

CTC

EVALUATION WORKBOOK

Florida Commission for the



Transportation Disadvantaged

CTC BEING REVIEWED: _____

COUNTY (IES): _____

ADDRESS: _____

CONTACT: _____ **PHONE:** _____

REVIEW PERIOD: _____ **REVIEW DATES:** _____

PERSON CONDUCTING THE REVIEW: _____

CONTACT INFORMATION: _____

LCB EVALUATION WORKBOOK

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REVIEW CHECKLIST & SCHEDULE

COLLECT FOR REVIEW:

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

ITEMS TO REVIEW ON-SITE:

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

ITEMS TO REQUEST:

- ☐ **REQUEST INFORMATION FOR RIDER/BENEFICIARY SURVEY** (Rider/Beneficiary Name, Agency who paid for the trip [sorted by agency and totaled], and Phone Number)
- ☐ **REQUEST INFORMATION FOR CONTRACTOR SURVEY** (Contractor Name, Phone Number, Address and Contact Name)
- ☐ **REQUEST INFORMATION FOR PURCHASING AGENCY SURVEY** (Purchasing Agency Name, Phone Number, Address and Contact Name)
- ☐ **REQUEST ANNUAL QA SELF CERTIFICATION** (Due to CTD annually by January 15th).
- ☐ **MAKE ARRANGEMENTS FOR VEHICLES TO BE INSPECTED** (Only if purchased after 1992 and privately funded).

INFORMATION OR MATERIAL TO TAKE WITH YOU:

- ☐ Measuring Tape
- ☐ Stop Watch

EVALUATION INFORMATION

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

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

Notes to remember:

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

ENTRANCE INTERVIEW QUESTIONS

INTRODUCTION AND BRIEFING:

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

The LCB will be reviewing the following areas:

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

USING THE APR, COMPILE THIS INFORMATION:

1. OPERATING ENVIRONMENT:

- ☐ RURAL ☐ URBAN

2. ORGANIZATION TYPE:

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

3. NETWORK TYPE:

- ☐ SOLE PROVIDER
- ☐ PARTIAL BROKERAGE
- ☐ COMPLETE BROKERAGE

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

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

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

6. NAME THE ORGANIZATIONS AND AGENCIES THAT PURCHASE SERVICE FROM THE CTC AND THE PERCENTAGE OF TRIPS EACH REPRESENTS?
(Recent APR information may be used)

Name of Agency	% of Trips	Name of Contact	Telephone Number

7. REVIEW AND DISCUSS TD HELPLINE CALLS:

	Number of calls	Closed Cases	Unsolved Cases
Cost			
Medicaid			
Quality of Service			
Service Availability			
Toll Permit			
Other			

GENERAL QUESTIONS

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

1. DESIGNATION DATE OF CTC:
2. WHAT IS THE COMPLAINT PROCESS?

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

Is the process being used? ☐ Yes ☐ No

3. DOES THE CTC HAVE A COMPLAINT FORM? ☐ Yes ☐ No
(Make a copy and include in folder)
4. DOES THE COMPLAINT FORM INCORPORATE ALL ELEMENTS OF THE CTD'S
UNIFORM SERVICE REPORTING GUIDEBOOK?

☐ Yes ☐ No

5. DOES THE FORM HAVE A SECTION FOR RESOLUTION OF THE COMPLAINT?
☐ Yes ☐ No

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

6. IS A SUMMARY OF COMPLAINTS GIVEN TO THE LCB ON A REGULAR BASIS?
☐ Yes ☐ No

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

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

☐ Yes ☐ No

If no, what is done with the complaint?

9. DOES THE CTC PROVIDE WRITTEN RIDER/BENEFICIARY INFORMATION OR BROCHURES TO INFORM RIDERS/ BENEFICIARIES ABOUT TD SERVICES?
☐ Yes ☐ No If yes, what type?
10. DOES THE RIDER/ BENEFICIARY INFORMATION OR BROCHURE LIST THE OMBUDSMAN NUMBER?
☐ Yes ☐ No
11. DOES THE RIDER/ BENEFICIARY INFORMATION OR BROCHURE LIST THE COMPLAINT PROCEDURE?
☐ Yes ☐ No
12. WHAT IS YOUR ELIGIBILITY PROCESS FOR TD RIDERS/ BENEFICIARIES?

Please Verify These Passengers Have an Eligibility Application on File:

TD Eligibility Verification			
Name of Client	Address of client	Date of Ride	Application on File?

