

SUGGESTED AGENDA
AMENDED
TAYLOR COUNTY BOARD OF COUNTY COMMISSIONERS
PERRY, FLORIDA
REGULAR BOARD MEETING
TUESDAY, SEPTEMBER 6, 2016
6:00 P.M.
201 E. GREEN STREET
TAYLOR COUNTY ADMINISTRATIVE COMPLEX
OLD POST OFFICE

NOTICE IS HEREBY GIVEN, PURSUANT TO FLORIDA STATUTES 286.0105, THAT ANY PERSONS DECIDING TO APPEAL ANY MATTER CONSIDERED AT THIS MEETING WILL NEED A RECORD OF THE MEETING AND MAY NEED TO ENSURE THAT A VERBATIM RECORD OF THE PROCEEDINGS IS MADE, WHICH RECORD INCLUDES THE TESTIMONY AND EVIDENCE UPON WHICH THE APPEAL IS TO BE BASED.

ANY PERSON WISHING TO ADDRESS THE BOARD REGARDING AN AGENDAED ITEM WILL BE GIVEN THREE (3) MINUTES FOR COMMENT. A COMMENTER MAY ONLY SPEAK ONE (1) TIME FOR EACH AGENDAED ITEM.

1. Prayer
2. Pledge of Allegiance
3. Approval of Agenda

BIDS/PUBLIC HEARINGS:

4. THE BOARD TO HOLD A PUBLIC HEARING, SET FOR THIS DATE AT 6:00 P.M., OR AS SOON THEREAFTER AS POSSIBLE, TO AMEND ORDINANCE NOS. 98-12, 2005-11, 2006-6, 2006-19, 2012-05 AND 2016-02, TO LEVY AN ADDITIONAL ONE PERCENT (1%) TOURIST DEVELOPMENT (LODGINGS) TAX.

CONSENT ITEMS:

5. APPROVAL OF MINUTES FROM JULY 18, 21, 27 AND FROM AUGUST 2 AND 3 (S), 2016, AND AUGUST 16 AND 23 (S), 2016.
6. EXAMINATION AND APPROVAL OF INVOICES.

7. THE BOARD TO CONSIDER ADOPTION OF RESOLUTIONS TO REFLECT UNANTICIPATED MONIES IN THE GENERAL FUND AND MSTU FUND, AS AGENDAED BY COUNTY FINANCE.
8. THE BOARD TO CONSIDER APPROVAL OF AN INVOICE IN THE AMOUNT OF \$44,000 FOR TRANSPORTATION EQUALIZATION COSTS TO DIXIE COUNTY, AS SUBMITTED BY AUCILLA AREA SOLID WASTE ADMINISTRATION.
9. THE BOARD TO CONSIDER RELEASE OF FY 15/16 BUDGETED FUNDS, IN THE AMOUNT OF \$50,000, AS REQUESTED BY THE TAYLOR COUNTY HEALTH DEPARTMENT.
10. THE BOARD TO APPROVE A TRANSFER FROM CONTINGENCY TO PAY INVOICES FOR INMATE MEDICAL EXPENSES, AS AGENDAED BY DUSTIN HINKEL, COUNTY ADMINISTRATOR.
11. THE BOARD TO APPROVE THE STATE HOUSING INITIATIVE PARTNERSHIP (SHIP) ANNUAL REPORTS FOR 2014/2015 AND 2015/2016 AND THE ANNUAL REPORT AND LOCAL HOUSING INCENTIVES CERTIFICATION, AS AGENDAED BY MELODY COX, GRANTS DIRECTOR.
12. THE BOARD TO APPROVE SATISFACTION OF LIEN FOR JAMI BOOTHBY, AS AGENDAED BY THE GRANTS DIRECTOR.
13. THE BOARD TO APPROVE A TRANSFER FROM CONTINGENCY TO COVER THE INCREASED COST OF MEDICAID, AS AGENDAED BY THE COUNTY ADMINISTRATOR.
14. THE BOARD TO APPROVE A LEASE AGREEMENT FOR RICHARD CONNELL WITH G-FAST (GEORGIA-FLORIDA AVIATION SEARCH TEAM) FOR THE LEASE OF THE NEW CORPORATE HANGAR AT PERRY FOLEY AIRPORT, AS AGENDAED BY THE GRANTS DIRECTOR.
15. THE BOARD TO APPROVE A T-HANGAR LEASE AGREEMENT AT PERRY FOLEY AIRPORT FOR FRED MORGAN, EFFECTIVE SEPTEMBER 1, 2016, AS AGENDAED BY THE GRANTS DIRECTOR.
16. THE BOARD TO RATIFY THE COUNTY ADMINISTRATOR'S SIGNATURE ON A 2016 CERT GRANT, AS AGENDAED BY STEVE SPRADLEY, EMERGENCY MANAGEMENT DIRECTOR.

17. THE BOARD TO APPROVE A CONTRACT WITH CLEMONS, RUTHERFORD & ASSOCIATES, INC., FOR A SPACE NEEDS FEASIBILITY STUDY, AS AGENDAED BY THE COUNTY ADMINISTRATOR.

PUBLIC REQUESTS:

18. JOYCE BACHAND TO APPEAR REGARDING PAVING WALDO ROAD AND REGARDING WASTE MANAGEMENT IN TAYLOR COUNTY.

COUNTY ATTORNEY ITEMS:

19. THE BOARD TO TASK THE COUNTY ATTORNEY TO BEGIN PROCEEDINGS TO ABANDON GAMBLE ALLEY IN STEINHATCHEE, FLORIDA, AS AGENDAED BY THE COUNTY ADMINISTRATOR.

COUNTY STAFF ITEMS:

20. THE BOARD TO APPROVE PROPOSED SHIP AND RCMP RECIPIENTS, WORK WRITE UPS/BID FORMS, AND INVITATION TO BID FOR THE REHABILITATING OF THREE (3) HOMES THROUGH THE SHIP PROGRAM AND TWO (2) HOMES THROUGH THE RCMP PROGRAM, AS AGENDAED BY THE GRANTS DIRECTOR.
21. THE GRANTS DIRECTOR TO APPEAR TO PRESENT AN UPDATE ON THE PROGRESS OF THE DEVELOPMENT OF THE KEATON BEACH COASTAL PARK.
22. THE BOARD TO REVIEW AND APPROVE THE COMMUNITY TRANSPORTATION COORDINATOR (CTC) EVALUATION FOR BIG BEND TRANSIT, INC., AS REQUIRED TO RECEIVE FLORIDA COMMISSION FOR THE TRANSPORTATION DISADVANTAGED TRUST FUND MONIES, AS AGENDAED BY THE GRANTS DIRECTOR.
23. THE BOARD TO DISCUSS THE WEEKLY SHUTTLE TRIPS PROVIDED TO VETERANS AND TRANSPORTATION FOR THE SPECIAL NEEDS ADULT PROGRAM (SNAP), AS AGENDAED BY THE GRANTS DIRECTOR.

COUNTY ADMINISTRATOR ITEMS:

- 23A. THE BOARD TO CONSIDER EXTENDING THE LOCAL STATE OF EMERGENCY AND TAKING ANY ACTION DEEMED NECESSARY FOR DISASTER RECOVERY, AS AGENDAED BY THE COUNTY ADMINISTRATOR.

24. THE COUNTY ADMINISTRATOR TO DISCUSS INFORMATIONAL ITEMS.

COMMENTS AND CONCERNS FROM THE PUBLIC FOR NON-AGENDAED ITEMS:

BOARD INFORMATIONAL ITEMS:

Motion to Adjourn

FOR YOUR INFORMATION:

- THE AGENDA AND ASSOCIATED DOCUMENTATION, IF APPLICABLE, IS AVAILABLE TO THE PUBLIC ON THE FOLLOWING WEBSITE: www.taylorcountygov.com
- IF YOU ARE A PERSON WITH A DISABILITY WHO NEEDS ANY ACCOMODATION IN ORDER TO PARTICIPATE IN THIS PROCEEDING, YOU ARE ENTITLED, AT NO COST TO YOU, TO THE PROVISION OF CERTAIN ASSISTANCE. PLEASE CONTACT MARGARET DUNN, ASSISTANT COUNTY ADMINISTRATOR, 201 E. GREEN STREET, PERRY, FLORIDA, 850-838-3500, EXT. 7, WITHIN TWO (2) WORKING DAYS OF THIS PROCEEDING.
- ANY PERSON WISHING TO ADDRESS THE BOARD REGARDING AN AGENDAED OR NON-AGENDAED ITEM WILL BE GIVEN THREE (3) MINUTES FOR COMMENT.
- BALLOTS USED TO APPOINT CITIZENS TO ADVISORY COMMITTEES AND ADVISORY BOARDS ARE AVAILABLE FOR PUBLIC INSPECTION AFTER THE MEETING AND ARE RETAINED AS PART OF THE PUBLIC RECORD.

7

R E S O L U T I O N

IN COMPLIANCE to the laws of the State of Florida, as per Florida Statute 129.06(b), the undersigned Clerk and Auditor for the Board of County Commissioners of Taylor County, Florida, made and prepared the following budget changes to reflect unanticipated monies for a particular purpose which caused the GENERAL FUND for the fiscal period ending September 30, 2016, to be in excess of the advertised budget.

BE IT RESOLVED that the listed receipts and appropriations be added to, included in and transferred to the GENERAL FUND budget for the fiscal year ending September 30, 2016.

<u>Amount</u>	<u>Account</u>	<u>Account Name</u>
\$222,860	001-3899010	General Fund- Cash Brought Forward(*)
\$23,382	(attachment)	BCC General FD Departments
\$20,759		Transfer to R&B Fund
\$10,070		Transfer to Solid Waste Fund
\$19,960		Transfer to MSTU Fund
\$ 420		Transfer to Landfill Fund
\$ 384		Transfer to Airport Fund
\$ 192		Transfer to Airport Enterprise Fd
\$75,167	Subtotal-BCC Departments	
\$96,382	0901-59105	Transfer to Sheriff
\$ 3,597	0902-59105	Transfer to Supervisor
\$13,667	0903-59105	Transfer to Tax Collector
\$ 7,673	0904-59105	Transfer to Property Appraiser
\$26,374	0905-59105	Transfer to Clerk
\$222,860	Total Expenditures	

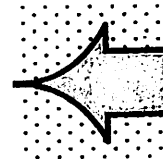
NOW THEREFORE BE IT RESOLVED by the Board of County Commissioners of Taylor County, Florida, that they do approve as provided by law this resolution this 6th day of September, 2016 at Perry, Taylor County, Florida, to amend the budget for the fiscal period ending September 30, 2016 with a motion by Commissioner _____, seconded by Commissioner _____, and carried unanimously.

Annie Mae Murphy, Clerk-Auditor

Chairman

Overall Amendment of the budget to cover the cost of the employee "work performance incentive" Payments paid by the County December 2015.

