



Serving Alachua
Bradford • Columbia
Dixie • Gilchrist • Hamilton
Lafayette • Levy • Madison
Suwannee • Taylor • Union Counties

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

February 12, 2018

TO: Columbia, Hamilton and Suwannee Transportation Disadvantaged Coordinating Board

FROM: Lynn Godfrey, AICP, Senior Planner

SUBJECT: Meeting Announcement

The Columbia, Hamilton and Suwannee Transportation Disadvantaged Coordinating Board will hold a regular business meeting Wednesday, February 21, 2018 at 10:00 a.m. in the **UF/IFAS Suwannee County Extension Meeting Room, located at the UF/IFAS Suwannee County Extension Office, 1302 11th Street SW, Live Oak, Florida 32064 (location map attached).** 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.

Please contact Suwannee Valley Transit Authority at 386.362.5332 if you need transportation to and from the meeting.

Attachments

t:\lynn\td2018\chs\memos\feb.docx

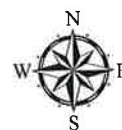
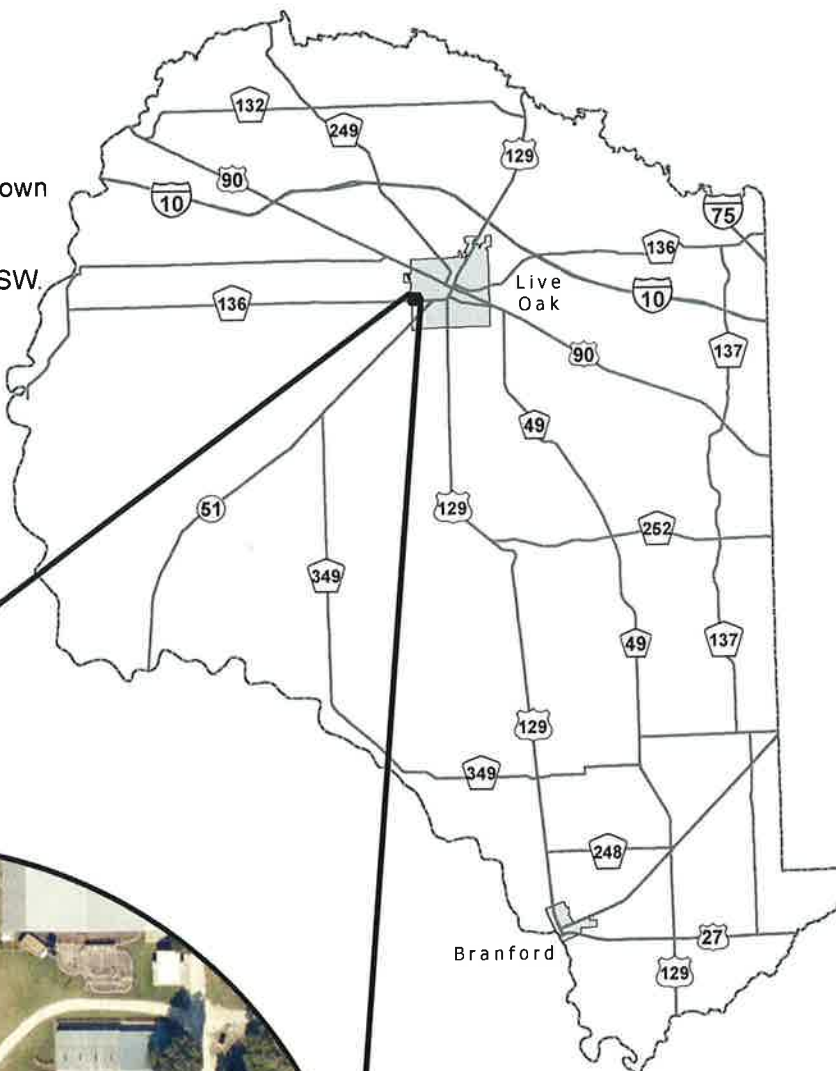
Dedicated to improving the quality of life of the Region's citizens,
by coordinating growth management, protecting regional resources,
promoting economic development and providing technical services to local governments.

Suwannee County

UF/IFAS Extension Office:

1302 11th St SW,
Live Oak, Florida 32064

Directions: From the intersection of U.S. Highway 90 (also known as Howard St) and U.S. Highway 129 (also known as Ohio Ave) in the City of Live Oak, head South onto U.S. Highway 129 (also known as North Ohio Ave). Travel approximately 0.5 miles and turn right (West) onto 11th St SW. Travel West on 11th St SW for approximately 0.5 miles. At the traffic circle, take the 2nd exit onto 11th St SW. Continue West on 11th St SW for approximately 0.6 miles. The Suwannee County UF/IFAS Extension Office will be on the right, on the Northern side of 11th St SW.



1 inch = 250 feet

Suwannee County
UF/IFAS Extension Office





Serving Alachua
Bradford • Columbia
Dixie • Gilchrist • Hamilton
Lafayette • Levy • Madison
Suwannee • Taylor • Union Counties

2009 NW 87th Place, Gainesville, FL 32653-1603 • 352.955.2200

**COLUMBIA, HAMILTON AND SUWANNEE
TRANSPORTATION DISADVANTAGED COORDINATING BOARD**

BUSINESS MEETING AND AGENDA

**UF/IFAS Suwannee County Extension Office
1302 11th Street SW
Live Oak, Florida 32064**

**Wednesday
February 21, 2018
10:00 a.m.**

I. Business Meeting – Call To Order

- A. Invocation**
- B. Pledge of Allegiance**
- C. Introductions**

II. Consent Agenda

ACTION REQUIRED

- A. Approval of the Meeting Agenda**
- B. Approval of the November 15, 2017 Minutes** **Page 7**

III. Comments and Concerns

- A. Board Members**
- B. Citizens**

IV. General Business

- A. New Business**
 - 1. 2017/18 Columbia, Hamilton and Suwannee Transportation Disadvantaged Service Plan Amendments (Lynn Godfrey)** **Page 13** **ACTION REQUIRED**

The Board needs to approve the inclusion of 2018/19 Florida Department of Transportation grant projects in the Transportation Disadvantaged Service Plan

**2. Suwannee Valley Transit Authority Page 151 NO ACTION REQUIRED
Operations Reports (Larry Sessions)**

B. Other Business

- 1. Board Members**
- 2. Citizens**

C. Future Meeting Dates

- 1. May 16, 2018 at 10:00 a.m. in Jasper, Florida**
- 2. September 19, 2018 at 10:00 a.m. in Lake City, Florida**
- 3. November 7, 2018 at 10:00 a.m. in Live Oak, Florida**
- 4. February 20, 2019 at 10:00 a.m. in Jasper, Florida**

If you have any questions concerning the enclosed materials, please do not hesitate to contact Lynn Godfrey, Senior Planner, at 1.800.226.0690, extension 110.

**COLUMBIA, HAMILTON AND SUWANNEE
TRANSPORTATION DISADVANTAGED COORDINATING BOARD**

MEMBER/REPRESENTING	ALTERNATE/REPRESENTING
Commissioner Don Hale, Chair Suwannee County Elected Official	Not Applicable
Commissioner Beth Burnam, Vice-Chair Hamilton County Elected Official	Not Applicable
Commissioner Bucky Nash Columbia County Elected Official Grievance Committee Chair	Not Applicable
Sandra Collins Florida Department of Transportation Grievance Committee Member	Janell Damato Florida Department of Transportation
Kay Tice Florida Department of Children and Families	Amanda Bryant Florida Department of Children and Families
Jeff Aboumrad Florida Department of Education	Allison Gill Florida Department of Education
Bruce Evans Florida Department of Elder Affairs	Dwight Law Florida Department of Elder Affairs
Deweese Ogden Florida Agency for Health Care Administration Grievance Committee Member	Pamela Hagley Florida Agency for Health Care Administration
Diane Head Regional Workforce Board	Darlene Strimple Regional Workforce Board
Matthew Pearson Florida Association for Community Action Term ending June 30, 2020 Grievance Committee Member	Vacant Florida Association for Community Action Term ending June 30, 2020
Daniel Taylor Public Education	Vacant Public Education
Bo Beauchemin Veterans Term ending June 30, 2020	Ellis A. Gray, III Veterans Term ending June 30, 2020
Barbara Jeffords Lemley Citizen Advocate Term ending June 30, 2018	Louie Goodin Citizen Advocate Term ending June 30, 2018
Richard Bryant Citizen Advocate - User Term ending June 30, 2018	Jeffrey Bradley Citizen Advocate - User Term ending June 30, 2018
Ralph Kitchens Persons with Disabilities Term ending June 30, 2018 Grievance Committee Member	Denise Morgan Persons with Disabilities Term ending June 30, 2018
LJ Two Spirits Johnson Elderly Term ending June 30, 2020	Vacant Elderly Term ending June 30, 2020
Sandra Buck-Camp Medical Community Term ending June 30, 2019	Vacant Medical Community Term ending June 30, 2019
Colleen Cody Children at Risk Term ending June 30, 2019	Audre J. Washington Children at Risk Term ending June 30, 2019
Vacant Private Transit Term ending June 30, 2019	Vacant Private Transit Term ending June 30, 2019

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

**COLUMBIA, HAMILTON AND SUWANNEE
TRANSPORTATION DISADVANTAGED COORDINATING BOARD**

BUSINESS MEETING

Tourism and Economic Development Conference Room
Hamilton County Courthouse Annex
Jasper, Florida

Wednesday
November 15, 2017
10:00 a.m.

VOTING MEMBERS PRESENT

Commissioner Don Hale, Suwannee County Local Elected Official, Chair
Jeff Aboumrad, Florida Department of Education Representative
Commissioner Beth Burnam, Hamilton County Local Elected Official
Bo Beauchemin, Veterans Representative
Richard Bryant, Citizen Advocate-User
Sandra Buck-Camp, Medical Community Representative
Sandra Collins, Florida Department of Transportation Representative
Ralph Kitchens, Persons with Disabilities Representative
LJ Two Spirits Johnson, Elderly Representative
Commissioner Bucky Nash, Columbia County Local Elected Official
Deweece Ogden, Florida Agency for Health Care Administration Representative
Matthew Pearson, Florida Association for Community Action Representative
Darlene Strimple representing Diane Head, Workforce Development Board Representative

ALTERNATE MEMBERS PRESENT

Jeffrey Bradley, Citizen Advocate - User

VOTING MEMBERS ABSENT

Colleen Cody, Children at Risk Representative
Bruce Evans, Florida Department of Elder Affairs Representative
Barbara Jeffords Lemley, Citizen Advocate
Daniel Taylor, Public Education Representative
Kay Tice, Florida Department of Children and Families Representative

OTHERS PRESENT

Teresa Fortner, Suwannee Valley Transit Authority
Larry Sessions, Suwannee Valley Transit Authority

STAFF PRESENT

Lynn Godfrey, North Central Florida Regional Planning Council

I. Business Meeting Call To Order

Chair Hale called the meeting to order at 10:00 a.m.

A. Invocation

Commissioner Nash gave the invocation.

B. Pledge of Allegiance

Commissioner Nash led the Board in reciting the Pledge of Allegiance.

II. Consent Agenda

ACTION: Sandra Buck-Camp moved to approve the consent agenda. Ralph Kitchens seconded; motion passed unanimously.

III. Comments and Concerns

Members

There were no member comments.

Citizens

There were no citizen comments.

IV. General Business

A. New Business

1. Annual Performance Evaluation

Ms. Lynn Godfrey, North Central Florida Regional Planning Council Senior Planner, stated that the Board needs to review and approve Suwannee Valley Transit Authority's 2016/17 annual performance evaluation.

ACTION: Sandra Buck Camp moved to approve Suwannee Valley Transit Authority's 2016/17 annual performance evaluation. LJ Two Spirits Johnson seconded; motion passed unanimously.

2. 2017/18 Columbia, Hamilton and Suwannee Transportation Disadvantaged Service Plan Amendment

Mr. Larry Sessions, Suwannee Valley Transit Authority Administrator, stated that the Suwannee Valley Transit Authority Board of Directors approved increasing the passenger fare from \$1.00 to \$2.00 per trip. He discussed the need to increase the passenger fare and asked the Board to also approve the passenger fare increase.

Mr. Sessions stated that Suwannee Valley Transit Authority will begin charging the new passenger fares on February 1, 2018. He said Suwannee Valley Transit Authority staff will begin notifying the passengers of the change.

ACTION: Bo Beauchemin moved to approve the amendment to the 2017/18 Columbia, Hamilton and Suwannee Transportation Disadvantaged Service Plan increasing the passenger fare from \$1.00 to \$2.00. Richard Bryant seconded; motion passed twelve to one.

3. 2016/17 Annual Operations Reports

Ms. Godfrey stated that the Board is required to review the 2016/17 Annual Operations Reports for Columbia, Hamilton and Suwannee Counties.

Mr. Sessions discussed the Annual Operations Reports.

The Board reviewed the 2016/17 Annual Operations Reports.

4. 2017/18 Rural Capital Assistance Grant Program Application

Mr. Sessions discussed Suwannee Valley Transit Authority's Rural Area Capital Assistance Grant Program application.

ACTION: LJ Two Spirits Johnson moved to approve Suwannee Valley Transit Authority's 2017/18 Rural Area Capital Assistance Grant Program application. Sandra Buck Camp seconded; motion passed unanimously.

5. Suwannee Valley Transit Authority Operations Reports

Mr. Sessions stated that he already discussed the information in the operations reports.

B. Other Business

1. Board Members

LJ Two Spirits Johnson asked why information about Medicaid Program transportation services are included in the Rider's Guide.

Mr. Sessions explained that there are occasions when Suwannee Valley Transit Authority will be asked to provide transportation to Medicaid Program clients.

LJ Two Spirits Johnson stated that he thinks Suwannee Valley Transit Authority should mention seatbelt exemptions for medical reasons in the Rider's Guide.

Mr. Sessions stated that Suwannee Valley Transit Authority would prefer handle seatbelt exemptions on an individual basis.

Jeffrey Bradley asked if Suwannee Valley Transit Authority could provide medical trips in the afternoon. He said it is oftentimes difficult to schedule medical appointments in the morning.

Mr. Sessions stated that Suwannee Valley Transit Authority is only able to run one trip to Gainesville per day. He said they should be able to provide afternoon trips for medical appointments in Live Oak and Lake City.

Sandra Buck-Camp stated that Dowling Park residents are charged high fees to use the transportation services provided by Dowling Park. She asked if Suwannee Valley Transit Authority is working with Dowling Park to provide transportation services to their residents.

Mr. Sessions stated that he has met with Dowling Park administrators to work out an agreement to provide transportation services to their residents. He said no agreement has been worked out yet.

Jeffrey Bradley said he will discuss this issue with the Dowling Park administrators to try to move the agreement ahead.

Sandra Buck-Camp and Jeffrey Bradley commended Suwannee Valley Transit Authority staff for the outstanding job they are doing providing transportation services in Columbia, Hamilton and Suwannee Counties.

2. Citizens

There were no citizen comments.

C. Future Meeting Dates

Chair Hale announced the next meeting will be held February 21, 2018 at 10:00 a.m. in Live Oak, Florida.

The Board asked staff to reschedule the November 21, 2018 meeting to November 7, 2018.

ADJOURNMENT

The meeting adjourned at 11:30 a.m.

Don Hale, Chair
Columbia, Hamilton and Suwannee
Transportation Disadvantaged Coordinating Board

Date



Serving Alachua
Bradford • Columbia
Dixie • Gilchrist • Hamilton
Lafayette • Levy • Madison
Suwannee • Taylor • Union Counties

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

February 12, 2018

TO: Columbia, Hamilton and Suwannee Transportation Disadvantaged Coordinating Board

FROM: Lynn Godfrey, AICP, Senior Planner

SUBJECT: Columbia, Hamilton and Suwannee Transportation Disadvantaged Service Plan Amendments

RECOMMENDATION

Approve the Columbia, Hamilton and Suwannee Transportation Disadvantaged Service Plan amendments.

BACKGROUND

Suwannee Valley Transit Authority is recommending changes to the Transportation Disadvantaged and Mobility Enhancement Grant Program eligibility criteria and certification application. Attached are draft amendments to the Transportation Disadvantaged Service Plan incorporating these changes.

In addition, transportation projects selected for funding under the Federal Moving Ahead for Progress in the 21st Century (MAP-21) Act Program must be included in the Coordinated Public Transit-Human Services Transportation Plan. The Columbia, Hamilton and Suwannee Transportation Disadvantaged Service Plan serves as the Coordinated Public Transit-Human Services Transportation Plan for Columbia, Hamilton and Suwannee Counties. In addition, Florida Administrative Code 41-2.011(6) requires the Board to review all applications for local, state and federal government funded transportation projects planned in Columbia, Hamilton and/or Suwannee Counties.

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

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

Attachments

t:\lynn\td2018\chs\memos\tdspamendfdotappl.docx

4. Needs Assessment

United States Code Section 5310 Capital Grant Program

APPLICANT	PROJECT	PROJECT YEAR	AREAS AFFECTED BY PROJECT	PROJECT COST	PROJECT FUNDING SOURCE
The Arc North Florida, Inc.	Purchase replacement vehicle to provide transportation to individuals with intellectual and developmental disabilities.	2018/19	Hamilton County Suwannee County	\$70,227.00	United States Code Section 5310
				\$8,778.40	Florida Department of Transportation
				\$8,778.40	The Arc of North Florida, Inc.
CARC - Advocates for Citizens with Disabilities, Inc.	Purchase replacement vehicle.	2018/19	Columbia County	\$61,035.20	United States Code Section 5310
				\$7,629.40	Florida Department of Transportation
				\$7629.40	CARC - Advocates for Citizens with Disabilities, Inc.
Florida Center for the Blind	Purchase one minivan and one sedan	2018/19	Columbia County	\$62,570.00	United States Code Section 5310
				\$7,822.00	Florida Department of Transportation
				\$7,822.00	Florida Center for the Blind
Suwannee Valley Transit Authority	Purchase generator/installation/set up Purchase 60 Tires	2018/19	Columbia County Hamilton County Suwannee County	\$43,898.00	United States Code Section 5310
				\$5,487.00	Florida Department of Transportation
				\$5,487.00	Suwannee Valley Transit Authority

United States Code Section 5311 Grant Program

Applicant	Project	Project Year	Areas Affected By Project	Project Cost	Funding Source
<u>Suwannee Valley Transit Authority</u>	<u>Transportation Operations</u>	<u>2018/19</u>	<u>Columbia County</u>	<u>\$239,208.00</u>	<u>United States Code Section 5311</u>
				<u>\$239,208.00</u>	<u>Suwannee Valley Transit Authority</u>
<u>Suwannee Valley Transit Authority</u>	<u>Transportation Operations</u>	<u>2018/19</u>	<u>Hamilton County</u>	<u>\$48,728.00</u>	<u>United States Code Section 5311</u>
				<u>\$48,728.00</u>	<u>Suwannee Valley Transit Authority</u>
<u>Suwannee Valley Transit Authority</u>	<u>Transportation Operations</u>	<u>2018/19</u>	<u>Suwannee County</u>	<u>\$155,042.00</u>	<u>United States Code Section 5311</u>
				<u>\$155,042.00</u>	<u>Suwannee Valley Transit Authority</u>

United States Code Section 5339 Grant Program

Applicant	Project	Project Year	Areas Affected By Project	Project Cost	Funding Source
<u>Suwannee Valley Transit Authority</u>	<u>One replacement vehicle.</u>	<u>2018/19</u>	<u>Columbia County Hamilton County Suwannee County</u>	<u>\$70,259.00</u>	<u>United States Code Section 5339</u>

Rural Area Capital Assistance Program

Applicant	Project	Project Year	Areas Affected By Project	Project Cost	Funding Source
<u>Suwannee Valley Transit Authority</u>	<u>Purchase one replacement vehicle.</u>	<u>2017/18</u>	<u>Columbia County Hamilton County Suwannee County</u>	<u>\$156/572.00</u>	<u>Rural Area Capital Equipment Support Grant</u>
	<u>Purchase CTS scheduling software and hardware.</u>				
	<u>Purchase one Crew-Cab Truck.</u>				

e. After Hours Service

After hours service is not provided under Florida's Transportation Disadvantaged Program nor the Mobility Enhancement Grant Program (SVTA Express).

After hours service is provided if required by contractual agreement. Emergency phone numbers are listed below.

Telephone: (386) 362-5332, normal business hours
(386) 688-1514, after hours emergency
Facsimile: (386) 219-0157, 24 hours/seven days per week

f. Transportation Disadvantaged Program and Mobility Enhancement Grant Program Passenger Fares

Transportation Disadvantaged Program: \$2.00 per one-way trip

Mobility Enhancement Grant Program (SVTA Express): \$2.00 per one-way trip

g. Transportation Disadvantaged Program and Mobility Enhancement Grant Program (SVTA Express) Eligibility

Transportation services provided under Florida's Transportation Disadvantaged Program and Mobility Enhancement Grant Program (SVTA Express) are funded by the Transportation Disadvantaged Trust Fund. The purpose of the Transportation Disadvantaged Program and Mobility Enhancement Grant Program (SVTA Express) is to provide transportation services to individuals who because of physical or mental disability, income status, or age are unable to transport themselves or to purchase transportation and are, therefore, dependent upon others to obtain access to health care, employment, education, shopping, social activities, or other life-sustaining activities as defined in s. 411.202.

Individuals are required to apply for eligibility certification for their transportation to be sponsored by the Transportation Disadvantaged Program and Mobility Enhancement Grant Program (SVTA Express). Suwannee Valley Transit Authority will use the following criteria in order to determine eligibility:

1. Determine if the applicant is unable to transport themselves because they do not have an operational vehicle or the ability to operate a vehicle.
2. Determine if the applicant is sponsored by any agency for transportation services; is unable to purchase transportation; is unable to find transportation from other sources.

Suwannee Valley Transit Authority's Transportation Disadvantaged Program Eligibility Certification application is shown below. Individuals must apply for eligibility recertification biennially. Eligibility may be revoked if it is determined an individual's eligibility status has changed. Individuals eligible for transportation under Florida's Managed Medical Assistance Program may also be eligible for Transportation Disadvantaged Program sponsored service. Suwannee Valley Transit Authority will provide one trip for new applicants while eligibility is being determined.

SUWANNEE VALLEY TRANSIT AUTHORITY
TRANSPORTATION DISADVANTAGED ASSESSMENT SCREENING FORM: YR 20-----

SECTION 1-PERSONAL INFORMATION

LAST NAME: _____ FIRST NAME: _____ MI: _____
PHYSICAL ADDRESS: _____ CITY: _____ ZIP CODE: _____
MAILING ADDRESS: _____ CITY: _____ ZIP CODE: _____
SUBDIVISION NAME: _____ HOME TELEPHONE #: _____
WORK #: _____ CELL PHONE #: _____ EMAIL ADDRESS: _____
MEDICAID# _____ DATE OF BIRTH: _____ GENDER (M/F): _____
SOCIAL SECURITY #: _____ ARE YOU A VETERAN? ___ Yes ___ No
EMERGENCY CONTACT: _____ RELATIONSHIP: _____
HOME TELEPHONE #: _____ WORK #: _____ CELL #: _____

HOUSEHOLD MEMBERS

Please list ALL household members, include yourself. You may use the back of the form or attach a separate sheet of paper if additional space is needed.

<u>NAME</u>	<u>AGE</u>	<u>RELATIONSHIP</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

SECTION 2-AVAILABILITY OF OTHER TRANSPORTATION

1. What type of vehicle do you own? Year: _____ Make: _____ Model: _____ N/A: _____
2. Is there a reason why you cannot drive your car? ___ Yes ___ No ___ If yes please tell us if the reason is medical or is it because you are having vehicle trouble. _____
3. Does any other member of your household own a vehicle? ___ Yes ___ No
4. Could anyone in your household, family or friends transport you to your appointments? YES: _____ NO: _____ If no, please explain why not? _____
5. How are you currently being transported to your appointments? _____
6. Are you aware that you are required to pay a co-payment of \$2 each way for this program and that if you do not pay, you cannot ride? YES: _____ NO: _____
7. Are you enrolled in any other programs that will pay for or provide you with transportation services? ___ Yes ___ No If yes please provide the name _____

SECTION 3-COMMON DESTINATIONS

Please list all hospitals, doctors, medical facilities, employment, educational or any other locations that you visit on a regular basis. Please use the back of the form if you need additional space or attach a separate sheet of paper.

