbara Fischer | Vacant |
| Veterans | Veterans |
| Grievance Committee Member | Term ending June 30, 2017 |
| Term ending June 30, 2017 | Term chang sune 30, 2017 |
| Doyle Archer | Vacant |
| Citizen Advocate | Citizen Advocate |
| Term ending June 30, 2018 | Term ending June 30, 2018 |
| Vacant | Vacant |
| Citizen Advocate - User | Citizen Advocate - User |
| Term ending June 30, 2018 | Term ending June 30, 2018 |
| Bill McGill | Vacant |
| Persons with Disabilities | Persons with Disabilities |
| Term ending June 30, 2018 | Term ending June 30, 2018 |
| | Vacant |
| Donald Pettit | Elderly |
| Elderly Crimera Committee Marshar | Term ending June 30, 2017 |
| Grievance Committee Member | Term ending June 30, 2017 |
| Term ending June 30, 2017 | Vocant |
| Vacant Madical Community | Vacant Medical Community |
| Medical Community Tages and in a lynn 20, 2010 | Term ending June 30, 2019 |
| Term ending June 30, 2019 | Vacant |
| Vacant Children et Birds | Children at Risk |
| Children at Risk | |
| Term ending June 30, 2019 | Term ending June 30, 2019 |
| Vacant | Vacant |
| Private Transit | Private Transit |
| Term ending June 30, 2019 | Term ending June 30, 2019 |

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

UNION COUNTY TRANSPORTATION DISADVANTAGED COORDINATING BOARD

MEETING MINUTES

Union County Transportation Facility 255 SW 9th Avenue Lake Butler, Florida Tuesday July 12, 2016 1:15 p.m.

VOTING MEMBERS PRESENT

Jeff Aboumrad, Florida Department of Education Representative Sandra Collins, Florida Department of Transportation Representative Barbara Fischer, Veterans Representative Bill McGill, Persons with Disabilities Representative Deweece Ogden, Florida Agency for Health Care Administration Representative

VOTING MEMBERS ABSENT

Jeannie Carr Regional Workforce Board Representative Commissioner Woody Kitler, Chair Donald Pettit, Elderly Representative Jaime Sanchez-Bianchi, Florida Department of Children and Families Representative Mike Pittman, Public Education Representative

OTHERS PRESENT

Matthew Pearson, Suwannee River Economic Council

STAFF PRESENT

Lynn Godfrey, North Central Florida Regional Planning Council

I. BUSINESS METING CALL TO ORDER

Due to Chair Kitler's absence, Vice-Chair Collins called the meeting to order at 1:15 p.m.

A. Approval of the Meeting Agenda

ACTION: Barbara Fischer moved to approve the meeting agenda. Bill McGill seconded; motion passed unanimously.

Page 1 of 3

B. Approval of the April 12, 2016 Minutes

ACTION:

Deweece Ogden moved to approve the April 12, 2016 meeting minutes.

Barbara Fischer seconded; motion passed unanimously.

II. NEW BUSINESS

A. Bylaws

Ms. Godfrey stated that the Florida Commission for the Transportation Disadvantaged requires the Board to review and approve the Bylaws annually. She discussed recommended changes to the Bylaws for the Board to consider.

The Board reviewed the Bylaws.

ACTION:

Bill McGill moved to approve the Bylaws with the recommended changes. Barbara Fischer seconded; motion passed unanimously.

B. Grievance Procedures

Ms. Godfrey stated that the Florida Commission for the Transportation Disadvantaged requires the Board to review and approve the Grievance Procedures annually. She discussed one recommended change to the Grievance Procedures.

The Board reviewed the Grievance Procedures.

ACTION:

Barbara Fischer moved to approve the Grievance Procedures with the recommended change. Deweece Ogden seconded; motion passed unanimously.

C. Memorandum of Agreement

Ms. Godfrey stated that the Memorandum of Agreement is a contract between the Florida Commission for the Transportation Disadvantaged and a designated Community Transportation Coordinator. She said Suwannee River Economic Council was designated the Community Transportation Coordinator for Union County effective July 1, 2016. She said the Board is required to approve the Memorandum of Agreement.

Mr. Matthew Pearson, Suwannee River Economic Council Executive Director, stated that the signature page incorrectly has Ms. Frances Terry as the Suwannee River Economic Council Executive Director. He said he will provide staff with a corrected signature page for the Chair to sign once the Memorandum of Agreement is approved by the Board.

ACTION:

Deweece Ogden moved to approve the Memorandum of Agreement with the noted correction. Bill McGill seconded; motion passed unanimously.

Page 2 of 3

D. Operations Reports

Ms. Godfrey stated that the operations reports for the first quarter of 2016 are included in the meeting packet for the Board's review. She said there is no action required on this agenda item.

The Board reviewed the operations reports.

Ms. Barbara Fischer asked if the State funds reported in the Transportation Disadvantaged Trust Fund Status Report are correct.

Mr. Pearson said he will check the accuracy of the figures.

III. OTHER BUSINESS

A. Comments

1. Members

There were no member comments.

2. Citizens

Mr. Pearson stated that Suwannee River Economic Council combined the Bradford and Union County reservations and dispatch office. He said Bradford County residents will call the office in Union County to make trip reservations. He said they notified all of the passengers of the change and the phone number is a toll free number.

IV. FUTURE MEETING DATES

Vice-Chair Collins stated that the next Board meeting is scheduled for October 11, 2016 at 1:15 p.m.

ADJOURNMENT

| The meeting was adjourned at 1:45 p.m. | | |
|--|------|--|
| | | |
| Coordinating Board Chair | Date | |

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October 4, 2016

North

Central

Florida

Regional Planning Council

TO:

Union County Transportation Disadvantaged Coordinating Board

FROM:

Lynn Godfrey, AICP, Senior Planner

SUBJECT:

Annual Performance Evaluation

RECOMMENDATION

Approve the Suwannee River Economic Council's annual performance evaluation.

BACKGROUND

The Board is required to annually evaluate the transportation services provided by Suwannee River Economic Council. Attached is Suwannee River Economic Council's draft annual performance evaluation. If you have any questions concerning the attached evaluation, please contact me at extension 110.

Attachment

t:\lynn\td2016\union\memos\eval.docx

COMMUNITY TRANSPORTATION COORDINATOR EVALUATION WORKBOOK

Florida Commission for the



Transportation Disadvantaged

| Community Transportation Coordinator: Suwannee River Economic Counci | |
|--|---|
| County: | Union |
| Address: _ | P.O. Box 70, Live Oak, FL 32060 |
| Contact: _ | Matthew Pearson, Executive Director Phone: 386-362-4115 |
| Review per | riod: July 1, 2015 - June 30, 2016 |

Community Transportation Coordinator Annual Performance Evaluation

Approved by the

Union County Transportation Disadvantaged Coordinating Board

2009 NW 67th Place Gainesville, FL 32653-1603 www.ncfrpc.org/mtpo 352.955.2000

Woody Kitler, Chair

with Assistance from



North Central Florida Regional Planning Council 2009 NW 67th Place Gainesville, FL 32653-1603 www.ncfrpc.org 352.955.2200

October 11, 2016

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I. FINDINGS AND RECOMMENDATIONS

A. General Information

Areas of Noncompliance: None

Recommendations: None

Timeline for Compliance: None

B. Chapter 427, Florida Statutes

Areas of Noncompliance: None Recommendations: None Timeline for Compliance: None

C. Rule 41-2, Florida Administrative Code

Areas of Noncompliance: None Recommendations: None Timeline for Compliance: None

D. Bus/Van Ride

Areas of Noncompliance: None Recommendations: None Timeline for Compliance: None

E. Surveys

Areas of Noncompliance: None **Recommendations:** None

Timeline for Compliance: None

GENERAL

| 1. | What was the designation date of the Community Transportation Coordinator? 7/01/16 |
|-----|---|
| 2. | What is the complaint process? See attached complaint process. |
| 3. | Does the community transportation coordinator have a complaint form? √ Yes (attached) □ No |
| 4. | Does the form have a section for resolution of the complaint? $\sqrt{\text{Yes}} \Box \text{ No}$ |
| 5. | Is a summary of complaints given to the Transportation Disadvantaged Board on a regular basis? $\sqrt{\text{Yes}} \Box \text{ No}$ |
| 6. | When is the dissatisfied party referred to the Florida Commission for the Transportation Disadvantaged Helpline? |
| | If the Transportation Director is unable to resolve a complaint, the complainant will be referred to the Transportation Disadvantaged Program Helpline. |
| 7. | When a complaint is forwarded from the Transportation Disadvantaged Helpline, is the complaint entered into the local complaint file/process? \checkmark Yes \Box No |
| 8. | Does the Community Transportation Coordinator provide written rider/beneficiary information or brochures to inform riders/beneficiaries about transportation disadvantaged services? \checkmark Yes (attached) \Box No |
| 9. | Does the rider/ beneficiary information or brochure list the Transportation Disadvantaged Helpline phone number? \checkmark Yes $\ \square$ No |
| 10. | Does the rider/ beneficiary information or brochure list the complaint procedure? \checkmark Yes $\ \square$ No |
| 11. | What is the eligibility process for Transportation Disadvantaged sponsored riders? <u>Individuals needing transportation assistance from Florida's Transportation Disadvantaged</u> <u>Program must complete an eligibility application (attached).</u> |
| 12. | Does the Community Transportation Coordinator have a contract or agreement with the Regional Workforce Board? \Box Yes \checkmark No |
| 13. | What innovative ideas have you implemented in your coordinated system? Providing and administering "regional" transportation service in five counties decreases the cost of service. |

- 14. Are there any areas where coordination can be improved?

