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January 29, 2018

TO: Madison County Transportation Disadvantaged Coordinating Board
FROM: Lynn Godfrey, AICP, Senior Planner
SUBJECT: Meeting Announcement

The Madison County Transportation Disadvantaged Coordinating Board will meet Monday, February 5, 2018 at 1:00 p.m. in the meeting room of the Madison County Courthouse Annex located at 229 Pinckney Street, Madison, Florida. All Board members are encouraged to attend this meeting.

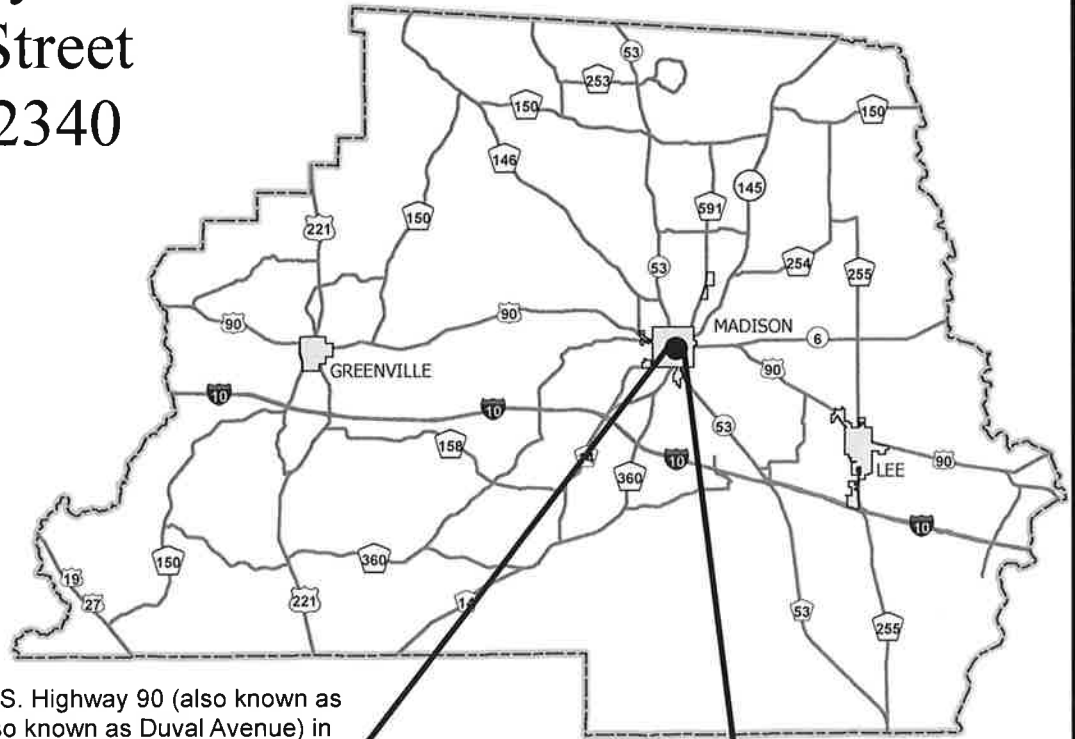
Attached is the meeting agenda and supporting materials. If you have any questions, please do not hesitate to contact me at extension 110.

Attachments

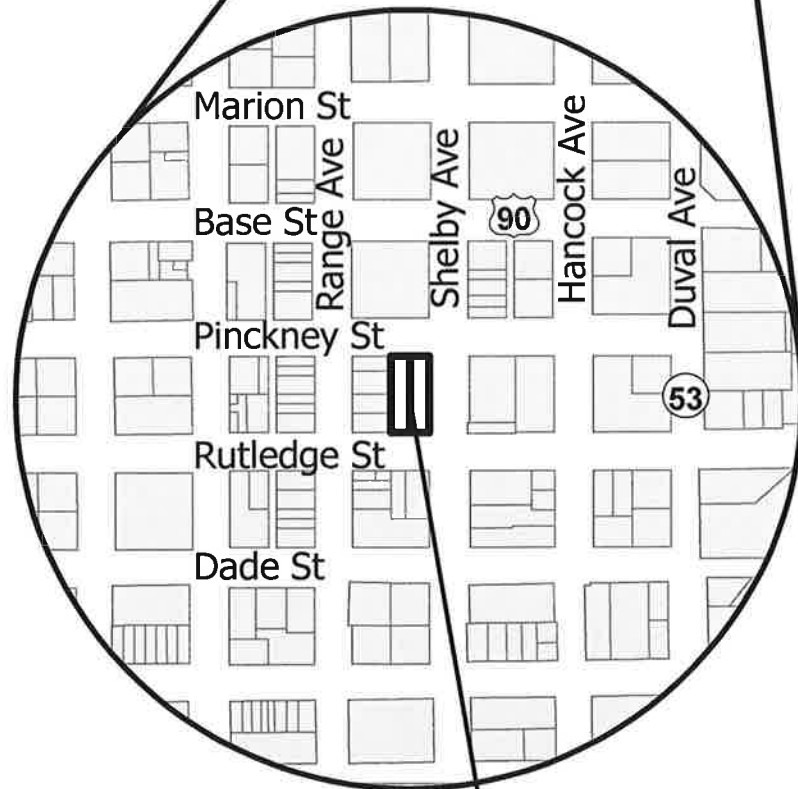
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Madison County Courthouse Annex