(*)Funding Source - 2015 FYE Returns from Constitutional Officers



**SIGN
HERE**

RESOLUTION 2015-11-___

**A RESOLUTION OF THE BOARD OF COUNTY COMMISSIONERS
OF TAYLOR COUNTY, FLORIDA, PROVIDING A WORK
PERFORMANCE INCENTIVE PAYMENT FOR EMPLOYEES AND
PROVIDING AN EFFECTIVE DATE.**

RECITALS

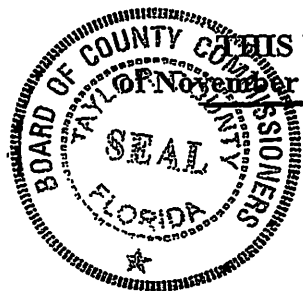
WHEREAS, the Board of County Commissioners, the Constitutional Officers, and the County Administrator are blessed to have loyal and dedicated employees serving the needs of the residents of Taylor County, and

WHEREAS, during a time that Taylor County has been experiencing significant increases in unfunded mandates from the state and the cost of living has risen substantially; our dedicated employees continue to persevere, doing more with less, and

WHEREAS, in recognition of the efficiencies and efforts of the employees in carrying out their assigned tasks, it is the desire of the Board County Commissioners of Taylor County, Florida to grant each qualified employee as provided below, a one-time "Work Performance Incentive."

NOW, THEREFORE, BE IT RESOLVED, by the Board of County Commissioners of Taylor County, Florida, as follows:

- 1) All full-time Taylor County employees who are employed as of the effective date of this resolution who receive or have received a successful evaluation shall receive a separate payment of \$750, net of taxes, withholding, and salary adjustment effective October 1, 2015.
- 2) All regular part-time Taylor County employees who are employed as of the effective date of this resolution who receive or have received a successful evaluation shall receive a separate payment of \$300, net of taxes, withholding, and salary adjustment effective October 1, 2015.



THIS RESOLUTION IS PASSED AND ADOPTED in regular session this 16th day of November 2015.

BOARD OF COUNTY COMMISSIONERS
TAYLOR COUNTY, FLORIDA

BY: _____

Chair

ATTEST:

Annie Mae Murphy
ANNIE MAE MURPHY, Clerk

DECEMBER 2015 - WORK PERFORMANCE INCENTIVE PAYMENTS

GROSS-UP PAYMENT OF \$750

(Per Full-Time Employee)

	<u>Employee Payroll</u>
GROSS	\$ 1,113.59
Fica (6.2%)	\$ 69.04
Medicare (1.45%)	\$ 16.15
Federal Withholding (25%)	\$ 278.40
NET PAY	<u>\$ 750.00</u>

EMPLOYER COST

(Per Full-Time Employee)

	<u>Employer Cost</u>
Gross-Up Total (includes employee federal withholding, fica, and medc.)	\$ 1,113.59
Employer - Fica Match	\$ 69.04
Employer - Medicare Match	\$ 16.15
Total Cost per Employee	<u>\$ 1,198.78</u> ✓

GROSS-UP PAYMENT OF \$300

(Per Part-Time Employee)

	<u>Employee Payroll</u>
GROSS	\$ 445.44
Fica (6.2%)	\$ 27.62
Medicare (1.45%)	\$ 6.46
Federal Withholding (25%)	\$ 111.36
NET PAY	<u>\$ 300.00</u>

EMPLOYER COST

(Per Part-Time Employee)

	<u>Employer Cost</u>
Gross-Up Total (includes employee federal withholding, fica, and medc.)	\$ 445.44
Employer - Fica Match	\$ 27.62
Employer - Medicare Match	\$ 6.46
Total Cost per Employee	<u>\$ 479.52</u> ✓

SUNGARD PENTAMATION, INC.
DATE: 07/22/2016
TIME: 13:23:26

TAYLOR COUNTY BOARD OF COMMISSIONERS
EXPENDITURE TRANSACTION ANALYSIS

PAGE NUMBER: 3
AUDIT11

SELECTION CRITERIA: transact.yr='16' and transact.period='3' and transact.t_c='22' and transact.trans_date='20151202 00:00:00.000'
ACCOUNTING PERIOD: 10/16

FUND - 401 - AIRPORT ENTERPRISE FUND
FD/DEPT - 4010 - AIRPORT FUEL OPERATIONS

ACCOUNT DATE	T/C	ENCUMBRANC	REFERENCE	VENDOR	BUDGET	EXPENDITURES	ENCUMBRANCES	DESCRIPTION
51200				REGULAR SALARIES & WAGES				
3 /16 12/02/15 22						178.18		PAYROLL CHARGES
TOTAL				REGULAR SALARIES & WAGES	.00	178.18	.00	
52110				FICA/MEDICARE TAXES				
3 /16 12/02/15 22						11.05		PAYROLL CHARGES-FRINGS
3 /16 12/02/15 22						2.58		PAYROLL CHARGES-FRINGS
TOTAL				FICA/MEDICARE TAXES	.00	13.63	.00	
TOTAL				AIRPORT FUEL OPERATIONS	.00	191.81	.00	
TOTAL				AIRPORT ENTERPRISE FUND	.00	191.81	.00	
TOTAL REPORT					.00	79,707.84	.00	

Total Cost To
Board for BCC Employees

less grant funded
amounts:

Ship (599.38)
Grant (3943.99)
Bond

#75,167 Required
Amount to BCC Budgets

Annual Fd \$ 23,382
Rdr Bridge Fd \$ 20,759
Solid Waste Fd \$ 10,070
MSTU Fd \$ 19,960
Landfill Fd \$ 420
Airport Fd \$ 384
Airport Enterprise \$ 192

Armed - Sheriff #96.382

TAYLOR COUNTY
BOARD OF COMMISSIONERS
REQUEST FOR VENDOR PAYMENT

DATE: 12/15/15

VENDOR NAME: L.E. "Bunny" Williams, Sheriff

MAILING ADDRESS: _____

FOR:

Work Performance
Incentive Payments
(Authorized 11-16-15)

TOTAL:

\$ 96,381.92
(TOTAL)

DEPARTMENT NAME:

Transfer to Constitutional Officer

CHARGE ACCOUNT CODE:

0901 - 59105
(Sheriff)

11-23-15
AUTHORIZED SIGNATURE

Amend - Supervisor #3597

TAYLOR COUNTY
BOARD OF COMMISSIONERS
REQUEST FOR VENDOR PAYMENT

DATE:

12/15/15

VENDOR NAME:

*Dana Southland, Supervisor of
Electronics*

MAILING ADDRESS:

FOR:

*Work Performance
Incentive Payments
(Authorized 11-16-15)*

TOTAL:

\$ *3,596.34*
(TOTAL)

DEPARTMENT NAME:

Transfer to Constitutional Officer

CHARGE ACCOUNT CODE:

*0902 - 59105
(Supervisor)*

[Signature] *11-23-15*
AUTHORIZED SIGNATURE

Amend - Appraiser 7673

TAYLOR COUNTY
BOARD OF COMMISSIONERS
REQUEST FOR VENDOR PAYMENT

DATE: 12/15/15

VENDOR NAME: Bruce Ratliff Property Appraiser

MAILING ADDRESS: _____

FOR:

Work Performance
Incentive Payments
(Authorized 12-16-15)

TOTAL: \$ 7672.70
(TOTAL)

DEPARTMENT NAME: Transfer to Constitutional Officer

CHARGE ACCOUNT CODE: 0904 - 59105

(Property Appraiser)

[Signature] 12/7/15
AUTHORIZED SIGNATURE

Amended - Clerk \$26,374

TAYLOR COUNTY
BOARD OF COMMISSIONERS
REQUEST FOR VENDOR PAYMENT

DATE: 12/15/15

VENDOR NAME: Annie Mae Murphy, Clerk

MAILING ADDRESS: _____

FOR: Work Performed
Incentive Payments
(Authorized 11-16-15)

TOTAL: \$ 26,373.16
(TOTAL)

DEPARTMENT NAME: Transfer to Constitutional Officer
CHARGE ACCOUNT CODE: 0905 - 59105
(Clerk)

[Signature] 11/23/15
AUTHORIZED SIGNATURE

Amend Tax Coll. 13,667

TAYLOR COUNTY
BOARD OF COMMISSIONERS
REQUEST FOR VENDOR PAYMENT

DATE: 12/15/15

VENDOR NAME: Mark Wiggins, Tax Collector

MAILING ADDRESS: _____

FOR: Work Performance
Incentive Payments
(Authorized 11-16-15)

TOTAL: \$ 13,666.10
(TOTAL)

DEPARTMENT NAME: Transfer to Constitutional Officer
CHARGE ACCOUNT CODE: 0903 - 59105
(Tax Collector)

[Signature] 11-23-15
AUTHORIZED SIGNATURE

R E S O L U T I O N

IN COMPLIANCE to the laws of the State of Florida, as per Florida Statute 129.06(b), the undersigned Clerk and Auditor for the Board of County Commissioners of Taylor County, Florida, made and prepared the following budget changes to reflect unanticipated monies for a particular purpose which caused the GENERAL FUND for the fiscal period ending September 30, 2016, to be in excess of the advertised budget.

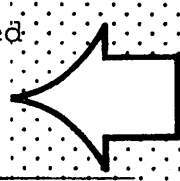
BE IT RESOLVED that the listed receipts and appropriations be added to, included in and transferred to the GENERAL FUND budget for the fiscal year ending September 30, 2016.

<u>Amount</u>	<u>Account</u>	<u>Account Name</u>
\$152,327	001-3347026	DCA Cultural Facilities Grant
		FCH Renovation Project
\$152,327	0492-56200	Capital Outlay-Building

NOW THEREFORE BE IT RESOLVED by the Board of County Commissioners of Taylor County, Florida, that they do approve as provided by law this resolution this 6th day of September, 2016 at Perry, Taylor County, Florida, to amend the budget for the fiscal period ending September 30, 2016 with a motion by Commissioner _____, seconded by Commissioner _____, and carried unanimously.

Annie Mae Murphy, Clerk-Auditor

Chairman



**SIGN
HERE**

(Phase 2 of the Forest Capital Hall Renovation Project. This is budgeted for 2017FY, however, the project is ready to begin and the funds have been made available.)

(Add to 2016 FY Budget on 9/6/16,
so that project may begin) 340
DETAIL BUDGET REQUEST
2016-2017 FISCAL YEAR
8-29-16

DEPARTMENT: 0492 FCH Cultural Facility Grant
May 31, 2016

Expenditure

<u>Account #</u>	<u>Account Description</u>	<u>Amount</u>
------------------	----------------------------	---------------

56300	Capital Outlay/Buildings	\$152,327
Electrical and lighting upgrades, replacement of flooring in lobby, classrooms and halls, installation of new seating in the auditorium, installation of handrails, and installation of two 5 ton air conditioning units with humidstats.		