<u>DESTINATION</u>	<u>ADDRESS</u>	<u># VISITS PER MONTH</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

****I understand there is a 3 bag limit when going grocery shopping. If you do not follow this rule we will not transport you to the grocery store. Initial Here _____**

SECTION 4-SPECIAL NEEDS

Please check or list any special needs you may require during transportation:

Escort: _____ Powered Wheelchair: _____ Manual Wheelchair: _____ Walker: _____ Cane: _____

Stretcher: _____ Respirator: _____ Service Animal: _____ Other: _____

Do you have any other needs/conditions that we need to be aware of in order to transport you safely? Yes No

If yes, please explain _____

SECTION 5-INCOME AND EXPENSES (YOU MUST LIST AND PROVIDE PROOF OF INCOME FOR EVERYONE IN YOUR HOUSEHOLD.)

Monthly Income:

Job Income \$ _____ SSI \$ _____ Retirement Income \$ _____ Food Stamps \$ _____

TANF (Cash Assistance) \$ _____ Other \$ _____

Total Household Income \$ _____

Monthly Expenses:

Mortgage/Rent \$ _____ Utilities \$ _____ Vehicle Payment \$ _____ Groceries \$ _____ Cable \$ _____

Telephone \$ _____ Cell Phone \$ _____ Medical \$ _____ Pharmacy \$ _____

Home Insurance \$ _____ Car Insurance \$ _____ Fuel \$ _____ Other \$ _____

Total Monthly Household Expenses \$ _____

SECTION 6-CERTIFICATION AND ACKNOWLEDGEMENT

I understand and affirm that the information provided in this application for Non-Emergency Transportation (NET) services is true and correct, to the best of my knowledge, and will be kept confidential and shared only with medical and transportation professionals involved in evaluating and determining my needs for transportation to and from eligible services as well as appointments. I understand that providing false or misleading information, or making fraudulent claims, or making false statements on behalf of others constitutes a felony under the laws of the State of Florida. SVTA will prosecute offenders and/or pursue civil action to recover costs incurred from false claims or criminal acts. NOTE: Transportation is wholly dependent on available TD funds each day.

APPLICANT SIGNATURE: _____ DATE: _____

PLEASE MAKE SURE THIS FORM IS FILLED OUT COMPLETELY AND SIGNED. AN INCOMPLETE APPLICATION WILL BE REJECTED.

Please mail this form to:
Suwannee Valley Transit Authority
1907 Voyles St, SW
Live Oak, FL 32064
(386) 362-5332

PLEASE ALLOW 7 BUSINESS DAYS TO PROCESS YOUR APPLICATION. PLEASE CALL SUWANNEE VALLEY TRANSIT AUTHORITY AT 386-362-5332 OR 1-800-258-7267 TO SEE IF YOU QUALIFY AND TO SCHEDULE TRANSPORTATION SERVICES.

THIS TRANSPORTATION DISADVANTAGED APPLICATION WILL BE GOOD FOR TWO YEARS FROM THE DATE OF APPROVAL.

OFFICIAL USE ONLY			
DO NOT WRITE IN THIS SPACE			
New Application:	_____	Recertification:	_____ TD: _____ Other: _____
Approved Date:	_____	Denied Date:	_____ Reason for Denial: _____
Worker:	_____	Date:	_____ Supervisor: _____ Date: _____

2/1/2018

Florida Department of Transportation



49 U.S.C. Section 5310

Capital & Operating Assistance – FFY 2018

Grant Application

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

CFDA 20.513

Legal Applicant Name: The Arc North Florida, Inc.

☐ **First Time Applicant** ☒ **Previous Applicant**


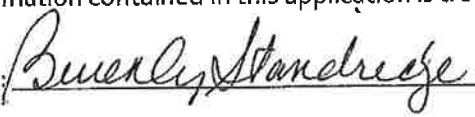
Project Type and Service Area of this Application (check all that apply):

☐ **Large Urban Service Area**

☐ **Small Urban Service Area**

☒ **Rural Service Area**

Applicant Information

		49 U.S.C. Section 5310, Formula Grants for the Enhanced Mobility of Seniors and Individuals with Disabilities: GRANT APPLICATION	
Agency (Applicant) Legal Name: The Arc North Florida, Inc.			
Physical Address (No P.O. Box): 511 Goldkist Blvd SW			
Applicant's County: Suwannee If Applicant has offices in more than one county, list county where main office is located			
City: Live Oak	State: Florida	Zip + 4 Code: 32064	Congressional District: Florida 3 rd
Federal Taxpayer ID Number: 59-2064304			
Applicant Fiscal period start and end dates: July 1, 2017 to June 30, 2018 State Fiscal period from: July 1, 2018 to June 30, 2019			
Applicant's DUNS Number: Unique 9-Digit number issued by Dun & Bradstreet. May be obtained free of charge at: http://fedgov.dnb.com/webform 13-877-7933			
Project's Service Area: List the county or counties that will be served by the proposed project. Suwannee, Hamilton and Lafayette			
Executive Director: Beverly Standridge		Grant Contact Person (if different than Executive Director): Bobby Cason	
Telephone: (386) 362-7143 Ex 1		Telephone: (386) 362-7143 Ex 4	
Fax: (386) 362-7155		Fax: (386) 362-7155	
E-mail Address: ed@arcnfl.com		Email Address: bcason@arcnfl.com	
Current Vehicle Inventory: 3 Vans 0 Vans/Lifts 11 Sedans or Minivans Enter Number in Fleet 0 Buses/Cutaways 0 Other 7 N/A			
Authorizing Representative certifying to the information contained in this application is true and accurate. Signature (Authorizing Representative) [blue ink]:  Printed Name: Beverly Standridge Title: Executive Director Email Address: ed@arcnfl.com *Must attach a Resolution of Authority from your Board (original document) for the person signing all documents on behalf of your agency. See Exhibit B			

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): _____ * Other (Specify): _____		
* 3. Date Received: Not Applicable		4. Applicant Identifier: Not Applicable
5a. Federal Entity Identifier: Not Applicable		5b. Federal Award Identifier: _____
State Use Only:		
6. Date Received by State: _____		7. State Application Identifier: 1001
8. APPLICANT INFORMATION:		
* a. Legal Name: The Arc North Florida, Inc.		
* b. Employer/Taxpayer Identification Number (EIN/TIN): 59*2064304		* c. Organizational DUNS: 1387779330000
d. Address:		
* Street1: 511 Goldkist Blvd. SW		
Street2: _____		
* City: Live Oak		
County/Parish: _____		
* State: FL: Florida		
Province: _____		
* Country: USA: UNITED STATES		
* Zip / Postal Code: 32064		
e. Organizational Unit:		
Department Name: _____		Division Name: _____
f. Name and contact information of person to be contacted on matters involving this application:		
Prefix: Mrs.		* First Name: Beverly
Middle Name: _____		
* Last Name: Standridge		
Suffix: _____		
Title: Executive Director		
Organizational Affiliation: _____		
* Telephone Number: 386-362-7143		Fax Number: 386-362-7058
* Email: ed@arcnfl.com		

Application for Federal Assistance SF-424		
* 9. Type of Applicant 1: Select Applicant Type: <input type="text" value="4: Nonprofit with 501C3 IRS Status (Other than Institution of Higher Education)"/>		
Type of Applicant 2: Select Applicant Type: <input type="text"/>		
Type of Applicant 3: Select Applicant Type: <input type="text"/>		
* Other (specify): <input type="text"/>		
* 10. Name of Federal Agency: <input type="text" value="Federal Transit Administration"/>		
11. Catalog of Federal Domestic Assistance Number: <input type="text"/>		
CFDA Title: <input type="text" value="ENHANCED MOBILITY OF SENIORS AN INDIVIDUALS WITH DISABILITIES"/>		
* 12. Funding Opportunity Number: <input type="text" value="Not Applicable"/>		
* Title: <input type="text"/>		
13. Competition Identification Number: <input type="text" value="Not Applicable"/>		
Title: <input type="text"/>		
14. Areas Affected by Project (Cities, Counties, States, etc.): <div> <input type="text"/> <input type="button" value="Add Attachment"/> <input type="button" value="Delete Attachment"/> <input type="button" value="View Attachment"/> </div>		
* 15. Descriptive Title of Applicant's Project: <input type="text" value="For purchase of a vehicle to provide transportation to individuals with intellectua; and developmental disabilities residing in Suwannee & Hamilton Counties."/>		
Attach supporting documents as specified in agency instructions. <div> <input type="button" value="Add Attachments"/> <input type="button" value="Delete Attachments"/> <input type="button" value="View Attachments"/> </div>		

Application for Federal Assistance SF-424															
16. Congressional Districts Of: <div style="display: flex; justify-content: space-between;"> * a. Applicant: <input type="text" value="3"/> * b. Program/Project: <input type="text" value="3"/> </div>															
Attach an additional list of Program/Project Congressional Districts if needed. <div style="display: flex; justify-content: space-between; align-items: center;"> <input type="text"/> <div> <input type="button" value="Add Attachment"/> <input type="button" value="Delete Attachment"/> <input type="button" value="View Attachment"/> </div> </div>															
17. Proposed Project: <div style="display: flex; justify-content: space-between;"> * a. Start Date: <input type="text" value="07/01/2018"/> * b. End Date: <input type="text" value="06/30/2019"/> </div>															
18. Estimated Funding (\$): <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 30%;">* a. Federal</td> <td style="border: 1px solid black; text-align: right;">70,227.00</td> </tr> <tr> <td>* b. Applicant</td> <td style="border: 1px solid black; text-align: right;">8,778.40</td> </tr> <tr> <td>* c. State</td> <td style="border: 1px solid black; text-align: right;">8,778.40</td> </tr> <tr> <td>* d. Local</td> <td style="border: 1px solid black; text-align: right;">0.00</td> </tr> <tr> <td>* e. Other</td> <td style="border: 1px solid black; text-align: right;">0.00</td> </tr> <tr> <td>* f. Program Income</td> <td style="border: 1px solid black; text-align: right;">0.00</td> </tr> <tr> <td>* g. TOTAL</td> <td style="border: 1px solid black; text-align: right;">87,783.80</td> </tr> </table>		* a. Federal	70,227.00	* b. Applicant	8,778.40	* c. State	8,778.40	* d. Local	0.00	* e. Other	0.00	* f. Program Income	0.00	* g. TOTAL	87,783.80
* a. Federal	70,227.00														
* b. Applicant	8,778.40														
* c. State	8,778.40														
* d. Local	0.00														
* e. Other	0.00														
* f. Program Income	0.00														
* g. TOTAL	87,783.80														
* 19. Is Application Subject to Review By State Under Executive Order 12372 Process? <div style="display: flex; justify-content: space-between;"> <div> <input type="checkbox"/> a. This application was made available to the State under the Executive Order 12372 Process for review on <input type="text"/> </div> <div> <input type="checkbox"/> b. Program is subject to E.O. 12372 but has not been selected by the State for review. </div> </div> <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.) <div style="display: flex; justify-content: space-between;"> <div> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No </div> <div> If "Yes", provide explanation and attach <input type="text"/> <div> <input type="button" value="Add Attachment"/> <input type="button" value="Delete Attachment"/> <input type="button" value="View Attachment"/> </div> </div> </div>															
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 <small>** 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.</small>															
Authorized Representative: <div style="display: flex; justify-content: space-between;"> <div> Prefix: <input type="text" value="Mrs."/> Middle Name: <input type="text"/> Last Name: <input type="text" value="Standridge"/> Suffix: <input type="text"/> </div> <div> First Name: <input type="text" value="Beverly"/> </div> </div> <div style="display: flex; justify-content: space-between; margin-top: 10px;"> <div> Title: <input type="text" value="Executive Director"/> </div> <div> Telephone Number: <input type="text" value="386-362-7143 X1"/> </div> <div> Fax Number: <input type="text" value="386-362-7058"/> </div> </div> <div style="display: flex; justify-content: space-between; margin-top: 10px;"> <div> Email: <input type="text" value="ed@arcnfl.com"/> </div> <div> Signature of Authorized Representative: </div> <div> Date Signed: <input type="text" value="12/11/2017"/> </div> </div>															

Form A-1: Current System Description

- (a) Please provide a brief general overview of the organization type (i.e., government authority, private non-profit, etc.) including its mission, program goals, and objectives (Maximum 300 words).

The Arc North Florida, Inc. is a 501 (c) (3) non-profit agency providing advocacy and services for individuals with an intellectual and/or physical disability. Our locations are in Suwannee, Hamilton, Baker, Columbia and Lafayette County.

Services provide supports which include supported living, residential habilitation, personal supports, transportation, and adult day training to increase daily living skills for the individuals we serve.

The Arc North Florida, Inc. was formed in 1981 by parents of children with a disability. The agency relies upon governmental funding, in-kind donations and community support.

Mission Statement:

The Arc North Florida is committed to providing advocacy and quality services for people with disabilities based on individual choice.

- (b) Please provide information below:

- Organizational structure (**attach an organizational chart at the end of this section**)
- Total number of employees in the organization 92
- Total number of transportation-related employees in the organization 16

- (c) Who is responsible for insurance, training, management, and administration of the agency's transportation programs? (Maximum 100 words)

The Administrative Director, Patricia Williams procures insurance, maintains records and timely payment. Bobby Cason, Operations Director provides training and all oversight of the transportation service of the agency.

- (d) How are the operations of the transportation program currently funded? What are the sources of the funding (e.g., state, local, federal, private foundations, fares, other program fees)? (Maximum 200 words)

We are a Medicaid Waiver provider, who receives funding from the 1915 Waiver. The waiver is federally funded at 45% and state funded at 55%. We receive a service authorization from the individual's waiver support coordinator which allows us to bill Medicaid for said trips.

- (e) How does your agency ensure that passengers are eligible recipients of 5310-funded transportation service? (Maximum 200 words)

All riders are referrals from Medicaid funded support coordinators, which are contracted through The Agency for Persons with Disabilities. This agency only services people with qualifying disabilities. No private trips are made, and no charges are required directly from the rider.

- (f) To what extent does your agency serve minority populations? Is your agency minority-owned? (Maximum 200 words)

The agency provides services to all qualified service recipients no matter their classification of race, ethnic, or religious beliefs. Each person will be evaluated by; The Agency for Person with Disabilities, determining their qualifying disability that prompts our service provision through issuance of service authorization.

- (g) Who drives the vehicles used for 5310-funded transportation services?

- How many drivers do you have? 12
- Do your drivers have CDL certifications if required for the types of vehicles used? N/A

- (h) Fully explain your transportation program:

- Service hours, planned service, routes and trip types;
- Staffing—include plan for training on vehicle equipment such as wheelchair lifts, etc.;
- Records maintenance—who, what methods, use of databases, spreadsheets etc.;

- Vehicle maintenance—who, what, when and where. Which services are outsourced (e.g., oil changes)? Include a section on how vehicles are maintained without interruptions in service (refer to TOP if applicable);
- System safety plan (refer to TOP if applicable);
- Drug-free workplace (refer to TOP if applicable); and
- Data collection methods, including how data was collected to complete Form A-2.

Note: If the applicant is a CTC, relevant pages of a TDSP and AOR containing the above information may be provided. Please do not attach entire documents.

The Arc North Florida provides transportation services to Clients with Mental and Developmental disabilities

Services are provided- 7 days per week between the hours of 6am-10pm and on emergencies basis after hours. They are transported within six routes to local services provided by the agency, to community activities, Medical visits, vacation trips and to their worksites.

All staff who drive company vehicles are required to pass the computer base learning training course provided by FDOT, and take a road test with supervision before they are allowed to drive any company vehicle. Certificates of course completion is in drivers personal files. Daily inspection training and training on equipment is ongoing and addressed at least annually during in-service.

Records are maintained by Bobby Cason, each 5310 vehicles has its own file containing all required information as outlined in the TOP. Services are done by local Chrysler dealership during hours when vehicle is not scheduled for transport using the guidelines requirements in the TOP.

System Safety plan is outlined in the TOP.

Drug Free Workplace- is outlined in the TOP and also follow the Adult Persons with Disabilities requirements.

Data Collection methods. Each vehicle is provided with a transportation log to maintain the records of who, when, and where any individual is transported. Logs are collected at the end of each month and checked against attendance rolls and other activity logs to insure accuracy. Each written record is maintained for 3 years, and also the information is placed into a data base that compiles the number of trips, mileage and fuel consumption and calculates everything for expense reports.

Form A-2: Fact Sheet

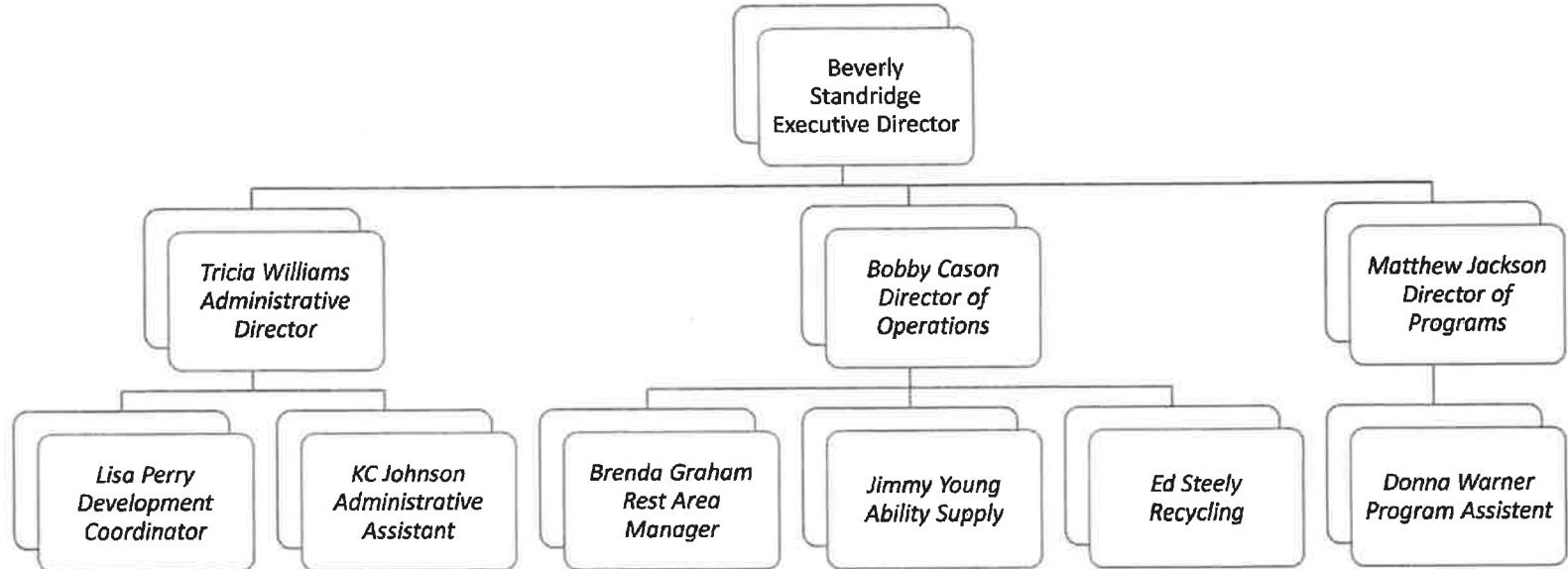
1	Number of total one-way trips served by the agency PER YEAR (for entire system). * Please include calculations.	Drive each client to two locations every day for 5 days work week. 51 clients X 2 locations X 5 Days per week X 52 weeks = 26520 trip per year	(a) 26520	Drive each client to two locations every day for 5 days work week. 55 clients X 2 locations X 5 Days per week X 52 weeks = 28600 trip per year	28600
2	Number of one-way trips provided to seniors and individuals with disabilities PER YEAR. *	Drive each client to two locations every day for 5 days work week. 51 clients X 2 locations X 5 Days per week X 52 weeks = 26520 trip per year	(b) 26520	Drive each client to two locations every day for 5 days work week. 55 clients X 2 locations X 5 Days per week X 52 weeks = 28600 trip per year	28600.
3	Number of individual senior and disabled clients (unduplicated) PER YEAR.		(c) 51		55
4	Total number of vehicles used to provide service to seniors and individuals with disabilities ACTUAL.		(d) 12		12

	Calculations (current system)	Current System	Calculations (if grant is awarded)	If Grant is Awarded (Estimates are acceptable)
5	Number of 5310 vehicles used to provide service to seniors and individuals with disabilities eligible for replacement ACTUAL.	(e)5		7
6	Total fleet vehicle miles traveled to provide service to seniors and individuals with disabilities PER YEAR.	Average miles per trip= 18 miles x 2 trips x 5 days x 52 x 12 vehicles = 112320	(f)112320	Average miles per trip= 18 miles x 2 trips x 5 days x 52 x 12 vehicles = 112320
7	Total number of square miles of service coverage.	(g)1700		1700
8	Number of days that vehicles are in operation to provide service to seniors and individuals with disabilities AVERAGE PER YEAR.	(h)320		320

	Calculations (current system)	Current System	Calculations (if grant is awarded)	If Grant is Awarded (Estimates are acceptable)
9	Number of hours of service AVERAGE PER DAY.	(i)14		14
10	Number of hours of service PER YEAR.	(j)4480		4480
11	Posted hours of normal operation agency provides service to seniors and individuals with disabilities PER WEEK (This does not include non-scheduled emergency availability).	(k) <i>M-F:14</i> <i>Saturday: 14 Group Home only</i> <i>Sunday: 14 Group Home Only</i> <i>Total (WEEK):98</i>		<i>M-F:14</i> <i>Saturday: 14 Group Home Only</i> <i>Sunday: 14 Group Home Only</i> <i>Total (WEEK):</i>

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

The Arc North Florida



Form B-1: Proposed Project Description

All Applicants

(a) How will the grant funding be used?

Check all that apply:

<input checked="" type="checkbox"/> Vehicle(s) →	<input type="checkbox"/> Expansion	<input type="checkbox"/> Replacement
<hr/>		
<input type="checkbox"/> Equipment		
<hr/>		
<input type="checkbox"/> Mobility Management		
<hr/>		
<input type="checkbox"/> Preventative Maintenance		
<hr/>		
<input type="checkbox"/> Operating →	<input type="checkbox"/> Expansion	<input type="checkbox"/> Continuing Service

(b) In which geographic area(s) will the requested grant funds be used to provide service?

- ☐ Urban (UZA)
- ☐ Small Urban (SUZA)
- ☒ Rural

Complete the service area percentages for the geographic areas where the requested grant funds will be used to provide service

Example:

If your agency makes 500 trips per year and 100 of those trips are urban then:

*100 UZA trips/ 500 total trips = .2 * 100 = 20% UZA service area*

UZA	/			%UZA service area
SUZA	/			%Small Urban service area
Rural	22880	/	22880 =100%	%Rural service area
<div> <div>Number of trips, revenue service hours, or revenue service miles within specified geographic area</div> <div>Divided by</div> <div>Total number of trips, revenue service hours, or revenue service miles</div> <div>Equals</div> <div>Percentage of service within specified geographic area</div> </div>				

Calculate the funding split for the geographic areas where the requested grant funds will be used to provide service.

UZA	X	=	\$
SUZA	X	=	\$
Rural	87784.00	X 100%	= \$87784.00
Total amount requested	Multiplied by	Percentage of service within specified geographic area	Equals Funding split

NOTE: When invoicing for operating projects, you must use the above funding split on your invoice summary forms.

Once you have determined the funding split between UZA, SUZA and Rural, you will need to calculate the match amount.