229 Pinckney Street
Madison, FL 32340



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



1 inch = 500 feet

Madison County
Courthouse Annex





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**MADISON COUNTY
TRANSPORTATION DISADVANTAGED COORDINATING BOARD**

BUSINESS MEETING ANNOUNCEMENT AND AGENDA

Madison County Courthouse Annex
229 Pinckney Street
Madison, Florida 32340

Monday
February 5, 2018
1:00 p.m.

I. BUSINESS MEETING – CALL TO ORDER

A. Introductions

B. Approval of the Meeting Agenda

ACTION REQUIRED

**C. Approval of the October 2, 2017
Minutes**

Page 7

ACTION REQUIRED

II. NEW BUSINESS

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

Page 11

ACTION REQUIRED

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

B. Big Bend Transit Ridership Report

Page 39

NO ACTION REQUIRED

III. OTHER BUSINESS

A. Comments

IV. FUTURE MEETING DATES

- A. May 7, 2018 at 1:00 p.m.**
- B. August 6, 2018 at 1:00 p.m.**
- C. November 5, 2018 at 1:00 p.m.**
- D. February 4, 2019 at 1:00 p.m.**

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

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

**MADISON COUNTY
TRANSPORTATION DISADVANTAGED COORDINATING BOARD**

MEMBER/REPRESENTING	ALTERNATE/REPRESENTING
Commissioner Ronnie Moore Local Elected Official/Chair Grievance Committee Member	Not Applicable
Sandra Collins Florida Department of Transportation	Janell Damato Florida Department of Transportation
Steve Russell Florida Department of Children and Families	Amanda Bryant Florida Department of Children and Families
Vacant Florida Department of Education	Vacant Florida Department of Education
Rosa Richardson Florida Department of Elder Affairs	Margaret Minter Florida Department of Elder Affairs
Deweese Ogden Florida Agency for Health Care Administration	Pamela Hagley Florida Agency for Health Care Administration
Diane Head Regional Workforce Development Board Grievance Committee Member	Anthony Jennings Regional Workforce Development Board
Matthew Pearson, Vice-Chair Florida Association for Community Action Grievance Committee Member Term ending June 30, 2020	Vacant Florida Association for Community Action Term ending June 30, 2020
Lori Newman Public Education Grievance Committee Member	Vacant Public Education
Oliver Bradley Veterans Term ending June 30, 2020	Vacant Veterans Term ending June 30, 2020
Shanetha Mitchell Citizen Advocate Term ending June 30, 2018 Grievance Committee Member	Carl A. Sims, Jr. Citizen Advocate Term ending June 30, 2018
Vacant Citizen Advocate - User Term ending June 30, 2018	Vacant Citizen Advocate - User Term ending June 30, 2018
Paula Arnold Persons with Disabilities Term ending June 30, 2018	Vacant Persons with Disabilities Term ending June 30, 2018
Vacant Elderly Term ending June 30, 2020	Vacant Elderly Term ending June 30, 2020
Leila C. Rykard Medical Community Term ending June 30, 2019	Kimberly Allbritton Medical Community Term ending June 30, 2019
Vacant Children at Risk Term ending June 30, 2019	Vacant 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.

**MADISON COUNTY
TRANSPORTATION DISADVANTAGED COORDINATING BOARD**

MEETING MINUTES

County Commission Meeting Room
Madison County Courthouse Annex
Madison, Florida

Monday
October 2, 2017
1:00 p.m.