TOTAL BUDGET REQUESTED \$152,327

****This project has a total estimated budget of \$304,654 and the BOCC agreed to a match of \$152,327. This match is reflected in Budget 0493 FCH Renovation Budget. It is anticipated a portion of the match will be provided with the donation of \$50,000 from Georgia Pacific (GP). This is a budget appropriation in the state budget however, the funding will be routed through the Florida Department of Cultural Affairs.**

001-3347026 DCA cult Fac. Grant
*152,327 ✓
KIRK BUDGETED
8/1/16

Tammy Taylor

From: Dustin Hinkel <dustin.hinkel@taylorcountygov.com>
Sent: Thursday, August 25, 2016 1:48 PM
To: Tammy Taylor
Cc: Margaret Dunn
Subject: FW: 17-9917 Taylor County Board of County Commissioners
Attachments: 17-9917 Taylor County Bd of Commissioners signed agreement.pdf

*Included in 2017 Budget -
PAC 2017
FCH/Cult.
Fac.
Grant*

Tammy, this is the grant for Phase 2. We could also use this to be reflected early as I could get the seating started now.

Thanks!

Dustin Hinkel

County Administrator
Taylor County Board of County Commissioners

[Click here to sign up for instant severe weather alerts and updates via email and text message!](#)

201 E Green Street
Perry, FL 32347
850-838-3500 ext 7 Office
850-838-3501 Fax
850-672-0830 Cell

dustin.hinkel@taylorcountygov.com
<http://www.taylorcountygov.com>

Please note: Florida has a very broad public records law. Most written communications to or from public officials regarding public business are available to the media and public upon request. Your e-mail communications may be subject to public disclosure.

From: Melody Cox
Sent: Wednesday, August 24, 2016 12:46 PM
To: Kenneth Dudley <county.engineer@taylorcountygov.com>; Dustin Hinkel <dustin.hinkel@taylorcountygov.com>
Cc: Jami Boothby <grants.assist@taylorcountygov.com>; Margaret Dunn <margaret.dunn@taylorcountygov.com>
Subject: FW: 17-9917 Taylor County Board of County Commissioners

Hey all, please see below. Yes, we can expend funds!

From: Melody Cox
Sent: Thursday, August 11, 2016 12:16 PM
To: Dustin Hinkel; Kenneth Dudley
Cc: Pam Feagle
Subject: FW: 17-9917 Taylor County Board of County Commissioners

Hey all,

Just wanted to let you know we are good to go on moving forward with FCH Phase 2.

Thanks!

Melody

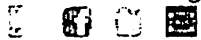
From: Rogers, Elsie J. [mailto:Elsie.Rogers@dos.myflorida.com]
Sent: Tuesday, August 09, 2016 10:18 AM
To: Melody Cox
Subject: 17-9917 Taylor County Board of County Commissioners

Melody,

Attached is the fully executed agreement for this grant period.

Thanks,

Elsie Rogers | Grant Specialist V
Florida Department of State | Division of Cultural Affairs
florida-arts.org | 850.245.6483



The Department of State is committed to excellence. Please take our Customer Satisfaction Survey .

AGREEMENT BETWEEN
THE STATE OF FLORIDA, DEPARTMENT OF STATE
AND
TAYLOR COUNTY BOARD OF COMMISSIONERS

This Agreement is by and between the State of Florida, Department of State, Division of Cultural Affairs hereinafter referred to as the "Division," and the Taylor County Board of Commissioners hereinafter referred to as the "Grantee."

The Grantee has been awarded a ~~Cultural Facilities Grant (CSFA 45.014)~~ by the ~~Division, grant number 17-9917~~ for the project "Forest Capital Hall Renovation Phase 2," in the amount of \$152,327.00. Funds for this grant have been appropriated in the FY 2016-2017 General Appropriations Act on line 3108A. The Division has the authority to administer this grant in accordance with Section 265.701, *Florida Statutes*.

In consideration of the mutual covenants and promises contained herein, the parties agree as follows:

1. **Grant Purpose.** This grant shall be used exclusively for the "Forest Capital Hall Renovation Phase 2," project, the public purpose for which these funds were appropriated as described in **Attachment A, Project Description**.

a) The Grantee shall perform the following Scope of Work:

- Removal of benches in the theater/auditorium and installation of 1,000 new seats. Seats are to be floor mounted steel chair platforms with polymer seat and back upholstered pads.
- Installation of hand railings along the walkway and steps to seating areas.
- Installation of high performance vinyl composition tile (VCT) flooring in the main lobby, adjacent halls, and small lobby area at the south entrance.
- Installation of high traffic commercial grade carpet in stage dressing rooms and meeting/planning room.
- Electrical improvements in lobby and installation of four Craftsman Style light fixtures.
- Installation of two 16 seer 5 ton Energy Star rated air conditioning units with humidistats in the theater/auditorium.

All tasks associated with the renovation will be performed by June 1, 2018. All project work will be completed under the supervision of a licensed architect or licensed contractor.

b) The Grantee agrees to provide the following **Deliverables** and **Performance Measures** related to the Scope of Work for payments to be awarded.

Payment 1, Deliverable/Task 1:

- The first payment will be a fixed price in the amount of 30 percent (30%) of the grant award. The Grantee will have completed at least 30 percent (30%) of the project prior to payment. The performance measure documenting satisfactory completion of Deliverables

R E S O L U T I O N

IN COMPLIANCE to the laws of the State of Florida, as per Florida Statute 129.06(b), the undersigned Clerk and Auditor for the Board of County Commissioners of Taylor County, Florida, made and prepared the following budget changes to reflect unanticipated monies for a particular purpose which caused the MSTU FUND for the fiscal period ending September 30, 2016, to be in excess of the advertised budget.

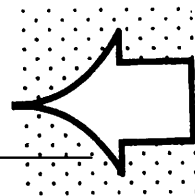
BE IT RESOLVED that the listed receipts and appropriations be added to, included in and transferred to the MSTU FUND budget for the fiscal year ending September 30, 2016.

<u>Amount</u>	<u>Account</u>	<u>Account Name</u>
Revenue:		
\$36,000	107-3669012	GP-Firefighter Training Facility
Expenditures:		
\$36,000	0204 -56300	Capital Outlay-Infrastructure

NOW THEREFORE BE IT RESOLVED by the Board of County Commissioners of Taylor County, Florida, that they do approve as provided by law this resolution this 6th day of September, 2016 at Perry, Taylor County, Florida, to amend the budget for the fiscal period ending September 30, 2016 with a motion by Commissioner_____, seconded by Commissioner _____, and carried unanimously.

Annie Mae Murphy, Clerk-Auditor

Chairman



**SIGN
HERE**

(Grant Awarded by Georgia Pacific to County Fire Rescue for a Firefighter Training "Burn" Facility - 2016 FY)

COMMUNITY PROGRAMS
P.O. BOX 105605
ATLANTA, GA 30348-5605

BANK OF AMERICA
COLLEGE PARK, GA
84-1278 / 6111

0000111310

DATE:

6-28-2016

PAY EXACTLY

\$*****36,000.00

RAY
TO THE
ORDER OF

TAYLOR COUNTY BOARD
OF COUNTY COMMISSIONERS
PO BOX 620
PERRY FL 32348

1000011131011 10611127881 335999732011

Board of Commission
General Fund
P.O. Box 620
Perry, FL 32348

DATE _____

DEPOSITS MAY NOT BE AVAILABLE FOR IMMEDIATE WITHDRAWAL

ENDORSE & LIST CHECKS SEPARATELY
OR ATTACH LIST



CITIZENS STATE BANK

TOTAL
ITEMS

5

TOTAL FROM ATTACHED LIST	
--------------------------	--

PLEASE
RE-ENTER
TOTAL HERE

CHECKS AND OTHER ITEMS ARE RECEIVED FOR DEPOSIT SUBJECT TO THE PROVISIONS OF THE UNIFORM COMMERCIAL CODE OR ANY APPLICABLE COLLECTION AGREEMENT.

Post Office Box 2348

Tammy Taylor

From: Tammy Taylor <ttaylor@taylorclerk.com>
Sent: Friday, August 12, 2016 11:41 AM
To: 'Dan Cassel'
Subject: RE: GP Check

Hey Dan- I will take care of the Resolution to amend the budget.....this will have to go on the agenda for the 1st meeting in September. When are the bids going out?

Thanks!!

Tammy

From: Dan Cassel [mailto:ps.director@taylorcountygov.com]
Sent: Friday, August 12, 2016 9:21 AM
To: Tammy Taylor (ttaylor@taylorclerk.com) <ttaylor@taylorclerk.com>
Subject: RE: GP Check

I just wanted to follow up from my last email about the budget you requested.

From: Dan Cassel
Sent: Friday, August 05, 2016 6:01 PM
To: 'Tammy Taylor' <ttaylor@taylorclerk.com>
Subject: RE: GP Check

We are going to end up going out for bid on the construction on the complete project. So how detailed do you need the budget or is it just amount of clarifying to put everything in the one account. This will be a first for me and I want to make sure I get it to you correctly.

Thanks

From: Tammy Taylor [mailto:ttaylor@taylorclerk.com]
Sent: Friday, August 05, 2016 3:39 PM
To: Dan Cassel <ps.director@taylorcountygov.com>
Cc: Margaret Dunn <margaret.dunn@taylorcountygov.com>
Subject: RE: GP Check
Importance: High

Hey Dan-

This \$36,000 check was deposited on 7/22/16. I need a budget from you, in order to prepare a resolution for BCC approval. I would say this is infrastructure.

Thanks!!!

Tammy

From: Dan Cassel [mailto:ps.director@taylorcountygov.com]
Sent: Thursday, June 30, 2016 9:46 AM
To: Tammy Taylor <ttaylor@taylorclerk.com>
Subject: RE: GP Check

I will reach out today to get the documentation for you. I'm not sure if it would fall under capital outlay buildings or infrastructure. It isn't a normal building more of a large training prop. We are using a bunch of storage containers to mock a building with fire in it. But it would go into 0192.

From: Tammy Taylor [<mailto:ttaylor@taylorclerk.com>]
Sent: Thursday, June 30, 2016 9:42 AM
To: Dan Cassel <ps.director@taylorcountygov.com>
Cc: Margaret Dunn <margaret.dunn@taylorcountygov.com>
Subject: RE: GP Check

I haven't seen a check, and don't recall hearing anything about this. Do you have any documentation (email correspondence, bcc agenda item or anything), to support that we are to receive it? If so can I please get a copy? Also, I will need a budget for the expenditure of these funds, and I will have to place the Budget Resolution on the agenda for the Board to amend the overall budget.

Thanks, Dan!

Tammy

From: Dan Cassel [<mailto:ps.director@taylorcountygov.com>]
Sent: Thursday, June 30, 2016 9:31 AM
To: Tammy Taylor (ttaylor@taylorclerk.com) <ttaylor@taylorclerk.com>
Subject: GP Check

Good morning,

Have we received the \$36,000 from GP yet? And if not and/or you have no idea what I'm talking about, GP is giving us money through their foundation to construct a burn facility for fire fighter training. If we have received it when do you think the funds will be available so I can get the project started?

Thanks

Dan Cassel
Fire Chief

Office 850-838-3522
Fax 850-838-3524
Cell 850-295-1141

R E S O L U T I O N

IN COMPLIANCE to the laws of the State of Florida, as per Florida Statute 129.06(b), the undersigned Clerk and Auditor for the Board of County Commissioners of Taylor County, Florida, made and prepared the following budget changes to reflect unanticipated monies for a particular purpose which caused the MSTU FUND for the fiscal period ending September 30, 2016, to be in excess of the advertised budget.