 Require Florida's Managed Medical Care Program to coordinate client transportation services through Florida's Coordinated Transportation System.
- 15. What barriers are there to the coordinated system? Allowing State agencies to provide transportation services to their clients outside of Florida's Coordinated Transportation System.
- 16. Are there any areas that the Community Transportation Coordinator feels the Florida Commission for the Transportation Disadvantaged should be aware of or assist with?

 No
- 17. What funding agencies does the Florida Commission for the Transportation Disadvantaged need to work closely with in order to facilitate a better coordinated system?.

 Florida Agency for Health Care Administration
- 18. How are you marketing the voluntary dollar?

 No marketing system in place.

Complaint Process

All complaints received either written or verbal should be forwarded to the Director of Transportation. This includes complaints that have already been resolved by the dispatcher or driver.

Complaint form (attached) will be completed and resolution of complaint documented.

Complaints are files and kept to ensure proper tracking of complaints.

Complaints will be sent quarterly by County to the NCFPRC for reporting to the Local Coordinating Boards. Complaint totals will be submitted in the Annual Operating Report.

If resolution of complaint cannot be made by the Director of Transportation, the TD Helpline information should be shared with the rider.

SREC Transportation Complaint Form

| escription of Incident: complaint Resolution: | lient Name: | _ | |
|--|-------------------------|------|--|
| omplaint Resolution: | Date: | | |
| omplaint Resolution: | | | |
| omplaint Resolution: | | | |
| | escription of Incident: | | |
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HOME

PROGRAMS

SERVICE AREAS

LOCATIONS

MEAL SITE LOCATIONS

UNION COUNTY

CLIENT SENIOR/SERVICE CENTER 665 SE 4th Street Lake Butler, Florida

AGING PROGRAMS

ALZHEIMER'S DISEASE INITIATIVE (ADI):

Funding: Mid-Florida Area Agency on Aging dba Elder Options, Florida Department of Elder Affairs

Services: Respite/Case Management

COMMUNITY CARE FOR THE ELDERLY (CCE):

Funding: Mid-Florida Area Agency on Aging dba Elder Options, Florida Department of Elder

Services: Case Management, Emergency Alert Response, Homemaker, Home Delivered Meals, Personal Care and Respite.

ELDER FARMERS' MARKET NUTRITION:

Funding: Department of Elder Affairs

Services: Fresh fruits and vegetables and information to educate elders on the nutritional benefits derived from consuming fresh produce.

EMERGENCY HOME ENERGY ASSISTANCE FOR THE ELDERLY (EHEAP):

Funding: Mid-Florida Area Agency on Aging dba Elder Options, Florida Department of Elder Affairs

Services: Assistance with utility bills, supply blankets, heaters and fans.

HOME CARE FOR THE ELDERLY (HCE):

8/11/2016 10:02 AM

Funding: Mid-Florida Area Agency on Aging dba Elder Options, Florida Department of Elder

Affairs

Services: Case Management, Basic Subsidy, (Caregiver Allowance), Special Subsidy.

TITLE III-B, C-1, C-2, IIIE:

Funding: Older Americans Act, Mid-Florida Area Agency on Aging dba Elder Options, Florida

Department of Elder Affairs

Services: Congregate Meal Sites, Health Support, Homemaker, Home Delivered Meals, Intake, Nutrition Education, Outreach, Respite, Screening, Telephone Reassurance, and Transportation.

ENERGY ASSISTANCE/EMERGENCY ASSISTANCE/SELF SUFFICIENCY

CARE TO SHARE PROGRAM:

Funding: Florida Power & Light Services: Assist with utilities.

COMMUNITY SERVICES BLOCK GRANT (CSBG):

Funding: Florida Department of Economic Opportunity

Services: Information & Referral; Family Self-Sufficiency; Case Management, Support

Services; Application Assistance to other Social Service Agencies.

EMERGENCY FOOD & SHELTER PROGRAM (EFSP):

Funding: Emergency Food & Shelter National Board Program/United Way

Services: Emergency assistance for food and housing.

ENERGY NEIGHBOR FUND (ENF):

Funding: Duke Energy Florida, Inc.

Services: Assistance with utilities, heating/cooling.

LOW INCOME HOME ENERGY ASSISTANCE PROGRAM (LIHEAP):

Funding: Florida Department of Community Services

Services: Assistance with utility bills and utility crisis resolution.

PROJECT SHARE:

Funding: Clay Electric Cooperative

Services: Assistance with utility bills.

SALVATION ARMY:

Funding: Salvation Army

8/11/2016 10:02 AM

2 of 4

Services: Assistance with utilities, rent/mortgage, food, medication, and temporary housing.

HOUSING

STATE HOUSING INITIATIVES PARTNERSHIP PROGRAM (SHIP):

Funding: State of Florida and Florida Housing Finance Corporation

Services: Emergency repairs, rehabilitation, down payment and closing costs assistance for

Homeownership.

Download SHIP Application

WEATHERIZATION PROGRAMS:

Funding: Florida Department of Economic Opportunity

Services: Minor home repairs to reduce infiltration of air and energy consumption.

TRANSPORTATION

TRANSPORTATION SERVICE CENTER

255 SW 9th Avenue Lake Butler, Florida

Funding: Florida Department of Transportation, Florida Commission for the Transportation Disadvantaged, and Agency for Health Care Administration

Services: Public Transportation Transport elderly and disadvantaged to the doctor, medical facilities, meal sites, drug stores and shopping.

For reservations, scheduling, complaints/commendations and/or questions call (386) 496-0624 or (844) 496-0624.

Any complaints not resolved can be forwarded to the Director of Transportation at (386) 362-4115, extension 241.

For Program information or complaints/commendations call TD Helpline at (800) 983-2435.

Funding: Medicaid Broker Services Access2Care LogistiCare Solutions, LLC

Medical Transportation Management, Inc.

Services: Transport Medicaid eligible clients to the doctor, medical facilities, meal sites and shopping.

3 of 4 8/11/2016 10:02 AM

Any complaints not resolved can be forwarded to the Director of Transportation at (386) 362-4115, extension 241.

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Transportation Disadvantaged BENEFICIARY INTAKE FORM

| SECTION 1 - DETERMINATION OF ELIGI | BILITY | |
|--|--|---|
| LAST NAME | FIRST NAME | MI MEDICAID # |
| Address | CITYSTATE | ZIPCOUNTY |
| DOB//SEXSS# | TELEPHONE # () | TDD # () |
| EMERGENCY CONTACT | RELATIONSHIP | TELEPHONE () |
| | RELATIONSHIP AGE DRIV. LIC (v/n) | |
| | | ······································ |
| | ALEXANDER OF THE PROPERTY OF T | Met 1112 - State 1 |
| SECTION 2 — AVAILABILITY OF SUITABLE 1. Do you own a car? [] Yes [] No 2 Do you have a valid Florida Driver's Lie 3. Could you drive your car to medical ap 4. Does any member of your household it 5. Do you live in a facility that provides tr | cense?[]Yes []No ppointments?[]Yes []No have a car?[]Yes []No | COMMUNITY LOCATIONS |
| , | | Phone |
| Name of Doctor / Hospital / Facility | Address | Thone |
| | | |
| | | |
| Do you live on a bus route? {] Yes | LLY FUNDED OR PUBLIC TRANSPORTATION No What is the distance to the nearest bus is prevent you from using the bus system now? s that will pay for or provide transportation? | s stop? |
| If YES, please describe: | | TO THE STREET, STATE OF THE STREET, STATE OF THE STREET, STATE OF THE |
| | | |
| SECTION 4 – SPECIAL NEEDS Please check or list any special needs, se | ervices or modes of transportation you require | e during transportation: |
| Powered Wheelchair S Cane R Cultural Considerations (Please ex | stretcher Manual Wheelchair Respirator Service Animal xpiain) | Walker Personal Care Attendant (PCA) |
| Other: | | |
| | | |
| | | |
| services is true and correct, to the best of | on provided in this application for CTD Non-Er f my knowledge, and will be kept confidential a determining my needs and eligibility for transp | and shared only with medical and transportation ortation. I understand that providing false or |
| misleading information, or making fraudul of the State of Florida | ent claims, or making false statements on bel | half of others constitutes a felony under the laws |
| APPLICANT SIGNATURE | | DATE |