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

14. ARE THERE ANY AREAS WHERE COORDINATION CAN BE IMPROVED?
15. WHAT BARRIERS ARE THERE TO THE COORDINATED SYSTEM?
16. ARE THERE ANY AREAS THAT YOU FEEL THE COMMISSION SHOULD BE AWARE OF OR CAN ASSIST WITH?
17. WHAT FUNDING AGENCIES DOES THE CTD NEED TO WORK CLOSELY WITH IN ORDER TO FACILITATE A BETTER-COORDINATED SYSTEM?
18. HOW ARE YOU MARKETING THE VOLUNTARY DOLLAR?

GENERAL QUESTIONS

Findings:

Recommendations:

COMPLIANCE WITH CHAPTER 427, F.S.

Review the CTC contracts for compliance with 427.0155(1), F.S.

“Execute uniform contracts for service using a standard contract, which includes performance standards for operators.”

ARE YOUR CONTRACTS UNIFORM? ☐ Yes ☐ No

IS THE CTD’S STANDARD CONTRACT UTILIZED? ☐ Yes ☐ No

DO THE CONTRACTS INCLUDE PERFORMANCE STANDARDS FOR THE TRANSPORTATION OPERATORS AND COORDINATION CONTRACTORS?

☐ Yes ☐ No

DO THE CONTRACTS INCLUDE THE PROPER LANGUAGE CONCERNING PAYMENT TO SUBCONTRACTORS? (Section 21.20: Payment to Subcontractors, T&E Grant, and FY)

☐ Yes ☐ No

IS THE CTC IN COMPLIANCE WITH THIS SECTION? ☐ Yes ☐ No

Operator Name	Exp. Date	SSPP	AOR Reporting	Insurance

COMPLIANCE WITH CHAPTER 427, F.S.

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

REPORTING TIMELINESS

Were the following items submitted on time?

a. Annual Operating Report ☐ Yes ☐ No

Any issues that need clarification? ☐ Yes ☐ No

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

List:

b. Memorandum of Agreement ☐ Yes ☐ No

c. Transportation Disadvantaged Service Plan ☐ Yes ☐ No

d. Grant Applications to TD Trust Fund ☐ Yes ☐ No

e. All other grant application (____%) ☐ Yes ☐ No

IS THE CTC IN COMPLIANCE WITH THIS SECTION? ☐ Yes ☐ No

Comments:

COMPLIANCE WITH CHAPTER 427, F.S.

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

“Review all transportation operator contracts annually.”

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

Is a written report issued to the operator? ☐ Yes ☐ No

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

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

Is a written report issued? ☐ Yes ☐ No

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

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

IS THE CTC IN COMPLIANCE WITH THIS SECTION? ☐ Yes ☐ No

ASK TO SEE DOCUMENTATION OF MONITORING REPORTS.

COMPLIANCE WITH CHAPTER 427, F.S.

Review the TDSP to determine the utilization of school buses and public transportation services [Chapter 427.0155(4)]

“Approve and coordinate the utilization of school bus and public transportation services in accordance with the TDSP.”

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

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

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

☐ N/A

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

☐ Yes ☐ No

If YES, what is the goal?

Is the CTC accomplishing the goal? ☐ Yes ☐ No

IS THE CTC IN COMPLIANCE WITH THIS REQUIREMENT? ☐ Yes ☐ No

Comments:

COMPLIANCE WITH CHAPTER 427, F.S.

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

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

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

☐ Yes ☐ No

If Yes, describe the application review process.

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

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

IS THE CTC IN COMPLIANCE WITH THIS SECTION? ☐ Yes ☐ No

Comments:

COMPLIANCE WITH CHAPTER 427, F.S.

Review priorities listed in the TDSP, according to Chapter 427.0155(7).

“Establish priorities with regard to the recipients of non-sponsored transportation disadvantaged services that are purchased with Transportation Disadvantaged Trust monies.”

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

WHAT ARE THE PRIORITIES FOR THE TDTF TRIPS?

HOW ARE THESE PRIORITIES CARRIED OUT?

IS THE CTC IN COMPLIANCE WITH THIS SECTION? ☐ Yes ☐ No

Comments:

COMPLIANCE WITH CHAPTER 427, F.S.

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

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

Review the Operational section of the TDSP

1. Hours of Service:

2. Hours of Intake:

3. Provisions for After Hours Reservations/Cancellations?

4. What is the minimum required notice for reservations?

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

IS THE CTC IN COMPLIANCE WITH THIS SECTION? ☐ Yes ☐ No

Comments:

COMPLIANCE WITH CHAPTER 427, F.S.

Review the cooperative agreement with the local WAGES coalitions according to Chapter 427.0155(9).

“Work cooperatively with local WAGES coalitions established in Chapter 414 to provide assistance in the development of innovative transportation services for WAGES participants.”

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

HAVE ANY INNOVATIVE WAGES TRANSPORTATION SERVICES BEEN DEVELOPED?