BE IT RESOLVED that the listed receipts and appropriations be added to, included in and transferred to the MSTU FUND budget for the fiscal year ending September 30, 2016.

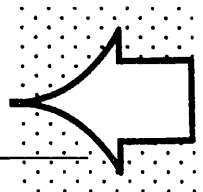
<u>Amount</u>	<u>Account</u>	<u>Account Name</u>
\$385	107-3669015	MSTU Fund-Animal Control Donations
\$385	0252-55201	Animal Control Donation FD- General Operating Supplies

NOW THEREFORE BE IT RESOLVED by the Board of County Commissioners of Taylor County, Florida, that they do approve as provided by law this resolution this 6th day of September, 2016 at Perry, Taylor County, Florida, to amend the budget for the fiscal period ending September 30, 2016 with a motion by Commissioner_____, seconded by Commissioner _____, and carried unanimously.

Annie Mae Murphy, Clerk-Auditor

Chairman

(Represents donations, specified for animal control,
received in the 2016 FY)



**SIGN
HERE**

SUNGARD PENTAMATION, INC.
DATE: 08/29/2016
TIME: 18:35:35

TAYLOR COUNTY BOARD OF COMMISSIONERS
EXPENDITURE STATUS REPORT

PAGE NUMBER: 1
EXPSTA11

SELECTION CRITERIA: expledgr.key_orgn='0252'
ACCOUNTING PERIOD: 11/16

SORTED BY: FUND, FUNCTION, ACTIVITY, TOTL/DEPT, ACCOUNT
TOTALLED ON: FUND, TOTL/DEPT
PAGE BREAKS ON: FUND, TOTL/DEPT

FUND-107 MSTU FUND
FUNCTION-520 PUBLIC SAFETY
ACTIVITY-529 OTHER PUBLIC SAFETY
TOTL/DEPT-0252 ANIMAL CTRL/DONATION FUND

add #385.00 to Budget

ACCOUNT	TITLE	BUDGET	PERIOD EXPENDITURES	ENCUMBRANCES OUTSTANDING	YEAR TO DATE EXP	AVAILABLE BALANCE	YTD/ BUD
53401	CONTRACTUAL SERVICES	.00	.00	.00	.00	.00	.00
55201	GEN. OPERATING SUPPLIES	.00	.00	.00	.00	.00	.00
55401	BOOK/PUBL/SUB/MEMB/TRAIN	.00	.00	.00	.00	.00	.00
	TOTAL ANIMAL CTRL/DONATION FU	.00	.00	.00	.00	.00	.00
	TOTAL MSTU FUND	.00	.00	.00	.00	.00	.00
	TOTAL REPORT	.00	.00	.00	.00	.00	.00

SUNGARD PENTAMATION, INC.
 DATE: 08/29/2016
 TIME: 18:33:00

TAYLOR COUNTY BOARD OF COMMISSIONERS
 REVENUE AUDIT TRAIL

PAGE NUMBER: 1
 AUDIT41

SELECTION CRITERIA: orgn.fund='107' and revledgr.account='3669015'
 ACCOUNTING PERIODS: 1/16 THRU 11/16

(INACTIVE ACCOUNTS EXCLUDED)

SORTED BY: FUND,FUNCTION,ACTIVITY,TOTL/DEPT,ACCOUNT,ACCOUNT,PERIOD

TOTALED ON: FUND,TOTL/DEPT,ACCOUNT

PAGE BREAKS ON: FUND,TOTL/DEPT

ACCOUNT DATE	T/C	RECEIVE	REFERENCE	PAYER/VENDOR	BUDGET	RECEIPTS	RECEIVABLES	DESCRIPTION	CUMULATIVE BALANCE
3669015 DONATIONS - ANIMAL CONTRL									
107-107 - MSTU FUND									
3669015 DONATIONS - ANIMAL CONTRL					.00	.00	.00	BEGINNING BALANCE	
10/01/15	12-1				600.00			POSTED FROM BUDGET SYSTEM	
02/10/16	24-5		2016-283	P917 STEVENS/CONNELL/		335.00	.00	A/C/DONATION 2/1/16	
02/16/16	24-5		2016-297	P918 FRANCES SELLERS		50.00	.00	A/C DONATION 2/9/16	
TOTAL DONATIONS - ANIMAL CONTRL					600.00	385.00	.00		215.00
TOTAL TOTL/DEPT - TITLE NOT FOUND					600.00	385.00	.00		215.00
TOTAL FUND - MSTU FUND					600.00	385.00	.00		215.00
TOTAL REPORT					600.00	385.00	.00		215.00

* THERE IS A NOTE ASSOCIATED WITH THIS TRANSACTION

R E S O L U T I O N

IN COMPLIANCE to the laws of the State of Florida, as per Florida Statute 129.06(b), the undersigned Clerk and Auditor for the Board of County Commissioners of Taylor County, Florida, made and prepared the following budget changes to reflect a SHORTFALL of monies for a particular purpose which caused the **GENERAL FUND** for the fiscal period ending September 30, 2016, to be in excess of the advertised budget.

BE IT RESOLVED that the listed receipts and appropriations be added to, included in and transferred to the **GENERAL FUND** budget for the fiscal year ending September 30, 2016.

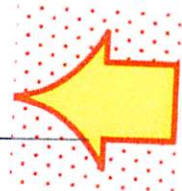
<u>Amount</u>	<u>Account</u>	<u>Account Name</u>
Revenue:		
\$10,591	001-3313901	USFWS-Cooperative Grant/Agreement
Expenditures:		
\$10,591	0438-56300	Keaton Beach Coastal Park-Capital/Infrastructure

NOW THEREFORE BE IT RESOLVED by the Board of County Commissioners of Taylor County, Florida, that they do approve as provided by law this resolution this 6th day of September, 2016 at Perry, Taylor County, Florida, to amend the budget for the fiscal period ending September 30, 2016 with a motion by Commissioner _____, seconded by Commissioner _____, and carried unanimously.

Annie Mae Murphy, Clerk-Auditor

Chairman

(2016 FY Grant Received by USFWS, via Watershed Forum, for Keaton Beach Coastal Park)



**SIGN
HERE**

Taylor County Administrative Complex
201 East Green Street, Perry, Florida 32347

Melody Cox
Administrative Services

850-838-3553
850-838-3501 Fax

Melody.cox@taylorcountygov.com

DATE: August 25, 2016

TO: Tammy

FROM: Melody

RE: Southeast Watershed Forum Check

RECEIVED

ANNIE MAE MURPHY
CLERK CIRCUIT COURT
TAYLOR COUNTY, FLORIDA

Tammy, Attached please find a check in the amount of \$10,590.³~~42~~ from the above referenced for expenditures we had at Keaton Beach Coastal Park - Budget Account 0438. If you will recall, we received a grant from USFWS which was routed through the Southeast Watershed Forum. I/we would make expenditures in Account 0438 applicable to the grant scope of work and submit to the Watershed Forum for reimbursement. I have attached the documents I submitted to the Watershed Forum for reimbursement. This payment needs to be credited to Account 0438-56300. I actually expended funds set aside for the FDEP Land and Water Conservation Fund grant match as I knew we would be reimbursed so I need this reimbursement put back into that account so we have our match! I am sure you will remember we received payment from the Watershed Forum in the past for Keaton Beach Coastal Park.

Please let me know if I can provide you additional information.

Melody

SOUTHEAST WATERSHED FORUM INC

01-15

614 MAGNOLIA AVE 228-818-9626
OCEAN SPRINGS, MS 39564-4823

1049

85-334/655
03

DATE 8/9/16

PAY TO THE
ORDER OF

Taylor County Board of Commissioners

\$ 10,590.⁴³

Ten thousand five hundred ninety and 43/100

DOLLARS

Security
Features
Details on
Back

**COMMUNITY
BANK**
COMMUNITYBANK.NET

FOR *Cooper Agreement: F10AC00513*

Leah Bray

⑈001049⑈ ⑆065503348⑆ 7001247902⑈

Ta
201

Melody Cox
Administrative Ser
Melody.cox@

DATE: August 2

TO: Tammy

FROM: Melody

RE: Southeast W

Tammy, Attached
the above referen
Park - Budget Ac
USFWS which w
would make expe
work and submit t
attached the docu
reimbursement.
56300. I actually
Conservation Fun
need this reimbur
I am sure you v
Forum in the past

Please let me kno

Melody

DEPOSIT TICKET

Board of Commission
General Fund
P.O. Box 620
Perry, FL 32348

8/20/16

DATE

DEPOSITS MAY NOT BE AVAILABLE FOR IMMEDIATE WITHDRAWAL

ENDORSE & LIST CHECKS SEPARATELY
OR ATTACH LIST

CITIZENS STATE BANK

	DOLLARS	CENTS
CURRENCY		
COIN		
TOTAL CASH		
CHECKS		
1	10,590	43
2		
3		
4		
5		
6		
7		
8		
9	001-3313901	
10		
11		
12	(K.B. Coastal Park Grant Fund)	
13		
14	Feb 8-30-16	
15		
16		
17		
18		
19		
20		
21		
22		
23		
TOTAL FROM ATTACHED LIST		
PLEASE RE-ENTER TOTAL HERE	10,590.43	

TOTAL
ITEMS

\$

10,590.43

Complex
a 32347
838-3553
838-3501 Fax

10,590.43 from
Beach Coastal
received a grant from
Shed Forum. I/we
the grant scope of
ent. I have
rum for
ccount 0438-
Land and Water
reimbursed so I
ve have our match!
m the Watershed

ation.

CHECKS AND OTHER ITEMS ARE RECEIVED FOR
DEPOSIT SUBJECT TO THE PROVISIONS OF THE
UNIFORM COMMERCIAL CODE OR ANY APPLICABLE
COLLECTION AGREEMENT.

SOUTHEAS

614 MAGNOLIA AVE 228-818-8525
OCEAN SPRINGS, MS 39564-4823

1049

85-334/655
03

DATE

8/9/16

CHECK NUMBER

PAY TO THE
ORDER OF

Taylor County Board of Commissioners

\$ 10,590.43

Ten thousand five hundred ninety and 43/100

DOLLARS



Security
Features
Details on
Back

COMMUNITY
BANK
COMMUNITYBANK.NET

FOR Logan Agreement: FRAC00513

Leah Bray

⑈001049⑈ ⑆065503348⑆ 7001247902⑈

Invoices Submitted to Southeast Watershed Forum for Reimbursement

Company	Check # and/or P.O.	Date	Amount
Frank Bibin	20160082	10/13/2015	\$3,720.00
5 Chamber bat houses including mounting materials	20160107	10/15/2016	
Pride Enterprises, Inc.	53518	05/02/2016	\$4,797.87
Fencing materials		07/08/2016	
Tractor Supply/Bank of America			\$400.00
Augering equipment to install fence posts			
Danny O'Quinn	5025062	06/10/2016	\$1,672.56
Project construction and inspection	5025151	06/24/2016	
services 92 hours @ \$18.18 per hour	5025240	07/08/2016	
Total Reimbursement Request:			\$10,590.43

8

AUCILLA AREA SOLID WASTE ADMINISTRATION

P.O. BOX 629

GREENVILLE, FL 32331

August 16, 2016

TAYLOR COUNTY BOARD OF COUNTY COMMISSIONERS

P.O. BOX 620

PERRY, FL 32331

Re: Transportation Equalization Costs to Dixie County Invoice # 16R517

DUE TO DIXIE COUNTY FOR FISCAL YEAR 2014-2015 \$44,000.00

(0262-54923)

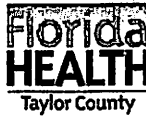
Make Check Payable to Aucilla Area Solid Waste Administration for the above amount.