VOTING MEMBERS PRESENT

Commissioner Ronnie Moore, Chair
Paula Arnold, Persons with Disabilities Representative
Oliver Bradley, Veterans Representative
Debbie Cohn representing Diane Head, Workforce Development Board Representative
Sandra Collins, Florida Department of Transportation Representative
Shanetha Mitchell, Citizen Advocate
Matthew Pearson representing Florida Association for Community Action Representative
Leila Rykard, Medical Community Representative

ALTERNATE MEMBERS PRESENT

Carl Sims, Jr., Citizen Advocate

VOTING MEMBERS ABSENT

Lori Newman, Public Education Representative
Dewece Ogden, Florida Agency for Health Care Administration
Rosa Richardson, Florida Department of Elder Affairs Representative
Steve Russell, Florida Department of Children and Families

OTHERS PRESENT

Robert Adams, Big Bend Transit
Brian Kauffman, Madison County Coordinator
Shawn Mitchell, Big Bend Transit
Sheri Powers, Florida Commission for the Transportation Disadvantaged

STAFF PRESENT

Lynn Godfrey, North Central Florida Regional Planning Council

I. BUSINESS MEETING CALL TO ORDER

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

A. Introductions

Chairman Moore asked everyone to introduce themselves.

B. Approval of the Meeting Agenda

ACTION: Sandra Collins moved to approve the meeting agenda. Oliver Bradley seconded; motion passed unanimously.

C. Approval of the August 7, 2017 Minutes

ACTION: Matthew Pearson moved to approve the August 7, 2017 minutes. Sandra Collins seconded; motion passed unanimously.

II. NEW BUSINESS

A. Annual Performance Evaluation

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

ACTION: Matthew Pearson moved to approve Big Bend Transit's 2016/17 annual performance evaluation. Paula Arnold seconded; motion passed unanimously.

B. 2016/17 Annual Operations Report

Ms. Godfrey stated that the Board is required to review the 2016/17 Annual Operations Report.

The Board reviewed the Annual Operations Report.

III. OTHER BUSINESS

A. Comments

Ms. Godfrey noted that Big Bend Transit's ridership report is not on the meeting agenda because the quarter ended September 30, 2017. She said Big Bend Transit will provide the July - September 2017 report to the Board at the next meeting.

Ms. Sheri Powers, Florida Commission for the Transportation Disadvantaged Regional Manager, stated that the 2018 Florida Legislative Session will begin early next year. She asked the Board members to let their legislators know the importance of the Transportation Disadvantaged Program.

Mr. Shawn Mitchell, Big Bend Transit General Manager, asked staff to let the Board members know when the 2018 Transportation Disadvantaged Legislative Day is scheduled. He said Big Bend Transit will provide transportation to individuals who want to attend Transportation Disadvantaged Day.

Chair Moore stated that the Madison County Legislative Delegation will be visiting Madison County in October.

IV. FUTURE MEETING DATES

Chairman Moore stated that the next meeting of the Board will be held February 5, 2018 at 1:00 p.m.

ADJOURNMENT

The meeting adjourned at 1:15 p.m.

Coordinating Board Chair

Date



January 29, 2018

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

RECOMMENDATION

Approve the Madison County Transportation Disadvantaged Service Plan amendments.

BACKGROUND

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

In addition, according to the Florida Administrative Code 41-2.011(6):

“In cooperation with the local Coordinating Board, the Community Transportation Coordinator shall review all applications for local government, federal and state transportation disadvantaged funds submitted from or planned for use in their designated service area.”

Attached are draft amendments to the Madison County Transportation Disadvantaged Service Plan that meet the Federal and State requirements. Also, attached are Big Bend Transit’s applications for U.S.C. Section 5311 and 5339 grant funds.

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

Attachments

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

3. Barriers to Coordination

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

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

4. Needs Assessment

United States Code Section 5310 Grant Program

PROJECT	PROJECT YEAR	AREAS AFFECTED BY PROJECT	ESTIMATED COST	FUNDING SOURCE
Purchase two replacement vehicles.	2018/19	Madison County	\$110,331.20	United States Code Section 5310
			\$13,791.40	Florida Department of Transportation
			\$13,791.40	Big Bend Transit, Inc.
Purchase one replacement vehicle to provide transportation to individuals with disabilities for employment and to the Life Skills Development Center.	2017/18	Madison County	\$34,413.60	United States Code Section 5310
			\$4,301.70	Florida Department of Transportation
			\$4,301.70	The ARC of Big Bend, Inc.
Service expansion	2015/16	Madison County	\$36,150	United States Code Section 5310
			\$36,245	The ARC of Big Bend, Inc.

United States Code Section 5311 Grant Program

PROJECT	PROJECT YEAR	AREAS AFFECTED BY PROJECT	ESTIMATED COST	FUNDING SOURCE
Operation and management of coordinated transportation system.	2018/19	Madison County	\$174,530.70	United States Code Section 5311
			\$174,530.70	Big Bend Transit, Inc.

United States Code Section 5339 Grant Program

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

Rural Area Capital Assistance Program

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

Transportation Disadvantaged Trust Fund Grant

PROJECT	PROJECT YEAR	AREAS AFFECTED BY PROJECT	ESTIMATED COST	FUNDING SOURCE
Provide trips to transportation disadvantaged individuals.	2016/17	Madison County	\$247,077	Transportation Disadvantaged Trust Fund
			\$27,453	Big Bend Transit

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: Big Bend Transit, Inc.