NOTE: Operating Assistance (50% Federal and 50% Local):

UZA	X	.5 Federal & .5 Local	=	\$	\$
SUZA	X	.5 Federal & .5 Local	=	\$	\$
Rural	X	.5 Federal & .5 Local	=	\$	\$
Funding Split	Multiplied by	.5 Federal & .5 Local	Equals	Federal	Local

NOTE: Capital Assistance (80% Federal, 10% State and 10% Local):

NOTE: Capital Assistant (66%) Salary

UZA	X	.8 Federal & .1 State & .1 Local	=	\$	\$	\$	
SUZA	X	.8 Federal & .1 State & .1 Local	=	\$	\$	\$	
Rural	87784.00	X	.8 Federal & .1 State & .1 Local	=	\$70227.20	\$8778.40	\$8778.40
Funding Split	Multiplied by	.8 Federal & .1 State & .1 Local	Equals	Federal	State	Local	

How will the grant funding improve your agency's transportation service? Provide detail.

Will it be used to:

- Provide more hours of service?
- Expand service to a larger geographic area?
- Provide shorter headways?
- Provide more trips?

Also, highlight the challenges or difficulties that your agency will overcome if awarded these funds.

The Arc North Florida's fleet is aging to the extent that we are having difficulty making medical and other personnel supports trips without the vehicle breaking down. Clients miss their appointments or have had to reschedule because of the vehicles being down for service.

These services require most trips to be one on one with staff and client and due to time constraints and distance traveled it eliminates the possibility of using current transportation route vehicles for these services.

These two vehicles will allow for us to provide the services needed without putting staff and clients in jeopardy and will help with the ever increasing client needs to travel to their appointment.

We are currently providing transport of these clients as far as Gainesville FL. for their medical services, and the expansion in client numbers are requiring us do these services almost on a daily basis.

Currently we providing 14 clients the service described above, but as our client base expands in the coming year we are expecting 5-7 new people under these services. Average miles of those trips are over 100 miles per trip. Example: Current 14 clients, 30 -100 mile trips = 3000 miles per month. With expansion of services the mileage will potentially increase to 4500 miles per month

Clients cannot take the community transportation services to medical appointments because they require the assistance of staff to communicate. The cost of these services are also prohibitive for their budget.

2. If this grant is not fully funded, can you still proceed with your transportation program? Explain.

We will continue to incur the high cost of transporting the clients we now have but it will eliminate the possibility of expansion of new clients to these services.

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

Applications submitted without the appropriate CTC coordination agreement may be rejected by FDOT. Grant awards will not be made without an appropriate coordination agreement. This coordination agreement must be enforced the entire time of grant (vehicle life or operating JPA expiration).

Form C-1: Financial Capacity – Proposed Budget for Transportation Program

Estimated Revenues <i>See Instruction Manual for definitions</i>	Revenue Amount <i>Entire Transportation program</i>	Revenue Used as FTA Match <i>5310 Program Only</i>
Passenger Fares for Transit Service (401)	0	0
Special Transit Fares (402)	0	0
School Bus Service Revenues (403)	0	0
Freight Tariffs (404)	0	0
Charter Service Revenues (405)	0	0
Auxiliary Transportation Revenues (406)	0	0
Non-transportation Revenues (407)	0	0
Total Revenue	0	0
Other Revenue Categories	_____	_____
Taxes Levied directly by the Transit System (408)	0	0
Local Cash Grants and Reimbursements (409)	0	0
Local Special Fare Assistance (410)	0	0
State Cash Grants and Reimbursements (411)	0	0
State Special Fare Assistance (412)	0	0
Federal Cash Grants and Reimbursements (413)	0	0
Interest Income (414)	0	0
Contributed Services (430)	0	0
Contributed Cash (431)	0	0
Subsidy from Other Sectors of Operations (440)	0	0
Total of Other Revenue	0	\$0
Grand Total All Revenue	0	\$0

Estimated Expenses <i>See Instruction Manual for definitions</i>	Expense Amount <i>Entire Transportation program</i>	FTA Eligible Expense <i>5310 Program Only</i>
Labor (501)	\$32,886.00	\$32,886.00
Fringe & Benefits (502)	\$9,366.00	\$9,366.00
Services (503)	\$3,645.00	\$3,645.00
Materials & Supplies (504)	\$17,054.00	\$17,054.00
Vehicle Maintenance (504.01)	\$4,450.00	\$4,450.00
Utilities (505)	\$191.00	\$191.00
Insurance (506)	\$9,272.00	\$9,272.00
Licenses & Taxes (507)	\$140.00	\$140.00
Purchased Transit Service (508)	0	0
Miscellaneous (509)*	0	0
Leases & Rentals (512)	0	0
Depreciation (513)	\$7,805.00	\$7,805.00
Grand Total All Expenses	\$84,809.00	\$84,809.00

Operating Funding Sources			
Sources	Prior Year	Current Year	Next year
(Medicaid Reimbursement)	\$138,168.00	\$120,139.00	\$115,077.00
	\$	\$	\$
	\$	\$	\$
	\$	\$	\$
	\$	\$	\$

Proof of Local Match

Source	Amount
The Arc North Florida Foundation	\$8778.40
	\$
	\$
	\$
	\$
	\$
Total Local Match — 10 % of Total Project Cost	\$8778.40

**Note: Add more rows if needed.*

Attach documentation of match funds directly after this page. Proof may consist of, but not be limited to:

- *Transportation Disadvantaged (TD) allocation,*
- *Written statements from county commissions, state agencies, city managers, mayors, town councils, organizations, accounting firms and financial institutions.*

Signature [blue ink]

Beverly Standridge

Typed Name and Title of Authorized Representative

12/11/2017

Date

To identify vehicle type and estimate cost visit <http://tripsflorida.org/>

1. Select Desired Vehicle (Cutaway, Minibus etc.)
2. Choose Vendor (use drop down arrow next to vendor name to see information)
3. Select Order Packet
4. Complete Exhibit A (Order Form)

Vehicle Request

*Under Description/Vehicle Type, include the length and type vehicle, lift or ramp, number of seats and wheelchair positions. For example, 22' gasoline bus with lift, 12 ambulatory seats, and 2 wheelchair positions. **Any bus options that are part of purchasing the bus itself should be part of the vehicle request and NOT separated out under equipment.**

If the capital request includes replacement vehicles, please list the vehicles in your current fleet that you are intending to replace with the vehicle from your vehicle request. Please list by order of priority.

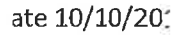
-40-

Capital Requests Only

- (a) If this capital request includes equipment, please describe the purpose of the request.
- (b) If you are requesting a vehicle that requires a driver with a CDL:
 - Who will drive the vehicle?
 - How will you ensure that your driver(s) maintain CDL certification?
- (c) If the requested vehicles or equipment will be used by a lessee or private operator under contract to the applicant agency, identify the proposed lessee/operator.
 - Include an equitable plan for distribution of vehicles/equipment to lessees and/or private operators.

2 Dodge Grand Caravan SE- for additional transportation Routes and Medical and Support Services for client with Developmental Disabilities.

These vehicles will be use by The Arc North Florida, Inc. personal only.

[illegible]

Florida Department of Transportation



49 U.S.C. Section 5310

Capital & Operating Assistance – FFY 2018

Grant Application

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

CFDA 20.513

Legal Applicant Name: CARC-Advocates for Citizens with Disabilities, Inc.

☐ First Time Applicant ☒ Previous Applicant


Project Type and Service Area of this Application (check all that apply):

☐ Large Urban Service Area

☐ Small Urban Service Area

☒ Rural Service Area

Applicant Information

		49 U.S.C. Section 5310, Formula Grants for the Enhanced Mobility of Seniors and Individuals with Disabilities: GRANT APPLICATION	
Agency (Applicant) Legal Name: CARC-Advocates for Citizens with Disabilities, Inc.			
Physical Address (No P.O. Box): 512 SW Sisters Welcome Road			
Applicant's County: Columbia If Applicant has offices in more than one county, list county where main office is located			
City: Lake City	State: FL	Zip + 4 Code: 32025	Congressional District: 4
Federal Taxpayer ID Number: 59-1540794			
Applicant Fiscal period start and end dates: October 1 to September 30 State Fiscal period from: July 1, 2018 to June 30, 2019			
Applicant's DUNS Number: 112-762786 Unique 9-Digit number issued by Dun & Bradstreet. May be obtained free of charge at: http://fedgov.dnb.com/webform			
Project's Service Area: Columbia List the county or counties that will be served by the proposed project.			
Executive Director: Stephen E. Bailey		Grant Contact Person (if different than Executive Director):	
Telephone: 386-752-1880		Telephone:	
Fax: 386-758-2031		Fax:	
E-mail Address: sbailey@lakecity-carc.com		Email Address:	
Current Vehicle Inventory: _____ Vans _____ Vans/Lifts <u>2</u> Sedans or Minivans Enter Number in Fleet <u>2</u> Buses/Cutaways _____ Other _____ N/A			
Authorizing Representative certifying to the information contained in this application is true and accurate. Signature (Authorizing Representative) [blue ink]: _____ Printed Name: <u>Stephen E. Bailey</u> Title: <u>Executive Director</u> Email Address: <u>sbailey@lakecity-carc.com</u> *Must attach a Resolution of Authority from your Board (original document) for the person signing all documents on behalf of your agency. See Exhibit B			

PART III - FUNDING REQUEST

Form A-1: Current System Description

- (a) Please provide a brief general overview of the organization type (i.e., government authority, private non-profit, etc.) including its mission, program goals, and objectives (Maximum 300 words).

CARC – Advocates for Citizens with Disabilities, Inc. (CARC) is a 501c3 nonprofit corporation whose mission is to include Columbia County citizens with disabilities by providing choices, opportunities and training for more independent functioning. Services are provided to Columbia County citizens, with 30% of CARC's clients being minority populations, and the majority of transportation is provided in Columbia County. Medical needs, services and field trips occasionally require transportation outside of Columbia County.

This project request is for purpose of continuing the existing level of services currently provided at CARC. A new vehicle will replace a 2008 8 Ambulatory passenger plus 2 wheelchair Chevrolet Champion Bus.

The vehicles will be used on a regular basis to transport individuals to their job training and also for field trips and other community inclusion events consistent with our mission. We also require this vehicle to assist in providing companion services and home support.

CARC does have a scheduled maintenance program for oil changes, fluid, tire, and brake checks and employees are required to complete an inspection prior to driving vehicles. Robert's Auto Repair, Tire Mart and Swift Lube are out local auto service companies used for maintenance repair of vehicles.

- (b) Please provide information below:

- Organizational structure (**attach an organizational chart at the end of this section**)
- Total number of employees in the organization – 10
- Total number of transportation-related employees in the organization

- (c) Who is responsible for insurance, training, management, and administration of the agency's transportation programs? (Maximum 100 words)

The Executive Director is responsible for overall management of Agency, including insurance. Operations manager is responsible for transportation program, including the training of drivers.

- (d) How are the operations of the transportation program currently funded? What are the sources of the funding (e.g., state, local, federal, private foundations, fares, other program fees?)? (Maximum 200 words)

CARC receives some local funding, however, most are paid for with revenue from the program the participants participate in such as Housing or day programs, companion, monies from the state med waiver program.

- (e) How does your agency ensure that passengers are eligible recipients of 5310-funded transportation service? (Maximum 200 words)

CARC passengers are residents of our group home or participants in our day training program who are receiving funding from Agency for Persons with Disabilities.

- (f) To what extent does your agency serve minority populations? Is your agency minority-owned? (Maximum 200 words)

CARC is not minority-owned.

- (g) Who drives the vehicles used for 5310-funded transportation services?

- How many drivers do you have? 10
- Do your drivers have CDL certifications if required for the types of vehicles used? No vehicles require CDL's.

- (h) Fully explain your transportation program:

- Service hours, planned service, routes and trip types;
- Staffing—include plan for training on vehicle equipment such as wheelchair lifts, etc.;

- Records maintenance—who, what methods, use of databases, spreadsheets etc.;
- Vehicle maintenance—who, what, when and where. Which services are outsourced (e.g., oil changes)? Include a section on how vehicles are maintained without interruptions in service (refer to TOP if applicable);
- System safety plan (refer to TOP if applicable);
- Drug-free workplace (refer to TOP if applicable); and
- Data collection methods, including how data was collected to complete Form A-2.

*Note: If the applicant is a CTC, **relevant pages** of a TDSP and AOR containing the above information may be provided. **Please do not attach entire documents.***

CARC runs 7 days a week and provides transportation for residents to doctor appointments and also used for outings. None of our vehicles require a CDL driver's license. Our vehicle maintenance is performed by certified technicians locally or more specialized items are taken to Creative Bus Sales in Jacksonville, Florida for repair. Vehicle maintenance and driver training are all adhered to as in our TOP manual.

Form A-2: Fact Sheet

	Calculations (current system)	Current System	Calculations (if grant is awarded)	If Grant is Awarded (Estimates are acceptable)
1 Number of total one-way trips served by the agency PER YEAR (for entire system). * Please include calculations.	Drive client to various locations daily.	(a) 2,200		2,200
2 Number of one-way trips provided to seniors and individuals with disabilities PER YEAR . *		(b) 2,200		2,200
3 Number of individual senior and disabled clients (unduplicated) PER YEAR .		(c) 55		55
4 Total number of vehicles used to provide service to seniors and individuals with disabilities ACTUAL .		(d) 4		4

	Calculations (current system)	Current System	Calculations (if grant is awarded)	If Grant is Awarded (Estimates are acceptable)
5 Number of 5310 vehicles used to provide service to seniors and individuals with disabilities eligible for replacement ACTUAL.		(e) 1		0
6 Total fleet vehicle miles traveled to provide service to seniors and individuals with disabilities PER YEAR.		(f)		
7 Total number of square miles of service coverage.		(g) 801		801
8 Number of days that vehicles are in operation to provide service to seniors and individuals with disabilities AVERAGE PER YEAR.		(h) 7		7

	Calculations (current system)	Current System	Calculations (if grant is awarded)	If Grant is Awarded (Estimates are acceptable)
9 Number of hours of service AVERAGE PER DAY.	10x	(i) 10		 10
10 Number of hours of service PER YEAR.	365 days x 10 hours	(j) 3,650		 3,650
11 Posted hours of normal operation agency provides service to seniors and individuals with disabilities PER WEEK (This does not include non-scheduled emergency availability).		(k) <i>M–F: 8-6</i> <i>Saturday: 8-6</i> <i>Sunday: 8-6</i> <i>Total (WEEK): 70</i>		<i>M–F: 8-6</i> <i>Saturday: 8-6</i> <i>Sunday: 8-6</i> <i>Total (WEEK): 70</i>

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

Form B-1: Proposed Project Description

All Applicants

(a) How will the grant funding be used?

Check all that apply:

☒ Vehicle(s) → ☐ Expansion ☒ Replacement

☒ Equipment

☐ Mobility Management

☐ Preventative Maintenance

☐ Operating → ☐ Expansion ☐ Continuing Service

(b) In which geographic area(s) will the requested grant funds be used to provide service?

☐ Urban (UZA)

☐ Small Urban (SUZA)

☒ Rural

Complete the service area percentages for the geographic areas where the requested grant funds will be used to provide service

Example:

If your agency makes 500 trips per year and 100 of those trips are urban then:

*100 UZA trips/ 500 total trips = .2 * 100 = 20% UZA service area*

UZA	/	=	%UZA service area
SUZA	/	=	%Small Urban service area
Rural	/	= 100	%Rural service area
Number of trips, revenue service hours, or revenue service miles within specified geographic area	Divided by	Total number of trips, revenue service hours, or revenue service miles	Equals
			Percentage of service within specified geographic area

Calculate the funding split for the geographic areas where the requested grant funds will be used to provide service.

UZA		X		=	\$
SUZA		X		=	\$
Rural	76,294	X	100	=	\$76,294
Total amount requested 76,294		Multiplied by	Percentage of service within specified geographic area	Equals	Funding split

NOTE: When invoicing for operating projects, you must use the above funding split on your invoice summary forms.

Once you have determined the funding split between UZA, SUZA and Rural, you will need to calculate the match amount.

NOTE: Operating Assistance (50% Federal and 50% Local):

UZA	X	.5 Federal & .5 Local	=	\$	\$
SUZA	X	.5 Federal & .5 Local	=	\$	\$
Rural	X	.5 Federal & .5 Local	=	\$	\$
Funding Split	Multiplied by	.5 Federal & .5 Local	Equals	Federal	Local

NOTE: Capital Assistance (80% Federal, 10% State and 10% Local):

UZA	X	.8 Federal & .1 State & .1 Local	=	\$	\$	\$	
SUZA	X	.8 Federal & .1 State & .1 Local	=	\$	\$	\$	
Rural	76,294	X	.8 Federal & .1 State & .1 Local	=	\$61,035.20	\$7,629.40	\$7,629.40
Funding Split	Multiplied by	.8 Federal & .1 State & .1 Local	Equals	Federal	State	Local	

(c) How will the grant funding improve your agency's transportation service? Provide detail.

Will it be used to:

- **Provide more hours of service?**
- **Expand service to a larger geographic area?**
- **Provide shorter headways?**
- **Provide more trips?**

Also, highlight the challenges or difficulties that your agency will overcome if awarded these funds.

Replacing vehicle that is having major issues and having to consistently repair the wheelchair lift along with significant air condition repairs. CARC has spent \$3,100.00 on repairs to vehicle in the last 12 months. A larger bus will allow for more clients to be transported in one vehicle instead of having to take a second vehicle therefore reducing the labor and fuel cost.

(d) If this grant is not fully funded, can you still proceed with your transportation program? Explain.

Yes, however, repair costs may prohibit vehicle from being used therefore reducing number of trips able to take.

(e) **New agencies only:** Have you met with the CTC and, if so, how are you providing a service they cannot? Provide detailed information supporting this requirement.

Applications submitted without the appropriate CTC coordination agreement may be rejected by FDOT. Grant awards will not be made without an appropriate coordination agreement. This coordination agreement must be enforced the entire time of grant (vehicle life or operating JPA expiration).

Form B-2: Financial Capacity – Proposed Budget for Transportation Program

Estimated Revenues <i>(See Instruction Manual)</i>	Revenue Amount <i>Entire Transportation program (See Instruction Manual)</i>	Revenue Used as FTA Match Amount <i>5310 Program Only (See Instruction Manual)</i>
Passenger Fares for Transit Service (401)	\$	
Special Transit Fares (402)		
School Bus Service Revenues (403)		
Freight Tariffs (404)		
Charter Service Revenues (405)		
Auxiliary Transportation Revenues (406)		
Non-transportation Revenues (407)		
Total Revenue	\$	
Other Revenue Categories	_____	_____
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 and Reimbursements (413)		
Interest Income (414)		
Contributed Services (430)		
Contributed Cash (431)		
Subsidy from Other Sectors of Operations (440)		
Total of Other Revenue	\$	
Grand Total All Revenue	\$	

Estimated Expenses <i>See Instruction Manual</i>	Expense Amount <i>Entire Transportation program</i>	FTA Eligible Expense <i>5310 Program Only</i>
Labor (501)		
Fringe & Benefits (502)		
Services (503)		
Materials & Supplies (504)		
Vehicle Maintenance (504.01)		
Utilities (505)		
Insurance (506)		
Licenses & Taxes (507)		
Purchased Transit Service (508)		
Miscellaneous (509)*		
Leases & Rentals (512)		
Depreciation (513)		
Grand Total All Expenses \$		

Operating Funding Sources			
Sources	Prior Year	Current Year	Next year
	\$	\$	\$
	\$	\$	\$
	\$	\$	\$
	\$	\$	\$
	\$	\$	\$

Proof of Local Match	
Source	Amount
	\$
	\$
	\$
	\$
	\$
	\$
Total Local Match – 50 % of Total Project Cost	\$

Attach documentation of match funds directly after this page. Proof may consist of, but not be limited to:

- Transportation Disadvantaged (TD) allocation,
- Written statements from county commissions, state agencies, city managers, mayors, town councils, organizations, accounting firms and financial institutions.

Signature [blue ink]

Typed Name and Title of Authorized Representative

Date

Form B-3: Breakdown of Transportation CostsAre you billing Direct Cost? ☐ Yes ☐ No

If yes, skip Hourly Rate/ Per Trip Rate Calculation.

Hourly Rate Calculation (1 – 5)Note: If you elect to use this (hourly rate) calculation, do not complete the Per Trip Rate calculation section (6 – 10).**1. Net Transportation Cost**

	—		=	\$
Gross Transportation Cost [FTA Eligible Expense]	(Minus)	Total Revenues [Revenue Used as FTA Match Amount]	(Equals)	Net Transportation Cost

2. Hourly Rate

	/		=	\$
Net Transportation Cost [Calculated above]	(Divided by)	Service Hours Per Year [(j) from Form A-2]	(Equals)	Hourly Rate

3. Total Project Cost

	X		X		=	\$
# of Vehicles [(d) from Form A-2]	(Multiplied by)	Service Hours Per Year [(j) from Form A-2]	(Multiplied by)	Hourly Rate [Calculated above]	(Equals)	Total Project Cost

4. Net Project Cost

	—		=	\$
Total Project Cost [Calculated above]	(Minus)	Passenger Fare Revenue [Revenue Used as FTA Match Amount]	(Equals)	Net Project Cost

5. Section 5310 Request

Your Section 5310 request is 50% of your net project cost.

	*	.5	=	\$
Net Project Cost [Calculated above]	(Multiplied by)	50%	(Equals)	Section 5310 Request

Per Trip Rate Calculation (6 – 10)

NOTE: If you elect to use this (per trip rate) calculation, do not complete the Hourly Rate calculation section (1 – 5).

6. Net Transportation Cost

	—		=	\$
Gross Transportation Cost [FTA Eligible Expense]	(Minus)	Total Revenues [Revenue Used as FTA Match Amount]	(Equals)	Net Transportation Cost

7. Rate per Trip

	/		=	\$
Net Transportation Cost [Calculated above]	(Divided by)	Service Trips per Year [(b) from Form A-2]	(Equals)	Rate per Trip

8. Total Project Cost

	*		*		=	\$
# of vehicles [(d) from Form A-2]	(Multiplied by)	Service Trips per Year [(b) from Form A-2]	(Multiplied by)	Rate per Trip [Calculated above]	(Equals)	Total Project Cost

9. Net Project Cost

	—		=	\$
Total Project Cost [Calculated above]	(Minus)	Passenger Fare Revenue [Revenue Used as FTA Match Amount]	(Equals)	Net Project Cost

10. Section 5310 Request

Your Section 5310 request is 50% of your net project cost.

	*	.5	=	\$
Net Project Cost [Calculated above]	(Multiplied by)	50%	(Equals)	Section 5310 Request

Form C-1: Financial Capacity – Proposed Budget for Transportation Program

Estimated Revenues <i>See Instruction Manual for definitions</i>	Revenue Amount <i>Entire Transportation program</i>	Revenue Used as FTA Match <i>5310 Program Only</i>
Passenger Fares for Transit Service (401)		
Special Transit Fares (402)		
School Bus Service Revenues (403)		
Freight Tariffs (404)		
Charter Service Revenues (405)		
Auxiliary Transportation Revenues (406)		
Non-transportation Revenues (407)		
Total Revenue		
Other Revenue Categories		
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 and Reimbursements (413)		
Interest Income (414)		
Contributed Services (430)		
Contributed Cash (431)		
Subsidy from Other Sectors of Operations (440)	\$53,644.00	\$53,644.00
Total of Other Revenue	\$53,644.00	\$53,644.00
Grand Total All Revenue	\$53,644.00	\$53,644.00

Estimated Expenses <i>See Instruction Manual for definitions</i>	Expense Amount <i>Entire Transportation program</i>	FTA Eligible Expense <i>5310 Program Only</i>
Labor (501)		
Fringe & Benefits (502)		
Services (503)		
Materials & Supplies (504)	19,512.00	19,512.00
Vehicle Maintenance (504.01)	7,427.00	7,427.00
Utilities (505)		
Insurance (506)	18,565.00	18,565.00
Licenses & Taxes (507)		
Purchased Transit Service (508)		
Miscellaneous (509)*		
Leases & Rentals (512)		
Depreciation (513)	7,500.00	7,500.00
Grand Total All Expenses	\$ 53,644.00	\$ 53,644.00

Operating Funding Sources			
Sources	Prior Year	Current Year	Next year
	\$	\$	\$
	\$	\$	\$
	\$	\$	\$
	\$	\$	\$
	\$	\$	\$

Proof of Local Match

Source	Amount
Annual BOCC Appropriation	\$ 7,629.40
	\$
	\$
	\$
	\$
	\$
	\$
Total Local Match — 10 % of Total Project Cost	\$ 7,629.40

**Note: Add more rows if needed.*

Attach documentation of match funds directly after this page. Proof may consist of, but not be limited to:

- *Transportation Disadvantaged (TD) allocation,*
- *Written statements from county commissions, state agencies, city managers, mayors, town councils, organizations, accounting firms and financial institutions.*



Signature [blue ink]

Stephen F. Bailey, Executive Director

Typed Name and Title of Authorized Representative

~~December 18, 2017~~

Date

Equipment Request

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 the [Procurement Guidelines](#).