**Thank you,
John McHugh, Landfill Administrator
aucif@aol.com
Phone Number: 850-948-4875**

9

Mission:

To protect, promote & improve the health of all people in Florida through integrated state, county & community efforts.



Rick Scott
Governor
Dr. Celeste Philip
State Surgeon General & Secretary

Vision: To be the Healthiest State in the Nation

August 24, 2016

Ms. Tammy Taylor
Finance Director
PO Box 620
Perry, FL 32348

RE: Taylor Board of County Commission contribution

Dear Ms. Taylor:

This letter is to request payment of the county contribution to the Florida Department of Health in Taylor County for the contract period of October 1, 2015 through September 30, 2016 in the amount of \$50,000.00.

<u>QUARTERLY PAYMENT SCHEDULE</u>	<u>AMOUNT</u>
January 1, 2015	\$12,500.00
April 1, 2015	\$12,500.00
July 1, 2015	\$12,500.00
October 1, 2015	\$12,500.00
Annual contribution per contract year 2015-2016 (1380)	\$50,000.00 ✓ 9/6

Please mail payment to: Florida Department of Health in Taylor County
1215 North Peacock Avenue
Perry, FL 32347

We appreciate the contribution that the Board makes to the County Health Department and to the citizens of Taylor County. Should you have any questions, please feel free to contact me Kristie Lutz at (850) 584-5087 extension 5117 or Charlotte Sorrell, Business Manager at 5111.

Sincerely,

Kristie Lutz
Kristie Lutz
Operations Manager

aguda/consent 9/16/16 JB

TAYLOR COUNTY BOARD OF COMMISSIONERS

County Commission Agenda Item

SUBJECT/TITLE:

THE BOARD TO APPROVE A TRANSFER FROM CONTINGENCY TO PAY INVOICES FOR INMATE MEDICAL EXPENSES, AS AGENDAED BY THE COUNTY ADMINISTRATOR.

MEETING DATE REQUESTED:

SEPTEMBER 6, 2016

Statement of Issue: WHILE EVERY ACTION IS TAKEN TO REDUCE THE COSTS OF INMATE MEDICAL CARE, THERE ARE STILL UNANTICIPATED COSTS THAT REQUIRE BUDGET ADJUSTMENTS. A TRANSFER OF \$50,000 IS BEING REQUESTED.

Recommended Action: APPROVE THE TRANSFER.

Fiscal Impact: \$50,000

Budgeted Expense: NO

Submitted By: COUNTY ADMINISTRATOR 850-838-3500 X 7

Contact:

SUPPLEMENTAL MATERIAL / ISSUE ANALYSIS

History, Facts & Issues: THE AREA HOSPITALS OFFER DEEP DISCOUNTS TO THE COUNTY FOR INMATE MEDICAL CARE; HOWEVER, SOMETIMES AN INMATE REQUIRES SUCH EXTENSIVE MEDICAL CARE THAT EVEN THE DISCOUNTED COST EXCEEDS THE BUDGETED AMOUNT. THE SAME IS TRUE FOR THE PRESCRIPTION DRUGS FOR INMATES. SOMETIMES AN INMATE REQUIRES PHARMACEUTICALS THAT, ALTHOUGH DISCOUNTED, ARE STILL VERY COSTLY.

Options:

Attachments:

TAYLOR COUNTY BOARD OF COMMISSIONERS

County Commission Agenda Item

SUBJECT/TITLE:



Board to approve the State Housing Initiative Partnership (SHIP) Annual Reports for 2014/2015 and 2015/2016 and the Annual Report and Local Housing Incentives Certification.

MEETING DATE REQUESTED:

September 6, 2016

Statement of Issue: Board to approve the SHIP Annual Reports, and the Annual Report and Local Housing Incentives Certification.

Recommended Action: Approve the SHIP Annual Reports and Certification.

Fiscal Impact: The Annual Reports and Certification are a requirement to be eligible for SHIP funding.

Submitted By: Melody Cox

Contact: Melody Cox

SUPPLEMENTAL MATERIAL / ISSUE ANALYSIS

History, Facts & Issues: The County is required to submit Annual Reports, and Certifications on open SHIP grants. The County has been awarded \$350,000 through the SHIP Program for FY 2016/2017 and will be receiving the grant funds by October 2016. Bids will be received October 18, 2016 for three SHIP rehabilitation projects. We anticipate advertising a Notice Of Funding Availability (NOFA) in October or November to accept SHIP applications to meet program requirements to provide assistance to those with special needs. We currently do not have eligible special needs applicants at this time.

SHIP grant funds can be used to provide assistance to qualified homes and homeowners for the rehabilitation of their homes, demolition and reconstruction of an existing home if the house is in 51% or more disrepair, and First Time Home Buyers Down Payment Assistance. Rental property or mobile homes are not eligible for assistance. The County currently provides a maximum of \$25,000 for rehabilitation assistance, \$75,000 for demolition and new

construction, and a maximum of \$10,000 for qualified First Time Homebuyers. The County is only accepting applications for First Time Home Buyers Down Payment Assistance at this time.

Attachments: SHIP Annual Reports for 2014/2015 and 2015/2016 and the Annual Report and Local Housing Incentives Certification.

State Housing Initiatives Partnership (SHIP) Program
Annual Report and Local Housing Incentives Certification

On Behalf of Taylor County (Local Government), I hereby certify that:

1. The Annual Report information submitted electronically to Florida Housing Finance Corporation is true and accurate for the closeout year N/A and interim years 2014/2015 and 2015/2016.
2. The local housing incentives or local housing incentive plan have been implemented or are in the process of being implemented. Including, at a minimum:
 - a. Permits as defined in s.163.3164 (15) and (16) for affordable housing projects are expedited to a greater degree than other projects; and
 - b. There is an ongoing process for review of local policies, ordinances, regulations, and plan provisions that increase the cost of housing prior to their adoption.
3. The cumulative cost per newly constructed housing per housing unit, from these actions is estimated to be \$ 0.00.
4. The cumulative cost per rehabilitated housing per housing unit, from these actions is estimated to be \$ 0.00.

Staff Member responsible for submitting annual report to FHFC: Melody Cox

Witness Signature

Date

Chief Elected Official or Designee Signature Date

Witness Printed Name

Jody DeVane, Chair

Chief Elected Official or Designee Printed Name

Witness Signature

Date

Witness Printed Name

or

ATTEST (Seal)

Signature

Date

420.9075 (10) Each county or eligible municipality shall submit to the corporation by September 15 of each year a report of its affordable housing programs and accomplishments through June 30 immediately preceding submittal of the report. The report shall be certified as accurate and complete by the **local government's chief elected official or his or her designee**. Transmittal of the annual report by a county's or eligible municipality's chief elected official, or his or her designee, certifies that the local housing incentive strategies, or, if applicable, the local housing incentive plan, have been implemented or are in the process of being implemented pursuant to the adopted schedule for implementation.

Title: SHIP Annual Report
Taylor County FY 2014/2015 Interim-1

Report Status: Submitted

Form 1

SHIP Distribution Summary

Homeownership

Code	Strategy	Expended Amount	Units	Encumbered Amount	Units	Unencumbered Amount	Units
3	Rehabilitation	\$101,915.45	4				
4	Demolition/Reconstruction	\$197,552.35	3	\$20,905.79	1		
Homeownership Totals:		\$299,467.80	7	\$20,905.79	1		

Rentals

Code	Strategy	Expended Amount	Units	Encumbered Amount	Units	Unencumbered Amount	Units
Rental Totals:							

Subtotals: **\$299,467.80** **7** **\$20,905.79** **1**

Additional Use of Funds

Use	Expended	Encumbered	Unencumbered
Administrative	\$35,000.00		
Homeownership Counseling			
Admin From Program Income			
Admin From Disaster Funds			

Totals: **\$334,467.80** **7** **\$20,905.79** **1** **\$0.00**

Total Revenue (Actual and/or Anticipated) for Local SHIP Trust Fund

Source of Funds	Amount
State Annual Distribution	\$350,000.00
Program Income (Interest)	\$229.91
Program Income (Payments)	
Recaptured Funds	
Disaster Funds	
Other Funds	
Carryover funds from previous year	-\$456.64
Total:	\$349,773.27

*** Carry Forward to Next Year: -\$5,600.32**

NOTE: This carry forward amount will only be accurate when all revenue amounts and all expended, encumbered and unencumbered amounts have been added to Form 1

Rental Unit Information

Description	Eff.	1 Bed	2 Bed	3 Bed	4 Bed
-------------	------	-------	-------	-------	-------

√ No rental strategies are in use

Recap of Funding Sources for Units Produced ("Leveraging")

Source of Funds Produced through June 30th for Units	Amount of Funds Expended to Date	% of Total Value
SHIP Funds Expended	\$299,467.80	100.00%
Public Moneys Expended		.00%
Private Funds Expended		.00%
Owner Contribution		.00%
Total Value of All Units	\$299,467.80	100.00%

SHIP Program Compliance Summary - Home Ownership/Construction/Rehab

Compliance Category	SHIP Funds	Trust Funds	% of Trust Fund	FL Statute Minimum %
Homeownership	\$299,467.80	\$350,000.00	85.56%	65%
Construction / Rehabilitation	\$299,467.80	\$350,000.00	85.56%	75%

Program Compliance - Income Set-Asides

Income Category	SHIP Funds Expended	SHIP Funds Encumbered	SHIP Funds Unencumbered	Total of SHIP Funds	Total Available Funds % *
Extremely Low				\$.00	.00%
Very Low	\$150,340.25	\$20,905.79		\$171,246.04	48.96%
Low	\$125,419.70			\$125,419.70	35.86%
Moderate	\$23,707.85			\$23,707.85	6.78%
Over 120%-140%				\$.00	.00%
Totals:	\$299,467.80	\$20,905.79	\$.00	\$320,373.59	91.59%

Project Funding for Expended Funds Only

Income Category	Total Funds Mortgages, Loans & DPL's	Mortgages, Loans & DPL Unit #s	Total Funds SHIP Grants	SHIP Grant Unit #s	Total SHIP Funds Expended	Total # Units
Extremely Low					\$.00	0
Very Low	\$150,340.25	3			\$150,340.25	3
Low	\$125,419.70	3			\$125,419.70	3
Moderate	\$23,707.85	1			\$23,707.85	1
Totals:	\$299,467.80	7	\$.00	0	\$299,467.80	7