First Time Applicant Previous Applicant


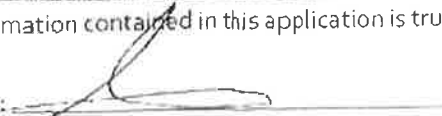
Project Type and Service Area of this Application (check all that apply):

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: Big Bend Transit, Inc.			
Physical Address (No P.O. Box): 2201 Eisenhower Street			
Applicant's County: Leon If Applicant has offices in more than one county, list county where main office is located			
City: Tallahassee	State: FL	Zip + 4 Code: 32310 (5905)	Congressional District: 2
Federal Taxpayer ID Number: 59-1909296			
Applicant Fiscal period start and end dates: 7/1/2018 to 6/30/2019 <i>State Fiscal period from: July 1, 2018 to June 30, 2019</i>			
Applicant's DUNS Number: 114328701 <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: Madison County <i>List the county or counties that will be served by the proposed project.</i>			
Executive Director: Shawn Mitchell		Grant Contact Person (if different than Executive Director):	
Telephone: 850-574-6266		Telephone:	
Fax: 850-574-1531		Fax:	
E-mail Address: smitchell@bigbendtransit.org		Email Address:	
Current Vehicle Inventory: 1 Vans _____ Vans/Lifts _____ Sedans or Minivans Enter Number in Fleet 7 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: Shawn Mitchell Title: General Manager Email Address: smitchell@bigbendtransit.org *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

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	5110,301,00
* b, Applicant	
* c, State	513,791.40
* d, Local	513,791.40
* e, Other	
* f, Program Income	
* g, TOTAL	

*** 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:

Form A-2: Fact Sheet

	Calculations (current system)	Current System	Calculations (if grant is awarded)	If Grant is Awarded <small>(Estimates are acceptable)</small>
1 Number of total one-way trips served by the agency PER YEAR (for entire system). * Please include calculations.	19,612	(a) 19,612	19,612*1.01	19,808
2 Number of one-way trips provided to seniors and individuals with disabilities PER YEAR .*	8,507	(b) 8,507	8,507*1.01	8,592
3 Number of individual senior and disabled clients (unduplicated) PER YEAR .	315	(c)315	315*1.01	318
4 Total number of vehicles used to provide service to seniors and individuals with disabilities ACTUAL .	8	(d)8	8	8

	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.	2	(e) 2	Replace two vehicles	2
6	Total fleet vehicle miles traveled to provide service to seniors and individuals with disabilities PER YEAR.	434,549	(f) 434,549	434,549*1.01	438,894
7	Total number of square miles of service coverage.	716	(g) 716	No change	716
8	Number of days that vehicles are in operation to provide service to seniors and individuals with disabilities AVERAGE PER YEAR.	6 days per week * weeks per year	(h) 312	No change	312

	Calculations (current system)	Current System	Calculations (if grant is awarded)	If Grant is Awarded <small>(Estimates are acceptable)</small>	
9	Number of hours of service AVERAGE PER DAY.	6am to 6pm	(i)12	No Change	12
10	Number of hours of service PER YEAR.	Service hours per day * days of services per year	(j) 3,744	No Change	3,744
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).	6am to 6pm Mon - Sat	(k) <i>M-F: 6am – 6pm</i> <i>Saturday: 6am – 6pm</i> <i>Sunday:</i> <i>Total (WEEK):72</i>	No Change	<i>M-F: 6am – 6pm</i> <i>Saturday: 6am – 6pm</i> <i>Sunday:</i> <i>Total (WEEK):72</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:
 $100 \text{ UZA trips} / 500 \text{ total trips} = .2 * 100 = 20\% \text{ UZA service area}$

UZA	/	=	%UZA service area
SUZA	/	=	%Small Urban service area
Rural	19612 / 19612	=100.00	%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	137,914	X	100.00%	=	\$137,914
	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	137,914	X	.8 Federal & .1 State & .1 Local	=	\$110,331.20	\$13,791.40	\$13,791.40

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)	38,589	
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	38,589	
Other Revenue Categories	_____	_____
Taxes Levied directly by the Transit System (408)		
Local Cash Grants and Reimbursements (409)		
Local Special Fare Assistance (410)	17,030	
State Cash Grants and Reimbursements (411)		
State Special Fare Assistance (412)	428,947	249,132
Federal Cash Grants and Reimbursements (413)	249,132	
Interest Income (414)		
Contributed Services (430)		
Contributed Cash (431)		
Subsidy from Other Sectors of Operations (440)		
Total of Other Revenue	\$695,109	\$249,132
Grand Total All Revenue	\$733,698	\$733,698