IS THE CTC IN COMPLIANCE WITH THIS SECTION? ☐ Yes ☐ No

Comments:

CHAPTER 427

Findings:

Recommendations:

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

Compliance with 41-2.006(1), Minimum Insurance Compliance

“...ensure compliance with the minimum liability insurance requirement of \$100,000 per person and \$200,000 per incident...”

WHAT ARE THE MINIMUM LIABILITY INSURANCE REQUIREMENTS?

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

HOW MUCH DOES THE INSURANCE COST (per operator)?

Operator	Insurance Cost

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

☐ Yes ☐ No

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

IS THE CTC IN COMPLIANCE WITH THIS SECTION? ☐ Yes ☐ No

Comments:

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

Compliance with 41-2.006(2), Safety Standards.
“...shall ensure the purchaser that their operations and services are in compliance with the safety requirements as specified in Section 341.061(2)(a), F.S. and 14-90, F.A.C.”

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

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

IS THE CTC IN COMPLIANCE WITH THIS SECTION? ☐ Yes ☐ No

ARE THE CTC CONTRACTED OPERATORS IN COMPLIANCE WITH THIS SECTION?

☐ Yes ☐ No

DRIVER REQUIREMENT CHART

[illegible]

Sample Size:	1-20 Drivers – 50-100%	21-100 Drivers – 20-50%	100+ Drivers – 5-10%
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COMPLIANCE WITH 41-2, F.A.C.

Compliance with 41-2.006(3), Drug and Alcohol Testing

“...shall assure the purchaser of their continuing compliance with the applicable state or federal laws relating to drug testing...”

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

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

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

DATE OF LAST DRUG & ALCOHOL POLICY REVIEW: _____

IS THE CTC IN COMPLIANCE WITH THIS SECTION? ☐ Yes ☐ No

Comments:

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

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

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

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

Cost [CTC and Coordination Contractor (CC)]

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

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

Cost [CTC and Transportation Alternative (Alt.)]

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

IS THE CTC IN COMPLIANCE WITH THIS SECTION? ☐ Yes ☐ No

RULE 41-2

Findings:

Recommendations:

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

Compliance with Commission Standards

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

Review the TDSP for the Commission standards.

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

Adequate seating	
Driver Identification	
Passenger Assistance	
Smoking, Eating and Drinking	

Two-way Communications	
Air Conditioning/Heating	
Billing Requirements	

COMMISSION STANDARDS

Findings:

Recommendations:

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

Compliance with Local Standards

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

Review the TDSP for the Local standards.

Local Standards	Comments
Transport of Escorts and dependent children policy	
Use, Responsibility, and cost of child restraint devices	
Out-of-Service Area trips	
CPR/1st Aid	
Driver Criminal Background Screening	
Rider Personal Property	
Advance reservation requirements	
Pick-up Window	

<i>Measurable Standards/Goals</i>	<i>Standard/Goal</i>	<i>Latest Figures</i>	<i>Is the CTC/Operator meeting the Standard?</i>
Public Transit Ridership	CTC	CTC	
	Operator A	Operator A	
	Operator B	Operator B	
	Operator C	Operator C	
On-time performance	CTC	CTC	
	Operator A	Operator A	
	Operator B	Operator B	
	Operator C	Operator C	
Passenger No-shows	CTC	CTC	
	Operator A	Operator A	
	Operator B	Operator B	
	Operator C	Operator C	
Accidents	CTC	CTC	
	Operator A	Operator A	
	Operator B	Operator B	
	Operator C	Operator C	
Roadcalls <i>Average age of fleet:</i>	CTC	CTC	
	Operator A	Operator A	
	Operator B	Operator B	
	Operator C	Operator C	
Complaints <i>Number filed:</i>	CTC	CTC	
	Operator A	Operator A	
	Operator B	Operator B	
	Operator C	Operator C	
Call-Hold Time	CTC	CTC	
	Operator A	Operator A	
	Operator B	Operator B	
	Operator C	Operator C	

LOCAL STANDARDS

Findings:

Recommendations:

COMPLIANCE WITH AMERICANS WITH DISABILITIES ACT

REVIEW COPIES OF THE PUBLIC INFORMATION PROVIDED.