Description*	Useful Life <i>(See Application Instructions)</i>	Quantity	Estimated Cost
Subtotal			\$

* List the number of items and provide a brief description (i.e. two-way radio or stereo radio, computer hardware/software, etc.)

The diagram illustrates the calculation of the Federal Request for 80% of the total cost. It is structured into two rows of boxes connected by mathematical operators.

Top Row:

- Box 1: Vehicle Subtotal
- Operator: +
- Box 2: Equipment Subtotal
- Operator: =
- Box 3: Total Cost

Bottom Row:

- Box 4: Total Cost
- Operator: *
- Box 5: 80%
- Operator: =
- Box 6: Federal Request Form 424, Block 18 (a)

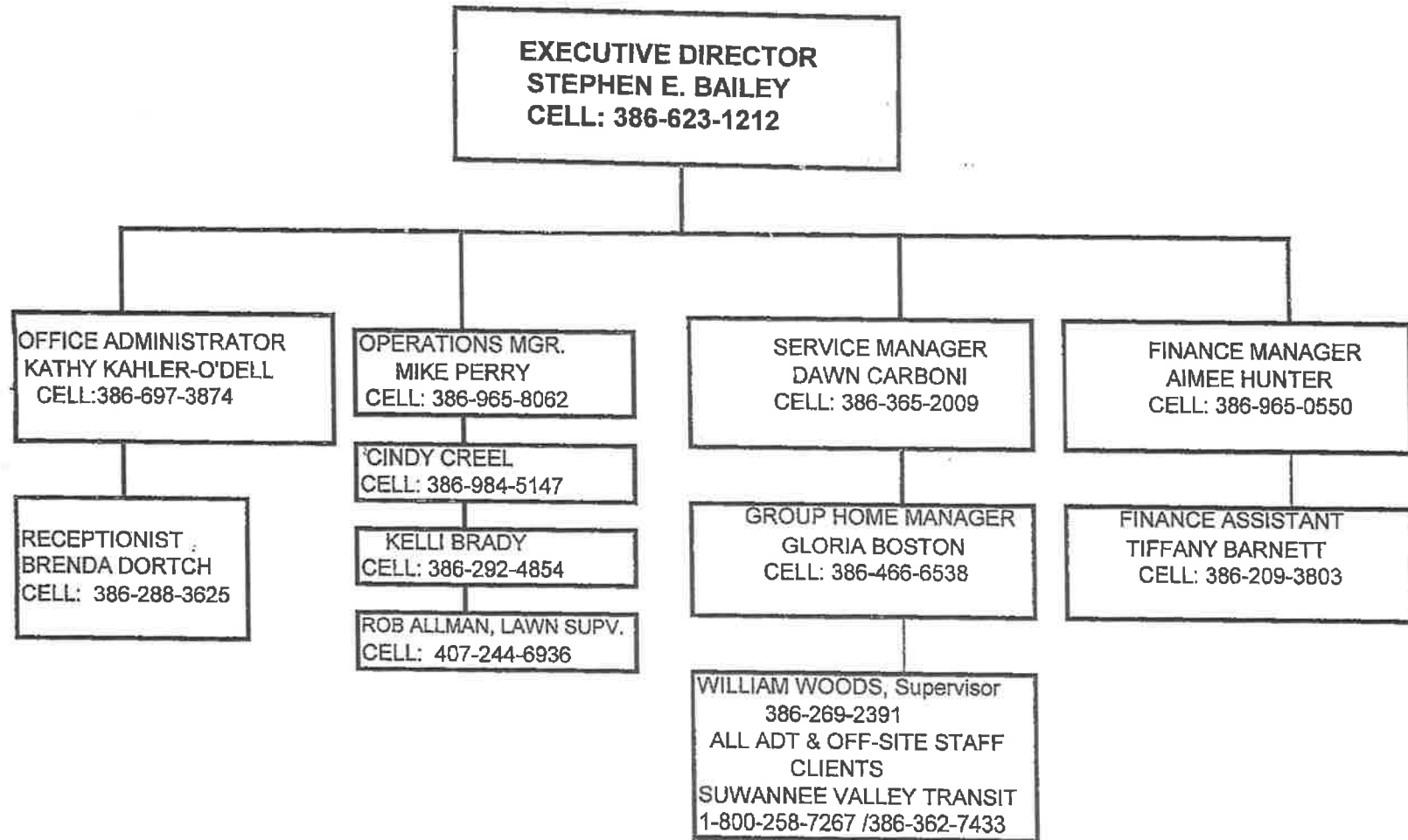


Date _____

Agency Name
Vehicle Inventory

[illegible]

CARC- ADVOCATES FOR CITIZENS WITH DISABILITIES, INC
EMERGENCY CALL LIST
10/19/2016



SUPERVISORS WILL CONTACT ALL STAFF

Application for Federal Assistance SF-424

* 1. Type of Submission:

- ☐ Preapplication
☒ Application
☐ Changed/Corrected Application

* 2. Type of Application:

- ☒ New
☐ Continuation
☐ Revision

* If Revision, select appropriate letter(s):

* Other (Specify):

* 3. Date Received:

12/18/2017

4. Applicant Identifier:

CARC-Advocates for Citizens wi

5a. Federal Entity Identifier:

59-1540794

5b. Federal Award Identifier:

State Use Only:

6. Date Received by State:

7. State Application Identifier:

8. APPLICANT INFORMATION:

* a. Legal Name: CARC - Advocates for Citizens with Disabilities, Inc.

* b. Employer/Taxpayer Identification Number (EIN/TIN):

59-1540794

* c. Organizational DUNS:

1127627860000

d. Address:

* Street1: 512 SW Sisters Welcome Road

Street2:

* City: Lake City

County/Parish:

* State:

FL: Florida

Province:

* Country:

USA: UNITED STATES

* Zip / Postal Code: 32025-0752

e. Organizational Unit:

Department Name:

Division Name:

f. Name and contact information of person to be contacted on matters involving this application:

Prefix:

Mr.

* First Name:

Stephen

Middle Name:

E.

* Last Name:

Bailey

Suffix:

Title: Executive Director

Organizational Affiliation:

* Telephone Number: 386-752-1880

Fax Number: 386-758-2031

* Email: sbailley@lakecity-carc.com

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:

*** 12. Funding Opportunity Number:**

*** Title:**

13. Competition Identification Number:

Title:

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

Add Attachment

Cancel Attachments

View Attachments

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

Attach supporting documents as specified in agency instructions.

Add Attachments

Cancel Attachments

View Attachments

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

* a. Applicant

4

* b. Program/Project

4

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

Add Attachment

View Attachment

17. Proposed Project:

* a. Start Date:

* b. End Date:

18. Estimated Funding (\$):

* a. Federal	61,035.20
* b. Applicant	
* c. State	7,629.40
* d. Local	7,629.40
* e. Other	
* f. Program Income	
* g. TOTAL	76,294.00

*** 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

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:

Stephen

Middle Name:

E

* Last Name:

Bailey

Suffix:

* Title:

Executive Director

* Telephone Number:

386-752-1880

Fax Number:

386-758-2031

* Email:

sbailey@lakecity-carc.com

* Signature of Authorized Representative:

* Date Signed:

12/18/2017



Agency Name
Vehicle Inventory

Date _____

Year	Make	Model	Vehicle Type	VIN Number	FDOT Control # (if applicable)	Agency Vehicle #	Ramp or Lift (specify)	# of Seats and W/C Positions	Other Equipment	Use	Average Miles/Yr	Current Mileage	Funding Source	Name of Title Holder	Acquisition Date	Cost	% Federal funding	Location	Condition	Expected Date of Retirement	Date of Disposition (if applicable)	Sale Price (if applicable)	Status
2008	Chevrolet	Champion		1GBJG31K981165	90248	16	Lift	8 & 2		Disabled		46295		CARC									
2012	Dodge	Minivan		2C4RDGBG1CR16	91202	17	ramp	6 & 2		Disabled		37168		FDOT					Running				
2012	Dodge	Minivan		2C4RDGBG1CR16	91203	18	ramp	6 & 2		Disabled		28017		FDOT					Running				
2015	Ford	Universal		1FDFE4FS9GDC08	91270	21	lift	12 & 2		Disabled		3417		FDOT		70578	100		Runing				

Page 1 of 2

Florida Department of Transportation



49 U.S.C. Section 5310

Capital & Operating Assistance – FFY 2018

Grant Application

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

CFDA 20.513

Legal Applicant Name: Florida Center for the Blind, Inc.

☒ First Time Applicant ☐ Previous Applicant

Project Type and Service Area of this Application (check all that apply):

☐ Large Urban Service Area

☐ Small Urban Service Area

☒ Rural Service Area

Application for Federal Assistance SF-424

*** 1. Type of Submission:**

- ☐ Preapplication
☒ Application
☐ Changed/Corrected Application

*** 2. Type of Application:**

- ☒ New
☐ Continuation
☐ Revision

*** If Revision, select appropriate letter(s):**

*** Other (Specify):**

*** 3. Date Received:**

4. Applicant Identifier:

Not Applicable

5a. Federal Entity Identifier:

Not Applicable

5b. Federal Award Identifier:

State Use Only:

6. Date Received by State:

7. State Application Identifier:

1001

8. APPLICANT INFORMATION:

*** a. Legal Name:** Florida Center for the Blind, Inc.

*** b. Employer/Taxpayer Identification Number (EIN/TIN):**

59-2956392

*** c. Organizational DUNS:**

8407486770000

d. Address:

*** Street1:** 1411 NE 22nd Avenue

Street2:

*** City:** Ocala

County/Parish: Marion

*** State:** FL: Florida

Province:

*** Country:** USA: UNITED STATES

*** Zip / Postal Code:** 34470-0000

e. Organizational Unit:

Department Name:

NA

Division Name:

NA

f. Name and contact information of person to be contacted on matters involving this application:

Prefix: Mrs.

*** First Name:** Anissa

Middle Name: M.

*** Last Name:** Brescia

Suffix:

Title: President / CEO

Organizational Affiliation:

NA

*** Telephone Number:** (352) 873-4700

Fax Number: (352) 873-4751

*** Email:** ABrescia@flblind.org

Application for Federal Assistance SF-424

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

N: Nonprofit without 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 Transwilt Administration

11. Catalog of Federal Domestic Assistance Number:

20.513

CFDA Title:

Section 5310

* 12. Funding Opportunity Number:

Not Applicable

* Title:

Enhanced Mobility of Seniors and Individuals with Disabilities Program

13. Competition Identification Number:

Not Applicable

Title:

Not Applicable

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

Add Attachment

Delete Attachment

View Attachment

* 15. Descriptive Title of Applicant's Project:

Capital request to improve fleet with purchase of two (2) vehicles: 1) mini-van equipped with slide out WC ramp (R) and one (1) sedan (E) to better serve seven county rural area and be ADA compliant.

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 * b. Program/Project

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

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

* a. Federal	<input type="text" value="62,570.40"/>
* b. Applicant	<input type="text" value="7,821.30"/>
* c. State	<input type="text" value="7,821.30"/>
* d. Local	<input type="text" value=""/>
* e. Other	<input type="text" value=""/>
* f. Program Income	<input type="text" value=""/>
* g. TOTAL	<input type="text" value="78,213.00"/>

*** 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

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:

PART III - FUNDING REQUEST

Form A-1: Current System Description

- (a) Please provide a brief general overview of the organization type (i.e., government authority, private non-profit, etc.) including its mission, program goals, and objectives (Maximum 300 words).

Florida Center for the Blind, Inc. (FCB) is a 501-c-3 private non-profit organization. The mission of FCB is to instruct individuals with visual impairments in the use of those compensatory skills and aids that will enable them to live safely, productively, independently and interdependently. Our services, including transportation, are provided to all blind and/or visually impaired residents of Marion, Alachua, Bradford, Columbia, Dixie, Gilchrist, Levy and Union counties. Our transportation services are not provided within the context of a fixed route system as our client schedules, along with the instructor schedules, dictate when the transportation is required. Every client's needs are different. One client may receive services one week in their home, one week at the grocery store, and one week at the agency. Every client's services plan is individualized; therefore, their services are individualized and based on their personal and professional needs. The Florida Center for the Blind currently serves an average of 200 individuals living with blindness each year. Nearly 74% of those clients need services outside of the agency. As such nearly 148 individuals are in need of services that require the routine use of agency vehicles in order for them to receive vision rehabilitation services. (NOTE: because the organization's service area is served by two (2) FDOT districts, this grant will focus on Alachua, Bradford, Columbia, Dixie, Gilchrist, Levy and Union county services only).

- (b) Please provide information below:

- Organizational structure (**attach an organizational chart at the end of this section**)
- Total number of employees in the organization 14
- Total number of transportation-related employees in the organization 7

- (c) Who is responsible for insurance, training, management, and administration of the agency's transportation programs? (Maximum 100 words)

The Florida Center for the Blind's transportation program is administered by the President/CEO (financials, insurance, vehicle utilization documentation), the Transportation Coordinator is responsible for training, and administration, and the agency's Maintenance Supervisor manages the inspection and maintenance program.

- (d) How are the operations of the transportation program currently funded? What are the sources of the funding (e.g., state, local, federal, private foundations, fares, other program fees)? (Maximum 200 words)

The Florida Center for the Blind, Inc. is funded through contracts with the state of Florida Division of Blind Services, Marion County School District ESE Department, private and foundation grants, along with gifts, donations, and fund raisers. No insurance or third party revenue sources pay for our services. These revenues are used to fund transportation services in support of the program activities of the organization.

- (e) How does your agency ensure that passengers are eligible recipients of 5310-funded transportation service? (Maximum 200 words)

All our clients are considered disabled due to visual impairments. This disability alone makes them eligible recipients for the 5310 program. Many of our clients are also children and/or elderly. Also, many of our clients are also income eligible. None of our clients are able to drive due to their visual disability. They rely greatly on family and public transportation.

- (f) To what extent does your agency serve minority populations? Is your agency minority-owned? (Maximum 200 words)

Our agency is a private non-profit organization governed by a volunteer Board of Directors. We are not minority owned. We are charged by the Florida Division of Blind Services to serve the rehabilitative needs of all blind and visually impaired persons residing in our eight county service area. No visually impaired person is denied services due to race, ethnicity, age, gender, or income.

- (g) Who drives the vehicles used for 5310-funded transportation services?

- How many drivers do you have? We employ two (2) part-time drivers and five (5) of our sighted professional staff drive or assist our visually imparied professional staff in the performance of their job duties.
- Do your drivers have CDL certifications if required for the types of vehicles used? NA
Our vehicles are sedans and vans and do not require CDL certification to operate.

(h) **Fully explain your transportation program:**

- Service hours, planned service, routes and trip types;
- Staffing—include plan for training on vehicle equipment such as wheelchair lifts, etc.;
- Records maintenance—who, what methods, use of databases, spreadsheets etc.;
- Vehicle maintenance—who, what, when and where. Which services are outsourced (e.g., oil changes)? Include a section on how vehicles are maintained without interruptions in service (refer to TOP if applicable);
- System safety plan (refer to TOP if applicable);
- Drug-free workplace (refer to TOP if applicable); and
- Data collection methods, including how data was collected to complete Form A-2.

Note: If the applicant is a CTC, relevant pages of a TDSP and AOR containing the above information may be provided. Please do not attach entire documents.

The Florida Center for the Blind, Inc. is a 501 (C) (3), non-profit agency that provides vision rehabilitation services to individuals from birth to end of life living in an eight (8) county area of north central Florida. The agency was incorporated in 1989. The mission of the Florida Center for the Blind of North Central Florida (FCB) is to instruct individuals with visual impairments in the use of those compensatory skills and aids that will enable them to live safely, productively, independently and interdependently. A total of 14 staff members are employed by the organization. The position of the President/CEO is administrative. One (1) other position is dedicated to maintenance and upkeep of the physical plant and vehicle maintenance along with part-time driving duties. And, one additional (1) part-time driver. The professional staff number twelve (12); four (4) of which have responsibilities split between client services and administration (President/CEO, Director of Development, Public Relations Coordinator, Executive Assistant to the President/CEO), while the remaining seven (7) are dedicated strictly to instruction and education of the clients we serve. All sighted staff also provide transportation services to clients who are enrolled in our services when public transportation is not available. Three (3) of our staff members are not able to drive due to blindness/visual impairments. They are assisted by sighted staff members or organizational volunteers who provide transportation for these visually impaired staff members when services are provided outside of the agency. We also utilize volunteers in various staff capacities including as drivers for staff and clients. The agency is open Monday through Thursday 8:00 am to 5:30 pm, Friday 8:00am to noon, two Saturdays a month, and some Sundays. Our rehabilitative services are provided to residents of Marion, Alachua, Bradford, Columbia, Dixie, Gilchrist, Levy and Union counties. Our transportation services are not provided within the context of a fixed route system as our client schedules along with the instructor schedules dictate when the transportation is required. Every client's need is different. One client may receive services one week in their home, one week at the grocery store, and one week at the agency. Every client's service plan is individualized; therefore, their services are individualized and based on their personal and professional needs. The Florida Center for the Blind currently serves an average of 200 individuals living with blindness each year. Nearly 74 % of those clients need services outside of the agency. As such nearly 148 individuals are in need of services that require the routine use of agency vehicles in order for them to receive vision rehabilitation services in their home, at work, school or other locations in their community.

(Note: Organization Chart is attached after Form A-2 Fact Sheet)

Form A-2: Fact Sheet

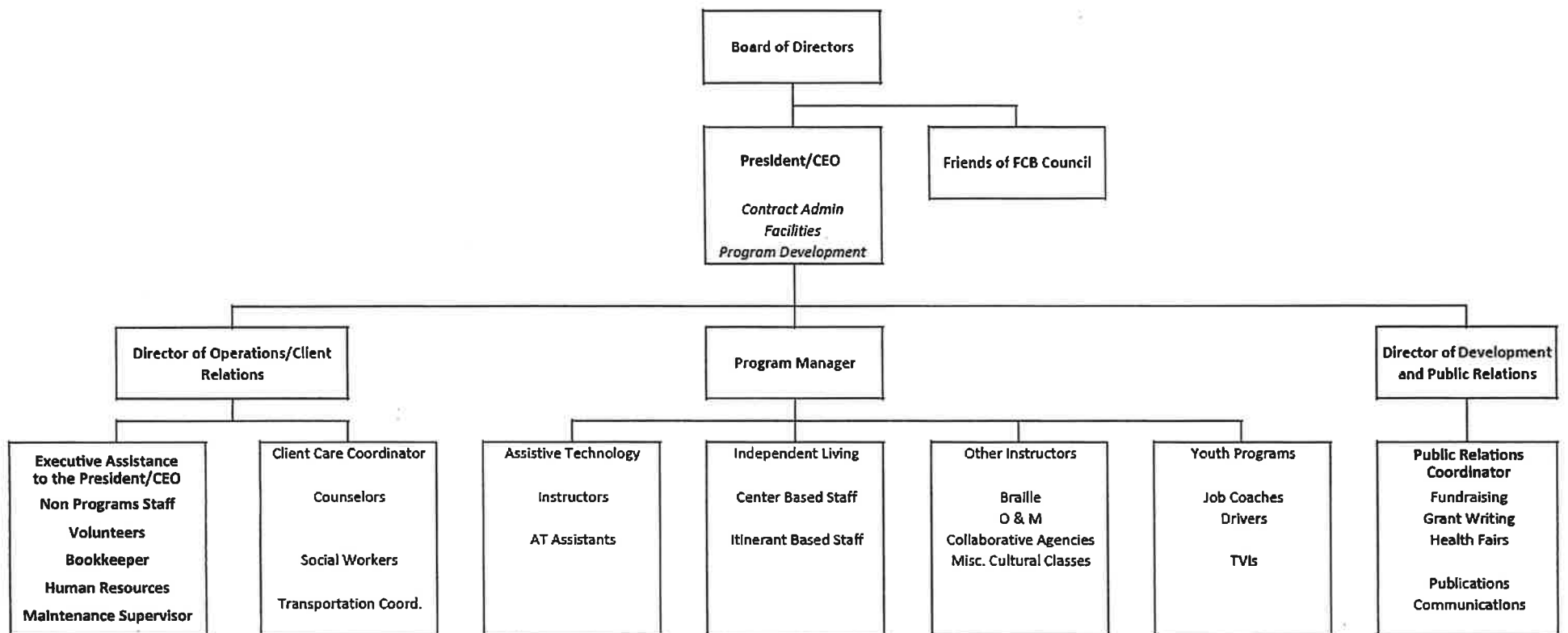
	Calculations (current system)	Current System	Calculations (if grant is awarded)	If Grant is Awarded (Estimates are acceptable)
1	Number of total one-way trips served by the agency PER YEAR (for entire system). Please include calculations.	Actual 1-way trip count from travel logs, November 2016 to October 31, 2017 2,267	(a) Same calculation rounded up to indicate some growth in program utilization by residents in rural areas.	2,500
2	Number of one-way trips provided to seniors and individuals with disabilities PER YEAR.*	All our clients qualify as disabled. 2,267	(b) All our clients qualify as disabled.	2,500
3	Number of individual senior and disabled clients (unduplicated) PER YEAR.	Number of clients derived From current active case list. 203	(c) Number of clients derived From current active case list.	225
4	Total number of vehicles used to provide service to seniors and individuals with disabilities ACTUAL.	2 vehicles Urban 1 vehicle Rural Three (3) vehicles	(d) 2 vehicles Urban 1 vehicle Rural	Three (3) vehicles

	Calculations (current system)	Current System	Calculations (if grant is awarded)	If Grant is Awarded (Estimates are acceptable)
5	Number of 5310 vehicles used to provide service to seniors and individuals with disabilities eligible for replacement ACTUAL.	(e) None (o)		One (1)
6	Total fleet vehicle miles traveled to provide service to seniors and individuals with disabilities PER YEAR.	(f) 47,866		55,000
7	Total number of square miles of service coverage.	(g)		
	Marian County (FDOT 5)	1,584.55 Sq. Miles	Marion County only	1,584.55 Sq. Miles
	Alachua, Bradford, Columbia, Dixie, Gilchrist, Levy, and Union (FDOT 2)	4,383.05 Sq. Miles	Alachua, Bradford, Columbia, Dixie, Gilchrist, Levy, and Union (FDOT 2)	4,383.05 Sq. Miles
	Total: Eight (8) County Service Area	5,967.60 Sq. Miles	Total: Eight (8) County Service Area	5,967.60 Sq. Miles
8	Number of days that vehicles are in operation to provide service to seniors and individuals with disabilities AVERAGE PER YEAR.	(h) 4.5 days / week 225 avg. days / yr		4.5 days / week 225 avg. days / yr
	4.5 days/wk x 50 weeks per year = 225		4.5 days/wk x 50 weeks per year = 225	

	Calculations (current system)	Current System	Calculations (if grant is awarded)	If Grant is Awarded (Estimates are acceptable)
9	Number of hours of service AVERAGE PER DAY.	(i)	(i)	
	3 vehicles x 36.5 hrs per week=	109.5 hrs / wk	3 vehicles x 36.5 hrs per week=	109.5 hrs / wk
10	Number of hours of service PER YEAR.	(j)	(j)	
	109.5 x 50 weeks/yr	5,475 hrs / yr	109.5 x 50 weeks/yr	5,475 hrs / yr
11	Posted hours of normal operation agency provides service to seniors and individuals with disabilities PER WEEK (This does not include non-scheduled emergency availability).	(k) M–T: 8 am – 5:30 pm Friday: 8 am - Noon Youth Programs: Saturday: once- twice monthly 9 am – 2 pm Sunday: Total (WEEK): 42 hrs/wk avg	M–T: 8 am – 5:30 pm Friday: 8 am – Noon Youth Programs: Saturday: once- twice monthly 9 am – 2 pm Sunday: Total (WEEK):42 hrs/wk avg	

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

Florida Center for the Blind Organizational Chart



Form B-1: Proposed Project Description

All Applicants

(a) How will the grant funding be used?