Form 3

Number of Households/Units Produced

Strategy	List Unincorporated and Each Municipality	ELI	VLI	Low	Mod	Total
Demolition/Reconstruction	Taylor County		2	1		3
Rehabilitation	Taylor County		1	2	1	4
Totals:			3	3	1	7

Characteristics/Age (Head of Household)

Description	List Unincorporated and Each Municipality	0 - 25	26 - 40	41 - 61	62+	Total
Demolition/Reconstruction	Taylor County			2	1	3
Rehabilitation	Taylor County			2	2	4
Totals:				4	3	7

Family Size

Description	List Unincorporated and Each Municipality	1 Person	2-4 People	5+ People	Total
Demolition/Reconstruction	Taylor County	1	1	1	3
Rehabilitation	Taylor County	3	1		4
Totals:		4	2	1	7

Race (Head of Household)

Description	List Unincorporated and Each Municipality	White	Black	Hispanic	Asian	Amer-Indian	Other	Total
Demolition/Reconstruction	Taylor County	3						3
Rehabilitation	Taylor County		4					4
Totals:		3	4					7

Demographics (Any Member of Household)

Description	List Unincorporated and Each Municipality	Farm Worker	Devel. Disabled	Homeless	Elderly	Other	Other	Total
Demolition/Reconstruction	Taylor County				1	1		2
Rehabilitation	Taylor County				2	2		4
Totals:					3	3		6

Special Target Groups for Funds Expended (i.e. teachers, nurses, law enforcement, fire fighters, etc.) Set Aside

Description	Special Target Group	Expended Funds	Total # of Expended Units
-------------	----------------------	----------------	---------------------------

Form 4

Expended Funds

\$299,468.00

Strategy	Full Name	Address	City	Zip Code	Expended Funds	Unit Counted
Rehabilitation	Betty Jackson	213 Folsom St.	Perry	32348	\$27,808.60	<input type="checkbox"/>
Rehabilitation	Sarah Petty	378 S. Myrtle St.	Perry	32347	\$25,199.50	<input type="checkbox"/>
Rehabilitation	Annie Woodfaulk	100 Joann St.	Perry	32348	\$25,199.50	<input type="checkbox"/>
Rehabilitation	Katherine Munningham	105 N. Beverly St.	Perry	32348	\$23,707.85	<input type="checkbox"/>
Demolition/Reconstruction	Jim Brady Anderson	108 Noah Rd.	Perry	32347	\$72,411.60	<input type="checkbox"/>
Demolition/Reconstruction	Voncille Cannon	1706 Hwy 51 NE	Steinhatchee	32359	\$56,357.00	<input type="checkbox"/>
Demolition/Reconstruction	Bennie Farnell	2470 W. Hwy 98	Perry	32347	\$68,783.75	<input type="checkbox"/>

Taylor County 2014 Interim-1

Form 5

Special Needs Breakdown

SHIP Expended and Encumbered for Special Needs Applicants

Code(s)	Strategies	Expended Amount	Units	Encumbered Amount	Units
3	Rehabilitation	\$50,399.00	2		
4	Demolition/Reconstruction	\$56,370.00	1	\$20,905.79	1

Special Needs Category Breakdown by Strategy

Strategies	Special Needs Category	Expended Amount	Units	Encumbered Amount	Units
(3) Rehabilitation	Receiving Supplemental Security Income	\$50,399.00	2		
(4) Demolition/Reconstruction	Receiving Supplemental Security Income	\$56,370.00	1	\$20,905.79	1

LG Submitted Comments:

Title: SHIP Annual Report
Taylor County FY 2015/2016 Interim-2

Report Status: Submitted

Form 1

SHIP Distribution Summary

Homeownership

Code	Strategy	Expended Amount	Units	Encumbered Amount	Units	Unencumbered Amount	Units
3	Rehabilitation	\$17,718.25	1	\$75,000.00	3	\$75,000.00	3
4	Demolition/Reconstruction	\$56,653.75	1			\$85,027.68	1
Homeownership Totals:		\$74,372.00	2	\$75,000.00	3	\$160,027.68	4

Rentals

Code	Strategy	Expended Amount	Units	Encumbered Amount	Units	Unencumbered Amount	Units
Rental Totals:							
Subtotals:		\$74,372.00	2	\$75,000.00	3	\$160,027.68	4

Additional Use of Funds

Use	Expended	Encumbered	Unencumbered
Administrative	\$35,000.00		
Homeownership Counseling			
Admin From Program Income			
Admin From Disaster Funds			

Totals:	\$109,372.00	2	\$75,000.00	3	\$160,027.68	4
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Total Revenue (Actual and/or Anticipated) for Local SHIP Trust Fund

Source of Funds	Amount
State Annual Distribution	\$350,000.00
Program Income (Interest)	
Program Income (Payments)	
Recaptured Funds	
Disaster Funds	
Other Funds	
Carryover funds from previous year	-\$5,600.32
Total:	\$344,399.68

* Carry Forward to Next Year: \$.00

NOTE: This carry forward amount will only be accurate when all revenue amounts and all expended, encumbered and unencumbered amounts have been added to Form 1

Rental Unit Information

Description	Eff.	1 Bed	2 Bed	3 Bed	4 Bed
-------------	------	-------	-------	-------	-------

√ No rental strategies are in use

Recap of Funding Sources for Units Produced ("Leveraging")

Source of Funds Produced through June 30th for Units	Amount of Funds Expended to Date	% of Total Value
SHIP Funds Expended	\$74,372.00	100.00%
Public Moneys Expended		.00%
Private Funds Expended		.00%
Owner Contribution		.00%
Total Value of All Units	\$74,372.00	100.00%

SHIP Program Compliance Summary - Home Ownership/Construction/Rehab

Compliance Category	SHIP Funds	Trust Funds	% of Trust Fund	FL Statute Minimum %
Homeownership	\$227,500.00	\$350,000.00	65.00%	65%
Construction / Rehabilitation	\$262,500.00	\$350,000.00	75.00%	75%

Program Compliance - Income Set-Asides

Income Category	SHIP Funds Expended	SHIP Funds Encumbered	SHIP Funds Unencumbered	Total of SHIP Funds	Total Available Funds % *
Extremely Low		\$25,000.00		\$25,000.00	7.26%
Very Low			\$160,027.68	\$160,027.68	46.47%
Low	\$74,372.00	\$50,000.00		\$124,372.00	36.11%
Moderate				\$.00	.00%
Over 120%-140%				\$.00	.00%
Totals:	\$74,372.00	\$75,000.00	\$160,027.68	\$309,399.68	89.84%

Project Funding for Expended Funds Only

Income Category	Total Funds Mortgages, Loans & DPL's	Mortgages, Loans & DPL Unit #s	Total Funds SHIP Grants	SHIP Grant Unit #s	Total SHIP Funds Expended	Total # Units
Extremely Low					\$.00	0
Very Low					\$.00	0
Low	\$74,372.00	2			\$74,372.00	2
Moderate					\$.00	0
Totals:	\$74,372.00	2	\$.00	0	\$74,372.00	2

Form 3

Number of Households/Units Produced

Strategy	List Unincorporated and Each Municipality	ELI	VLI	Low	Mod	Total
Rehabilitation	Taylor County			1		1
Demolition/Reconstruction	Taylor County			1		1
Totals:				2		2

Characteristics/Age (Head of Household)

Description	List Unincorporated and Each Municipality	0 - 25	26 - 40	41 - 61	62+	Total
Rehabilitation	Taylor County				1	1
Demolition/Reconstruction	Taylor County			1		1
Totals:				1	1	2

Family Size

Description	List Unincorporated and Each Municipality	1 Person	2- 4 People	5 + People	Total
Rehabilitation	Taylor County	1			1
Demolition/Reconstruction	Taylor County	1			1
Totals:		2			2

Race (Head of Household)

Description	List Unincorporated and Each Municipality	White	Black	Hispanic	Asian	Amer-Indian	Other	Total
Rehabilitation	Taylor County		1					1
Demolition/Reconstruction	Taylor County	1						1
Totals:		1	1					2

Demographics (Any Member of Household)

Description	List Unincorporated and Each Municipality	Farm Worker	Devel. Disabled	Homeless	Elderly	Other	Other	Total
Rehabilitation	Taylor County				1			1
Demolition/Reconstruction	Taylor County					1		1
Totals:					1	1		2

Special Target Groups for Funds Expended (i.e. teachers, nurses, law enforcement, fire fighters, etc.) Set Aside

Description	Special Target Group	Expended Funds	Total # of Expended Units
-------------	----------------------	----------------	---------------------------

Form 4

Expended Funds

\$74,372.00

Strategy	Full Name	Address	City	Zip Code	Expended Funds	Unit Counted
Rehabilitation	Peggy Glanton	107 W. Charles St.	Perry	32347	\$17,718.25	<input type="checkbox"/>
Demolition/Reconstruction	Robin Paulk	10146 Fish Creek Rd.	Perry	32348	\$56,653.75	<input type="checkbox"/>

Taylor County 2015 Interim-2

Form 5

Special Needs Breakdown

SHIP Expended and Encumbered for Special Needs Applicants

Code(s)	Strategies	Expended Amount	Units	Encumbered Amount	Units
3	Rehabilitation				
4	Demolition/Reconstruction	\$56,653.75	1		

Special Needs Category Breakdown by Strategy

Strategies	Special Needs Category	Expended Amount	Units	Encumbered Amount	Units
(4) Demolition/Reconstruction	Receiving Supplemental Security Income	\$56,653.75	1		

LG Submitted Comments:

TAYLOR COUNTY BOARD OF COMMISSIONERS

County Commission Agenda Item

SUBJECT/TITLE:

Board to approve Satisfaction of Lien for Jami Boothby. Ms. Boothby's mother Paula Daughtry, received rehabilitation assistance through the RCMP program April 26, 2016 in the amount of \$5,793. Ms. Boothby had the power-of-attorney to sign documents on behalf of her mother and the repayment agreement was originally recorded in Ms. Boothby's name in error. Ms. Daughtry has signed a Repayment Agreement and it has been recorded.

MEETING DATE REQUESTED:

September 6, 2016

Statement of Issue: Board to approve Satisfaction of Lien for Jami Boothby.

Recommended Action: Approve Satisfaction of Lien

Fiscal Impact: Not Applicable

Submitted By: Melody Cox

Contact: Melody Cox

SUPPLEMENTAL MATERIAL / ISSUE ANALYSIS

History, Facts & Issues: Paula Daughtry received assistance through the RCMP Program in the amount of \$5,793 on April 26, 2016. Her daughter, Jami Boothby had the power-of-attorney to sign documents for the contractor as Ms. Daughtry was staying out of town with other family members while the work was being completed on her home. When preparing the original Repayment Agreement, Government Services Group (GSG) recorded the agreement in error in Ms. Boothby's name. GSG prepared a corrected Repayment Agreement for Ms. Daughtry which has been recorded. GSG also prepared a Satisfaction of Lien to correct the error made on Miss Boothby. GSG contacted the Recording Department at the Clerk's office to see how the error should be corrected and followed their recommendations. It should be noted Ms. Boothby is a county employees who now works in the grants department. At the time the RCMP funds were awarded to Ms. Daughtry, Ms. Boothby did not work in the grants department and her mother was not qualified for assistance by County staff. All qualification of RCMP grant recipients funds is completed by GSG and approved by the Board.