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

ARE ACCESSIBLE FORMATS ON THE SHELF? ☐ Yes ☐ No

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

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

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

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

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

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

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

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

IS A RAMP PROVIDED? ☐ Yes ☐ No

ARE THE BATHROOMS ACCESSIBLE? ☐ Yes ☐ No

Bus and Van Specification Checklist

Name of Provider:

Vehicle Number (either VIN or provider fleet number):

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

Person Conducting Review:

Date:

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

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

Have the driver lower the lift to the ground:

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

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

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

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

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

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

While inside the vehicle:

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

Vehicles under 22 feet must have:

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

Vehicles over 22 feet must have:

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

COMPLIANCE WITH AMERICANS WITH DISABILITIES ACT

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

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

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

☐ Yes ☐ No

ADA COMPLIANCE

Findings:

Recommendations:

FY ____/____ GRANT QUESTIONS

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

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

☐ Yes ☐ No

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

☐ Yes ☐ No

ARE ALL ACCIDENTS THAT HAVE RESULTED IN \$1,000 WORTH OF DAMAGE REPORTED TO THE COMMISSION WITHIN 72 HOURS AFTER YOU HAVE RECEIVED NOTICE OF THE ACCIDENT? (Section 14.80: Accidents, T/E Grant, and FY _____)

☐ Yes ☐ No

STATUS REPORT FOLLOW-UP FROM LAST REVIEW(S)

DATE OF LAST REVIEW:_____

STATUS REPORT DATED:_____

CTD RECOMMENDATION:

CTC Response:

Current Status:

CTD RECOMMENDATION:

CTC Response:

Current Status:

CTD RECOMMENDATION:

CTC Response:

Current Status:

CTD RECOMMENDATION:

CTC Response:

Current Status:

CTD RECOMMENDATION:

CTC Response:

Current Status:

CTD RECOMMENDATION:

CTC Response:

Current Status:

ON-SITE OBSERVATION OF THE SYSTEM

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

Date of Observation:

Please list any special guests that were present:

Location:

Number of Passengers picked up/dropped off:

Ambulatory

Non-Ambulatory

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

Did the driver provide any passenger assistance? ☐ Yes ☐ No

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

Did the driver render an appropriate greeting?

☐ Yes ☐ No ☐ Driver regularly transports the rider, not necessary

If CTC has a policy on seat belts, did the driver ensure the passengers were properly belted?

☐ Yes ☐ No

Was the vehicle neat and clean, and free from dirt, torn upholstery, damaged or broken seats, protruding metal or other objects?

☐ Yes ☐ No

Is there a sign posted on the interior of the vehicle with both a local phone number and the TD

Helpline for comments/complaints/commendations? ☐ Yes ☐ No

Does the vehicle have working heat and air conditioning?

☐ Yes ☐ No

Does the vehicle have two-way communications in good working order?

☐ Yes ☐ No

If used, was the lift in good working order?

☐ Yes ☐ No

Was there safe and appropriate seating for all passengers?

☐ Yes ☐ No

Did the driver properly use the lift and secure the passenger?

☐ Yes ☐ No

If No, please explain:

CTC: _____ County: _____

Date of Ride: _____

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

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

Note: Attach the manifest

Driver: _____

Operator Manifest

Date: **2022-11-28**

Ending Mileage: _____

Route: **305**

Run Begin: _____

Beginning Mileage: _____

Vehicle: **6224**

Run End : _____

Total Daily Mileage: _____

Sch /Appt. Time	Est Time	ArrTime Dep Time	Odometer	Address / Phone / Comments	Client Name / Phone Disability	Mobalids	Fare Type	Fare Amount	Pass Type	Space Type
10:00	10:02 Start	10:02 10:02	9921.3	950 BIG TREE RD, SOUTH DAYTONA, 32119 VOTRAN						
10:00	10:02 Unknow		0.0							
10:30	10:30 Pickup		0.0	405 WHITE ST, DAYTONA BEACH, 32114 CONKLIN CTR	LOCKLEAR, BRITANY 386-846-8526 C,M,V	CAN	ADA	\$ 3.00	CLI	AM
11:30	10:46 Dropoff		0.0	1850 RIDGEWOOD AV, HOLLY HILL, 32117 PUBLIX-HOLLY HILL	LOCKLEAR, BRITANY 386-677-7161 C,M,V	CAN				
11:00	11:00 Pickup		0.0	658 6TH ST, HOLLY HILL, 32117 REAR HOUSE #1	LARKIN, BRANDON 386-295-4709 C,M		ADA	\$ 3.00	CLI	AM
11:00	11:06 Pickup		0.0	1062 BERKSHIRE RD, DAYTONA BEACH, 32117	WALKER, HENRY 386-492-6095 M		ADA	\$ 3.00	CLI	WC
12:00	11:21 Dropoff		0.0	772 GEORGIA ST, DAYTONA BEACH, 32114 MOTHER'S HOUSE	WALKER, HENRY M					
12:00	11:25 Dropoff		0.0	1173 W INTERNATIONAL SPEEDWAY BLVD, DAYTONA B DUNKIN DONUTS-ISB EAST OF MAINLAND HIGH SCHOOL	LARKIN, BRANDON C,M					
12:00	12:00 Pickup		0.0	375 BILL FRANCE BLVD, DAYTONA BEACH, 32114 APT. 23	SITTON, GARY 386-562-0613 V		ADA PCA	\$ 3.00 \$ 0.00	CLI PCA	AM AM
13:00	12:19 Dropoff		0.0	30 S BEACH ST, ORMOND BEACH, 32174 LIBRARY-ORMOND	SITTON, GARY 676 4191 V					
12:30	12:30 Pickup		0.0	32 FORESTVIEW WAY, ORMOND BEACH, 32174 BREAK AWAY TRAILS POWERED SCOOTER	SAMUEL, JOEL 386-265-5334 M		UTD COM	\$ 3.00 \$ 3.00	CLI COM	WC WC
12:30	12:55 Pickup		0.0	1850 RIDGEWOOD AV, HOLLY HILL, 32117 PUBLIX-HOLLY HILL	LOCKLEAR, BRITANY 386-677-7161 C,M,V	CAN	ADA	\$ 3.00	CLI	AM
13:30	13:11 Dropoff		0.0	405 WHITE ST, DAYTONA BEACH, 32114 CONKLIN CTR	LOCKLEAR, BRITANY 386-846-8526 C,M,V	CAN				