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)	334,229	334,229
Fringe & Benefits (502)	164,661	164,661
Services (503)	32,237	32,237
Materials & Supplies (504)	3,183	3,183
Vehicle Maintenance (504.01)	117,956	117,956
Utilities (505)	4,839	4,839
Insurance (506)	37,817	37,817
Licenses & Taxes (507)	345	345
Purchased Transit Service (508)		
Miscellaneous (509)*	24,444	24,444
Leases & Rentals (512)	13,917	13,917
Depreciation (513)	85,532	
Grand Total All Expenses	\$819,230	\$733,698

Operating Funding Sources			
Sources	Prior Year	Current Year	Next year
Passenger Fares	\$ 37,091	\$37,832	\$38,589
Local Special Fares Assistance	\$17,030	\$17,030	\$17,030
State Special Fares Assistance	\$510,424	\$420,536	\$428,947
Federal Cash Grants and Reimbursements	\$103,427	\$174,530	\$249,132
	\$	\$	\$

Proof of Local Match

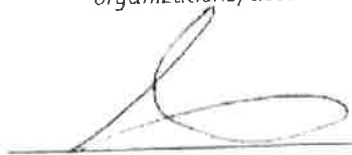
Source	Amount
Big Bend Transit, Inc.	\$13,791.40
	\$
	\$
	\$
	\$
	\$

Total Local Match – 10 % of Total Project Cost \$13,791.40

**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]

Shawn Mitchell, General Manager

Typed Name and Title of Authorized Representative

11/15/2017

Date

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)
(R)	GASOLINE	4/100	Minibus with ADA option	two vehicles	\$68,957 each
					Subtotal
					\$137,914

*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 #
2011	D	FORD	155,618	1FDFE4FS8BDA86791	90292
2013	D	FORD	193,477	1FDFE4FS4DDA92980	91218

Florida Department of Transportation




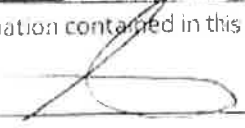
49 U.S.C. Section 5311 Capital & Operating Assistance – FFY 2018 Grant Application

Formula Grants for Rural Areas
CFDA 20.509

Legal Applicant Name: Big Bend Transit, Inc.

First Time Applicant Previous Applicant

Applicant Information

		49 U.S.C. Section 5311, Formula Grants for Rural Areas: GRANT APPLICATION	
Agency (Applicant) Legal Name: Big Bend Transit, Inc.			
Physical Address (No P.O. Box): 2201 Eisenhower Street			
Applicant's County: Leon If Applicant has offices in more than one county, list county where main office is located			
City: Tallahassee	State: FL	Zip Code: 32310	Congressional District: 2
Federal Taxpayer ID Number: 59-1909296			
Applicant Fiscal period start and end dates: <u>7/1/2018</u> to <u>6/30/2019</u> <i>State Fiscal period from: July 1, 2018 to June 30, 2019</i>			
Applicant's DUNS Number: 114328701 <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: Madison County <i>List the county or counties that will be served by the proposed project.</i>			
Executive Director: Shawn Mitchell		Grant Contact Person (if different than Executive Director):	
Telephone: 850-574-6266		Telephone:	
Fax: 850-574-1531		Fax:	
E-mail Address: smitchell@bigbendtransit.org		Email Address:	
Current Vehicle Inventory: <u>1</u> Vans <input type="checkbox"/> Vans/Lifts <input type="checkbox"/> Sedans or Minivans Enter Number in Fleet <u>7</u> Buses/Cutaways <input type="checkbox"/> Other <input type="checkbox"/> N/A			
Authorizing Representative certifying to the information contained in this application is true and accurate.			
Signature (Authorizing Representative) [blue ink]: 			
Printed Name: Shawn Mitchell			
Title: General Manager			
Email Address: smitchell@bigbendtransit.org			
*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

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	\$174,530,74
* b. Applicant	
* c. State	
* d. Local	\$174,530,74
* e. Other	
* f. Program Income	
* g. TOTAL	

* 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:

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. *	19,612	(a) 19,612	19,612*1.01	19,808
2	Number of individuals served unduplicated (first ride per fiscal year) PER YEAR. **	726	(b) 726	726*1.01	733
3	Number of vehicles used for this service ACTUAL.	8	(c) 8	No Change	8
4	Number of ambulatory seats. AVERAGE PER VEHICLE (Total ambulatory seats divided by total number of fleet vehicles)	10	(d) 10	No Change	10