COMPLIANCE WITH CHAPTER 427, FLORIDA STATUTES

| 1 | Are the Community Transportation Coordinator subcontracts uniform? $\ \square$ Yes $\ \square$ No $\ \checkmark$ Not applicable |
|----|--|
| 2. | Is the Florida Commission for the Transportation Disadvantaged standard contract utilized? \Box Yes \Box No \checkmark Not applicable |
| 3. | Do the contracts include performance standards for the transportation operators and coordination contractors? \Box Yes \Box No \checkmark Not applicable |
| 4. | Do the contracts include the proper language concerning payment to subcontractors? \Box Yes \Box No \checkmark Not applicable |
| 5. | Were the following items submitted on time? |
| | Annual Operating Report |
| | √ Yes □ No |
| | Memorandum of Agreement |
| | √ Yes □ No |
| | Transportation Disadvantaged Service Rates/Rate Model |
| | √ Yes □ No |
| | Transportation Disadvantaged Trust Fund Grant Application |
| | √ Yes □ No |
| | Other grant applications |
| | √ Yes □ No |
| 6. | Does the Community Transportation Coordinator monitor its subcontractors and how often is monitoring conducted? \Box Yes \Box No \checkmark Not applicable |
| 7. | Is a written report issued to the operator? □ Yes □ No √ Not applicable |
| 8. | What type of monitoring does the Community Transportation Coordinator perform on its coordination contractors and how often is it conducted? Not applicable |

COMPLIANCE WITH RULE 41-2 FLORIDA ADMINISTRATIVE CODE

- How is the Community Transportation Coordinator using school buses in the coordinated system? 1. Suwannee River Economic Council does not have a contract with the Union County School Board to use their vehicles. How is the Community Transportation Coordinator using public transportation services in the 2. coordinated system? Not applicable Is there a goal for transferring passengers from paratransit to transit? 3. ☐ Yes ☐ No ✓ Not applicable What are the minimum liability insurance requirements? \$100,000/\$200,000 4. What are the minimum liability insurance requirements in the operator and coordination 5. contracts? Not applicable
- 6. Does the minimum liability insurance requirements exceed \$1 million per incident? \Box Yes \sqrt{No}

| Standards | Comments |
|--|---|
| Local toll free phone number must be posted in all vehicles. | Suwannee River Economic Council posts local toll free phone number in all vehicles. |
| Vehicle Cleanliness | Suwannee River Economic Council cleans all vehicles (interior/exterior) at least once a week. |
| Passenger/Trip Database | Suwannee River Economic Council maintains a passenger database. |
| Adequate seating | Suwannee River Economic Council provides adequate seating for all passengers. |
| Driver Identification | Suwannee River Economic Council requires drivers to identify themselves in a manner that is conducive to communications with specific passengers. |
| Passenger Assistance | Suwannee River Economic Council requires drivers to provide passengers with boarding and exiting assistance. |
| Smoking, Eating and Drinking | Smoking is prohibited in any vehicle. Eating and drinking on board vehicles is not permitted unless medically necessary. |
| Two-way Communications | All vehicles are equipped with two-way communications. |
| Air Conditioning/Heating | All vehicles have working air conditioners and heaters. Suwannee River Economic Council complies with Section 287.0585, |
| Billing Requirements | Florida Statutes. |
| Transport of Escorts and dependent children policy | Suwannee River Economic Council requires children under the age of 16 to be accompanied by and escort. Escorts must be provided by the passenger and able to provide necessary assistance to the passenger. Escorts are transported at the rates described in the established rate structure. |
| Use, Responsibility, and cost of child restraint devices | Suwannee River Economic Council requires all passengers under the age of 4 and or 50 pounds to use a child restrain device. Child restraint devices must be provided by the passenger. |

| Out-of-Service Area trips | Suwannee River Economic Council may require medical provider verification for any out of county transportation. |
|---|---|
| CPR/1st Aid | Suwannee River Economic Council does not require drivers to be trained in CPR. Suwannee River Economic Council requires that all vehicles be equipped with biohazard kits as required by State and Federal regulations. |
| Driver Criminal Background Screening | Suwannee River Economic Council conducts motor vehicle registration checks on drivers every six months. |
| Passenger Property | Suwannee River Economic Council allows passengers to have personal property that they can place on their lap or stow under the seat. Passengers must be able to independently carry all items brought on the vehicle. |
| Advance reservation requirements | Suwannee River Economic Council requires trips to be scheduled by 4:00 p.m. the day before service is requested. |
| Pick-up Window | Passengers shall be picked up 30 minutes before or 30 minutes after their scheduled pick-up time. |

| Measurable Standards/Goals | Standard/Goal | Is the Community Transportation Coordinator meeting the Standard? |
|----------------------------|--|---|
| Public Transit Ridership | Not applicable | Not applicable |
| On-time performance | 90% | Yes |
| Accidents | No more than 1/100,000 miles | Yes |
| Roadcalls | No more than 5 roadcalls during the evaluation period. | Yes |
| Complaints | No more than 2/1,000 trips. | Yes |
| Call-Hold Time | Not applicable | Not applicable |



Bus Transit System Annual Safety and Security Certification Certifying Compliance with Rule 14-90, FAC to the Florida Department of Transportation (FDOT)

Certification Date (Current): 2016 Certification Year: (Previous): 2015

Name and Address of Bus Transit System: Suwannee River Economic Council, Inc.

POB 70

Live Oak FL 32064

The Bus Transit System (Agency) named above hereby certifies the following:

- 1. The Agency has adopted a System Safety Program Plan (SSPP) and a Security Program Plan (SPP) pursuant to the standards set forth in Rule Chapter 14-90, Florida Administrative Code.
- 2. The Agency is in compliance with its adopted SSPP and SPP.
- 3. The Agency has performed annual safety inspections on all operational vehicles in accordance with Rule Chapter 14-90, Florida Administrative Code.

| | • | | | |
|--|-------|-----|----|--|
| Blue Ink Signature: Mout | Date: | 1/4 | 14 | |
| (Individual Responsible for Assurance of Compliance) | | | × | |

4. The Agency has conducted reviews of SSPP and SPP and the plans are up to date.

Name: Matt Pearson Title: Executive Director

Name and address of entity(ies) which has (have) performed bus safety inspections and security assessments:

Name: See Attachment

Name of Qualified Mechanic who Performed Annual Inspections: See Attachment

* Note: Please do not edit or otherwise change this form.

Commission for the Transportation Disadvantaged NET Safety Compliance and Emergency Management Self Certification

| THIS CE | RTIF | ES CALENDAR YEAR _ | 2016 | | DATE: | 1/25/2016 | | |
|--|--|--|--------------------------------------|--------------------------------|-----------------------------|--|------------------------|--|
| SUBCO | NTRAC | CTED TRANSPORTATION | ON PROVIDER: | SUWANNEE | RIVER ECO | NOMIC COUNCIL, IN | 1C | |
| ADDRESS: PO BOX 70, LIVE OAK, FLORIDA, 32064 | | | | | | | | |
| In accord Contract following | with | with the Medicaid Nor the Commission for th | n-Emergency Tran e Transportation | sportation Su Disadvantaged | bcontracted d, the above | Transportation Provide STP, hereby certification | der (STP) es to the | |
| 1. | The adoption of a System Safety Program Plan and a Security Program Plan (a.k.a. Emergency Management Plan) based on established standards set forth in <i>Rule Chapter 14.90, F.A.C.</i> Such plans ensure the continuation of appropriate services during an emergency, including but not limited to localized acts of nature, accidents, and technological and/or attached-related emergencies, both natural and manmade; | | | | | | | |
| 2. | Compliance with its adopted System Safety Program Plan and Security Program Plan, including: | | | | | | | |
| | a. | Safety inspections of a | Il service vehicles; | | | | | |
| | b. | Applicable Drug and Al | cohol procedures, | including train | ing and moni | toring; | | |
| | C. | Driver Training and Mo | nitoring. | | | | | |
| 3. | Com | pliance with requirement | of monitoring sub | contracted ope | erators; | | | |
| 4. | Compliance with maintenance of support documentation for plans, inspections, training and monitorin and that said documentation is available upon request by an authorized representative of the Commission or the Agency for Health Care Administration. | | | | | nonitoring, ommission | | |
| I understand that providing false information may result in an unfavorable action by the Commission. | | | | | | | | |
| Signature | e: | Mary | | | | | | |
| Name | | MATT PEARS((Type or Print) | NC | Title:_ | EXECUTIVI | EDIRECTOR | | |