Sch /Appt. Time	Est Time	Arr Time Dep Time	Odometer	Address / Phone / Comments	Client Name / Phone Disability	Mobalids	Fare Type	Fare Amount	Pass Type	Space Type
13:30	13:29 Dropoff		0.0	3635 S CLYDE MORRIS BLVD, #100, PORT ORANGE, 32111 BORLAND GROOVER CLINIC-PO STE 100 MED YES POWERED SCOOTER	SAMUEL, JOEL 386-788 1242 M					
13:00	13:40 Pickup		0.0	1381 N CLYDE MORRIS BLVD, DAYTONA BEACH, 32114 CLYDE MORRIS LANDINGS-APTS BUILD. #9, APT 9315	GILLING-VOL MEDICAL, MARILYN 516-742-8301 M		ADA PCA	\$ 3.00 \$ 0.00	CLI PCA	AM AM
14:00	13:55 Dropoff		0.0	1101 BEVILLE RD, DAYTONA BEACH, 32119 WAL MART-DAYTONA GROCERY/MARKET ENTRANCE	GILLING-VOL MEDICAL, MARILYN 386 760 7880 M					
13:30	13:55 Pickup		0.0	955 FOSTER WAY, SOUTH DAYTONA, 32119 DIALYSIS-SOUTH DAYTONA BLDG 3 SUITE 306 LANDMARK BUSINESS PARK MED YES	BURTON, STANLEY 386-322-3625 M,O WLK		ADA	\$ 3.00	CLI	AM
14:30	14:08 Dropoff		0.0	1703 MAGNOLIA AVE, #LOT D-6, SOUTH DAYTONA, 32111 LOT D-6	BURTON, STANLEY 386-299-0922 M,O WLK					
14:00	14:26 Pickup		0.0	2400 S RIDGEWOOD AV, SOUTH DAYTONA, 32119 CHASE ACADEMY-DB DO NOT LET HIM SIT NEAR ELI MCDONALD	MCCULLOUGH, AUSTIN 386-690-0893 C,M		ADA	\$ 3.00	CLI	AM
14:00	14:29 Pickup		0.0	2400 S RIDGEWOOD AV, SOUTH DAYTONA, 32119 CHASE ACADEMY-DB DO NOT LET HIM SIT NEAR AUSTIN MCCULLOUGH	MCDONALD, ELI 386-690-0893 C,M		ADA	\$ 3.00	CLI	AM
14:30	14:30 Pickup		0.0	2400 S RIDGEWOOD AV, SOUTH DAYTONA, 32119 CHASE ACADEMY-DB DO NOT D/O BEFORE 8:00 AM - SOUTH SIDE OF SUNSHINE MALL	SHLYCHKOV, MICHAEL 386-690-0893 C,M		UTD	\$ 3.00	CLI	AM
14:30	14:30 Pickup		0.0	2400 S RIDGEWOOD AV, SOUTH DAYTONA, 32119 CHASE ACADEMY-DB DO NOT D/O BEFORE 8:00 AM - SOUTH SIDE OF SUNSHINE MALL	TECHER, MAXIMUS 386-690-0893 C,M		UTD	\$ 3.00	CLI	AM
14:30	14:31 Pickup		0.0	2400 S RIDGEWOOD AV, SOUTH DAYTONA, 32119 CHASE ACADEMY-DB SOUTH SIDE OF SUNSHINE MALL	HANNA, ANALISE 386-690-0893 C,M		ADA	\$ 3.00	CLI	AM
14:30	14:32 Pickup		0.0	2400 S RIDGEWOOD AV, SOUTH DAYTONA, 32119 CHASE ACADEMY-DB DO NOT D/O BEFORE 8:00 AM - SOUTH SIDE OF SUNSHINE MALL	MARTIN, NICHOLAS 386-690-0893 C,M		ADA	\$ 3.00	CLI	AM
15:30	14:42 Dropoff		0.0	425 BAYWOOD CIR, PORT ORANGE, 32127	HANNA, ANALISE 386-566-1176 C,M					
15:30	14:48 Dropoff		0.0	510 NEWTON RD, PORT ORANGE, 32127	SHLYCHKOV, MICHAEL 347-489-0720 C,M					