	Calculations (current system)	Current System	Calculations (if grant is awarded)	If Grant is Awarded (Estimates are acceptable)
5	Number of wheelchair positions 2 AVERAGE PER VEHICLE (Total wheelchair positions divided by total number of fleet vehicles)	(f) 2	No Change	2
6	Vehicle miles traveled. PER YEAR 353,549	(f)353,549	353,549*1.01	357,085
7	Average vehicle miles. PER DAY 353,549 Miles / 312 Days = 1,133	(g)1,133	357,085 Miles/312 Days	1,144
8	Normal vehicle hours in operation. PER DAY 11,604 Hours / 312 Days = 37	(g) 37	11,604 Hours * 1.01=11,720 Hours 11,720 Hours/312 Days= 38	38
9	Normal number of days in operation. PER WEEK Mon-Sat	6	No Change	6
10	Trip length (roundtrip). AVERAGE 353,549 Miles/19,612 Trips= 18 Miles/Trip	18	357,085 Miles/19,808 Trips= 18 Miles/Trip	18

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-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)	\$ 38,589	
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	\$38,589	
Other Revenue Categories		
Taxes Levied directly by the Transit System (408)		
Local Cash Grants and Reimbursements (409)		
Local Special Fare Assistance (410)	17,030	
State Cash Grants and Reimbursements (411)		
State Special Fare Assistance (412)	428,947	249,132
Federal Cash Grants and Reimbursements (413)	249,132	
Interest Income (414)		
Contributed Services (430)		
Contributed Cash (431)		
Subsidy from Other Sectors of Operations (440)		
Total of Other Revenue	\$695,109	
Grand Total All Revenue	\$733,698	733,698

Estimated Expenses <i>See Instruction Manual</i>	Expense Amount <i>Entire Transportation program</i>	FTA Eligible Expense <i>5311 Program Only</i>
Labor (501)	334,299	334,299
Fringe & Benefits (502)	164,661	164,661
Services (503)	32,237	32,237
Materials & Supplies (504)	3,183	3,183
Vehicle Maintenance (504.01)	117,956	117,956
Utilities (505)	4,839	4,839
Insurance (506)	37,817	37,817
Licenses & Taxes (507)	345	345
Purchased Transit Service (508)		
Miscellaneous (509)*	24,444	24,444
Leases & Rentals (512)	13,917	13,917
Depreciation (513)	85,532	
Grand Total All Expenses	\$819,230	733,698

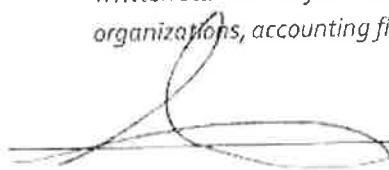
Operating Funding Sources			
Sources	Prior Year	Current Year	Next year
Passenger Fares	\$37,091	\$37,832	\$38,589
Local Special Fares Assistance	\$17,030	\$17,030	\$17,030
State Special Fares Assistance	\$510,424	\$420,536	\$428,947
Federal Cash Grants and Reimbursements	\$103,427	\$174,530	\$249,132
	\$	\$	\$

Proof of Local Match

Source	Amount
Big Bend Transit, Inc.	\$174,530.74
	\$
	\$
	\$
	\$
Total Local Match – 50 % of Total Project Cost	\$174,530.74

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]

Shawn Mitchell, General Manager

 Typed Name and Title of Authorized Representative

11/15/2015

 Date

Form B-3: Breakdown of Transportation Costs

Are 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

# 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
		X			X	= \$

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 5311 Request

Your Section 5311 request is 50% of your net project cost.

Net Project Cost [Calculated above]	Multiplied by	.5 50%	(Equals)	Section 5311 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

733,698	—	249,132	=	\$484,566
Gross Transportation Cost <i>[FTA Eligible Expense]</i>	(Minus)	Total Revenues <i>[Revenue Used as FTA Match Amount]</i>	(Equals)	Net Transportation Cost

7. Rate per Trip

484,566	/	19612	=	\$24.71
Net Transportation Cost <i>[Calculated above]</i>	Divided by	Service Trips per Year <i>[(b) from Form A-2]</i>	Equals	Rate per Trip

8. Total Project Cost

8	*	1961	*	24.71	=	\$387,650.48
# of vehicles <i>[(d) from Form A-2]</i>	Multiplied by	Service Trips per Year [(b) from Form A- 2]	Multiplied by	Rate per Trip <i>[Calculated above]</i>	Equals	Total Project Cost

9. Net Project Cost

387,650.48	—	38,589	=	\$349,061.48
Total Project Cost <i>[Calculated above]</i>	Minus	Passenger Fare Revenue <i>[Revenue Used as FTA Match Amount]</i>	Equals	Net Project Cost

10. Section 5311 Request

Your Section 5311 request is 50% of your net project cost.