Sev 1 18 11

| ON-SITE OBSERVATION | | | | | | |
|---------------------|--|--|--|--|--|--|
| 1. | Date of Observation: 8/26/2016 | | | | | |
| 2. | Location: SREC Transportation Facility to Starke Dialysis Center | | | | | |
| 3. | Number of Passengers picked up/dropped off: Ambulatory: 1 Non-Ambulatory 0 | | | | | |
| 4. | Was the driver on time? √ Yes □ No If no, how many minutes late/early? | | | | | |
| 5. | Did the driver provide passenger assistance? √ Yes □ No | | | | | |
| 6. | Was the driver wearing identification? √ Yes □ No | | | | | |
| 7. | Did the driver ensure the passengers were properly secured? √Yes □ No | | | | | |
| 8. | Was the interior of the vehicle free of dirt, grime, oil, trash, torn upholstery, damaged or broken seats, protruding metal or other objects or materials which could soil items placed in the vehicle or provide discomfort for the passenger? \checkmark Yes \Box No | | | | | |
| 9. | Is there a sign posted on the interior of the vehicle with both a local phone number and the Transportation Disadvantaged Program Helpline for comments/complaints/commendations? \checkmark Yes \bigcirc No | | | | | |
| 10. | Did the vehicle have working heat and air conditioning? \checkmark Yes \Box No | | | | | |
| 11. | Did the vehicle have two-way communications in good working order? √ Yes □ No | | | | | |
| 12. | If used, was the lift in good working order? ☐ Yes ☐ No √Not Applicable | | | | | |
| 13. | Was there safe and appropriate seating for all passengers? \checkmark Yes \Box No | | | | | |
| 14. | Did the driver properly use the lift and secure the passenger? ☐ Yes ☐ No ✓ Not Applicable | | | | | |

PASSENGER SURVEY

| 1) Where you charged an amount in addition to the passenger fare? | | | | | |
|--|--|--|--|--|--|
| 2) How often do you use transportation? □ Daily 7 Days/Week □ 1-2 Times/Week □ 3-5 Times/Week √ Other | | | | | |
| 3) Have you ever been denied transportation services? ☐ Yes √ No If no, skip to question # 4 | | | | | |
| A. How many times in the last 6 months have you been denied transportation services? - None If none, skip to question # 4 - 1-2 Times - 3-5 Times - 6-10 Times | | | | | |
| B. What was the reason given for refusing you transportation services? I leligible Lack of funds Destination outside service area Space not available Other | | | | | |
| 4) What do you normally use the service for? å Medical □• Education/Training/Day Care □• Employment □• Nutritional □• Life-Sustaining/Other | | | | | |
| 5) Do you have concerns with your transportation service? | | | | | |
| $\sqrt{\cdot}$ No. If no, skip to question # 6 | | | | | |
| 6) On a scale of 1 to 10 (10 being most satisfied) rate the transportation you have been receiving. | | | | | |
| Additional Comments: None | | | | | |

PASSENGER SURVEY

| 1) Where you charged an amount in addition to the passenger fare? ☐ Yes √ No | | | | |
|--|--|--|--|--|
| 2) How often do you use transportation? □ Daily 7 Days/Week √ 1-2 Times/Week □ 3-5 Times/Week □ Other | | | | |
| 3) Have you ever been denied transportation services?☐ Yes✓ No If no, skip to question # 4 | | | | |
| A. How many times in the last 6 months have you been denied transportation services? - None If none, skip to question # 4 - 1-2 Times - 3-5 Times - 6-10 Times | | | | |
| B. What was the reason given for refusing you transportation services? Ineligible Lack of funds Destination outside service area Space not available Other | | | | |
| 4) What do you normally use the service for? å Medical □• Education/Training/Day Care □• Employment □• Nutritional □• Life-Sustaining/Other | | | | |
| 5) Do you have concerns with your transportation service? | | | | |
| $\sqrt{\cdot}$ No. If no, skip to question # 6 | | | | |
| 6) On a scale of 1 to 10 (10 being most satisfied) rate the transportation you have been receiving. | | | | |
| Additional Comments: None | | | | |
| | | | | |

| 1) Where you charged an amount in addition to the passenger fare? | | | |
|---|--|--|--|
| 2) How often do you use transportation? □ Daily 7 Days/Week □ 1-2 Times/Week □ 3-5 Times/Week √ Other | | | |
| 3) Have you ever been denied transportation services? ☐ Yes √ No If no, skip to question # 4 | | | |
| A. How many times in the last 6 months have you been denied transportation services? □ None If none, skip to question # 4 □ 1-2 Times □ 3-5 Times □ 6-10 Times | | | |
| B. What was the reason given for refusing you transportation services? I neligible Lack of funds Destination outside service area Space not available Other | | | |
| 4) What do you normally use the service for? å Medical □• Education/Training/Day Care □• Employment □• Nutritional □• Life-Sustaining/Other | | | |
| 5) Do you have concerns with your transportation service? - Yes. If yes, please state or choose problem from below - Advance notice - Pick up times not convenient - Assistance - Service Area Limits - Drivers - specify - Vehicle condition - Yes. If yes, please state or choose problem from below - Cost - Late pick up-specify time of wait - Accessibility - Late return pick up - length of wait - Reservations - specify length of wait | | | |
| å No. If no, skip to question # 6 | | | |
| 6) On a scale of 1 to 10 (10 being most satisfied) rate the transportation you have been receiving | | | |
| Additional Comments: None | | | |
| | | | |

| 1) Where you charged an amount in addition to the passenger fare? |
|---|
| 2) How often do you use transportation? □ Daily 7 Days/Week □ 1-2 Times/Week √ 3-5 Times/Week □ Other |
| 3) Have you ever been denied transportation services?□ Yes√ No If no, skip to question # 4 |
| A. How many times in the last 6 months have you been denied transportation services? □ None If none, skip to question # 4 □ 1-2 Times □ 3-5 Times □ 6-10 Times |
| B. What was the reason given for refusing you transportation services? I · Ineligible Lack of funds Destination outside service area Space not available Other |
| 4) What do you normally use the service for? å Medical □• Education/Training/Day Care □• Employment å Nutritional □• Life-Sustaining/Other |
| 5) Do you have concerns with your transportation service? |
| $\sqrt{\cdot}$ No. If no, skip to question # 6 |
| 6) On a scale of 1 to 10 (10 being most satisfied) rate the transportation you have been receiving. 10 Additional Comments:None |

| 1) Where you charged an amount in addition to the passenger fare? | | |
|--|--|--|
| 2) How often do you use transportation? □ Daily 7 Days/Week √ 1-2 Times/Week □ 3-5 Times/Week □ Other | | |
| 3) Have you ever been denied transportation services? ☐ Yes √ No If no, skip to question # 4 | | |
| A. How many times in the last 6 months have you been denied transportation services? - None If none, skip to question # 4 - 1-2 Times - 3-5 Times - 6-10 Times | | |
| B. What was the reason given for refusing you transportation services? Ineligible Lack of funds Destination outside service area Space not available Other | | |
| 4) What do you normally use the service for? å Medical □• Education/Training/Day Care □• Employment □• Nutritional □• Life-Sustaining/Other | | |
| 5) Do you have concerns with your transportation service? - Yes. If yes, please state or choose problem from below - Advance notice - Cost - Pick up times not convenient - Late pick up-specify time of wait - Assistance - Accessibility - Service Area Limits - Late return pick up - length of wait - Drivers - specify - Reservations - specify length of wait - Vehicle condition - Other | | |
| $\sqrt{\cdot}$ No. If no, skip to question # 6 | | |
| 6) On a scale of 1 to 10 (10 being most satisfied) rate the transportation you have been receiving. | | |
| Additional Comments: None | | |
| | | |

| 1) Where you charged an amount in addition to the passenger fare? | | | |
|---|--|--|--|
| 2) How often do you use transportation? □ Daily 7 Days/Week □ 1-2 Times/Week □ 3-5 Times/Week ✓ Other | | | |
| 3) Have you ever been denied transportation services?□ Yes√ No If no, skip to question # 4 | | | |
| A. How many times in the last 6 months have you been denied transportation services? □• None If none, skip to question # 4 □• 1-2 Times □• 3-5 Times □ 6-10 Times | | | |
| B. What was the reason given for refusing you transportation services? I religible Lack of funds Destination outside service area Space not available Other | | | |
| 4) What do you normally use the service for? å Medical □• Education/Training/Day Care □• Employment □• Nutritional □• Life-Sustaining/Other | | | |
| 5) Do you have concerns with your transportation service? - Yes. If yes, please state or choose problem from below - Advance notice - Pick up times not convenient - Assistance - Service Area Limits - Drivers - specify - Vehicle condition - Yes. If yes, please state or choose problem from below - Cost - Late pick up-specify time of wait - Accessibility - Late return pick up - length of wait - Reservations - specify length of wait | | | |
| $\sqrt{\cdot}$ No. If no, skip to question # 6 | | | |
| 6) On a scale of 1 to 10 (10 being most satisfied) rate the transportation you have been receiving. 10 | | | |
| Additional Comments: None | | | |
| | | | |