Check all that apply:

☒ Vehicle(s) →☒ Expansion☒ Replacement☐ Equipment☐ Mobility Management☐ Preventative Maintenance☐ Operating →☐ Expansion☐ Continuing Service

(b) In which geographic area(s) will the requested grant funds be used to provide service?

☐ Urban (UZA)☐ Small Urban (SUZA)☒ Rural

Complete the service area percentages for the geographic areas where the requested grant funds will be used to provide service

Example:

If your agency makes 500 trips per year and 100 of those trips are urban then:

*100 UZA trips/ 500 total trips = .2 * 100 = 20% UZA service area*

UZA					%UZA service area
SUZA	2,267 trips	/	1,675 (FDOT 5)	=	73.9 %
Rural	2,267 trips	/	592 (FDOT 2)	=	26.1 %
Number of trips, revenue service hours, or revenue service miles within specified geographic area		Divided by	Total number of trips, revenue service hours, or revenue service miles	Equals	Percentage of service within specified geographic area

Calculate the funding split for the geographic areas where the requested grant funds will be used to provide service.

UZA		X			\$
SUZA		X			\$
Rural	78,213.00	X	100%	=	\$ 78,213
Total amount requested		Multiplied by	Percentage of service within specified geographic area	Equals	Funding split

NOTE: When invoicing for operating projects, you must use the above funding split on your invoice summary forms.

Once you have determined the funding split between UZA, SUZA and Rural, you will need to calculate the match amount.

NOTE: Operating Assistance (50% Federal and 50% Local):

UZA		X	.5 Federal & .5 Local	=	\$	\$
SUZA		X	.5 Federal & .5 Local	=	\$	\$
Rural		X	.5 Federal & .5 Local	=	\$	\$
Funding Split		Multiplied by	.5 Federal & .5 Local	Equals	Federal	Local

NOTE: Capital Assistance (80% Federal, 10% State and 10% Local):

UZA		X	.8 Federal & .1 State & .1 Local	=	\$	\$	\$
SUZA		X	.8 Federal & .1 State & .1 Local	=	\$	\$	\$
Rural	78,213.00	X	.8 Federal & .1 State & .1 Local	=	\$62,570.40	\$7,821.30	\$7,821.30
Funding Split		Multiplied by	.8 Federal & .1 State & .1 Local	Equals	Federal	State	Local

(c) How will the grant funding improve your agency's transportation service? Provide detail.

Will it be used to:

- Provide more hours of service?
- Expand service to a larger geographic area?
- Provide shorter headways?
- Provide more trips?

Also, highlight the challenges or difficulties that your agency will overcome if awarded these funds.

This grant, if awarded in full, will provide two (2) vehicles, a Ford Fusion Hybrid sedan and a Dodge Caravan WC ramp equipped mini-van. The sedan will be a fuel efficient replacement for an older mini-van that is the primary service vehicle for the seven county rural area of FDOT District 2. Due to its rough condition, we will dispose of the Chrysler mini-van as soon as it is replaced. Currently, the Florida Center for the Blind provides rehabilitative services to the blind and visually impaired residents of Marion, Alachua, Bradford, Columbia, Dixie, Gilchrist, Levy, and Union counties. Marion is in FDOT District 5 and all seven other counties are located within the service area of FDOT District 2. As such, we will be restricting the use of all vehicles acquired through the 5310 program to the FDOT area for which they are acquired. Since this new vehicle is a replacement vehicle, the amount of services provided (number of trips, miles, passengers, etc.) is not expected to change greatly.

The other requested vehicle is a mini-van equipped with a wheelchair ramp. We feel we need a ramp equipped vehicle to better serve disabled persons in the rural counties. This requested WC ramp equipped vehicle would be an expansion vehicle to enable our agency to be ADA compliant in FDOT District 2. Both of these new vehicles will be designated for use only in the rural counties (FDOT 2).

Aside from slightly higher auto insurance rates to cover a more expensive asset, it is difficult to say what challenges our agency will have to overcome if awarded funds for the two new vehicles. Certainly the savings from less repairs and maybe better gas mileage should be sufficient to offset the increase in insurance expense for several years.

- (d) If this grant is not fully funded, can you still proceed with your transportation program? Explain.

Yes. Services are currently being provided with existing vehicles and current funding. However, transportation is a key component of providing our rehabilitative and educational services. We have no choice but to continue providing transportation as best we can using the vehicles we have or can obtain. We seek your assistance because the 5310 grant program addresses the transportation needs of non-profit organizations like ours. Not only can we acquire new vehicles which are safer and less expensive to operate than the older ones we currently have, we can also apply for operational assistance which would enable us to reallocate resources required for transportation to fund the program services which are our primary interest and purpose.

- (e) **New agencies only:** Have you met with the CTC and, if so, how are you providing a service they cannot? Provide detailed information supporting this requirement.

No. At this time we only have a CTC agreement with Marion County which is part of FDOT 5. It has been determined that our transportation services are needed for the disabled persons we serve. We will need to reach agreement with the several CTC organizations serving Alachua, Bradford, Columbia, Dixie, Gilchrist, Levy and Union Counties. We hope to have that task completed by the end of December.

Applications submitted without the appropriate CTC coordination agreement may be rejected by FDOT. Grant awards will not be made without an appropriate coordination agreement. This coordination agreement must be enforced the entire time of grant (vehicle life or operating JPA expiration).

Operating Requests Only **Not Required, Capital Application**

- (a) Please specify year of activity for operating assistance (typically current or immediate prior year).
-

Capital Requests Only

- (a) If this capital request includes equipment, please describe the purpose of the request.
- (b) If you are requesting a vehicle that requires a driver with a CDL:
- Who will drive the vehicle?
 - How will you ensure that your driver(s) maintain CDL certification?
- (c) If the requested vehicles or equipment will be used by a lessee or private operator under contract to the applicant agency, identify the proposed lessee/operator.
- Include an equitable plan for distribution of vehicles/equipment to lessees and/or private operators.

- a) NA. This request is for a vehicle and not equipment.
- b) NA. We are not requesting a vehicle that requires a CDL.
- c) NA. We will not be leasing our vehicle.

Preventive Maintenance Requests Only**(Not Required, this request is not for Maintenance)**

Note: Applicants applying for preventative maintenance costs must have a District-approved Preventative Maintenance (PM) Plan and a cost allocation plan if maintenance activities are performed in-house.

- (a) Please specify Period of Performance (should not exceed one (1) year – must be for preceding or current year)
- (b) Please include a list of general PM activities to take place with the funding
- (c) Please list useful life for purchase of any items over \$5,000

NA. We are requesting capital outlay funding to purchase a vehicle. We are not requesting funding for maintenance at this time.

Form Not Required for Capital Request

Form B-2: Financial Capacity – Proposed Budget for Transportation Program

Estimated Revenues (See Instruction Manual)	Revenue Amount Entire Transportation program (See Instruction Manual)	Revenue Used as FTA Match Amount 5310 Program Only (See Instruction Manual)
Passenger Fares for Transit Service (401)	\$	
Special Transit Fares (402)		
School Bus Service Revenues (403)		
Freight Tariffs (404)		
Charter Service Revenues (405)		
Auxiliary Transportation Revenues (406)		
Non-transportation Revenues (407)		
Total Revenue	\$	
Other Revenue Categories		
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 and Reimbursements (413)		
Interest Income (414)		
Contributed Services (430)		
Contributed Cash (431)		
Subsidy from Other Sectors of Operations (440)		
Total of Other Revenue	\$	
Grand Total All Revenue	\$	

Form Not Required for Capital Request

Estimated Expenses <i>See Instruction Manual</i>	Expense Amount <i>Entire Transportation program</i>	FTA Eligible Expense <i>5310 Program Only</i>
Labor (501)		
Fringe & Benefits (502)		
Services (503)		
Materials & Supplies (504)		
Vehicle Maintenance (504.01)		
Utilities (505)		
Insurance (506)		
Licenses & Taxes (507)		
Purchased Transit Service (508)		
Miscellaneous (509)*		
Leases & Rentals (512)		
Depreciation (513)		
Grand Total All Expenses	\$	

Operating Funding Sources			
Sources	Prior Year	Current Year	Next year
	\$	\$	\$
	\$	\$	\$
	\$	\$	\$
	\$	\$	\$
	\$	\$	\$

Form Not Required for Capital Request

Proof of Local Match	
Source	Amount
	\$
	\$
	\$
	\$
	\$
	\$
	\$
Total Local Match – 50 % of Total Project Cost	\$

Attach documentation of match funds directly after this page. Proof may consist of, but not be limited to:

- Transportation Disadvantaged (TD) allocation,
- Written statements from county commissions, state agencies, city managers, mayors, town councils, organizations, accounting firms and financial institutions.

Signature [blue ink]

Typed Name and Title of Authorized Representative

Date

Form C-1: Financial Capacity – Proposed Budget for Transportation Program

Estimated Revenues <i>See Instruction Manual for definitions</i>	Revenue Amount <i>Entire Transportation program</i>	Revenue Used as FTA Match <i>5310 Program Only</i>
Passenger Fares for Transit Service (401)		
Special Transit Fares (402)		
School Bus Service Revenues (403)		
Freight Tariffs (404)		
Charter Service Revenues (405)		
Auxiliary Transportation Revenues (406)		
Non-transportation Revenues (407)		
Total Revenue		
Other Revenue Categories	-0-	\$ -0-
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 and Reimbursements (413)		
Interest Income (414)		
Contributed Services (430)		
Contributed Cash (431)		
Subsidy from Other Sectors of Operations (440)		
"General Revenues"	48,794	48,794
Total of Other Revenue	\$ 48,794	\$ 48,794
Grand Total All Revenue		

Estimated Expenses <i>See Instruction Manual for definitions</i>	Expense Amount <i>Entire Transportation program</i>	FTA Eligible Expense <i>5310 Program Only</i>
Labor (501)	17,300	17,300
Fringe & Benefits (502)	2,249	2,249
Services (503)	0	0
Materials & Supplies (504)	10,750	10,750
Vehicle Maintenance (504.01)	4,500	4,500
Utilities (505)	0	0
Insurance (506)	12,595	12,595
Licenses & Taxes (507)	150	150
Purchased Transit Service (508)	100	100
Miscellaneous (509)*	1,150	1,150
Leases & Rentals (512)	0	0
Depreciation (513)	0	0
Grand Total All Expenses	\$ 48,794	\$ 48,794

Operating Funding Sources			
Sources	Prior Year	Current Year	Next year
	\$	\$	\$
Gen Revenue	\$ 48,794	\$ 48,794	\$ 48,794
	\$ -0-	\$ -0-	\$ -0-
	\$	\$	\$
	\$ 48,794	\$ 48,794	\$ 48,794

Proof of Local Match	
Source	Amount
	\$
General Revenues Mini-Van with ramp	\$ 5,079.70
	\$
General Revenues 4 door Sedan	\$2,741.60
	\$
	\$
Total Local Match – 10 % of Total Project Cost	\$7,821.30

*Note: Add more rows if needed.

Attach documentation of match funds directly after this page. Proof may consist of, but not be limited to:

- Transportation Disadvantaged (TD) allocation,
- Written statements from county commissions, state agencies, city managers, mayors, town councils, organizations, accounting firms and financial institutions.


Signature [blue ink]

Anissa M. Brescia, President / CEO
Typed Name and Title of Authorized Representative

December 13, 2017
Date



December 14, 2017

Sandra Collins, CPM
Programs Coordinator
D2 FL Dept. of Transportation
1109 S. Marion Avenue – MS 2018
Lake City, FL 32025-5874

RE: Section 5310 Grant

Dear Ms. Collins:

We understand that the Florida Center for the Blind is applying for an FDOT Section 5310 grant to purchase up to two vehicles with a maximum total value of \$78,213.00. If awarded the full amount, the Center has informed us that they would need to pay their share equal to 10% or a maximum total value of \$7,821.30. The purpose of this letter is to verify that Florida Center for the Blind has on deposit, cash accounts that exceed the amount as identified in their commitment of \$7,821.30. Should you have any questions, please feel free to contact me directly, at the numbers below.

Sincerely,

Ken Boggs
Vice President, Commercial Lender
NMLS # 1436962
CBC National Bank
910 SW 1st Ave
Ocala, FL 34471

www.cbcnationalbank.com
352-732-6616 Office
352-236-6483 Direct
352-789-4390 Cell

Form C-2: Capital Request Form

To identify vehicle type and estimate cost visit <http://tripsflorida.org/>

All vehicle requests must be supported with a completed sample order form in order to generate a more accurate estimation of the vehicle cost. The order form can be obtained from <http://www.tripsflorida.org/contracts.html>

1. Select Desired Vehicle (Cutaway, Minibus etc.)
2. Choose Vendor (use drop down arrow next to vendor name to see information)
3. Select Order Packet
4. Complete Exhibit A (Order Form)

The Auto and Light Truck contract can be found at [The Florida Department of Management Services \(DMS\) website](#).

Vehicle Request

Replacement (R) or Expansion (E)	Fuel Type	Useful Life (See Application Instructions)	Description/ Vehicle Type	Quantity	Estimated Cost (from Order Form)
(E)	Gas	5 years	Mini-van with manual ramp, 2 WC positions, 5 seats	1	\$ 50,797
(R)	Gas	5 years	4 Door Sedan 4 seats + driver	1	\$ 27,416
Subtotal					\$ 78,213

*Under Description/Vehicle Type, include the length and type vehicle, lift or ramp, number of seats and wheelchair positions. For example, 22' gasoline bus with lift, 12 ambulatory seats, and 2 wheelchair positions. **Any bus options that are part of purchasing the bus itself should be part of the vehicle request and NOT separated out under equipment.**

Replacement Vehicles (R)

If the capital request includes replacement vehicles, please list the vehicles in your current fleet that you are intending to replace with the vehicle from your vehicle request. Please list by order of priority.

YEAR	TYPE	MAKE	MILES	VIN	FDOT Control #
2010	Mini-van	Chrysler Town & Country	144,446	2A4RR5D18AR198633	NA

Florida Department of Transportation



49 U.S.C. Section 5310 Capital & Operating Assistance – FFY 2018 Grant Application

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

CFDA 20.513

Legal Applicant Name: Suwannee Valley Transit Authority

☐ First Time Applicant ☒ Previous Applicant



Project Type and Service Area of this Application (check all that apply):

☐ Large Urban Service Area

☐ Small Urban Service Area

☒ Rural Service Area

Applicant Information

		49 U.S.C. Section 5310, Formula Grants for the Enhanced Mobility of Seniors and Individuals with Disabilities: GRANT APPLICATION	
Agency (Applicant) Legal Name: Suwannee Valley Transit Authority			
Physical Address (No P.O. Box): 1907 Voyles Street			
Applicant's County: Suwannee If Applicant has offices in more than one county, list county where main office is located			
City: Live Oak	State: FL	Zip + 4 Code: 32064	Congressional District: 3
Federal Taxpayer ID Number: 59-1684116			
Applicant Fiscal period start and end dates: July 1, 2018 to June 30, 2019 State Fiscal period from: July 1, 2018 to June 30, 2019			
Applicant's DUNS Number: 0831930600000 Unique 9-Digit number issued by Dun & Bradstreet. May be obtained free of charge at: http://fedgov.dnb.com/webform			
Project's Service Area: Columbia County, Hamilton County, and Suwannee County List the county or counties that will be served by the proposed project.			
Executive Director: Larry Sessions		Grant Contact Person (if different than Executive Director): Felonzie P. Raggins	
Telephone: 386-208-6321		Telephone: 386-219-0650	
Fax: 386-219-0157		Fax: 386-219-0157	
E-mail Address: Larry.Sessions@ridesvta.com		Email Address: Felonzie.Raggins@ridesvta.com	
Current Vehicle Inventory: 1 Vans 4 Vans/Lifts 2 Sedans or Minivans Enter Number in Fleet 23 Buses/Cutaways 0 Other 1 N/A			
Authorizing Representative certifying to the information contained in this application is true and accurate. Signature (Authorizing Representative) [blue ink]  Printed Name: <u>Larry Sessions</u> Title: <u>Administrator</u> Email Address: <u>Larry.Sessions@ridesvta.com</u> *Must attach a Resolution of Authority from your Board (original document) for the person signing all documents on behalf of your agency. See Exhibit B			

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: N/A		4. Applicant Identifier: N/A			
5a. Federal Entity Identifier: N/A			5b. Federal Award Identifier: N/A		
State Use Only:					
6. Date Received by State:		7. State Application Identifier: 1001			
8. APPLICANT INFORMATION:					
* a. Legal Name: Suwannee Valley Transit Authority					
* b. Employer/Taxpayer Identification Number (EIN/TIN): 59-1684116			* c. Organizational DUNS: 0831930600000		
d. Address:					
* Street1:		1907 Voyles Street			
Street2:					
* City:		Live Oak			
County/Parish:					
* State:		FL; Florida			
Province:					
* Country:		USA: UNITED STATES			
* Zip / Postal Code:		32064			
e. Organizational Unit:					
Department Name: Transportation			Division Name: Administration		
f. Name and contact information of person to be contacted on matters involving this application:					
Prefix: Mr.		* First Name: Larry			
Middle Name:					
* Last Name:		Sessions			
Suffix:					
Title:		Administrator			
Organizational Affiliation: Appointed by Board of Directors					
* Telephone Number: 386-219-0650			Fax Number: 386-219-0157		
* Email: felonzie.raggins@ridesvta.com					

Application for Federal Assistance SF-424

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

D: Special District Government

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:

CFDA 20.513

CFDA Title:

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.):

Columbia, Hamilton, Swanton

Add Attachment

Delete Attachment

View Attachment

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

Capital Assistance

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

3

* b. Program/Project

3

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

Add Attachment

Delete Attachment

View Attachment

17. Proposed Project:

* a. Start Date: 7/1/2018

* b. End Date: 6/30/2019

18. Estimated Funding (\$):

* a. Federal	43,898.00
* b. Applicant	5,487.00
* c. State	5,487.00
* d. Local	
* e. Other	
* f. Program Income	
* g. TOTAL	54,872.00

*** 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: Larry

Middle Name:

* Last Name: Sessions

Suffix:

* Title: Administrator

* Telephone Number: 386-219-0650

Fax Number: 386-219-0157

* Email: felonzie.raggins@ridesvta.com

* Signature of Authorized Representative:

* Date Signed: 1/25/2018

Form B-1: Proposed Project Description

All Applicants

(a) How will the grant funding be used?

Check all that apply:

☐ Vehicle(s) → ☐ Expansion ☐ Replacement

☒ Equipment

☐ Mobility Management

Preventative Maintenance

☐ Operating → ☐ Expansion ☐ Continuing Service

(b) In which geographic area(s) will the requested grant funds be used to provide service?

☐ Urban (UZA)

☐ Small Urban (SUZA)

☒ Rural

Complete the service area percentages for the geographic areas where the requested grant funds will be used to provide service

Example:

If your agency makes 500 trips per year and 100 of those trips are urban then:

*100 UZA trips/ 500 total trips = .2 * 100 = 20% UZA service area*

UZA	/	=	%UZA service area
SUZA	/	=	%Small Urban service area
Rural	46,498 / 46,498	=100	%Rural service area
Number of trips, revenue service hours, or revenue service miles within specified geographic area	Divided by	Total number of trips, revenue service hours, or revenue service miles	Equals
			Percentage of service within specified geographic area

Calculate the funding split for the geographic areas where the requested grant funds will be used to provide service.

UZA		X		=	\$
SUZA		X		=	\$
Rural	54,872.00	X	100%	=	\$54,872.00
Total amount requested		Multiplied by	Percentage of service within specified geographic area	Equals	Funding split

NOTE: When invoicing for operating projects, you must use the above funding split on your invoice summary forms.

Once you have determined the funding split between UZA, SUZA and Rural, you will need to calculate the match amount.

NOTE: Operating Assistance (50% Federal and 50% Local): N/A

UZA		X	.5 Federal & .5 Local	=	\$	\$
SUZA		X	.5 Federal & .5 Local	=	\$	\$
Rural		X	.5 Federal & .5 Local	=	\$	\$
Funding Split		Multiplied by	.5 Federal & .5 Local	Equals	Federal	Local

NOTE: Capital Assistance (80% Federal, 10% State and 10% Local):

UZA		X	.8 Federal & .1 State & .1 Local	=	\$	\$	\$
SUZA		X	.8 Federal & .1 State & .1 Local	=	\$	\$	\$
Rural	54,872.00	X	.8 Federal & .1 State & .1 Local	=	\$43,898	\$5,487	\$5,487
Funding Split		Multiplied by	.8 Federal & .1 State & .1 Local	Equals	Federal	State	Local

(c) How will the grant funding improve your agency's transportation service? Provide detail.

Will it be used to:

- Provide more hours of service?
- Expand service to a larger geographic area?
- Provide shorter headways?
- Provide more trips?

Also, highlight the challenges or difficulties that your agency will overcome if awarded these funds.

This year we are requesting a generator with installation and set up costs that will run the agency when the power is out for an extended time. Irma hit Columbia, Hamilton, and Suwannee Counties in 2017. Many businesses and residential areas were without power for days. Suwannee Valley Transit Authority did not have power restored until the Wednesday following the storm, therefore our headquarters were shut down from Monday through Wednesday. Not being able to open headquarters meant that we could not provide rides to clients that needed rides. In times of disaster, Suwannee Valley Transit Authority has to be able to open up and help those in need. We are a vital source of transportation in our three county service area. If the Agency had a generator that powered the entire office building and garage, we could have done more during Irma. We are asking FDOT to grant us the amount to cover the cost of purchasing, setting up, and installing a generator so that we can maintain current service during natural disasters.

Suwannee Valley Transit Authority is also in need of tires for the Ford E450 (Vehicle 3 and 4) and Ford E350 (Vehicle 6 and 46). Due to the miles that the agency covers, the wear and tear is pretty fast on these tires. The agency estimates that in one year, these tires will cost us \$8,027.00. This exceeds the budget that we have for replacing these tires when coupled with the expense of keeping good tires on all of our vehicles. We really need the 5310 grant to cover the cost of these tires yearly so that we can maintain current service.

(d) If this grant is not fully funded, can you still proceed with your transportation program? Explain.

If this grant is not funded, we would lose days of service during natural disasters such as hurricanes. We would not be able to maintain normal services as long as we were without power. Without this grant we could not keep up with the cost of tires needed for our Ford E350s and Ford E450s needed on vehicles 3,4,6, and 46.

(e) **New agencies only:** Have you met with the CTC and, if so, how are you providing a service they cannot? Provide detailed information supporting this requirement.

N/A

Applications submitted without the appropriate CTC coordination agreement may be rejected by FDOT. Grant awards will not be made without an appropriate coordination agreement. This coordination agreement must be enforced the entire time of grant (vehicle life or operating JPA expiration).

Operating Requests Only

- (a) Please specify year of activity for operating assistance (typically current or immediate prior year). _____

Capital Requests Only

- (a) If this capital request includes equipment, please describe the purpose of the request.
- (b) If you are requesting a vehicle that requires a driver with a CDL:
- Who will drive the vehicle?
 - How will you ensure that your driver(s) maintain CDL certification?
- (c) If the requested vehicles or equipment will be used by a lessee or private operator under contract to the applicant agency, identify the proposed lessee/operator.
- Include an equitable plan for distribution of vehicles/equipment to lessees and/or private operators.