349,061.48	*	.5	=	\$174,530.74
Net Project Cost <i>[Calculated above]</i>	Multiplied by	50%	Equals	Section 5311 Request



II . B

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January 29, 2018

TO: Madison County Transportation Disadvantaged Coordinating Board
FROM: Lynn Godfrey, AICP, Senior Planner
SUBJECT: Big Bend Transit, Inc. Ridership Report

RECOMMENDATION

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

BACKGROUND

Attached is Big Bend Transit's Ridership Report for the Board's review. If you have any questions regarding the attached information, please contact me.

Attachment

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MADISON COUNTY RIDERSHIP REPORT

QUARTERLY REPORT

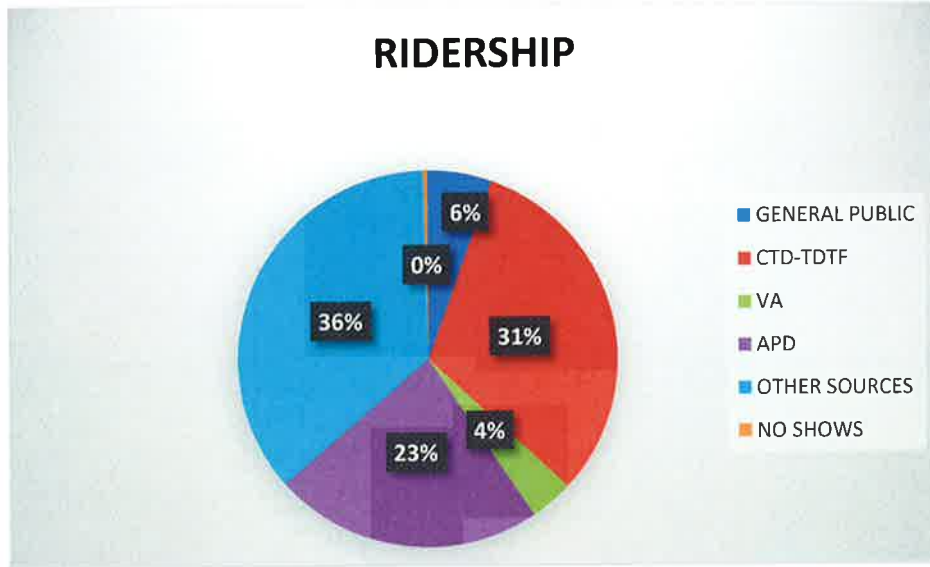
JULY 2017 – SEPTEMBER 2017

**COMMUNITY TRANSPORTATION QUARTERLY REPORT
(JULY 2017 – SEPTEMBER 2017)**

Number of Trips Provided From All Funding Sources

During this reporting period BBT provided a total of 4,457 trips. Approximately 31 percent of the trips provided were CTD-TDTF funded trips, 6 percent of the trips were GENERAL PUBLIC, 23 percent APD passengers, 36 percent other sources, 4 percent VA trips and less than 1 percent of the total scheduled trips were NO SHOWS.

SOURCES	JULY	AUGUST	SEPTEMBER	TOTAL
GENERAL PUBLIC	102	99	44	245
CTD-TDTF	458	516	425	1,399
VA	62	61	42	165
APD	344	416	264	1,024
OTHER SOURCES	556	577	475	1608
NO SHOWS	5	9	2	16
TOTAL	1527	1678	1252	4457



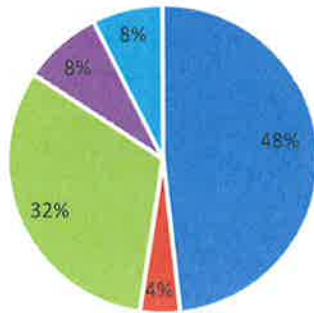
TDTF TRIP PURPOSE

Of the TDTF trips provided during this period, 48 percent were for employment; 32 percent for medical appointments, 4 percent for education, 8 percent for nutritional and life sustaining activities, and 8 percent for Social/Recreational.