FLCTD Annual Operations Report Section VII: Expense Sources

| County: Union | Fiscal Year: July 1 | Fiscal Year: July 1, 2015 - June 30, 201 6 | | |
|--|--|---|-------------------|--|
| Status: Submitted to FLCTD | | | | |
| FLCTD Status: Returned Section VII: Financial Data | | | | |
| | | | | |
| Expense Item | Community Transportation Coordinator | Coordination Contractor | TOTAL EXPENSES | |
| | \$112,840.00 | \$0.00 | \$112,840.00 | |
| Fringe Benefits (502): | \$52,464.00 | \$0.00 | \$52,464.00 | |
| Services (503): | \$11,903.00 | \$0.00 | \$11,903.00 | |
| Materials and Supplies Cons. (504): | \$245,651.00 | \$0.00 | \$245,651.00 | |
| Utilities (505): | \$11,132.00 | \$0.00 | \$11,132.00 | |
| Casualty and Liability (506): | \$11,990.00 | \$0.00 | \$11,990.00 | |
| Taxes (507): | \$567.00 | \$0.00 | \$567.00 | |
| Purchased Transportation Services (| 508) | | | |
| Bus Pass Expenses: | \$0.00 | \$0.00 | \$0.00 | |
| School Bus Expenses: | \$0.00 | \$0.00 | \$0.00 | |
| Other: | \$0.00 | \$0.00 | \$0.00 | |
| | | | | |
| Miscellaneous (509): | \$1,981.00 | \$0.00 | \$1,981.00 | |
| Interest (511): | \$0.00 | \$0.00 | \$0.00 | |
| Leases and Rentals (512): | \$0.00 | \$0.00 | \$0.00 | |
| Annual Depreciation (513): | \$0.00 | \$0.00 | \$0.00 | |
| Contributed Services (530): | \$10,478.00 | \$0.00 | \$10,478.00 | |
| Allocated Indirect Expenses: | \$0.00 | \$0.00 | \$0.00 | |
| GRAND TOTAL: | \$459,006.00 | \$0.00 | \$459,006.00 | |

COMPETITION

1. Inventory of Transportation Operators in the Service Area

| | Transportation Providers Available | Transportation Providers Contracted in the System. |
|-----------------------|------------------------------------|--|
| Private Non-Profit | 1 | 1 |
| Private For-Profit | 0 | 0 |
| Government | 0 | 0 |
| Public Transit Agency | 0 | 0 |
| Total | 1 | 1 |

| _ | | |
|---|---|---|
| 2 | How many of the operators are coordination contractors? | Ω |
| | Tiott many of the operators are coordination contractors. | • |

| 3 | Does the Community Transportation Coordinator have a competitive procurement process? |
|---|---|
| | √Yes |
| | □ No |

4. What methods have been used in selection of the transportation operators?

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

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

COORDINATION

| 1. | Public Information - How is public information | distributed | about transportation | services in the |
|----|--|-------------|----------------------|-----------------|
| | community? | | | |

Suwannee River Economic Council distributes brochures in the community.

- 2. Eligibility How is passenger eligibility coordinated for local transportation services?

 Suwannee River Economic Council determines passenger eligibility except for passengers enrolled in Florida's Managed Medical Care Program.
- 3. Call Intake To what extent is transportation coordinated to ensure that a user can reach a Reservationist on the first call?

Individuals call Suwannee River Economic Council to schedule all trips except trips provided through Florida's Managed Medical Care Program.

- 4. Reservations –How is the duplication of a reservation prevented?

 Suwannee River Economic Council handles all trip reservations except trip reservations made for trips sponsored by Florida's Managed Medical Care Program..
- 5. Trip Allocation How is the allocation of trip requests to providers coordinated? Not applicable.
- 6. Scheduling How is the trip assignment to vehicles coordinated?

 Suwannee River Economic Council schedules all trips except for trips provided by Florida's Managed Medical Care Program.
- 7. General Service Monitoring How is the overseeing of transportation operators coordinated? Not applicable.



Alachua • Bradford

Columbia • Dixie • Gilchrist

Hamilton • Lafayette • Levy • Madison

Marion • Suwannee • Taylor • Union Counties

2009 NW 67th Place, Gainesville, FL 32653-1603 • 352.955.2200

October 4, 2016

North

Central

Florida

Regional Planning Council

TO:

Union County Transportation Disadvantaged Coordinating Board

FROM:

Lynn Godfrey, AICP, Senior Planner

SUBJECT:

2015-2016 Annual Operations Report

RECOMMENDATION

Review the 2015/2016 Annual Operations Report.

BACKGROUND

Suwannee River Economic Council is required to submit an annual operations report to the Florida Commission for the Transportation Disadvantaged by September 15 of each year. Attached is the Fiscal Year 2015-2016 Annual Operations Report for Union County.

If you have any questions concerning the attached report, please contact me at extension 110.

Attachment

t:\lynn\td2016\union\memos\aor.docx

Annual Operations Report Section I: Face Sheet

| County: Union | Fiscal Year: July 1, 2015 - June 30, 2016 | | | |
|--|---|--|--|--|
| Status: Submitted to FLCTD | | | | |
| FLCTD Status: Returned | | | | |
| | | | | |
| Report Date: | 08/31/2016 | | | |
| Period Covered: | July 1, 2015 - June 30, 2016 | | | |
| Coordinator's Name: | Suwannee River Economic Council, Inc. | | | |
| Address: | POB 70 | | | |
| City: | Live Oak | | | |
| Zip Code: | 32064 | | | |
| Service Area: | Union | | | |
| Contact Person: Matt Pearson | | | | |
| Title: | Executive Director | | | |
| Phone: | (386) 362 - 4115 | | | |
| Fax: | (386) 362 - 4078 | | | |
| Email: | mpearson@suwanneeec.net | | | |
| Network Type: | Partial Brokerage | | | |
| Organization Type: | Private Non-Profit | | | |
| | | | | |
| CTC Certification: I, Matt Pearson, Executive Director, as the authorized Community Transportation Coordinator (CTC) Representative, hereby certify, under the penalties of perjury as stated in Chapter 837.06, F.S., that the information contained in this report is true, accurate, and in accordance with the accompanying instructions. | | | | |
| CTC Representative (signature) | | | | |
| LCB Statement: | | | | |
| I,, as the local Coordinating Board Chairperson, hereby, certify in accordance with Rule 41-2.007(7) F.S. that the local Coordinating Board has reviewed this report and the Planning Agency has received a copy. LCB Signature | | | | |
| | | | | |

Annual Operations Report Section II: General Info

County: Union

Fiscal Year: July 1, 2015 - June 30, 2016

Status: Submitted to FLCTD FLCTD Status: Returned

Section II: Coordinated System General Information

1. Provider Listing (include the CTC, if the CTC provides transportation services)

Number of Private Non-Profits: 1 Number of Private For-Profits: 0

Public Entities:

School Board: 0 Municipality: 0

County: 0

Transit Authority: 0

Other: 0 Total: 1

2. How many of the providers listed in 1 are coordination contractors?

0

Annual Operations Report Section III: Passenger Trip Info

| County: Union | | Fiscal Year: July 1, 2015 - | June 30, 2016 |
|--|---------------------------------------|--|-----------------------------|
| Status: Submitted to FLCTD | | | |
| FLCTD Status: Returned | | | |
| Section III: Passenger Trip Informatio | n | | |
| 1a. One-Way Passenger Trips | | | , |
| Type of Service | Sei | rvice Area | |
| Fixed Route/Fixed Schedule | Within | Outside | Total |
| Daily Trip Tickets | 0 | 0 | 0 |
| Weekly Passes | 0 | 0 | 0 |
| Monthly Passes | 0 | 0 | 0 |
| Deviated Fixed Route Service | 0 | 0 | 0 |
| Paratransit | | | |
| Ambulatory | 1736 | 2229 | 3965 |
| Non-Ambulatory | 165 | 200 | 365 |
| Stretcher | 1 | 0 | 1 |
| Other Services | | | |
| School Board Trips | 0 | 0 | 0 |
| Total Trips | 1902 | 2429 | 4331 |
| 1b. How many of the total trips were providers | e provided by c | contracted transportation | |
| (do not include the CTC, if the C | TC provides tra | ansportation services)? | 0 |
| 1c. How many of the total trips were | | ansportation services)? oordination contractors? | 0 |
| 1c. How many of the total trips were | e provided by c | | |
| 1c. How many of the total trips were 2. One-Way Trips by Funding Source | e provided by c | | 0 |
| 1c. How many of the total trips were 2. One-Way Trips by Funding Source Agency for Health Care Administration | e provided by coce | | 1203 |
| 2. One-Way Trips by Funding Source Agency for Health Care Administration Agency for Persons with Disabilities | e provided by coce | | 0 1203 0 |
| 2. One-Way Trips by Funding Source Agency for Health Care Administration Agency for Persons with Disabilities Agency for Workforce Innovation | e provided by coce | | 1203 0 0 |
| 2. One-Way Trips by Funding Source Agency for Health Care Administration Agency for Persons with Disabilities Agency for Workforce Innovation Commission for the Transportation I | e provided by coce ton Disadvantaged | | 1203 0 0 2240 |
| 2. One-Way Trips by Funding Source Agency for Health Care Administration Agency for Persons with Disabilities Agency for Workforce Innovation Commission for the Transportation In Department of Children and Families | e provided by coce ton Disadvantaged | | 0 1203 0 0 2240 |
| 2. One-Way Trips by Funding Source Agency for Health Care Administration Agency for Persons with Disabilities Agency for Workforce Innovation Commission for the Transportation I | e provided by coce ton Disadvantaged | | 1203 0 0 2240 |

| Department of Health | 0 |
|--|--------|
| Department of Juvenile Justice | 0 |
| Florida Department of Transportation | 0 |
| Local Government | 1 |
| Local Non-Government | 1 |
| Other Federal Programs | 0 |
| Total: | 4331 |
| 3. One-Way Trips by Passenger Type | |
| Was this information obtained by sampling? | |
| Elderly | |
| Low Income: | 619 |
| Disabled: | 2 |
| Low Income and Disabled: | 192 |
| Other | 150 |
| Children | |
| Low Income: | 122 |
| Disabled: | 887 |
| Low Income and Disabled: | 296 |
| Other | : 0 |
| Other | |
| Low Income: | 1052 |
| Disabled | : 1011 |
| Low Income and Disabled | : 0 |
| Other | : 0 |
| | |
| Totals | 4331 |
| 4. One-Way Passenger Trips - by Purpose | |
| Was this information obtained by sampling? | yes |
| Medical Purpose | 2615 |
| Employment Purpose | 0 |
| Education/Training/Daycare Purpose | 828 |
| Nutritional Purpose | 888 |
| Life-Sustaining/Other Purpose | 0 |
| | : 4331 |

| 5a. Paratransit/Deviated Fixed Route/ School Brd | | 319 |
|--|-------------|----------------|
| 5b. Fixed Route | | 0 |
| | Total: | 319 |
| | | 20 |
| 6. Number of Unmet Trip Requests | 6.77. 4 | 30 |
| Unmet Trip Requests by Ty | pe of Trip | i — |
| Unmet Medical | | 0 |
| Unmet Employment | | 0 |
| Unmet Education/Training/Daycare | | 0 |
| Unmet Nutritional | | 0 |
| Unmet Life-Sustaining/Other | | 0 |
| Descent Twin was Devied (Ontional) | | |
| Reason Trip was Denied (Optional) | f Eye die e | 0 |
| | f Funding: | |
| Lack of Vehicle Av | | |
| Lack of Driver A | | |
| | Other: | Įυ |
| 7.) Number of Passenger No-shows | | 32 |
| Passenger No-Shows by Funding Source (option | nal) | <u></u> |
| 1 assenger 110-bnows by 1 anding bouree (opero- | CTD: | 0 |
| | AHCA: | |
| | AWI: | |
| | DCF: | |
| | APD: | |
| | DOE: | |
| | DOEA: | |
| | Other: | |
| | Omer. | I _V |
| 8. Complaints | | |
| Complaints by Service | | 0 |
| Complaints by Policy | | 0 |
| Complaints by Vehicle | | 0 |
| Complaints by Other | | 0 |
| | aint Total: | 0 |
| | | |
| 9. Commendations | | |

| Commendations by CTC | 0 |
|---|---|
| Commendations by Transportation Providers | 0 |
| Commendations by Coordination Contractors | 0 |
| Total Commendations: | 0 |

Annual Operations Report Section IV: Vehicle Info

| County: Union | | Fiscal Year: July 1, 2015 - June 30, 2016 | |
|--|-----------------------|---|----------------|
| Status: Submitted to FLCTD | | | |
| LCTD Status: Returned | | | |
| Section IV: Vehicle Information | | | |
| 1. Mileage Information | | | |
| | Vehicle Miles | | Revenue Miles |
| CTC: | 144390 | | 122902 |
| Transportation Providers: | 0 | | 0 |
| Coordination Contractors: | 0 | | 0 |
| School Bus Utilization Agreement: | 0 | | 0 |
| Total: | 144390 | | 122902 |
| | | | |
| 2. Roadcalls | 1 | | |
| | 19 | | |
| | | | |
| 3. Accidents | | | |
| 3. Accidents | Chargeable | | Non-Chargeable |
| | Chargeable | | Non-Chargeable |
| | 0 | | |
| Total Accidents Person Only: | 0 | | 0 |
| Total Accidents Person Only: Total Accidents Vehicle Only: | 0 0 | | 0 |
| Total Accidents Person Only: Total Accidents Vehicle Only: Total Accidents Person & Vehicle: | 0 0 0 0 | | 0 0 0 |
| Total Accidents Person Only: Total Accidents Vehicle Only: Total Accidents Person & Vehicle: Total Accidents: | 0 0 0 0 | | 0 0 0 |
| Total Accidents Person Only: Total Accidents Vehicle Only: Total Accidents Person & Vehicle: Total Accidents: | 0 0 0 0 | | 0 0 0 |
| Total Accidents Person Only: Total Accidents Vehicle Only: Total Accidents Person & Vehicle: Total Accidents: Grand Total: | 0 0 0 0 0 | Count | 0 0 0 |
| Total Accidents Person Only: Total Accidents Vehicle Only: Total Accidents Person & Vehicle: Total Accidents: Grand Total: | 0 0 0 0 0 | Count 5 | 0 0 0 0 |

Annual Operations Report Section V: Employee Info

| County: Union | Fiscal Year: July 1, 2015 - June 30, 2016 | | |
|---------------------------------|---|----------------------------|-------|
| Status: Submitted to FLCTD | | | |
| FLCTD Status: Returned | | | |
| Section V: Employee Informa | tion | l | |
| 1. CTC and Transportation | Pro | vider Employee Information | |
| | | | Hours |
| Full-Time Drivers | 3 | | 6240 |
| Part-Time Drivers | 1 | | 682 |
| Volunteer Drivers | 0 | | 0 |
| | | Total Hours: | 6922 |
| Maintenance Employees | 0 | | |
| Dispatchers | 1 | | |
| Schedulers | _ | | |
| Call Intake/Reserv./Cust. Serv. | 0 | | |
| Other Operations Employees | | | |
| | | | |
| | | | Hours |
| Other Volunteers | 0 | | 0 |
| Administrative Support | 0 | | |
| Management Employees | 1 | | |
| Total | 6 | | |
| | | | |
| 2. Coordination Contractors | En | nployee Information | ř |
| | _ | 7 | Hours |
| Full-Time Drivers | 0 | | 0 |
| Part-Time Drivers | 0 | | 0 |
| Volunteer Drivers | 0 | | 0 |
| | | Total Hours: | 0 |
| Maintenance Employees | 0 | | |
| Dispatchers | 0 | | |
| Schedulers | 0 | | |

| Call Intake/Reserv./Cust. Serv. | 0 | | |
|---------------------------------|---|--------------|-------|
| Other Operations Employees | 0 | | |
| | | | Hours |
| Other Volunteers | 0 | | 0 |
| Administrative Support | 0 | | |
| Management Employees | 0 | | |
| Total | 0 | | |
| | | TOTAL HOURS: | 6922 |