- This year we are requesting a generator with installation and set up costs that will run the agency when the power is out for an extended time. Irma hit Columbia, Hamilton, and Suwannee Counties in 2017. Many businesses and residential areas were without power for days. Suwannee Valley Transit Authority did not have power restored until the Wednesday following the storm, therefore our headquarters were shut down from Monday through Wednesday. Not being able to open headquarters meant that we could not provide rides to clients that needed rides. In times of disaster, Suwannee Valley Transit Authority has to be able to open up and help those in need. We are a vital source of transportation in our three county service area. If the Agency had a generator that powered the entire office building and garage, we could have done more during Irma. We are asking FDOT to grant us the amount to cover the cost of purchasing, setting up, and installing a generator so that we can maintain current service during natural disasters.
- This equipment will be used by Suwannee Valley Transit Authority and will not be leased out to another agency.
- Suwannee Valley Transit Authority is also in need of tires for the Ford E450 (Vehicle 3 and 4) and Ford E350 (Vehicle 6 and 46). Due to the miles that the agency covers, the wear and tear is pretty fast on these tires. The agency estimates that in one year, these tires will cost us \$8,027.00. This exceeds the budget that we have for replacing these tires when coupled with the expense of keeping good tires on all of our vehicles. We really need the 5310 grant to cover the cost of these tires yearly so that we can maintain current service.

Preventive Maintenance Requests Only

Note: Applicants applying for preventative maintenance costs must have a District-approved Preventative Maintenance (PM) Plan and a cost allocation plan if maintenance activities are performed in-house.

- (a) Please specify Period of Performance (should not exceed one (1) year – must be for preceding or current year)
- (b) Please include a list of general PM activities to take place with the funding
- (c) Please list useful life for purchase of any items over \$5,000

The Period of performance will be quarterly replacement of the tires requested. The district approved preventative maintenance plan is attached that explains the PM activities for the company. The useful life for a tire will be 3 months.

**SUWANNEE VALLEY TRANSIT AUTHORITY
FISCAL YEAR 2018
SVTA CAPITAL BUDGET**

	Final Budget	FY 2017	Estimated
<u>Fiscal Year 2017 Budget - Revenues</u>	<u>FY 2017</u>	<u>Actual</u>	<u>FY 2018</u>
Shirley Conroy Grant	\$101,683.67	\$ 104,981.00	\$ 86,625.00
TD Grant Funds For Vehicle	\$0.00	\$ -	\$ -
SVTA Match For TD Grant	\$0.00	\$ -	\$ -
5310 Grant Award	\$85,572.90	\$ -	\$ 92,754.00
5310 Grant Award Match	\$9,508.10	\$ -	\$ 10,306.00
5339 Grant Award	<u>\$79,394.00</u>	<u>\$ -</u>	<u>\$ 89,060.00</u>
Total Revenues	\$276,158.67	\$ 104,981.00	\$ 278,745.00

	Final Budget	FY 2017	Estimated
<u>Fiscal Year 2017 Budget - Expenses</u>	<u>FY 2017</u>	<u>Actual</u>	<u>FY 2018</u>
Shirley Conroy 25 Foot Passenger Cutaway	\$79,394.00	\$ 81,881.00	\$ -
Shirley Conroy - 3 Quarter Ton Truck	\$0.00	\$ -	\$ 46,625.00
Shirley Conroy - Minivan Ambulatory Only	\$22,289.67	\$ 23,100.00	\$ -
Shirley Conroy - 15 Passenger Van	\$0.00	\$ -	\$ 40,000.00
5339 Vehicle	\$79,394.00	\$ -	\$ 89,060.00
TD Vehicle - Ford E-350	\$0.00	\$ -	\$ -
5310 Grant Vehicle	\$79,394.00	\$ -	\$ 89,060.00
Tires- 5310 Grant	<u>\$0.00</u>	<u>\$ -</u>	<u>\$ 14,000.00</u>
Total Capital Expenses	\$260,471.67	\$ 104,981.00	\$ 278,745.00

**SUWANNEE VALLEY TRANSIT AUTHORITY
FISCAL YEAR 2018 OPERATING BUDGET**

	Approved	Actual	FY 2017	Estimated
<u>Fiscal Year 2017 Budget - Revenues</u>	<u>FY 2017</u>	<u>Jun-17</u>	<u>Annualized</u>	<u>FY 2018</u>
Revenues	\$ 62,393.89	\$ -	\$ -	\$ -
Farebox	\$ 23,310.51	\$ 21,620.43	\$ 28,827.24	\$ 28,827.24
Medicaid	\$ 6,647.40	\$ 6,719.55	\$ 8,959.40	\$ 8,959.40
Development Services	\$ 65,533.16	\$ 44,997.71	\$ 67,496.57	\$ 67,496.57
Purchased Transportation Services	\$ -	\$ -	\$ -	\$ -
Interest Income	\$ 6.60	\$ 7.49	\$ 9.99	\$ 11.24
SREC Jasper Meal Riders	\$ -	\$ 16,666.64	\$ 24,999.96	\$ 24,999.96
T.D. Commission Operating	\$ 762,166.00	\$ 501,837.00	\$ 752,755.50	\$ 752,755.50
Ryan White Foundation	\$ -	\$ 391.20	\$ 521.60	\$ 521.60
Miscellaneous & Leasing Revenue	\$ 6,955.80	\$ 608.18	\$ 810.91	\$ 810.91
Motor Fuel Use Tax Refund	\$ 16,360.20	\$ 10,337.17	\$ 17,720.86	\$ 17,720.86
Local Participation	\$ 76,948.00	\$ 95,608.75	\$ 110,017.00	\$ 110,017.00
Advertising Revenue	\$ -	\$ 1,200.00	\$ 1,500.00	\$ 1,500.00
Shirley Conroy Grant	\$ -	\$ 23,100.00	\$ 104,981.00	\$ -
Commuter Assistance Grant	\$ 13,277.64	\$ 15,244.79	\$ 22,867.19	\$ 22,867.19
Sale of Equipment - Maintenance	\$ -	\$ 3,000.00	\$ 4,000.00	\$ 4,000.00
Donations	\$ -	\$ 12,852.09	\$ 17,136.12	\$ 17,136.12
Mobility Enhancement Grant	\$ -	\$ 9,277.27	\$ 15,903.89	\$ 54,417.00
Public Records Request Revenue	\$ -	\$ 56.15	\$ 74.87	\$ 100.00
Vehicle Repairs Done by Maintenance	\$ -	\$ 564.60	\$ 752.80	\$ -
Sales & Use Tax	\$ -	\$ 39.52	\$ 52.69	\$ -
Charter Service	\$ -	\$ 2,476.70	\$ 3,302.27	\$ 3,500.00
Vocational Rehab - Live Oak	\$ -	\$ 1,970.00	\$ 2,626.67	\$ 2,700.00
Vocational Rehab - Lake City	\$ -	\$ -	\$ -	\$ -
Ticket Sales Revenue	\$ -	\$ 19,379.18	\$ 25,838.91	\$ 26,000.00
Section 5311 Operating	\$ 694,604.00	\$ 351,197.20	\$ 602,052.34	\$ 698,030.00
Total Revenues	\$ 1,728,203.20	\$ 1,139,151.62	\$ 1,813,207.76	\$ 1,842,370.59

	Approved		Actual		FY 2017		Estimated	
<u>Fiscal Year 2017 Budget - Expenses</u>	<u>FY 2017</u>		<u>Jun-17</u>		<u>Annualized</u>		<u>FY 2018</u>	
Operations Uniforms	\$	9,603.04	\$	7,295.76	\$	9,727.68	\$	10,000.00
Fuel: Gas Expense	\$	82,596.86	\$	65,988.43	\$	87,984.57	\$	88,000.00
Fuel: Diesel Expense	\$	39,616.41	\$	28,067.57	\$	37,423.43	\$	38,000.00
Fuel: Other	\$	100.00	\$	-	\$	-	\$	-
Tires & Tubes Expense	\$	7,178.00	\$	5,655.14	\$	7,540.19	\$	7,600.00
Parts	\$	18,167.70	\$	13,934.05	\$	18,578.73	\$	19,000.00
Taxes and Tags	\$	500.00	\$	820.37	\$	1,093.83	\$	1,100.00
Maintenance - Automotive	\$	4,000.00	\$	1,521.55	\$	2,028.73	\$	2,100.00
Lubricants	\$	3,000.00	\$	1,460.22	\$	1,946.96	\$	2,000.00
Shop Supplies	\$	8,365.46	\$	9,223.41	\$	12,297.88	\$	13,000.00
Janitorial Supplies	\$	1,000.00	\$	693.01	\$	924.01	\$	1,000.00
TD Expense Purchased Transportation	\$	-	\$	-	\$	-	\$	-
Medical Expense Purchased Transp.	\$	-	\$	-	\$	-	\$	-
ADS & Subs & Dues	\$	10,502.06	\$	18,630.05	\$	29,880.05	\$	46,373.33
Office Supplies	\$	6,912.10	\$	6,537.95	\$	8,717.27	\$	9,000.00
Postage Expense	\$	1,587.00	\$	940.20	\$	1,253.60	\$	1,300.00
Office Maintenance	\$	1,847.48	\$	1,486.09	\$	1,981.45	\$	2,000.00
Computer Expense: Computer Maint.	\$	31,326.00	\$	9,300.43	\$	12,400.57	\$	14,000.00
Computer Hardware/Software & Lic.	\$	-	\$	-	\$	-	\$	-
Computer Expense: Computer Supp.	\$	1,500.00	\$	388.98	\$	518.64	\$	600.00
Insurance - Prop/Liability/Vehicle	\$	85,000.00	\$	6,915.03	\$	9,220.04	\$	80,000.00
Telephone	\$	6,758.84	\$	5,208.55	\$	6,944.73	\$	27,000.00
Cell Phone	\$	9,249.58	\$	6,906.85	\$	9,209.13	\$	9,500.00
Prof. Serv-Drug & Prehire Testing	\$	2,086.80	\$	2,071.90	\$	2,762.53	\$	2,800.00
Prof. Serv-Legal Services-General	\$	7,567.94	\$	2,248.97	\$	2,998.63	\$	3,000.00
Prof. Serv-Auditing & Accounting	\$	35,000.00	\$	35,000.00	\$	35,000.00	\$	35,000.00
Prof. Serv- Other	\$	3,500.00	\$	2,560.00	\$	3,413.33	\$	3,500.00
Travel	\$	3,924.88	\$	3,522.14	\$	4,696.19	\$	4,700.00
Training	\$	2,000.00	\$	370.00	\$	493.33	\$	500.00
Legal Settlements	\$	-	\$	-	\$	-	\$	-
Utilities	\$	15,000.00	\$	8,406.95	\$	11,209.27	\$	12,000.00
Equipment Rental	\$	3,007.44	\$	2,425.80	\$	3,234.40	\$	3,500.00
Miscellaneous Exp:Other	\$	500.00	\$	3,000.00	\$	4,000.00	\$	4,000.00
SVTA Driver Training School Expense	\$	-	\$	-	\$	-	\$	-
Penalties and Interest	\$	2,500.00	\$	269.13	\$	358.84	\$	2,500.00
Building Maintenance and Grounds	\$	1,000.00	\$	9.94	\$	13.25	\$	1,000.00
Radio & Equipment	\$	-	\$	-	\$	-	\$	-
Depreciation	\$	69,010.74	\$	-	\$	-	\$	-
Contingency	\$	-	\$	-	\$	-	\$	27,592.37
Total Non-Personnel Expenses	\$	473,908.33	\$	250,858.47	\$	327,851.28	\$	471,665.70
Total Personnel Expenses	\$	1,254,294.87	\$	875,517.62	\$	1,167,356.83	\$	1,370,704.89
Total Expenses	\$	1,728,203.20	\$	1,126,376.09	\$	1,495,208.10	\$	1,842,370.59

Form C-2: Capital Request Form

To identify vehicle type and estimate cost visit <http://tripsflorida.org/>

All vehicle requests must be supported with a completed sample order form in order to generate a more accurate estimation of the vehicle cost. The order form can be obtained from <http://www.tripsflorida.org/contracts.html>

1. Select Desired Vehicle (Cutaway, Minibus etc.)
2. Choose Vendor (use drop down arrow next to vendor name to see information)
3. Select Order Packet
4. Complete Exhibit A (Order Form)

The Auto and Light Truck contract can be found at [The Florida Department of Management Services \(DMS\) website](#).

Vehicle Request

Replacement (R) or Expansion (E)	Fuel Type	Useful Life (See Application Instructions)	Description/ Vehicle Type	Quantity	Estimated Cost (from Order Form)
---	--------------	--	------------------------------	----------	--

Subtotal \$

*Under Description/Vehicle Type, include the length and type vehicle, lift or ramp, number of seats and wheelchair positions. For example, 22' gasoline bus with lift, 12 ambulatory seats, and 2 wheelchair positions. **Any bus options that are part of purchasing the bus itself should be part of the vehicle request and NOT separated out under equipment.**

Replacement Vehicles (R)

If the capital request includes replacement vehicles, please list the vehicles in your current fleet that you are intending to replace with the vehicle from your vehicle request. Please list by order of priority.

YEAR	TYPE	MAKE	MILES	VIN	FDOT Control #
------	------	------	-------	-----	----------------

Equipment Request

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 the [Procurement Guidelines](#).

Description*	Useful Life (See Application Instructions)	Quantity	Estimated Cost
Generator/Set Up/Installation		1	\$46,845.00
Firestone LT225/75R16 Tires		60	\$8,027.00
Subtotal			\$54,872.00

* List the number of items and provide a brief description (i.e. two-way radio or stereo radio, computer hardware/software, etc.)

\$0.00	+	\$54,872.00	=	\$54,872.00
Vehicle Subtotal	Plus	Equipment Subtotal	Equals	Total Cost

\$54,872.00	*	0.8	=	\$43,897.60
Total Cost	Multiplied by	80%	Equals	Federal Request Form 424, Block 18 (a)

Florida Department of Transportation





49 U.S.C. Section 5311 Capital & Operating Assistance – FFY 2018 Grant Application

Formula Grants for Rural Areas
CFDA 20.509

Legal Applicant Name: Suwannee Valley Transit Authority

☐ First Time Applicant ☒ Previous Applicant

Applicant Information

		49 U.S.C. Section 5311, Formula Grants for Rural Areas: GRANT APPLICATION	
Agency (Applicant) Legal Name: Suwannee Valley Transit Authority			
Physical Address (No P.O. Box): 1907 Voyles Street			
Applicant's County: Suwannee If Applicant has offices in more than one county, list county where main office is located			
City: Live Oak	State: FL	Zip Code: 32064	Congressional District: 3
Federal Taxpayer ID Number: 59-1684116			
Applicant Fiscal period start and end dates: July 1, 2018 to June 30, 2019 <i>State Fiscal period from: July 1, 2018 to June 30, 2019</i>			
Applicant's DUNS Number: 0831930600000 <i>Unique 9-Digit number issued by Dun & Bradstreet. May be obtained free of charge at: http://fedgov.dnb.com/webform</i>			
Project's Service Area: Columbia County <i>List the county or counties that will be served by the proposed project.</i>			
Executive Director: Larry Sessions		Grant Contact Person (if different than Executive Director): Felonzie P. Raggins	
Telephone: 386-208-6321		Telephone: 386-219-0650	
Fax: 386-219-0157		Fax: 386-219-0157	
E-mail Address: Larry.Sessions@ridesvta.com		Email Address: Felonzie.Raggins@ridesvta.com	
Current Vehicle Inventory: Enter Number in Fleet		1 Vans 4 Vans/Lifts 2 Sedans or Minivans 23 Buses/Cutaways 1 Other 1 N/A	
Authorizing Representative certifying to the information contained in this application is true and accurate. Signature (Authorizing Representative) [blue ink]:  Printed Name: <u>Larry Sessions</u> Title: <u>Administrator</u> Email Address: <u>Larry.Sessions@ridesvta.com</u> *Must attach a Resolution of Authority from your Board (original document) for the person signing all documents on behalf of your agency. See Exhibit B			

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: N/A		4. Applicant Identifier: N/A			
5a. Federal Entity Identifier: N/A			5b. Federal Award Identifier: N/A		
State Use Only:					
6. Date Received by State: <input type="text"/>		7. State Application Identifier: 1001			
8. APPLICANT INFORMATION:					
* a. Legal Name: Suwannee Valley Transit Authority					
* b. Employer/Taxpayer Identification Number (EIN/TIN): 59-1684116			* c. Organizational DUNS: 0831930600000		
d. Address:					
* Street1:		1907 Voyles Street			
Street2:		<input type="text"/>			
* City:		Live Oak			
County/Parish:		<input type="text"/>			
* State:		FL: Florida			
Province:		<input type="text"/>			
* Country:		USA: UNITED STATES			
* Zip / Postal Code:		32064			
e. Organizational Unit:					
Department Name: Transportation			Division Name: Administration		
f. Name and contact information of person to be contacted on matters involving this application:					
Prefix: Mr.		* First Name: Larry			
Middle Name:		<input type="text"/>			
* Last Name: Sessions		<input type="text"/>			
Suffix:		<input type="text"/>			
Title: Administrator					
Organizational Affiliation: Appointed by Board of Directors					
* Telephone Number: 386-219-0650			Fax Number: 386-219-0157		
* Email: felonzie.raggins@ridesvta.com					

Application for Federal Assistance SF-424

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

D: Special District Government

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:

CFDA 20.509

CFDA Title:

Formula Grants for Rural Areas, Section 5311

*** 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.):

Columbia County

Add Attachment

Delete Attachment

View Attachment

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

Operating Assistance for the operations of Suwannee Valley Transit Authority in providing transportation to the riders of Columbia County. Assistance for salaries, parts, supplies, etc.

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

3

* b. Program/Project

3

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

Add Attachment

Delete Attachment

View Attachment

17. Proposed Project:

* a. Start Date:

7/1/2018

* b. End Date:

6/30/2019

18. Estimated Funding (\$):

* a. Federal

239,208.00

* b. Applicant

239,208.00

* c. State

* d. Local

* e. Other

* f. Program Income

* g. TOTAL

478,416.00

* 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:

Larry

Middle Name:

* Last Name:

Sessions

Suffix:

* Title:

Administrator

* Telephone Number:

386-219-0650

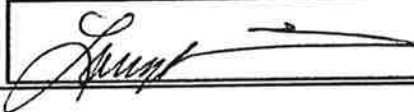
Fax Number:

386-219-0157

* Email:

felonzie.raggins@ridesvta.com

* Signature of Authorized Representative:



* Date Signed:

1/25/2018

Application for Federal Assistance SF-424

*** 1. Type of Submission:**

- ☐ Preapplication
☒ Application
☐ Changed/Corrected Application

*** 2. Type of Application:**

- ☒ New
☐ Continuation
☐ Revision

* If Revision, select appropriate letter(s):

* Other (Specify):

*** 3. Date Received:**

N/A

4. Applicant Identifier:

N/A

5a. Federal Entity Identifier:

N/A

5b. Federal Award Identifier:

N/A

State Use Only:

6. Date Received by State:

7. State Application Identifier:

1001

8. APPLICANT INFORMATION:

* a. Legal Name: Suwannee Valley Transit Authority

* b. Employer/Taxpayer Identification Number (EIN/TIN):

59-1684116

* c. Organizational DUNS:

0831930600000

d. Address:

* Street1: 1907 Voyles Street

Street2:

* City: Live Oak

County/Parish:

* State:

FL: Florida

Province:

* Country:

USA: UNITED STATES

* Zip / Postal Code: 32064

e. Organizational Unit:

Department Name:

Transportation

Division Name:

Administration

f. Name and contact information of person to be contacted on matters involving this application:

Prefix: Mr.

* First Name:

Larry

Middle Name:

* Last Name:

Sessions

Suffix:

Title: Administrator

Organizational Affiliation:

Appointed by Board of Directors

* Telephone Number: 386-219-0650

Fax Number:

386-219-0157

* Email: felonzie.raggins@ridesvta.com

Application for Federal Assistance SF-424

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

D: Special District Government

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:

CFDA 20.509

CFDA Title:

Formula Grants for Rural Areas, Section 5311

*** 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.):

Hamilton County

Add Attachment

Delete Attachment

View Attachment

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

Operating Assistance for the operations of Suwannee Valley Transit Authority in providing transportation to the riders of Hamilton County. Assistance for salaries, parts, supplies, etc.

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 * b. Program/Project

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

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

* a. Federal	<input type="text" value="48,728.00"/>
* b. Applicant	<input type="text" value="48,728.00"/>
* c. State	<input type="text"/>
* d. Local	<input type="text"/>
* e. Other	<input type="text"/>
* f. Program Income	<input type="text"/>
* g. TOTAL	<input type="text" value="97,456.00"/>

*** 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

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:

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: N/A		4. Applicant Identifier: N/A			
5a. Federal Entry Identifier: N/A			5b. Federal Award Identifier: N/A		
State Use Only:					
6. Date Received by State: <input type="text"/>		7. State Application Identifier: 1001			
8. APPLICANT INFORMATION:					
* a. Legal Name: Suwannee Valley Transit Authority					
* b. Employer/Taxpayer Identification Number (EIN/TIN): 59-1684116			* c. Organizational DUNS: 0831930600000		
d. Address:					
* Street1:		1907 Voyles Street			
Street2:		<input type="text"/>			
* City:		Live Oak			
County/Parish:		<input type="text"/>			
* State:		FL: Florida			
Province:		<input type="text"/>			
* Country:		USA: UNITED STATES			
* Zip / Postal Code:		32064			
e. Organizational Unit:					
Department Name: Transportation			Division Name: Administration		
f. Name and contact information of person to be contacted on matters involving this application:					
Prefix: Mr.		* First Name: Larry			
Middle Name:		<input type="text"/>			
* Last Name: Sessions		<input type="text"/>			
Suffix:		<input type="text"/>			
Title: Administrator					
Organizational Affiliation: Appointed by Board of Directors					
* Telephone Number: 386-219-0650			Fax Number: 386-219-0157		
* Email: felonzie.reggina@rideavta.com					

Application for Federal Assistance SF-424

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

☒ Special District Government

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:

CFDA 20.509

CFDA Title:

Formula Grants for Rural Areas, Section 5311

*** 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.):

Suwannee County

Add Attachment

Delete Attachment

View Attachment

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

Operating Assistance for the operations of Suwannee Valley Transit Authority in providing transportation to the riders of Suwannee County. Assistance for salaries, parts, supplies, etc.

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

3

* b. Program/Project

3

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

Add Attachment

Delete Attachment

View Attachment

17. Proposed Project:

* a. Start Date:

7/1/2018

* b. End Date:

6/30/2019

18. Estimated Funding (\$):

* a. Federal	155,042.00
* b. Applicant	155,042.00
* c. State	
* d. Local	
* e. Other	
* f. Program Income	
* g. TOTAL	310,084.00

*** 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:

Larry

Middle Name:

* Last Name:

Sessions

Suffix:

* Title:

Administrator

* Telephone Number:

386-219-0650


Fax Number:

386-219-0157

* Email:

felonzie.raggins@ridesvta.com

Signature of Authorized Representative:



* Date Signed:

1/23/2018

Form A-2: Fact Sheet

		Calculations (current system)	Current System	Calculations (if grant is awarded)	If Grant is Awarded (Estimates are acceptable)
1	Number of total one-way trips served by the agency PER YEAR. *	25,109(46,498x54%)	(a)25,109	25,109(Same as first column)	25,109
2	Number of individuals served unduplicated (first ride per fiscal year) PER YEAR. **	408(Trapeze calculated 756 total x 54%)	(b)408	408(Same as first column)	408
3	Number of vehicles used for this service ACTUAL.	16(29 total x 54%)	(c)16	16(Same as first column)	16
4	Number of ambulatory seats. AVERAGE PER VEHICLE (Total ambulatory seats divided by total number of fleet vehicles)	9(491/29X54%)	(d)9	9(Same as first column)	9

		Calculations (current system)	Current System	Calculations (if grant is awarded)	If Grant is Awarded (Estimates are acceptable)
5	Number of wheelchair positions AVERAGE PER VEHICLE (Total wheelchair positions divided by total number of fleet vehicles)	1.1(48/29x54%)	(e)1.1	1.1(Same as first column)	1.1
6	Vehicle miles traveled. PER YEAR	230,439(Trapeze calculated)	(f)230,439	230,439(Same as first column)	1.1
7	Average vehicle miles. PER DAY	739(230,439/312)	(g)739	739(Same as first column)	739
8	Normal vehicle hours in operation. PER DAY	49(90X54%)	(h)49	49(Same as first column)	49
9	Normal number of days in operation. PER WEEK	6	6	6	
10	Trip length (roundtrip). AVERAGE	14 RT(12.8x2x54%)	14 RT	14 RT(Same as first column)	14

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, and 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

Form B-1: Proposed Project Description

(a) How will the grant funding improve your agency's transportation service? Provide detail.