TDTF TRIP PURPOSE

	JULY	AUGUST	SEPTEMBER	TOTAL
Employment	209	253	214	676
Education	14	25	19	58
Medical	154	164	128	446
Nutrition/Life Sustaining	26	33	57	116
Social-Personal	55	41	7	103
Total	458	516	425	1399

TDTF TRIP PURPOSE

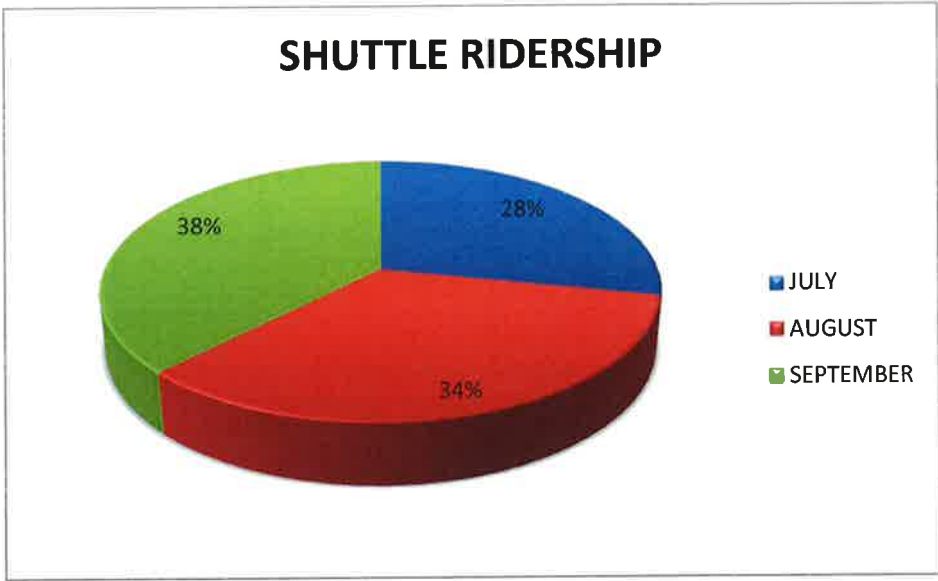


■ Employment ■ Education ■ Medical ■ Nutrition/Life Sustaining ■ Social-Personal

NUMBER OF COMPLAINTS RECEIVED (0)

“IN TOWN SHUTTLE REPORT”

JULY	AUGUST	SEPTEMBER	TOTAL
508	517	511	1536



PUBLIC TRANSPORTATION AND TRANSPORTATION DISADVANTAGED AWARENESS DAY 2018

FEBRUARY 14, 2018

8:30 AM - 3:00 P.M.

Hosted by:

Florida Public
Transportation Association



VISIT EXHIBITORS

JOIN US AT THE RALLY

ENJOY LUNCH IN THE CAPITOL COURTYARD

MEET WITH YOUR LEGISLATOR



SCHEDULE OF EVENTS

8:30 a.m.

Visit Exhibitors.

Exhibitor booths will be outside and on the first floor of the Florida Capitol

11 a.m. - 12 p.m.

Join us at the Rally.

The Rally will include speakers and entertainment on the steps of the old Capitol building in the courtyard

12 - 1 p.m.

Enjoy lunch in the Capitol Courtyard.

Seating will be provided

1 - 3 p.m.

Meet with your legislators and explore the exhibit booths.

Accessible parking around the Capitol is limited



ATTENDANCE RECORD

**MADISON COUNTY
TRANSPORTATION DISADVANTAGED
COORDINATING BOARD**

MEMBER/ORGANIZATION	NAME	2/6/17	5/1/17	8/7/17	10/2/17
Chair	Commissioner Ronnie Moore	P	P	P	P
Florida Department of Transportation	Sandra Collins	P	P	A	P
Alternate Member	Janell Damato	A	A	A	A
Florida Department of Children and Families	Steve Russell	P	A	A	A
Alternate Member	Amanda Bryant			A	A
Florida Agency for Health Care Administration	Deweese Ogden	P	A	A	A
Alternate Member	Pamela Hagley	A	A	A	A
Florida Department of Education	(Vacant)				
Alternate Member	(Vacant)				
Public Education	Lori Newman	A	A	A	A
Alternate Member	(Vacant)				
Citizen Advocate	Shanetha Mitchell	A	A	A	P
Alternate Member	Carl A. Sims, Jr.			P	P
Citizen Advocate-User	(Vacant)				
Alternate Member	Cindy Hutto	A	A	A	A
Elderly	(Vacant)				
Alternate Member	(Vacant)				
Veterans	Oliver Bradley	A	P	P	P
Alternate Member	(Vacant)				
Persons with Disabilities	Paula Arnold	P	A	A	P
Alternate Member	(Vacant)				
Florida Association for Community Action	Matthew Pearson	P	P	P	P
Alternate Member	(Vacant)				
Florida Department of Elder Affairs	Rosa Richardson	A	A	A	A
Alternate Member	Margaret Minter	A	P	P	A
Children at Risk	(Vacant)				
Alternate Member	(Vacant)				
Local Medical Community	Leila C. Rykard	P	P	P	P
Alternate Member	Kimberly Allbritton	A	A	A	A
Regional Workforce Board	Diane Head	A	A	A	Debbie Cohn
Alternate Member	Anthony Jennings	A	P	P	A

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