Route: 305

Sch /Appt. Time	Est Time	ArrTime Dep Time	Odometer	Address / Phone / Comments	Client Name / Phone Disability Mobais	Fare Type	Fare Amount	Pass Type	Space Type
15:30	15:03 Dropoff		0.0	6335 S WILLIAMSON BLVD, #323, PORT ORANGE, 32128 ASHTON POINT #323	TECHER, MAXIMUS 386-295-3433 C,M				
17:30	15:31 Dropoff		0.0	24203 NEWPORT SOUND PL, NEW SMYRNA BEACH, 32110	MARTIN, NICHOLAS 386-402-3074 C,M				
16:00	15:41 Dropoff		0.0	2019 INDIA PALM DR, EDGEWATER, 32141 386-315-3877 DO NOT LET HIM SIT NEAR ELI MCDONALD	MCCULLOUGH, AUSTIN 386-315-3469 C,M				
16:00	15:47 Dropoff		0.0	2411 TRAVELERS PALM DR, EDGEWATER, 32141 DO NOT LET HIM SIT NEAR AUSTIN MCCULLOUGH	MCDONALD, ELI 386-409-1311 C,M				
17:00	17:00 Pickup		0.0	14 KELLY BEA CT, PONCE INLET, 32127 386-576-7307 CELL	CHRISTOPHERSON, SANDRA 386-763-4505 H,M,V CAN,WLK	ADA	\$ 3.00	CLI	AM
18:00	17:32 Dropoff		0.0	1600 S PALMETTO AV, #109, SOUTH DAYTONA, 32119	CHRISTOPHERSON, SANDRA H,M,V CAN,WLK				
18:30	17:40 End		0.0	950 BIG TREE RD, SOUTH DAYTONA, 32119 VOTRAN					

RIDER/BENEFICIARY SURVEY

Staff making call: _____

County: _____

Date of Call: / /

Funding Source: _____

1) Did you receive transportation service on _____? ☐ Yes or ☐ No

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

If so, how much?

3) How often do you normally obtain transportation?

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

4) Have you ever been denied transportation services?

☐ Yes

☐ No. If no, skip to question # 4

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

☐ None

☐ 3-5 Times

☐ 1-2 Times

☐ 6-10 Times

If none, skip to question # 4.

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

☐ Ineligible

☐ Space not available

☐ Lack of funds

☐ Destination outside service area

☐ Other _____

5) What do you normally use the service for?

☐ Medical

☐ Education/Training/Day Care

☐ Employment

☐ Life-Sustaining/Other

☐ Nutritional

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

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

☐ No. If no, skip to question # 6

What type of problem did you have with your trip?

☐ Advance notice

☐ Cost

☐ Pick up times not convenient

☐ Late pick up-specify time of wait

☐ Assistance

☐ Accessibility

☐ Service Area Limits

☐ Late return pick up - length of wait

☐ Drivers - specify

☐ Reservations - specify length of wait

☐ Vehicle condition

☐ Other

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

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

Additional Comments:

Contractor Survey

_____County

Contractor name (optional)

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

☐ Yes ☐ No

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

☐ Yes ☐ No

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

☐ Yes ☐ No

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

☐ Yes ☐ No

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

☐ Yes ☐ No

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

☐ Yes ☐ No

6. Have you experienced any problems with the CTC?

☐ Yes ☐ No

If yes, what type of problems?

Comments:

PURCHASING AGENCY SURVEY

Staff making call: _____

Purchasing Agency name: _____

Representative of Purchasing Agency: _____

1) Do you purchase transportation from the coordinated system?

☐ YES

☐ NO If no, why?

2) Which transportation operator provides services to your clients?