Will it be used to:

- Provide more hours of service?
- Expand service to a larger geographic area?
- Provide shorter headways?
- Provide more trips?
- Replace existing equipment?
- Purchase additional vehicles/equipment?

Also, highlight the challenges or difficulties that your agency will overcome if awarded these funds.

With this project, the Agency hopes to be able to provide even more trips to the residents of Columbia County. We hope to continue to meet the demand for transportation trips and that demand is growing every day. The Agency is the current CTC for Columbia County. The 5311 grant funds supplement the operations of the Agency and helps to ensure that riders will not be turned away when they call SVTA for assistance. The Agency relies heavily on 5311 grant funds in its operations.

- (b) If a grant award will be used to maintain services as described in Form A-1, specifically explain how it will be used in the context of total service. Make sure to include information on how the agency will maintain adequate financial, maintenance, and operating records and comply with FTA reporting requirements including information for the Annual Program of Projects Status Reports, Milestone Activity Reports, NTD reporting, DBE reports etc.

The 5311 Grant will be used to fund the total services of SVTA. The grant will pay half of the salaries of the employees of the Agency, it will pay half of the utility bills to maintain the building and operations, and it will pay half of the expense of parts and supplies needed to maintain vehicles. The Agency utilizes QuickBooks for the accounting maintenance. The Agency utilizes Trapeze to maintain records on trips and riders, etc. Maintenance records are available for pre-and post trip inspections, repairs, and maintenance done on vehicles, etc. These systems allow us to report on the Annual Program of Projects Status Reports, Milestone Activity Reports, NTD Reports, and DBE Reports.

- (c) If this grant is not fully funded, can you still proceed with your transportation program? Explain.

If this grant is not fully funded, our Agency will not be able to perform at our current level. Our two largest funding sources are the 5311 Grant and the Transportation Disadvantaged Grant. We work very hard not to turn away passengers that are in need of a ride. Unfortunately, the Agency would have to start turning away passengers without these funds.

Form B-2: Financial Capacity – Proposed Budget for Transportation Program

Estimated Revenues <i>See Instruction Manual</i>	Revenue Amount <i>Entire Transportation program</i>	Revenue Used as FTA Match Amount <i>5311 Program Only</i>
Passenger Fares for Transit Service (401)	\$16,345.00	\$0.00
Special Transit Fares (402)	\$24,458.00	\$24,458.00
School Bus Service Revenues (403)	\$0.00	\$0.00
Freight Tariffs (404)	\$0.00	\$0.00
Charter Service Revenues (405)	\$1,985.00	\$0.00
Auxiliary Transportation Revenues (406)	\$1,296.00	\$1,296.00
Non-transportation Revenues (407)	\$2,674.00	\$2,674.00
Total Revenue	\$46,758	\$28,428.00
Other Revenue Categories		
Taxes Levied directly by the Transit System (408)	\$0.00	\$0.00
Local Cash Grants and Reimbursements (409)	\$58,706.00	\$58,706.00
Local Special Fare Assistance (410)	\$0.00	\$0.00
State Cash Grants and Reimbursements (411)	\$498,529.00	\$498,529.00
State Special Fare Assistance (412)		
Federal Cash Grants and Reimbursements (413)	\$5,080.00	\$5,080.00
Interest Income (414)	\$6	\$6
Contributed Services (430)	\$0	\$0
Contributed Cash (431)	\$0	\$0
Subsidy from Other Sectors of Operations (440)	\$0	\$0
Total of Other Revenue	\$562,321.00	\$562,321.00
Grand Total All Revenue	\$609,079.00	\$590,749.00

Estimated Expenses <i>See Instruction Manual</i>	Expense Amount <i>Entire Transportation program</i>	FTA Eligible Expense <i>5311 Program Only</i>
Labor (501)	\$552,196.00	\$552,196.00
Fringe & Benefits (502)	\$174,326.00	\$174,326.00
Services (503)	\$51,412.00	\$51,412.00
Materials & Supplies (504)	\$117,086.00	\$117,086.00
Vehicle Maintenance (504.01)	\$1,191.00	\$1,191.00
Utilities (505)	\$27,500.00	\$27,500.00
Insurance (506)	\$43,200.00	\$43,200.00
Licenses & Taxes (507)	\$594.00	\$594.00
Purchased Transit Service (508)	\$0.00	\$0.00
Miscellaneous (509)*	\$3,686.00	\$3,686.00
Leases & Rentals (512)	\$1,985.00	\$1,985.00
Depreciation (513)	\$174,869.00	\$0.00
Grand Total All Expenses	\$1,148,045.00	\$973,176.00

Operating Funding Sources

Sources	Prior Year	Current Year	Next year
Local	\$73,137.00	\$74,273.00	\$75,051.00
State	\$495,735.00	\$509,479.00	\$498,529.00
Federal-Medicaid Only	\$4,662.00	\$4,838.00	\$5,080.00
Private	\$25,893.00	\$28,652.00	\$30,419.00
5311	\$373,964.00	\$357,573.00	\$478,416.00

Proof of Local Match

Source	Amount
Transportation Disadvantaged Grant	\$726,913.00
	\$
	\$
	\$
	\$
Total Local Match — 50 % of Total Project Cost	\$726,913.00

Attach documentation of match funds directly after this page. Proof may consist of, but not be limited to:

- Transportation Disadvantaged (TD) allocation,
- Written statements from county commissions, state agencies, city managers, mayors, town councils, organizations, accounting firms and financial institutions.



Signature [blue ink]

Larry Sessions, Administrator

Typed Name and Title of Authorized Representative

12/15/2017

Date

Florida Department of Transportation



U.S.C. Section 5339 Capital Assistance Application – FFY 2018



BUS AND BUS FACILITIES FORMULA PROGRAM
FOR RURAL AREAS
CFDA 20.526

Legal Applicant Name: Suwannee Valley Transit Authority

☐ First Time Applicant

☒ Previous Applicant

Applicant Information

		49 U.S.C. Section 5339, Bus and Bus Facilities Formula Program for Rural Areas: GRANT APPLICATION	
Agency (Applicant) Legal Name: Suwannee Valley Transit Authority			
Physical Address (No P.O. Box): 1907 Voyles Street			
Applicant's County: Suwannee If Applicant has offices in more than one county, list county where main office is located			
City: Live Oak	State: FL	Zip Code: 32064	Congressional District: 3
Federal Taxpayer ID Number: 59-1684116			
Applicant Fiscal period start and end dates: July 1, 2018 to June 30, 2019 <i>State Fiscal period from: July 1, 2018 to June 30, 2019</i>			
Applicant's DUNS Number: 0831930600000 <i>Unique 9-Digit number issued by Dun & Bradstreet. May be obtained free of charge at: http://fedgov.dnb.com/webform</i>			
Project's Service Area: Columbia County, Hamilton County, Suwannee County <i>List the county or counties that will be served by the proposed project.</i>			
Executive Director: Larry Sessions		Grant Contact Person (if different than Executive Director): Felonzie P. Raggins	
Telephone: 386-208-6321		Telephone: 386-219-0650	
Fax: 386-219-0157		Fax: 386-219-0157	
E-mail Address: Larry.Sessions@ridesvta.com		Email Address: Felonzie.Raggins@ridesvta.com	
Current Vehicle Inventory: 1 Vans 4 Vans/Lifts 2 Sedans or Minivans Enter Number in Fleet 23 Buses/Cutaways 0 Other 1 N/A			
Authorizing Representative certifying to the information contained in this application is true and accurate. Signature (Authorizing Representative) [blue ink]:  Printed Name: <u>Larry Sessions</u> Title: <u>Administrator</u> Email Address: <u>Larry.Sessions@ridesvta.com</u> *Must attach a Resolution of Authority from your Board (original document) for the person signing all documents on behalf of your agency. See Exhibit B			

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: N/A		4. Applicant Identifier: N/A			
5a. Federal Entity Identifier: N/A			5b. Federal Award Identifier: N/A		
State Use Only:					
6. Date Received by State: <input type="text"/>		7. State Application Identifier: 1001			
8. APPLICANT INFORMATION:					
* a. Legal Name: Suwannee Valley Transit Authority					
* b. Employer/Taxpayer Identification Number (EIN/TIN): 59-1684116			* c. Organizational DUNS: 0831930600000		
d. Address:					
* Street1:		1907 Voyles Street			
Street2:		<input type="text"/>			
* City:		Live Oak			
County/Parish:		<input type="text"/>			
* State:		FL: Florida			
Province:		<input type="text"/>			
* Country:		USA: UNITED STATES			
* Zip / Postal Code:		32064			
e. Organizational Unit:					
Department Name: Transportation			Division Name: Administration		
f. Name and contact information of person to be contacted on matters involving this application:					
Prefix: Mr.		* First Name: Larry			
Middle Name:		<input type="text"/>			
* Last Name: Sessions		<input type="text"/>			
Suffix:		<input type="text"/>			
Title: Administrator					
Organizational Affiliation: Appointed by Board of Directors					
* Telephone Number: 386-219-0650			Fax Number: 386-219-0157		
* Email: felonzie.raggins@rideavta.com					

Application for Federal Assistance SF-424

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

D: Special District Government

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:

CFDA 20.526

CFDA Title:

Bus and Bus Facilities Formula Program For Rural Areas

*** 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.):

Columbia, Hamilton, Suwanee

Add Attachment

Delete Attachment

View Attachment

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

Capital Assistance

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

3

* b. Program/Project

3

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

Add Attachment

Delete Attachment

View Attachment

17. Proposed Project:

* a. Start Date:

7/1/2018

* b. End Date:

6/30/2019

18. Estimated Funding (\$):

* a. Federal

70,259.00

* b. Applicant

* c. State

* d. Local

* e. Other

* f. Program Income

* g. TOTAL

70,259.00

*** 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:

Larry

Middle Name:

* Last Name:

Sessions

Suffix:

* Title:

Administrator

* Telephone Number:

386-219-0650

Fax Number:

386-219-0157

* Email:

felonzie.raggins@ridesvta.com

Signature of Authorized Representative:

* Date Signed:

4/25/2016

Form A-2: Fact sheet

(The information listed should be specific to the Section 5339 funds and not agency wide).

	CURRENTLY	IF GRANT IS AWARDED
1. Number of one-way passenger trips. ¹ PER YEAR (Show Calculations)	46,498	46,498
2. Number of individuals served unduplicated (first ride per rider per fiscal year) ² . PER YEAR (Show Calculations)	756	756
3. Number of vehicles used for this service. ACTUAL	29	29
4. Number of ambulatory seats. AVERAGE PER VEHICLE (Show Calculations) (Total ambulatory seats divided by total number of fleet vehicles)	16	16
5. Number of wheelchair positions. AVERAGE PER VEHICLE (Show Calculations) (Total wheelchair positions divided by total number of fleet vehicles)	2	2
6. Vehicle Miles traveled. PER YEAR	426,739	426,739
7. Average vehicle miles PER DAY	1,368	1,368
8. Normal vehicle hours in operation. PER DAY	90	90
9. Normal number of days in operation. PER WEEK	6	6
10. Trip length (roundtrip). AVERAGE	26 RT	26 RT

¹ 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

² The unduplicated riders are for current year and the subsequent year once the grant is awarded

Form B: Proposed Project Description

1. How will the grant funding improve your agency's transportation service? Provide detail.
Will it be used to:

- Provide more hours of service?
- Expand service to a larger geographic area?
- Provide shorter headways?
- Provide more trips?

Also, highlight the challenges or difficulties that your agency will overcome if awarded these funds.

Suwannee Valley Transit Authority was very fortunate to have received 5339 funds for FY 2015 to help replace its aging fleet. We work hard to meet the demand for transportation in Columbia, Hamilton, and Suwannee Counties. We know that we cannot meet the demand if our fleet is so old we suffer more break downs than we are in service. We have made great strides in upgrading our fleet. As you can see from our inventory list, there is still a need for the 24 foot Ford E450 cutaways. Receiving a 5339 grant to replace a cutaway is ideal because we get a new vehicle and 100% of the cost reimbursed. Grants are the only way that we can afford to upgrade the fleet.

3. If this grant application is for a **vehicle/equipment**:

- provide a detailed explanation of the need for the vehicle and provide documentation of the need
- describe whether the intent is to replace existing vehicles/equipment or purchase additional vehicles/equipment
- describe how vehicles will be maintained without interruptions in service (who, what, where, and when)
- describe who will drive the vehicle, the number of drivers, and CDL certifications

As stated in question 1 of this exhibit, the agency does not want to turn down trips because our vehicles are breaking down. We would save money on repairs and maintenance of vehicles and ensure that our vehicles were reliable by replacing the aging fleet of cutaways.

Suwannee Valley Transit Authority has a fully capable Maintenance Department as shown in the organizational chart. If Maintenance issues come up that these three employees cannot handle, the Maintenance Supervisor makes a decision concerning companies that maintenance work will be outsourced to.

Suwannee Valley Transit Authority employs a Driver Supervisor that has twenty-two (22) professional bus drivers that report to him. Twelve of those professional bus operators have a CDL license. In addition to these 22 drivers, we have the Administrator and a dispatcher that are qualified to drive for us. They both have their CDL licenses. This equals a total of twenty-five (25) eligible drivers with fourteen (14) of those drivers having a CDL license and eleven of those drivers having a regular Class E license.

Form C: Financial Capacity – Proposed Budget for Transportation Program

Estimated Revenues <i>See Instruction Manual</i>	Revenue Amount <i>Entire Transportation Program</i>	Revenue Used as FTA Match Amount
Passenger Fares for Transit Service (401)	\$30,269.00	\$0.00
Special Transit Fares (402)	\$45,293.00	\$45,293.00
Other (403 – 407) (Identify by appropriate code)	\$11,027.00	\$7,352.00
Total Operating Revenue	\$86,589.00	\$52,645.00
Other Revenue Categories	_____	_____
Taxes Levied Directly by the Transit System (408)	\$0.00	\$0.00
Local Cash Grants and Reimbursements (409)	\$111,504.00	\$111,504.00
Local Special Fare Assistance (410)	\$0.00	\$0.00
State Cash Grants and Reimbursements (411)	\$923,202.00	\$923,202.00
State Special Fare Assistance (412)	\$0.00	\$0.00
Federal Cash Grants & Reimbursements (413)	\$9,408.00	\$9,408.00
Interest Income (414)	\$12.00	\$12.00
Contributed Services (430)	\$0.00	\$0.00
Contributed Cash (431)	\$0.00	\$0.00
Subsidy from Other Sectors of Operations (440)	\$0.00	\$0.00
Total of Other Revenue	\$1,044,126.00	\$1,044,126.00
Grand Total All Revenue	\$1,130,715.00	\$1,096,771.00

Expense Category <i>See Instruction Manual</i>	Expense Amount <i>Entire Transportation Program</i>	FTA Eligible Expense <i>5339 Program Only</i>
Labor (501)	\$1,022,586.00	\$1,022,586.00
Fringe & Benefits (502)	\$322,825.00	\$322,825.00
Services (503)	\$95,207.00	\$95,207.00
Materials and Supplies (504)	\$216,825.00	\$216,825.00
Vehicle Maintenance (504.01)	\$2,205.00	\$2,205.00
Utilities (505)	\$50,925.00	\$50,925.00
Insurance (506)	\$80,000.00	\$80,000.00
Licenses and Taxes (507)	\$1,100.00	\$1,100.00
Purchased Transit Service (508)	\$0.00	\$0.00
Miscellaneous (509)	\$6,825.00	\$6,825.00
Leases and Rentals (512)	\$3,675.00	\$3,675.00
Depreciation (513)	\$323,832.00	\$0.00
Total Expense	\$2,126,005.00	\$1,802,173.00

Operating Funding Sources			
Sources	Prior Year	Current Year	Next year
Local	\$186,633.00	\$191,903.00	\$198,105.00
State	\$918,028.00	\$943,479.00	\$923,202.00
Federal	\$8,634.00	\$8,960.00	\$9,408.00

Form D-1: Capital Request Form³

To identify vehicle type and estimate cost visit <http://tripsflorida.org/>

All vehicle requests must be supported with a completed sample order form for estimating the vehicle cost.

The order form can be obtained from <http://www.tripsflorida.org/contracts.html>

1. Select Desired Vehicle (Cutaway, Minibus etc.)
2. Choose Vendor (use drop down arrow next to vendor name to see information)
3. Select Order Packet
4. Complete Exhibit A (Order Form)

The Auto and Light Truck contract can be found at [The Florida Department of Management Services \(DMS\) website](#)

VEHICLE REQUEST

Replacement (R) or Expansion (E)	Description/ Vehicle Type	Fuel Type	Useful Life (See Application Instructions)	Quantity	Estimated Cost (from Order Form)
R	24 Foot Ford E450 Odyssey/14 ambulatory seats//2 wheel chair positions/Lift	Gasoline	5 years	1	\$87,824.00
Sub-total					\$87,824.00

*Under Description/Vehicle Type, include the length and type vehicle, lift or ramp, number of seats and wheelchair positions. For example, 22' gasoline bus with lift, 12 ambulatory seats, and 2 wheelchair positions. **Any bus options that are part of purchasing the bus itself should be part of the vehicle request and NOT separated out under equipment.**

Replacement Vehicles (R)

If the capital request includes replacement vehicles, add a comma instead of a period? Please list the vehicles in your current fleet that you are intending to replace with the vehicle from your vehicle request.

YEAR	TYPE	MAKE	MILES	VIN	FDOT Control #
2009	Chevy	Goshen	213,211	1GBJG31KX81232570	

³ Applicants must use this form.

Equipment Request

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 the [Procurement Guidelines](#).

Description*	Useful Life (See Application Instructions)	Quantity	Estimated Cost

* List the number of items and provide a brief description (i.e. two-way radio or stereo radio, computer hardware/software, etc.)

\$87,824.00	+	\$0.00	=	\$87,824.00
Vehicle Subtotal	Plus	Equipment Subtotal	Equals	Total Cost
\$87,824.00	*	0.8	=	\$70,259.00
Total Cost	Multiplied by	80%	Equals	Federal Request Form 424, Block 18 (a)



Suwannee Valley Transit Authority Vehicle Inventory

1/26/2018

Year	Make	Model	Vehicle Type	VIN Number	FDOT Control # (if applicable)	Agency Vehicle #	Ramp or Lift (specify)	# of Seats and W/C Positions	Other Equipment	Use	Average Miles/Yr	Current Mileage	Funding Source	Name of Title Holder	Acquisition Date	Cost	% Federal funding	Location	Condition	Expected Date of Retirement	Date of Disposition (if applicable)	Sale Price (if applicable)	Status
2016	Dodge	Caravan	F	2C4RDGBG6GR237607		01	NA	6/0	C-T	ELD/DIS	19,469	40,484	S Conroy Cap	DOT	12/29/2015	\$ 22,095.00	100	LC	In Service	12/27/2020	N/A	N/A	A
2017	Dodge	Caravan	F	2C4RDGBGXHR637736		02	NA	6/0		ELD/DIS	22,527	26,045	S Conroy Cap	DOT	11/30/2016	\$ 24,200.00	100	LO	In Service	11/29/2021	N/A	N/A	A
2015	Ford	E450	D	1FDFE4F59FDA35290		03	lift	14/2	C-T	ELD/DIS	40,387	65,172	S Conroy Cap	DOT	6/16/2016	\$ 79,394.00	100	LO	In Service	6/15/2021	N/A	N/A	A
2016	Ford	E450	D	1FDFE4F50GDC55337	91283	04	lift	14/2	C-T	ELD/DIS	27,581	39,293	FDOT 5339	DOT	8/24/2016	\$ 79,394.00	100	LO	In Service	8/23/2021	N/A	N/A	A
2003	Thomas	Trolley	B	1T0Z30B2331130870	166	5	lift	32/2	C-T	ELD/DIS	5,257	71,279	FDOT 5310	DOT	7/9/2004	\$ 175,000.00	90	LO	In Service	7/6/2016	N/A	N/A	A
2016	Ford	E350	D	1FDWE3FL5GDC32266	91288	06	lift	9/2	C-T	ELD/DIS	37,307	46,506	FDOT 5310	DOT	10/28/2016	\$ 68,868.00	100	LO	In Service	10/27/2021	N/A	N/A	A
2016	Odyssey	E350	D	1FDFE4F54GDC55339		07	lift	16/2	C-T	ELD/DIS	37,561	22,022	S Conroy Cap	DOT	6/26/2017	\$ 81,881.00	100	LC	In Service	6/25/2022	N/A	N/A	A
2012	Ford	F550	D	1FDGF5GY0CE897504		10	lift	16/2	C-T	ELD/DIS	28,637	159,504	S Conroy Cap	DOT	7/3/2012	\$ 79,404.00	100	LO	In Service	7/2/2017	N/A	N/A	A
2009	Chevy	3500	D	1GBJG21K481232919		11	lift	9/2	C-T	ELD/DIS	Levy Cty	303,812	SVTA FUNDS	SVTA	4/24/2017	\$ 1,000.00	0	LC	In Service	1/1/2014	N/A	N/A	A
2006	Chevy	3500	D	1GBJG31U361264615		12	lift	9/2		ELD/DIS	Levy Cty	395,983	SVTA FUNDS	SVTA	4/24/2017	\$ 1,000.00	0	LO	In Service	1/1/2011	N/A	N/A	A
2009	Chevy	3500	D	1GBJG31K491102902		13	lift	14/2	C-T	ELD/DIS	Levy Cty	310,298	SVTA FUNDS	SVTA	4/24/2017	\$ 1,000.00	0	LO	In Service	1/1/2014	N/A	N/A	A
2011	Chevy	GMT-610	D	1GB3G2BG2B1174734		14	lift	8/2	C-T	ELD/DIS	33,855	188,383	S Conroy Cap	DOT	7/5/2012	\$ 64,836.00	100	LO	Under Repair	10/30/2017	N/A	N/A	UR
* 2009	Chevy	Goshen	D	1GBJG31KX81232570		15	lift	8/2	C-T	ELD/DIS	24,526	213,211	S Conroy Cap	SVTA	5/20/2009	\$ 50,000.00	100	LO	Redlined	5/19/2014	N/A	N/A	Scrap
2006	Ford	E350	F	1F8NE31LX6D828964		16	NA	16	C-T	ELD/DIS	Levy Cty	49,185	SVTA FUNDS	SVTA	11/2/2017	\$ 6,000.00	0	LO	In Service	11/1/2022	NA	N/A	A
2009	Chevy	3500	D	1GBJG31K291107936	80206	17	lift	9/2	C-T	ELD/DIS	26,979	231,428	ARRA 5311 C	DOT	7/1/2009	\$ 80,000.00	100	LC	In Service	6/30/2014	N/A	N/A	A
2013	Ford	F550	D	1FDGF5GT2DEB00406	91214	18	lift	16/2	C-T	ELD/DIS	39,493	186,429	FDOT 5310	DOT	5/9/2013	\$ 86,633.00	90	LO	In Service	5/8/2018	N/A	N/A	A
2010	Dodge	Caravan	E	2D4RN4DEXAR455096	80254	1020	ramp	7/1	C-T	ELD/DIS	26,393	178,894	FTA-ARRA 5311 C	DOT	4/19/2011	\$ 42,000.00	100	LO	In Service	4/17/2016	N/A	N/A	UR
2011	Champion	Bus	B	4UZAB0DT0ACAT2710	80252	1122	lift	29/2	C	ELD/DIS	3,557	25,182	FTA-ARRA 5311 C	SVTA	12/30/2010	\$ 183,298.00	100	LO	Redlined	12/28/2017	N/A	N/A	UR
2011	Champion	Bus	B	4UZAB0DT2ACAT2711	80251	1123	lift	29/2	C-T	ELD/DIS	6,344	44,913	FTA-ARRA 5311 C	SVTA	12/30/2010	\$ 183,298.00	100	LO	Redlined	12/28/2017	N/A	N/A	UR
2011	Champion	Bus	B	4UZAB0DT4ACAT2712	80250	1124	lift	29/2	C	ELD/DIS	3,608	25,545	FTA-ARRA 5311 C	SVTA	12/30/2010	\$ 183,298.00	100	LO	Redlined	12/28/2017	N/A	N/A	UR
2001	Blue Bird	Bus	B	1BAGBCPA42F202651	52	25	lift	24/2	C-T	ELD/DIS	** unknown	unknown	FDOT 5310	SVTA	7/24/2001	\$ 40,000.00	90	LO	Redlined	7/22/2008	N/A	N/A	UR
1997	Thomas	Bus	B	1T7HNB29V1152213		27	NA	41/0		ELD/DIS	4,289	90,359	SVTA FUNDS	SVTA	1/6/1997	\$ 8,500.00	0	LO	In Service	1/3/2009	N/A	N/A	A
2010	Eldorado	Bus	B	1N9MNA65AC084275	80241	1028	ramp	31/2	C-T	ELD/DIS	17,753	135,266	FTA-ARRA 5311 C	DOT	6/16/2010	\$ 289,000.00	100	LC	In Service	8/14/2029	N/A	N/A	A