Annual Operations Report Section VI: Revenue Sources

| County: Union | | Fiscal Year: July 1 | , 2015 - June 30, 2016 |
|--|--|-----------------------------|------------------------|
| Status: Submitted to FLCTD | | | |
| FLCTD Status: Returned | | | |
| Section VI: Financial Data | | | |
| 1. Detailed Revenue and Trips | Provided by Fundin | g Source | |
| Revenue Source | CTC and Transportation Providers | Coordination Contractors | TOTAL REVENUES |
| Agency for Health Care Adminis | tration | | |
| Medicaid Non-Emergency | \$37,552.00 | \$0.00 | \$37,552.00 |
| Medicaid Non-Emergency (under fixed fee service with AHCA) | \$0.00 | \$0.00 | \$0.00 |
| Agency for Persons with Disabili | ties | | |
| Comm Care for Dis Adults/Aging & Adult Services | \$0.00 | \$0.00 | \$0.00 |
| Developmental Services | \$0.00 | \$0.00 | \$0.00 |
| Other (specify) | \$0.00 | \$0.00 | \$0.00 |
| Agency for Workforce Innovatio | n | | |
| WAGES/Workforce Board | \$0.00 | \$0.00 | \$0.00 |
| Other (specify) | \$0.00 | \$0.00 | \$0.00 |
| Commission for the Transportati | ion Disadvantaged | | |
| Non-Sponsored Trip Program | \$94,303.00 | \$0.00 | \$94,303.00 |
| Non-Sponsored Cap. Equip. | \$0.00 | \$0.00 | \$0.00 |
| Rural Capital Equip. | \$115,000.00 | \$0.00 | \$115,000.00 |
| TD Other (specify) | \$0.00 | \$0.00 | \$0.00 |
| Department of Children and Fan | nilies | | |
| Alcohol, Drug Abuse & Mental Health Program | \$0.00 | \$0.00 | \$0.00 |
| Family Safety & Preservation | \$0.00 | \$0.00 | \$0.00 |
| Other (specify) | \$0.00 | \$0.00 | \$0.00 |
| Department of Community Affai | rs | | |
| Community Services | \$0.00 | \$0.00 | \$0.00 |
| Other (specify) | \$0.00 | \$0.00 | \$0.00 |
| Department of Education | | | 100 |
| Carl Perkins Vocational Ed. Act | \$0.00 | \$0.00 | \$0.00 |

| Division of Blind Services | \$0.00 | \$0.00 | \$0.00 |
|---------------------------------------|---|--------|--------------|
| Vocational Rehabilitation | \$0.00 | \$0.00 | \$0.00 |
| Day Care Programs | \$0.00 | \$0.00 | \$0.00 |
| Other (specify) | \$0.00 | \$0.00 | \$0.00 |
| Department of Elder Affairs | | | |
| Older Americans Act | \$8,880.00 | \$0.00 | \$8,880.00 |
| Community Care for the Elderly | \$0.00 | \$0.00 | \$0.00 |
| Other (specify) | \$0.00 | \$0.00 | \$0.00 |
| Department of Health | | 15 | |
| Children's Medical Services | \$0.00 | \$0.00 | \$0.00 |
| Office of Disability Deter. | \$0.00 | \$0.00 | \$0.00 |
| County Public Health Unit | \$0.00 | \$0.00 | \$0.00 |
| Other (specify) | \$0.00 | \$0.00 | \$0.00 |
| Department of Juvenile Justice | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, | | |
| (specify) | \$0.00 | \$0.00 | \$0.00 |
| Department of Transportation | | | |
| 49 USC 5307 (Section 9) | \$0.00 | \$0.00 | \$0.00 |
| 49 USC 5310 (Section 16) | \$0.00 | \$0.00 | \$0.00 |
| 49 USC 5311 (Section 18) | \$100,716.00 | \$0.00 | \$100,716.00 |
| 490USC 5311(f) (Section 18i) | \$0.00 | \$0.00 | \$0.00 |
| Block Grant | \$0.00 | \$0.00 | \$0.00 |
| Service Development | \$0.00 | \$0.00 | \$0.00 |
| Commuter Assistance Program | \$0.00 | \$0.00 | \$0.00 |
| Other DOT (Specify)USC5316 & A&A xfer | \$82,342.00 | \$0.00 | \$82,342.00 |
| Local Government | | | · |
| School Board Service | \$0.00 | \$0.00 | \$0.00 |
| Complementary ADA Service | \$0.00 | \$0.00 | \$0.00 |
| County Cash | \$10,478.00 | \$0.00 | \$10,478.00 |
| County In-Kind | \$0.00 | \$0.00 | \$0.00 |
| City Cash | \$0.00 | \$0.00 | \$0.00 |
| City In-Kind | \$0.00 | \$0.00 | \$0.00 |
| Other Cash (specify) | \$0.00 | \$0.00 | \$0.00 |
| Other In-Kind (specify) | \$0.00 | \$0.00 | \$0.00 |
| Local Non-Government | | | |
| Farebox | \$0.00 | \$0.00 | \$0.00 |
| Donations, Contributions | \$0.00 | \$0.00 | \$0.00 |
| In-Kind Services | \$0.00 | \$0.00 | \$0.00 |
| Other Non-Government | \$11,935.00 | \$0.00 | \$11,935.00 |

| Other Federal or State Program | S | | |
|--------------------------------|-----------------|--------|--------------|
| (specify) | \$0.00 | \$0.00 | \$0.00 |
| (specify) | \$0.00 | \$0.00 | \$0.00 |
| (specify) | \$0.00 | \$0.00 | \$0.00 |
| | | | |
| GRAND TOTAL: | \$\\$461,206.00 | \$0.00 | \$461,206.00 |

Annual Operations Report Section VII: Expense Sources

| County: Union | Fiscal Year: July 1 | Fiscal Year: July 1, 2015 - June 30, 2016 | | |
|-------------------------------------|--|---|-------------------|--|
| Status: Submitted to FLCTD | | | | |
| FLCTD Status: Returned | | | | |
| Section VII: Financial Data | | | | |
| 2. Expense Sources | | | | |
| Expense Item | Community Transportation Coordinator | Coordination Contractor | TOTAL EXPENSES | |
| Labor (501): | \$112,840.00 | \$0.00 | \$112,840.00 | |
| Fringe Benefits (502): | \$52,464.00 | \$0.00 | \$52,464.00 | |
| Services (503): | \$11,903.00 | \$0.00 | \$11,903.00 | |
| Materials and Supplies Cons. (504): | \$245,651.00 | \$0.00 | \$245,651.00 | |
| Utilities (505): | \$11,132.00 | \$0.00 | \$11,132.00 | |
| Casualty and Liability (506): | \$11,990.00 | \$0.00 | \$11,990.00 | |
| Taxes (507): | \$567.00 | \$0.00 | \$567.00 | |
| Purchased Transportation Services (| 508) | | | |
| Bus Pass Expenses: | \$0.00 | \$0.00 | \$0.00 | |
| School Bus Expenses: | \$0.00 | \$0.00 | \$0.00 | |
| Other: | \$0.00 | \$0.00 | \$0.00 | |
| | | - 111 | | |
| Miscellaneous (509): | \$1,981.00 | \$0.00 | \$1,981.00 | |
| Interest (511): | \$0.00 | \$0.00 | \$0.00 | |
| Leases and Rentals (512): | \$0.00 | \$0.00 | \$0.00 | |
| Annual Depreciation (513): | \$0.00 | \$0.00 | \$0.00 | |
| Contributed Services (530): | \$10,478.00 | \$0.00 | \$10,478.00 | |
| Allocated Indirect Expenses: | \$0.00 | \$0.00 | \$0.00 | |
| GRAND TOTAL: | \$459,006.00 | \$0.00 | \$459,006.00 | |

North Central Florida Regional Planning Council

Alachua • Bradford

Columbia • Dixie • Gilchrist

Hamilton • Lafayette • Levy • Madison

Marion • Suwannee • Taylor • Union Counties

2009 NW 67th Place, Gainesville, FL 32653-1603 • 352.955.2200

October 4, 2016

TO:

Union County Transportation Disadvantaged Coordinating Board

FROM:

Lynn Godfrey, AICP, Senior Planner

SUBJECT:

Operations Reports

RECOMMENDATION

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

BACKGROUND

Attached are the following reports for the Board's review:

- 1. April June 2016 Operations Report;
- 2. Fiscal Year 2015/16 Transportation Disadvantaged Trust Fund Status Report;
- 3. Fiscal Year 2016/17 Transportation Disadvantaged Trust Fund Status Report;
- 4. April June 2016 Complaint/Commendation Report; and
- 5. April June 2016 Trip Denial Report.

If you have any questions regarding the attached reports, please do not hesitate to contact me.