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

☐ Medical

☐ Employment

☐ Education/Training/Day Care

☐ Nutritional

☐ Life Sustaining/Other

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

☐ 7 Days/Week

☐ 1-3 Times/Month

☐ 1-2 Times/Week

☐ Less than 1 Time/Month

☐ 3-5 Times/Week

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

☐ Yes

☐ No If no, skip to question 7

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

☐ Advance notice requirement [specify operator (s)]

☐ Cost [specify operator (s)]

☐ Service area limits [specify operator (s)]

☐ Pick up times not convenient [specify operator (s)]

☐ Vehicle condition [specify operator (s)]

☐ Lack of passenger assistance [specify operator (s)]

☐ Accessibility concerns [specify operator (s)]

☐ Complaints about drivers [specify operator (s)]

☐ Complaints about timeliness [specify operator (s)]

☐ Length of wait for reservations [specify operator (s)]

☐ Other [specify operator (s)] _____

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

☐ Yes

☐ No If no, why? _____

Level of Cost Worksheet 1

Insert Cost page from the AOR.



CTC Expense Sources

County: Volusia

CTC Status: Approved

CTC Organization: County of Volusia
d/b/a VOTRAN

Fiscal Year: 07/01/2021 - 06/30/2022

CTD Status: Approved

	Selected Reporting Period			Previous Reporting Period		
	CTC & Transportation Operators	Coordination Contractors	Total	CTC & Transportation Operators	Coordination Contractors	Total
Expense Sources						
Labor	\$ 3,431,297	\$ 216,697	\$ 3,647,994	\$ 3,140,302	\$ 28,174	\$ 3,168,476
Fringe Benefits	\$ 1,402,617	\$ 0	\$ 1,402,617	\$ 1,532,429	\$ 0	\$ 1,532,429
Services	\$ 307,260	\$ 0	\$ 307,260	\$ 170,740	\$ 0	\$ 170,740
Materials & Supplies Consumed	\$ 1,469,173	\$ 0	\$ 1,469,173	\$ 1,284,978	\$ 0	\$ 1,284,978
Utilities	\$ 31,374	\$ 0	\$ 31,374	\$ 36,643	\$ 0	\$ 36,643
Casualty & Liability	\$ 110,051	\$ 0	\$ 110,051	\$ 55,050	\$ 0	\$ 55,050
Taxes	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0
Miscellaneous	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0
Interest	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0
Leases & Rentals	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0
Capital Purchases	\$ 0	\$ 0	\$ 0	\$ 335,097	\$ 0	\$ 335,097
Contributed Services	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0
Allocated Indirect Expenses	\$ 1,111,294	\$ 0	\$ 1,111,294	\$ 872,464	\$ 0	\$ 872,464
Purchased Transportation Services						
Bus Pass	\$ 0	N/A	\$ 0	\$ 0	N/A	\$ 0
School Board (School Bus)	\$ 0	N/A	\$ 0	\$ 0	N/A	\$ 0
Transportation Network Companies (TNC)	\$ 0	N/A	\$ 0	\$ 0	N/A	\$ 0
Taxi	\$ 0	N/A	\$ 0	\$ 0	N/A	\$ 0
Contracted Operator	\$ 1,417,449	N/A	\$ 1,417,449	\$ 1,355,856	N/A	\$ 1,355,856
Total - Expense Sources	\$ 9,280,515	\$ 216,697	\$ 9,497,212	\$ 8,783,559	\$ 28,174	\$ 8,811,733

Date Created	Created By	User Role	Date Modified	Modified By	Comment
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Coordination Contractor Expense Sources

County: Volusia

CTC Status: Approved

CTC Organization: County of Volusia
d/b/a VOTRAN

Fiscal Year: 07/01/2021 - 06/30/2022

Upload Date: 8/24/2022

Coordination Contractor: Duvall Homes Inc

	Selected Reporting Period	Previous Reporting Period
	Coordination Contractors	Coordination Contractors
Expense Sources		
Labor	\$ 147,671	\$ 21,964
Fringe Benefits	\$ 0	\$ 0
Services	\$ 0	\$ 0
Materials & Supplies Consumed	\$ 0	\$ 0
Utilities	\$ 0	\$ 0
Casualty & Liability	\$ 0	\$ 0
Taxes	\$ 0	\$ 0
Miscellaneous	\$ 0	\$ 0
Interest	\$ 0	\$ 0
Leases & Rentals	\$ 0	\$ 0
Capital Purchases	\$ 0	\$ 0
Contributed Services	\$ 0	\$ 0
Allocated Indirect Expenses	\$ 0	\$ 0
Purchased Transportation Services		
Bus Pass	N/A	N/A
School Board (School Bus)	N/A	N/A
Transportation Network Companies (TNC)	N/A	N/A
Taxi	N/A	N/A
Contracted Operator	N/A	N/A
Total - Expense Sources	\$ 147,671	\$ 21,964