**Attachments: Satisfaction of Lien for Ms. Boothby and recorded Repayment
Agreement for Ms. Daughtry**

**TAYLOR COUNTY RESIDENTIAL CONSTRUCTION MITIGATION PROGRAM
(RCMP) REPAYMENT AGREEMENT**

OFFICIAL RECORDS: 1 of 1
Book: 749 Page: 43

I/ we the undersigned, hereby agree not to sell the property located at

6059 Loren Henderson Road, Greenville, FL

Recording Fee: \$10.00
Doc Stamps: \$20.30

We are having shutters installed with grant funds provided by the Taylor County RCMP Program. For a period of Five (5) years from the date of this agreement, should I/We sell the above-described property I/We agree to repay to the Taylor County RCMP program at the time of the sale, the obligated amount \$ 5,793.00 which is prorated annually reducing the annual amount by twenty (20%) percent per year, which is \$ 1,158.60. I/We further agree that if within Five (5) years from the date of the this agreement the property is sold by either my estate or my heirs, the person or estate selling the property will repay the prorated balance of the grant to the Taylor County RCMP program.

Paula Daughtry 8/2/16
Paula Daughtry Date

Grantee Date

STATE OF FLORIDA, COUNTY OF TAYLOR

The foregoing instrument was acknowledge before me this August 2, 2016
by Paula Daughtry who is personally known to me
(Name of person acknowledged)

OR has produced Known to me as identification

and who did take an oath.

NOTARY PUBLIC – STATE OF FLORIDA

SIGN: Kristina Anderson

PRINT: Kristina Anderson

MY COMMISSION EXPIRES: 2-23-20



Melody Co
Representative, County RCMP Program

8-2-2016
Date

SATISFACTION OF LIEN

THIS IS TO CERTIFY, that the lien in the sum of **\$5,793.00** asserted pursuant to that certain Taylor County Residential Construction Mitigation Program (RCMP) Mortgage (\$5,793) between Taylor County, Florida and **Jami Boothby** dated April 26, 2016 and recorded in the Public Records of Taylor County at O.R. Book 746, Page 534 against the real property as located at 6059 Loren Henderson Road, Greenville, FL, has been completely satisfied and is hereby released. Taylor County, Florida hereby directs the Clerk of Circuit Court to cancel and discharge the lien of record.

Dated on the _____ day of _____, 2016.

WITNESSES:

BOARD OF COUNTY COMMISSIONERS
OF TAYLOR COUNTY, FLORIDA

(Signature)

Jody DeVane
CHAIR OF THE BOARD
Address: 201 E. Green Street
Perry, FL 32347

(Printed Name)

(Signature)

ATTEST:

(Printed Name)

Annie Mae Murphy
CLERK OF THE COURT

STATE OF FLORIDA
COUNTY OF TAYLOR

BEFORE ME, the undersigned authority, personally appeared _____, and who is personally known to me or produced _____ identification, and after being duly sworn, states that he/she has read the foregoing and that the information is true and correct to the best of affiant's knowledge and belief.

Notary Public, State of Florida
SEAL

(Signature)

(Printed Name)

TAYLOR COUNTY BOARD OF COMMISSIONERS

County Commission Agenda Item

SUBJECT/TITLE:



THE BOARD TO APPROVE A TRANSFER FROM CONTINGENCY TO COVER THE INCREASED COST OF MEDICAID, AS AGENDAED BY THE COUNTY ADMINISTRATOR.

MEETING DATE REQUESTED:

SEPTEMBER 6, 2016

Statement of Issue: TAYLOR COUNTY'S SHARE OF MEDICAID COSTS INCREASED AT THE BEGINNING OF THE STATE OF FLORIDA'S FISCAL YEAR. THE INCREASE REQUIRES AN ADDITIONAL \$8648 FOR FY 2015-2016.

Recommended Action: APPROVE THE TRANSFER FROM CONTINGENCY

Fiscal Impact: \$8648

Budgeted Expense: NO

Submitted By: COUNTY ADMINISTRATOR 850-838-3500 X 7

Contact:

SUPPLEMENTAL MATERIAL / ISSUE ANALYSIS

History, Facts & Issues: SINCE THE STATE'S FISCAL YEAR (JULY 1 – JUNE 30) AND THE COUNTY'S FISCAL YEAR (OCTOBER 1 - SEPTEMBER 30) ARE DIFFERENT, THE INCREASE COST OF MEDICAID COMES JUST AS THE COUNTY'S FY IS ENDING.

Options:

Attachments: EXPENDITURE AUDIT TRAIL PAGE

SUNGARD PENTAMATION, INC.
DATE: 08/30/2016
TIME: 11:07:30

TAYLOR COUNTY BOARD OF COMMISSIONERS
EXPENDITURE AUDIT TRAIL

PAGE NUMBER: 1
AUDIT21

SELECTION CRITERIA: expledgr.key orgn='0420' and expledgr.account='53003'
ACCOUNTING PERIODS: 1/16 THRU 11/16

SORTED BY: FUND, FUNCTION, ACTIVITY, TOTL/DEPT, ACCOUNT

TOTALED ON: FUND, TOTL/DEPT

PAGE BREAKS ON: FUND, TOTL/DEPT

FUND - 001 - GENERAL FUND
FD/DEPT - 0420 - SOCIAL SERVICES

ACCOUNT DATE	T/C	ENCUMBRANC	REFERENCE	VENDOR	BUDGET	EXPENDITURES	ENCUMBRANCES DESCRIPTION	CUMULATIVE BALANCE
001-560-564-0420-0420 - SOCIAL SERVICES								
53003	COUNTY-SHARE MEDICAID				.00	.00	.00 BEGINNING BALANCE	
10/01/15	11-1				277,992.00		POSTED FROM BUDGET SYSTEM	
10/02/15	19-1		20160003			23,166.00	ACH PMT MEDICAID OCT	
11/03/15	19-2		20160036			23,166.00	ACH NOV MEDICAID PMT	
12/01/15	19-3		20160113			23,166.00	ACH MEDICAID DEC.	
12/31/15	19-3		20160166			23,166.00	ACH MEDICAID-JAN PMT	
02/03/16	19-5		20160193			23,166.00	ACH-MEDICAID FEB.PMT	
03/02/16	19-6		20160274			23,166.00	ACH MEDICAID PMT MARCH	
04/01/16	19-7		20160342			23,166.00	ACH MEDICAID PMT APRIL	
05/04/16	19-7		20160416			23,166.00	ACH MEDICAID PMT MAY	
05/04/16	19-7		20160417			-23,166.00	REVERSEJ JE#20160416	
05/04/16	19-8		20160418			23,166.00	CORRECT JE#20160416	
06/01/16	19-9		20160473			23,166.00	ACH MEDICAID PMT JUNE2016	
07/01/16	19-10		20160478			26,048.43	ACH MEDICAID PMT JULY2016	
08/03/16	19-11		20160579			26,048.43	ACH AUGUST MEDICAID PMT	
TOTAL	COUNTY-SHARE MEDICAID				277,992.00	260,590.86	.00	17,401.14
TOTAL TOTL/DEPT - SOCIAL SERVICES					277,992.00	260,590.86	.00	17,401.14
TOTAL FUND - GENERAL FUND					277,992.00	260,590.86	.00	17,401.14
TOTAL REPORT					277,992.00	260,590.86	.00	17,401.14

Sept Remit.
(Funding) (26,048.43)
Short fall (8,647.29)

Needs a
Budget transfer
8648

* THERE IS A NOTE ASSOCIATED WITH THIS TRANSACTION

8-30-16

Margaret Dunn

From: Tammy Taylor <ttaylor@taylorclerk.com>
Sent: Tuesday, August 30, 2016 11:13 AM
To: Dustin Hinkel; Margaret Dunn
Subject: Budget Transfer Needed-MEDICAID Pmts
Attachments: Untitled.PDF

Importance: High

Dustin-

Please see attached. We do not have sufficient funding to cover the September payment. This account will need a budget transfer of \$8,648.

Thanks!!

Tammy

TAYLOR COUNTY BOARD OF COMMISSIONERS

County Commission Agenda Item

SUBJECT/TITLE:

Approval of Lease Agreement for Richard Connell with G-Fast (Georgia-Florida Aviation Search Team) for the lease of the new corporate hangar at Perry Foley Airport.

MEETING DATE REQUESTED:

September 6, 2016

Statement of Issue: Board to review and approve Lease Agreement for Richard Connell for the lease of the new corporate hangar at the Airport. The lease is for a period of one year.

Recommended Action: Board to approve Lease Agreement for the corporate hangar for Richard Connell.

Budgeted Expense: The Lease Agreement for the corporate hangar is \$612.00 per month plus tax. This lease will bring in an annual income of \$7,344 to the Airport. The lease amount is based on a rate of .17 per square foot which is standard space rental for corporate hangar space in the region.

Submitted By: Melody Cox

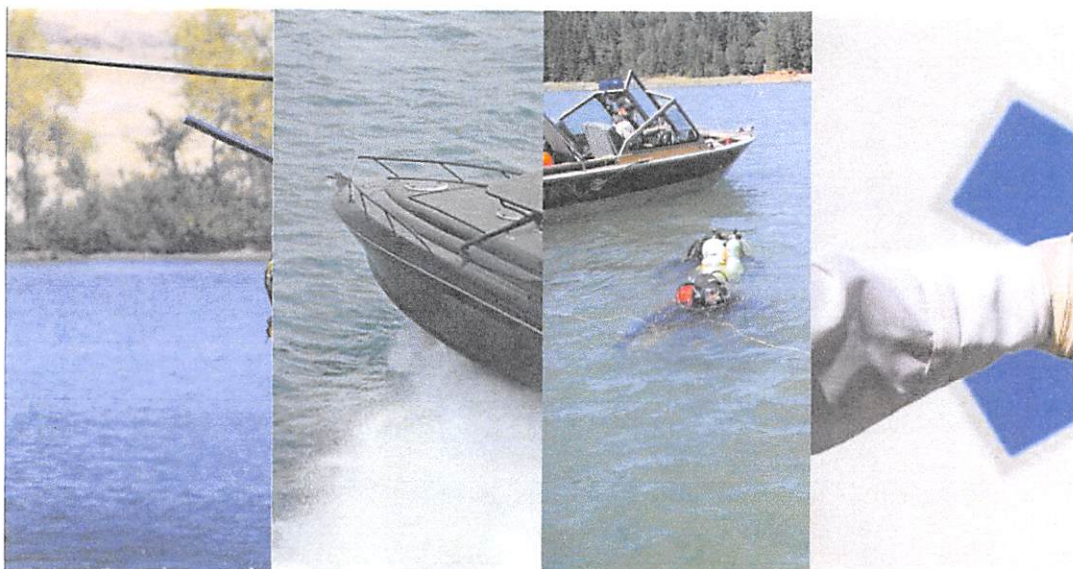
Contact: Melody Cox

SUPPLEMENTAL MATERIAL / ISSUE ANALYSIS

History, Facts & Issues: Mr. Connell will be operating an aviation business out of the new corporate hangar which will provide aircraft to aid in disaster recovery, search and rescue, and other services needed by counties and cities who do not have their own aircraft. Mr. Connell will initially have three employees and has indicated he plans to expand the business and add employees in the near future. Mr. Connell's website www.gfastair.com provides additional information as to all the services the business provides.