Attachments

 $t: \label{thm:local} to the local formula of the local content of the$

QUARTERLY OPERATING REPORT UNION COUNTY APRIL - JUNE 2016

| OPERATING DATA | TOTAL |
|---|-------------|
| NUMBER OF INVOICED TRIPS | 1,029 |
| Florida Transportation Disadvantaged Program | 564 |
| Florida Managed Medical Care Program (Medicaid) | 259 |
| Aging Program - Title III B | 206 |
| TOTAL VEHICLE MILES | 11,172 |
| TOTAL VEHICLE HOURS | 854 |
| TOTAL DOLLARS INVOICED | \$40,925.84 |
| Florida Transportation Disadvantaged Program | \$26,195.14 |
| Florida Managed Medical Care Program (Medicaid) | \$12,670.70 |
| Aging Program - Title III B | \$2,060.00 |
| AVERAGE COST PER TRIP | \$39.77 |
| Florida Transportation Disadvantaged Program | \$46.45 |
| Florida Managed Medical Care Program (Medicaid) | \$48.92 |
| Aging Program - Title III B | \$10.00 |
| AVERAGE COST PER MILE | \$3.66 |
| AVERAGE COST PER HOUR | \$47.92 |
| TRIP PURPOSE* | |
| Medical | 823 |
| Employment | 0 |
| Education/Training | 0 |
| Shopping | 0 |
| Meal Site | 206 |
| Recreation | 0 |
| Other | 0 |
| NUMBER OF TRIPS DENIED | 0 |
| NUMBER OF SINGLE PASSENGER | |
| TRIPS PROVIDED | 85 |
| PERCENT OF SINGLE PASSENGER TRIPS | 8% |
| NUMBER OF ACCIDENTS | 0 |
| AVERAGE TRIPS PER VEHICLE | 206 |
| NUMBER OF VEHICLES | 5 |
| NUMBER OF ROADCALLS | 1 |

2015/16 TRANSPORTATION DISADVANTAGED TRUST FUND REPORT UNION COUNTY

CTC: SUWANNEE RIVER ECONOMIC COUNCIL

Rates Charged to TD Trust Fund:

Ambulatory: \$1.98 per passenger mile Wheelchair: \$3.40 per passenger mile Stretcher: \$7.08 per passenger mile

| | STATE | STATE FUNDS | STATE FUNDS | NUMBER OF | AVERAGE COST | |
|------------|-------------|-------------|-------------|-----------|--------------|--|
| MONTH/YEAR | ALLOCATION | SPENT | REMAINING | TRIPS | PER TRIP | |
| Jul-15 | \$94,303.00 | \$7,852.93 | \$86,450.07 | 205 | #DIV/0! | |
| Aug-15 | E | \$7,868.14 | \$78,581.93 | 186 | #DIV/0! | |
| Sep-15 | <u>=</u> | \$7,858.62 | \$70,723.31 | 181 | #DIV/0! | |
| Oct-15 | - | \$7,842.38 | \$62,880.93 | 188 | #DIV/0! | |
| Nov-15 | ¥ | \$7,873.22 | \$55,007.71 | 187 | #DIV/0! | |
| Dec-15 | ä | \$7,858.28 | \$47,149.43 | 171 | #DIV/0! | |
| Jan-16 | = | \$7,858.30 | \$39,291.13 | 182 | #DIV/0! | |
| Feb-16 | <u>~</u> | \$7,858.93 | \$31,432.20 | 191 | #DIV/0! | |
| Mar-16 | | \$7,857.85 | \$23,574.35 | 185 | #DIV/0! | |
| Apr-16 | = | \$7,858.12 | \$15,716.23 | 189 | #DIV/0! | |
| May-16 | | \$7,857.34 | \$7,858.89 | 190 | #DIV/0! | |
| Jun-16 | ₹. | \$7,860.17 | -\$1.28 | 185 | #DIV/0! | |
| TOTAL | - | \$0.00 | - | 0 | #DIV/0! | |

2016-2017 TRIP/EQUIPMENT GRANT SUMMARY UNION COUNTY

Suwannee River Economic Council

Rates:

Ambulatory: \$1.92 per passenger mile Wheelchair: \$3.29 per passenger mile Stretcher: \$6.86 per passenger mile

CONTRACT AMOUNT: \$116,936.00

| MONTH/ | TOTAL | TRUST | LOCAL | TOTAL | NUMBER | AVERAGE |
|------------|------------|------------|----------|--------------|----------|----------|
| YEAR | DOLLARS | FUND | MATCH | AMOUNT | OF TRIPS | COST PER |
| | SPENT | (90%) | (10%) | REMAINING | | TRIP |
| Jul-16 | \$9,746.31 | \$8,771.68 | \$974.63 | \$107,189.69 | 186 | \$52.40 |
| Aug-16 | | | | \$107,189.69 | | #DIV/0! |
| Sep-16 | | | | \$107,189.69 | | #DIV/0! |
| Oct-16 | | | | \$107,189.69 | | #DIV/0! |
| Nov-16 | | | | \$107,189.69 | | #DIV/0! |
| Dec-16 | | | | \$107,189.69 | | #DIV/0! |
| Jan-17 | | | | \$107,189.69 | | #DIV/0! |
| Feb-17 | | | | \$107,189.69 | | #DIV/0! |
| Mar-17 | | | | \$107,189.69 | | #DIV/0! |
| Apr-17 | | | | \$107,189.69 | | #DIV/0! |
| May-17 | | | | \$107,189.69 | | #DIV/0! |
| Jun-17 | | | | \$107,189.69 | | #DIV/0! |
| Total | | | | | | |
| Adjustment | | | | | | |

UNION COUNTY SERVICE COMPLAINTS/COMMENDATIONS APRIL - JUNE 2016

| | Suwannee River | |
|--------------------------|------------------|----------|
| TYPE OF COMPLAINT | Economic Council | Resolved |
| Vehicle Condition | 0 | - |
| Driver's Behavior | 1 | 1 |
| Client Behavior | 0 | - |
| No Show by Client | 0 | - |
| Tardiness - Late pickup | 0 | - |
| Tardiness - Late dropoff | 0 | - |
| No Show by Operator | 0 | - |
| Dispatch/Scheduling | 0 | - |
| Other | 0 | - |
| TOTALS | 1 | - |
| COMMENDATIONS | 0 | - |

UNION COUNTY UNMET TRANSPORTATION NEEDS APRIL - JUNE 2016

| REASON FOR TRIP DENIAL | NUMBER OF TRIP DENIALS |
|-----------------------------|------------------------|
| Lack of Funding | 0 |
| Trip Purpose | 0 |
| Out of Service Area Trip | 0 |
| Insufficient Advance Notice | 0 |
| After Hours Trip Request | 0 |
| Weekend Trip Request | 0 |
| Other | 0 |
| TOTALS | 0 |

Source: Suwannee River Economic Council

ATTENDANCE RECORD

UNION COUNTY TRANSPORTATION DISADVANTAGED COORDINATING BOARD

| | | 40/40/0045 | 04/40/0045 | 04/42/2045 | 07/12/2016 |
|---|---------------------------|------------|------------|------------|------------|
| MEMBER/ORGANIZATION | NAME | 10/13/2015 | 01/12/2016 | 04/12/2016 | 07/12/2016 |
| Chair | Commissioner Woody Kitler | A | Р | Р | A |
| Florida Department of Transportation | Sandra Collins | Р | Р | Р | P |
| Alternate Member | Janell Damato | Α | Α | A | Α |
| Florida Depatment of Children and Families | Jaime Sanchez-Bianchi | Α | A | A | Α |
| Alternate Member | (Vacant) | | | | |
| Florida Agency for Health Care Administration | Deweece Ogden | Р | Р | Р | Р |
| Alternate Member | Pamela Hagley | P | Α | A | Α |
| Florida Department of Education | Melinda Jordan | | Α | Α | Α |
| Alternate Member | Jeffrey Aboumrad | Р | Р | Р | P |
| Public Education | Mike Pittman | Α | Α | A | Α |
| Alternate Member | (Vacant) | | | | |
| Citizen Advocate | Doyle Archer | Α | Α | A | A |
| Alternate Member | (Vacant) | | | | |
| Citizen Advcoate-User | (Vacant) | | | | |
| Alternate Member | (Vacant) | | | | |
| Elderly | Donald Pettit | Α | Α | Α | Α |
| Alternate Member | (Vacant) | | | | |
| Veterans | Barbara Fischer | Р | Р | Р | P |
| Alternate Member | (Vacant) | | | | |
| Persons with Disabilities | Bill McGill | Р | Р | Р | Р |
| Alternate Member | (Vacant) | | | | |
| Florida Association for Community Action | (Vacant) | | | | |
| Alternate Member | (Vacant) | | | | |
| Florida Department of Elder Affairs | (Vacant) | | | | |
| Alternate Member | (Vacant) | | | | |
| Children at Risk | (Vacant) | | | | |
| Alternate Member | (Vacant) | | | | |
| Regional WorkfoRce Board | Jeannie Carr | | Α | Р | Р |
| Alternate Member | Sifoa Nunu | | Р | A | Α |
| Local Medical Community | (Vacant) | | | | |
| Alternate Member | (Vacant) | | | | |

LEGEND KEY: P-Present A-Absent - Not Applicable (newly appointed member)

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."