Coordination Contractor Expense Sources

County: Volusia

CTC Status: Approved

CTC Organization: County of Volusia
d/b/a VOTRAN

Fiscal Year: 07/01/2021 - 06/30/2022

Upload Date: 8/25/2022

Coordination Contractor: Good Samaritan
Society DB

	Selected Reporting Period	Previous Reporting Period
	Coordination Contractors	Coordination Contractors
Expense Sources		
Labor	\$ 1,680	\$ 259
Fringe Benefits	\$ 0	\$ 0
Services	\$ 0	\$ 0
Materials & Supplies Consumed	\$ 0	\$ 0
Utilities	\$ 0	\$ 0
Casualty & Liability	\$ 0	\$ 0
Taxes	\$ 0	\$ 0
Miscellaneous	\$ 0	\$ 0
Interest	\$ 0	\$ 0
Leases & Rentals	\$ 0	\$ 0
Capital Purchases	\$ 0	\$ 0
Contributed Services	\$ 0	\$ 0
Allocated Indirect Expenses	\$ 0	\$ 0
Purchased Transportation Services		
Bus Pass	N/A	N/A
School Board (School Bus)	N/A	N/A
Transportation Network Companies (TNC)	N/A	N/A
Taxi	N/A	N/A
Contracted Operator	N/A	N/A
Total - Expense Sources	\$ 1,680	\$ 259



Coordination Contractor Expense Sources

County: Volusia

CTC Status: Approved

CTC Organization: County of Volusia
d/b/a VOTRAN

Fiscal Year: 07/01/2021 - 06/30/2022

Upload Date: 8/25/2022

Coordination Contractor: Good Samaritan
Florida Lutheran
Deland

	Selected Reporting Period	Previous Reporting Period
	Coordination Contractors	Coordination Contractors
Expense Sources		
Labor	\$ 45,210	\$ 3,888
Fringe Benefits	\$ 0	\$ 0
Services	\$ 0	\$ 0
Materials & Supplies Consumed	\$ 0	\$ 0
Utilities	\$ 0	\$ 0
Casualty & Liability	\$ 0	\$ 0
Taxes	\$ 0	\$ 0
Miscellaneous	\$ 0	\$ 0
Interest	\$ 0	\$ 0
Leases & Rentals	\$ 0	\$ 0
Capital Purchases	\$ 0	\$ 0
Contributed Services	\$ 0	\$ 0
Allocated Indirect Expenses	\$ 0	\$ 0
Purchased Transportation Services		
Bus Pass	N/A	N/A
School Board (School Bus)	N/A	N/A
Transportation Network Companies (TNC)	N/A	N/A
Taxi	N/A	N/A
Contracted Operator	N/A	N/A
Total - Expense Sources	\$ 45,210	\$ 3,888



Coordination Contractor Expense Sources

County: Volusia

CTC Status: Approved

CTC Organization: County of Volusia
d/b/a VOTRAN

Fiscal Year: 07/01/2021 - 06/30/2022

Upload Date: 8/24/2022

Coordination Contractor: Center for Visually
Impaired

	Selected Reporting Period	Previous Reporting Period
	Coordination Contractors	Coordination Contractors
Expense Sources		
Labor	\$ 22,136	\$ 0
Fringe Benefits	\$ 0	\$ 0
Services	\$ 0	\$ 0
Materials & Supplies Consumed	\$ 0	\$ 0
Utilities	\$ 0	\$ 0
Casualty & Liability	\$ 0	\$ 0
Taxes	\$ 0	\$ 0
Miscellaneous	\$ 0	\$ 0
Interest	\$ 0	\$ 0
Leases & Rentals	\$ 0	\$ 0
Capital Purchases	\$ 0	\$ 0
Contributed Services	\$ 0	\$ 0
Allocated Indirect Expenses	\$ 0	\$ 0
Purchased Transportation Services		
Bus Pass	N/A	N/A
School Board (School Bus)	N/A	N/A
Transportation Network Companies (TNC)	N/A	N/A
Taxi	N/A	N/A
Contracted Operator	N/A	N/A
Total - Expense Sources	\$ 22,136	\$ 0

Level of Competition Worksheet 2

1. Inventory of Transportation Operators in the Service Area

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

2. How many of the operators are coordination contractors? _____

3. Of the operators included in the local coordinated system, how many have the capability of expanding capacity? _____

Does the CTC have the ability to expand? _____

4. Indicate the date the latest transportation operator was brought into the system. _____

5. Does the CTC have a competitive procurement process? _____

6. In the past five (5) years, how many times have the following methods been used in selection of the transportation operators?

	Low bid
	Requests for qualifications
	Negotiation only

	Requests for proposals
	Requests for interested parties

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

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

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

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

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

How many responded? _____

The request for bids/proposals was distributed:

_____ Locally _____ Statewide _____ Nationally

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

Level of Availability (Coordination)

Worksheet 3

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

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

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

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

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

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

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

Scheduling – How is the trip assignment to vehicles coordinated?

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

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

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

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

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

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

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

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

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

--

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

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