Year	Make	Model	Vehicle Type	VIN Number	FDOT Control # (if applicable)	Agency Vehicle #	Ramp or Lift (specify)	# of Seats and W/C Positions	Other Equipment	Use	Average Miles/Yr	Current Mileage	Funding Source	Name of Title Holder	Acquisition Date	Cost	% Federal funding	Location	Condition	Expected Date of Retirement	Date of Disposition (if applicable)	Sale Price (if applicable)	Status
2010	Eldorado	Bus	B	1N9MNAC67AC084276	80242	1029	ramp	31/2	C-T	ELD/DIS	11,361	86,559	FTA- ARRA 5311 C	DOT	6/16/2010	\$ 289,000.00	100	LC	In Service	8/15/2045	N/A	N/A	A
2010	Eldorado	Bus	B	1N9MNAC69AC084277	80243	1030	ramp	31/2	C-T	ELD/DIS	16,511	125,800	FTA- ARRA 5311 C	DOT	6/16/2010	\$ 289,000.00	100	LC	In Service	7/4/2033	N/A	N/A	UR
2010	Eldorado	Bus	B	1N9MNAC60AC084278	80248	1031	ramp	31/2	C-T	ELD/DIS	12,306	89,917	FTA- ARRA 5311 C	DOT	10/8/2010	\$ 289,000.00	100	LC	In Service	9/12/2044	N/A	N/A	A
2012	VPG	MV1	F	523MF1A61CM101614	91222	43	ramp	3/1	C-T	ELD/DIS	36,903	134,065	FDOT 5310	DOT	6/10/2014	\$ 46,598.00	90	LO	In Service	11/27/2019	N/A	N/A	A
2012	VPG	MV1	F	523MF1A63CM101596	91223	44	ramp	3/1	C-T	ELD/DIS	41,116	149,369	FDOT 5310	DOT	6/10/2014	\$ 46,598.00	90	LC	In Service	6/6/2019	N/A	N/A	A
2014	VPG	MV1	F	57WMD1A6XEM100942	91239	45	ramp	3/1	C-T	ELD/DIS	35,038	91,100	FDOT 5310	DOT	6/22/2015	\$ 47,448.00	90	LO	In Service	9/30/2020	N/A	N/A	A
2015	Ford	E350	D	1FDWE3FLDFDA28053		46	lift	9/2	C-T	ELD/DIS	40,963	105,718	TD Fund	DOT	6/29/2015	\$ 74,784.00	90	LC	In Service	1/2/2020	N/A	N/A	A
2008	Ford	Truck	G	1FTNF20578EC08564		47	NA	1/0		MNT	13,532	126,983	S Conroy Cap	SVTA	9/10/2008	\$ 15,000.00	100	LO	In Service	2/22/2016	N/A	N/A	A
Vehicle #25 (Speedometer no longer works could not give an accurate mileage)																							

1/26/2018

2017-18 Shirley Conroy Rural Area Capital Assistance Program Grant Summary									
County(ies)	Applicant Name	Agency Type / % Rural Population (2010 Census)	Capital Equipment Requested (Prioritized as listed)	Total Project Cost (100%)	TD Dollar Amount (90% or 100% REDI)	Required Match (10% or 0% REDI)	Committee Recommendations	Funding	Staff Notes
Alachua	MV Contract Transportation, Inc.	For Profit 21.2%	1. Mobile Radios and set up \$27,325 2. Two 22' wheelchair accessible vehicles (\$71,431 each) - Replacements	\$170,097.00	\$153,087.30	\$17,009.70	Fund one replacement vehicle	\$64,288.00	
Baker	Baker County Council on Aging, Inc.	Non-Profit 59.5%	1. Two 23' wheelchair accessible vehicles \$153,786 (or \$76,893 each) - Replacements 2. One generator system \$4,797	\$158,583.00	\$158,583.00	\$0.00	Fund one replacement vehicle	\$76,893.00	Requests REDI match waiver.
Bay	Bay County BOCC	Government 12%	Two 23' wheelchair accessible vehicles with two-way radios (includes installation) \$82,196 each - Replacement	\$164,392.00	\$147,952.80	\$16,439.20	Fund one replacement vehicle	\$73,976.00	
Bradford	Suwannee River Economic Council, Inc.	Non-Profit 75.5%	One wheelchair accessible vehicle - Replacement	\$70,000.00	\$70,000.00	\$0.00	Do not fund	\$0.00	Vehicle marked for replacement has not met its useful life.
Calhoun	Calhoun County Senior Citizens Association, Inc.	Non-Profit 67.5%	One 24' wheelchair accessible vehicle - replacement	\$79,265.00	\$71,338.50	\$7,926.50	Do not fund	\$0.00	Vehicle marked for replacement has not met its useful life.
Clay	Clay County Council on Aging, Inc.	Non-Profit 15.0%	1. One 24' wheelchair accessible vehicle \$106,476 - replacement. 2. Bus graphics and installation \$1,250 3. Two computers with dual monitors \$2,778	\$110,504.00	\$99,454.00	\$11,050.00	Fund one replacement vehicle	\$95,828.00	
Collier	Collier County Board of County Commissioners	Government 8.5%	One 24' wheelchair accessible vehicle - replacement.	\$83,493.00	\$75,143.70	\$8,349.30	Do not fund	\$0.00	Vehicle marked for replacement has not met its useful life.
Columbia/ Hamilton/ Suwannee	Suwannee Valley Transit Authority	Government 69.3%	1) One 20' ambulatory transit van \$64,348 - replacement 2) CTS Software, Hardware & Installation \$53,689 3) One Crew-cab Truck \$38,535	\$156,572.00	\$156,572.00	\$0.00	Fund one replacement vehicle	\$64,348.00	Requests REDI match waiver.
Dixie	Suwannee River Economic Council, Inc.	Non-Profit 77%	One wheelchair accessible vehicle replacement	\$70,000.00	\$70,000.00	\$0.00	Do not fund	\$0.00	Vehicle marked for replacement has not met its useful life.
Gilchrist	Suwannee River Economic Council, Inc.	Non-Profit 83.9%	One wheelchair accessible vehicle replacement	\$70,000.00	\$70,000.00	\$0.00	Do not fund	\$0.00	Vehicle marked for replacement has not met its useful life.

2017-18 Shirley Conroy Rural Area Capital Assistance Program Grant Summary									
County(ies)	Applicant Name	Agency Type / % Rural Population (2010 Census)	Capital Equipment Requested (Prioritized as listed)	Total Project Cost (100%)	TD Dollar Amount (90% or 100% REDI)	Required Match (10% or 0% REDI)	Committee Recommendations	Funding	Staff Notes
Gulf	Gulf County Association for Retarded Citizens, Inc.	Non-Profit 77.1%	1) Two 7 passenger minivans (\$21,380 each) 2) Installation fee for security cameras in each veh (\$300 each)	\$43,360.00	\$43,360.00	\$0.00	Fund as requested	\$43,360.00	Requests REDI match waiver.
Hardee/ Highlands/ Okeechobee	MV Contract Transportation, Inc.	For Profit 29.2%	Two wheelchair accessible minivans (\$43,982 each) - replacement	\$87,784.00	\$79,005.60	\$8,778.40	Fund as requested	\$79,005.60	
Hendry/ Glades	Good Wheels, Inc.	Non-Profit 46.0%	1) Four 23' wheelchair accessible vehicles (\$77,168 each) - replacement. 2) One 30' wheelchair accessible vehicle (\$139,146) - replacement	\$447,818.00	\$447,818.00	\$0.00	Fund one replacement vehicle	\$77,168.00	Requests REDI match waiver.
Hernando	Mid Florida Community Services, Inc.	Non-Profit 19.4%	Two 22' wheelchair accessible vehicles (\$69,000 each) - replacement.	\$138,000.00	\$124,200.00	\$13,800.00	Fund one replacement vehicle (\$62,100). *Fund 2nd replacement vehicle (\$53,785).	\$115,885.00	*Per Committee's instructions, staff recommends funding of 2nd replacement vehicle. Mid-Florida has agreed to fund the difference in price, if required.
Indian River	Senior Resource Association, Inc.	Non-Profit 5%	1) XG-25M 700/800 MHZ 35W base mounted radio system \$2,895.43 2) Twenty-four mobile radios for paratransit vehicles \$66,395.76 3) Ten hand-held radios for transit support staff \$19,944.20 Final price includes a Vendor discount of (\$13,760)	\$75,474.39	\$67,926.95	\$7,547.44	Fund first two priorities.	\$52,697.00	Recommended funding includes vendor discount
Jackson	Jackson County Transportation	Non-Profit 75.4%	Two 22' ambulatory vehicles (\$70,756 each) - replacement	\$141,512.00	\$141,512.00	\$0.00	Fund one replacement vehicle	\$70,756.00	Requests REDI match waiver.
Lafayette	Suwannee River Economic Council, Inc.	Non-Profit 100%	One wheelchair accessible vehicle. Addition to fleet.	\$70,000.00	\$70,000.00	\$0.00	Fund as requested	\$69,822.00	Requests REDI match waiver. Recommended award price is consistent price listed on vehicle order form.
Levy	Levy County Board of County Commissioners	Government 92.0%	Two 22' wheelchair accessible vehicles (\$68,364 each) - Replacement	\$136,728.00	\$136,728.00	\$0.00	Fund one replacement vehicle	\$68,364.00	Requests REDI match waiver.
Marion	Marion Senior Services, Inc.	Non-Profit 31.0%	1) RouteMatch Interactive Voice Response Notification Module/System \$63,380 2) One 24" wheelchair accessible vehicle \$86,075 - replacement	\$149,455.00	\$134,509.50	\$14,945.50	Fund first priority	\$57,042.00	

2017-18 Shirley Conroy Rural Area Capital Assistance Program Grant Summary									
County(ies)	Applicant Name	Agency Type / % Rural Population (2010 Census)	Capital Equipment Requested (Prioritized as listed)	Total Project Cost (100%)	TD Dollar Amount (90% or 100% REDI)	Required Match (10% or 0% REDI)	Committee Recommendations	Funding	Staff Notes
Nassau	Nassau County Council on Aging, Inc.	Non-Profit 48.1%	One 26' wheelchair accessible vehicle (addition to fleet)	\$88,924.00	\$88,924.00	\$0.00	Do not fund	\$0.00	Requests REDI match waiver.
Okaloosa	Okaloosa County Board of County Commissioners	Government 12.1%	Two 22' wheelchair accessible vehicles (\$67,689 each). Both vehicles are addition to fleet.	\$135,378.00	\$121,840.20	\$13,537.80	Fund one vehicle.	\$60,920.00	
Polk	Lakeland Area Mass Transit District	Government 13.5%	One 23' wheelchair accessible vehicle - replacement	\$110,394.00	\$99,355.00	\$11,039.00	Do not fund	\$0.00	Receiving four vehicles through 5310.
Putnam	Ride Solution, Inc.	Non-Profit 56.2%	One 24' wheelchair accessible vehicle - replacement	\$93,606.00	\$93,606.00	\$0.00	Fund as requested	\$93,606.00	Requests REDI match waiver.
St Johns	St Johns Co COA	Non-Profit 23.8%	Design and install new security system for Transit Facility	\$22,000.00	\$22,000.00	\$0.00	Do not fund	\$0.00	
Union	Suwannee River Economic Council, Inc.	Non-Profit 67.4%	One wheelchair accessible vehicle Replacement	\$70,000.00	\$70,000.00	\$0.00	Fund as requested	\$69,822.00	Requests REDI match waiver. Recommended award price is consistent price listed on vehicle order form.
Volusia	Votran, Inc.	Government 9.9%	1. Radio Upgrade / Replacement Signs \$127,106 2. Genfare Data Unit \$93,325 3. 5% Direct project support \$11,022	\$231,453.00	\$208,307.00	\$23,146.00	Do not fund	\$0.00	
Wakulla	Wakulla Senior Citizens Center, Inc.	Non-Profit 61.7%	1. One 22' 12-passenger vehicle - Replacement \$70,097 2. Vehicle lettering \$450	\$70,547.00	\$63,492.30	\$7,054.70	Fund as requested	\$63,492.00	
					\$3,084,715.85	\$160,623.54		\$1,297,272.60	
Available Funding =					\$1,297,273.00	Remaining =		\$0.40	
Holmes/ Washington (Transferred to this fiscal year)	Tri-County Community Council, Inc.	Non-Profit	Annual Amount Available One Cutaway Vehicle (expansion of fleet)		\$1,400,000.00 \$102,727.00				
Balance					\$1,297,273.00				



IV . A . 2 .

Serving Alachua
Bradford • Columbia
Dixie • Gilchrist • Hamilton
Lafayette • Levy • Madison
Suwannee • Taylor • Union Counties

2009 NW 67th Place, Gainesville, FL 32653 - 1603 • 352 . 955 . 2200

February 12, 2018

TO: Columbia, Hamilton and Suwannee Transportation Disadvantaged Coordinating Board
FROM: Lynn Godfrey, AICP, Senior Planner
SUBJECT: Suwannee Valley Transit Authority Operations Reports

RECOMMENDATION

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

BACKGROUND

Attached are the following reports:

1. Suwannee Valley Transit Authority Operations Report October - December 2017;
2. Fiscal Year 2017/18 Transportation Disadvantaged Trust Fund Status Report;
3. Commendation/Complaint Reports; and
4. Unmet Transportation Needs Report.

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

Attachments

t:\lynn\td2018\chs\memos\statfeb.docx

SVTA QUARTERLY OPERATING REPORT
COLUMBIA HAMILTON SUWANNEE
OCTOBER NOVEMBER DECEMBER 2017

OPERATING DATA	OPERATOR									
	OCTOBER	NOVEMBER	DECEMBER							TOTAL
TOTAL TRIPS	3,971	3,632	3,202	0	0	0	0	0	0	10,805
Arc of N FL	535	506	413	0	0	0	0	0	0	1,454
TD Trust Fund	2,954	2,729	2,369	0	0	0	0	0	0	8,052
Vocational Rehabilitation	0	2	0	0	0	0	0	0	0	2
Disability Determination	0	0	0	0	0	0	0	0	0	0
Ryan White	2	0	0	0	0	0	0	0	0	2
Acess 2 Care	23	24	6	0	0	0	0	0	0	53
Other	457	371	414	0	0	0	0	0	0	1,242
									VERIFIED	10,805
TOTAL DOLLARS INVOICED				0	0	0	0	0	0	\$0.00
Arc of N FL				0	0	0	0	0	0	\$0.00
TD Trust Fund				0	0	0	0	0	0	\$0.00
Vocational Rehabilitation				0	0	0	0	0	0	\$0.00
Disability Determination				0	0	0	0	0	0	\$0.00
Ryan White				0	0	0	0	0	0	\$0.00
Acess 2 Care				0	0	0	0	0	0	\$0.00
Other				0	0	0	0	0	0	\$0.00
									VERIFIED	\$0.00
TRIP PURPOSE	-	-	-	-	-	-	-	-	-	-
Church	0	0	0							0
Day Treatment	33	33	36	0	0	0	0	0	0	102
Dialysis	852	797	747	0	0	0	0	0	0	2,396
Education/Training	1,062	920	710	0	0	0	0	0	0	2,692
Event	0	0	0							
Medical/Life Sustaining	554	566	550	0	0	0	0	0	0	1,670
Nutrition	354	267	308	0	0	0	0	0	0	929
Other	118	143	142	0	0	0	0	0	0	403
Pharmacy	20	28	35	0	0	0	0	0	0	83
School	645	365	282	0	0	0	0	0	0	1,292
Shopping	332	291	237	0	0	0	0	0	0	860
Social	113	91	63	0	0	0	0	0	0	267
Social Services	18	11	0							
Substance Abuse Treatment	8	5	6							
Volunteer	59	38	43	0	0	0	0	0	0	140
Work	103	77	43	0	0	0	0	0	0	223
									verified	11,057
NUMBER OF TRIPS DENIED	2	1	1	0	0	0	0	0	0	4

COLUMBIA	AMOUNT BILLED TO CTD		HAMILTON	AMOUNT BILLED TO CTD		SUWANNEE	AMOUNT BILLED TO CTD
OCT 2017			OCT 2017			OCT 2017	
AMBULATORY	\$26,536.64		AMBULATORY	\$16,229.31		AMBULATORY	\$17,925.04
WC	\$9,109.10		WC	\$1,416.18		WC	\$8,608.60
TOTAL BILLED TO CTD	\$35,645.74		TOTAL BILLED TO CTD	\$17,645.49		TOTAL BILLED TO CTD	\$26,533.64
NOV 2017			NOV 2017			NOV 2017	
AMBULATORY	\$22,440.15		AMBULATORY	\$17,648.69		AMBULATORY	\$22,172.10
WC	\$8,189.06		WC	\$1,650.13		WC	\$6,230.10
TOTAL BILLED TO CTD	\$30,629.21		TOTAL BILLED TO CTD	\$19,298.82		TOTAL BILLED TO CTD	\$28,402.20
DEC 2017			DEC 2017			DEC 2017	
AMBULATORY	\$20,668.51		AMBULATORY	\$15,968.94		AMBULATORY	\$19,041.27
WC	\$9,084.13		WC	\$1,375.55		WC	\$4,498.06
TOTAL BILLED TO CTD	\$29,752.64		TOTAL BILLED TO CTD	\$17,344.49		TOTAL BILLED TO CTD	\$23,539.33
TOTAL BILLED TO CTD	\$96,027.59		TOTAL BILLED TO CTD	\$54,288.80		TOTAL BILLED TO CTD	\$78,475.17

***THIS REPORTS REFLECTS ONLY WHAT WAS BILLED TO CTD. IT DOES NOT SHOW THE ACTUAL AMOUNT RECEIVED FROM CTD
OR THE ACTUAL REMAINING BALANCE OF THE NON SPONSORED GRANT.

COMPLAINTS

COMPLAINT #	2017_004
DATE	12/26/2017
TIME	13:24PM
COMPLAINANT'S NAME	[REDACTED]
COMPLAINANT'S POC	[REDACTED]
COMPLAINANT'S ISSUE	Was riding horseback on Dreamer Lane. She stated that there are designated horse riding signs on this road and that as the driver was coming toward her, she yelled at him to slow down until she could get her horse out of the road. She said the driver was rude. She doesn't want anyone to be fired, but would like our drivers educated on politeness and safe driving practices when driving around horses. She also stated that her horse can be "flighty and skiddish" so the bus could have startled him and cause her horse to throw her.
COUNTY OF RESIDENCE	Columbia
SVTA'S ACTION TAKEN	Teresa spoke with [REDACTED] and passed the message to the Administrator. Larry called her back and said that we would cover this topic at a monthly driver meeting.
RESOLUTION	She seemed satisfied with this resolution.
COMPLAINT #	
DATE	
TIME	
COMPLAINANT'S NAME	
COMPLAINANT'S POC	
COMPLAINANT'S ISSUE	
COUNTY OF RESIDENCE	
SVTA'S ACTION TAKEN	
RESOLUTION	

COMPLAINT #	
DATE	
TIME	
COMPLAINANT'S NAME	
COMPLAINANT'S POC	
COMPLAINANT'S ISSUE	
COUNTY OF RESIDENCE	
SVTA'S ACTION TAKEN	

	OCT 2017		
DATE	PICK UP	DESTINATION	DENIAL REASON
10/16/17	LIVE OAK	MEDICAL	LAST MINUTE / ROUTE WAS FULL
10/20/17	FT. WHITE	MEDICAL	LAST MINUTE / ROUTE WAS FULL

	NOV 2017		
DATE	PICK UP	DESTINATION	DENIAL REASON
11/13/17	LAKE CITY	WORK	LAST MINUTE / ROUTE FULL

	DEC 2017		
DATE	PICK UP	DESTINATION	DENIAL REASON
12/21/17	LIVE OAK	MEDICAL	LAST MINUTE / ROUTE FULL

ATTENDANCE RECORD

COLUMBIA, HAMILTON AND SUWANNEE TRANSPORTATION DISADVANTAGED COORDINATING BOARD

MEMBER/ORGANIZATION	NAME	2/15/17	5/17/17	8/9/17	11/15/17
Chair	Commissioner Beth Burnam	P	P	P	P
Columbia County Elected Official	Commissioner Bucky Nash	P	P	P	P
Suwannee County Elected Official	Commissioner Don Hale	P	P	P	P
Florida Department of Transportation	Sandra Collins	P	P	P	P
Alternate Member	Janell Damato	A	A	A	A
Florida Department of Children and Families	Kay Tice	P	P	P	A
Alternate Member	Amanda Bryant		A	A	A
Florida Agency for Health Care Administration	Deweese Ogden	P	P	A	P
Alternate Member	Pamela Hagley	A	A	A	A
Florida Department of Education	Jeffrey Aboumrad	P	A	A	P
Alternate Member	Allison Gill	A	A	A	A
Public Education	Daniel Taylor	P	A	A	A
Alternate Member	Vacant				
Florida Department of Elder Affairs	Bruce Evans	A	A	A	A
Alternate Member	Dwight Law	P	P	P	A
Citizen Advocate	Barbara Jeffords Lemley			P	A
Alternate Member	Louie Goodin	A	A	A	A
Citizen Advocate - User	Richard Bryant	A	P	P	P
Alternate Member	Jeffrey Bradley			P	P
Elderly	LJ Two Spirits Johnson	P	P	A	P
Alternate Member	Vacant				
Veterans	Bo Beauchemin	P	P	P	P
Alternate Member	Ellis Gray, III	A	A	A	A
Persons with Disabilities	Ralph P. Kitchens Jr.	P	P	P	P
Alternate Member	Denise Morgan	A	P	A	A
Florida Association of Community Action	Matthew Pearson	P	P	P	P
Alternate Member	Vacant				
Children at Risk	Colleen Cody	P	Yvonne Rodriguez	P	A
Alternate Member	Audre J. Washington	A	P	A	A
Private Transit	Vacant				
Alternate Member	Vacant				
Regional Workforce Board	Diane Head	A	A	P	A
Alternate Member	Darlene Strimple		P	P	P
Medical Community	Sandra Buck-Camp	P	P	P	P
Alternate Member	Vacant				

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

ATTENDANCE POLICY: 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.