Attachments: Lease Agreement for Richard Connell

(850) 545-2358  info@gfastair.com 



The Team at G-FAST

The G-FAST team was born in 2016 and was created from various walks of life but share one common element; Search and Rescue as an ongoing battle. Located in the Big Bend of North Florida our diverse team is capable of launching a full scale SAR mission within minutes. Our code of conduct has become very simple: We lead, we follow, we innovate and we develop. These key fundamentals coupled with our commitment to stamping the G-FAST name provide our team a strategy and roadmap to a unique success and perspective. By **LEADING** the forefront of aviation search and rescue, the G-FAST team is privy to the newest technologies, state of the art aerospace and the creation of a new industry standard. By **FOLLOWING** our gut feelings and utilizing the training that each one of our team members is engrained with, G-FAST **INNOVATES** specifications and **DEVELOPS** new benchmarks to be utilized by all SAR groups Nationally and Internationally.



Our officers and directors have been around the search and rescue field for decades. We are comprised of pilots, former law enforcement, boat captains and entrepreneurs. By using a group of agents with unorthodox and diverse backgrounds, G-FAST is capable of thinking clearly and quickly about the direction and meaning behind our organization. Our CEO and Director, Richard Connell has been flying planes and helicopters before most teens get their drivers licenses and he recently was quoted saying: "G-FAST isn't just the opportunity to save lives; it gives us the unique freedom to use our skill sets and hobbies to explore, track, drive, fly and captain TO save lives!" Our team is ready, steady and highly capable of aerial search and rescue missions. It is our intention over the next 3-5 years to grow into the largest, privately held non profit in the SAR space and expand into Canada, Central and South America.

G-FAST Salutes Our Veterans



501(c) 3

Georgia - Florida Aviation Search Team is a registered Florida Not For Profit under the IRS. "G-FAST" intends on being the preeminent search team in the United States and abroad.

Donate Today

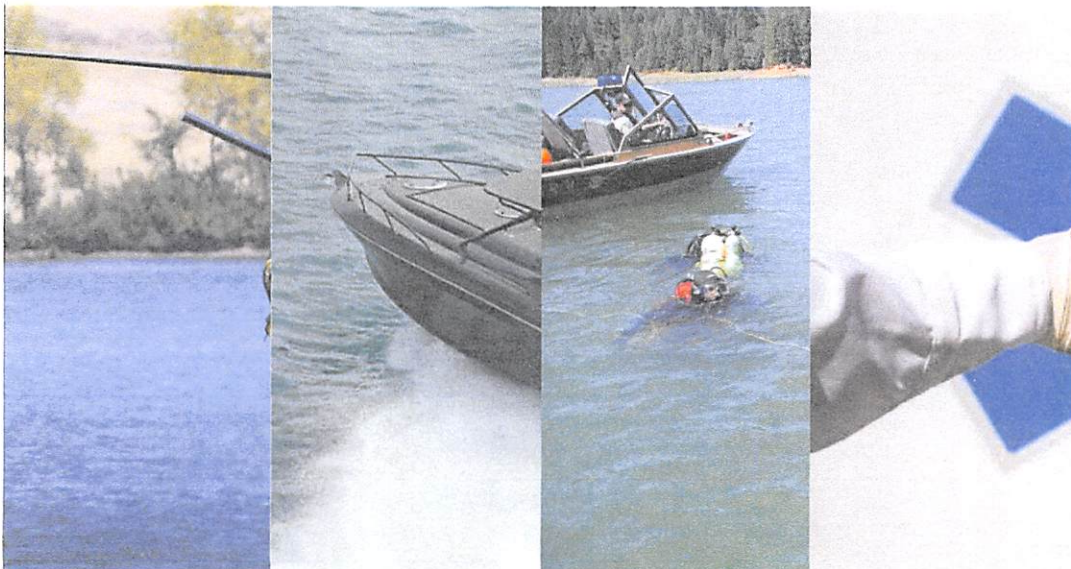
(850) 545-2358  info@gfastair.com



The Georgia - Florida Aviation Search Team, G-FAST

A Missing Persons, Disaster Recovery
& Search and Rescue Non-Profit

G-FAST believes that no budget constrained city or
county should be without rescue assets.



Aviation Search and Rescue Assets

G-FAST has a fleet of various aviation assets that can be deployed within minutes of possible catastrophic events.

Marine and Specialty Boats

Our fully trained marine vessel unit can track both lost assets and individuals in need.

Heavy Machinery and Construction Equipment

Our team of professionals can deploy assets such as front loaders, cranes, excavators, and heavy equipment in a moments notice.

**Million People in the
United States**

**Of city & county
agencies have aerial
support**



TAYLOR COUNTY BOARD OF COUNTY COMMISSIONERS

ANNIE MAE MURPHY, Clerk
Post Office Box 620
Perry, Florida 32348
(850) 838-3506 Phone
(850) 838-3549 Fax

JACK R. BROWN, County Administrator
201 East Green Street
Perry, Florida 32347
(850) 838-3500, extension 7 Phone
(850) 838-3501 Fax

CONRAD C. BISHOP, JR., County Attorney
Post Office Box 167
Perry, Florida 32348
(850) 584-6113 Phone
(850) 584-2433 Fax

Perry-Foley Airport Corporate Lease Agreement

This **Corporate Hangar Lease Agreement** (the "Agreement") entered into as of this ____ day of ____, 20__ by and between **Board of County Commissioners of Taylor County, Florida** ("Lessor") and **Richard Connell** ("Lessee") in Consideration of the mutual covenants and agreements herein mentioned to be performed by the respective parties, and in consideration of the rental herein after designated to be paid, Lessor hereby leases, rents, lets and demises unto Lessee, its successors, grantees and assigns, and Lessee does hereby hire and rent the below described property:

1. **Lease of the Hangar:**

Lessor hereby leases to Lessee Corporate Hangar C1, an area of 3,600 square feet for the use of aircraft storage space and parking related to the use of said storage space located at Perry-Foley Airport, 507 Industrial Park Drive, Perry, Florida 32348. The Hangar shall be used and occupied by Lessee solely for the storage of the following described aircraft:

Make/Model/Color: Beechcraft Queen Air

Registration No. N142TP (the "Aircraft"), or any other similar aircraft owned or leased by Lessee (the "Substitute Aircraft(s)"), which will be stored in the Corporate Hangar or as listed in "Attachment A", provided Lessee has obtained written consent of Lessor to store "Substitute Aircraft(s)" in the Hangar. All provisions of this Agreement applicable to the Aircraft shall also be applicable to the "Substitute Aircraft(s)". Lessee will inform Lessor immediately if there are changes to "Attachment A".

2. **Term:**

The term of this agreement shall be a one (1) year period, commencing on the 1st day of September, 2016, Payable on the 1st day of each month, during the term of this lease. This lease agreement may be renewed for an additional one (1) year term, said terms to be negotiated.

3. **Rent:**

Lessee shall pay the Lessor \$0.17 per square foot for Corporate Hangar C1. Lease shall be for 3,600 sq. ft. x \$0.17 = \$612.00 x 7% tax = \$654.84 per month, payable in advance by the first day of each month. This rate shall be reviewed annually by Airport Management, the Airport Advisory Committee, and the Taylor County Board of Commissioners. The rental rates shall be re-determined based on the charge in the Consumer Price Index, as published by the United States Department of Commerce. Subsequent to such review, the monthly rental rate may be changed upon thirty days (30) notice to the Lessee. If the Lessee makes any monthly payments more than ten days (10) after the payment is due and owing, Airport Management reserves the right to assess one and one-half percent (1 ½%) charge per month (annualized rate of 18%) beginning with the eleventh (11th) day after payment is due. All rate changes will be approved by the Taylor County Board of Commissioners. In the event that the termination of the term with respect to any of the particular premises, facilities, rights, licenses, services or privileges as herein provided falls on any date other than the first day or last day of a calendar month, the applicable rentals, fees and charges for that month shall be paid for said month on a pro rata basis according to the number of days in that month during which the particular premises, facilities, rights, licenses, services or privileges were enjoyed. Checks shall be made payable to the Taylor County Board of Commissioners and mailed or delivered to the Airport Manager at 511 Industrial Park Drive, Perry, Florida 32348.

4. **Utilities:**

The Lessee shall be responsible for payment of all utilities related to the Corporate Hangar including but not limited to electrical service, water, and trash debris removal if so applicable.

5. **Manner of Giving Notice:**

Notice given pursuant to the provisions of the Lease, or necessary to carry out its provisions, shall be in writing and delivered personally to the person whom the notice is to be given, or mailed postage prepaid addresses to such person. Lessor's address for this purpose is 401 Industrial Park Drive, Perry, Fl. 32348.

6. **Termination:**

This Lease may be terminated if the Lessee does not pay the monthly rent installment or by decision of the Taylor County Board of Commissioners. A written notice shall be given thirty (30) days before

termination. This Lease will be terminated without notice in the event the Lessee, the Lessees employees or invitees conduct or engage in any illegal activity on Airport grounds.

7. **Obligations of the Lessee:**

- a. **Storage:** The Corporate Hangar shall be used only for storage and maintenance of the Aircraft listed in Item 1, Page 1 or in Attachment "A". Lessee's employees' vehicles may be stored in Corporate Hangar while aircraft(s) are in use.
- b. **Building Maintenance and Repair:** The Lessee shall maintain the Corporate Hangar in a neat and orderly condition, and shall keep the Hangar floor clean of oil, grease, and other toxic chemicals. No corrosive, explosive, or flammable materials will be stored within or about the Hangar. No boxes, crates, rubbish, paper or other litter that could cause or support combustion shall be permitted within or about the Hangar. No installation of equipment or alterations of structure except as authorized by the Airport Manager. The Lessee shall be responsible for all damage to the leased premises caused by the Lessee's negligence or abuse. Lessee shall make no structural, electrical, or other modifications to the premises without first obtaining written Lessor's permission and obtaining a permit, if required.
- c. **Use of Hangar:** Lessee shall be permitted to perform only those activities directly associated with the aircraft identified or replacement aircraft(s) in the Corporate Hangar lease and only the work that is specifically authorized under **Federal Aviation Regulations, Part 43, Appendix A, Paragraph C**, or as otherwise provided by Federal Aviation Regulations, subject to approval by the County's Fire Official.
- d. **Commercial Activity:** Lessee shall conduct only activities related to the conduct of the business directly related to the Aircraft listed in Item 1, Page 1 or in Attachment "A". No commercial maintenance shall be conducted of any kind whatsoever in, from or around the Hangar. Lessee shall control the conduct and demeanor of its employees and invitees, and of those doing business with it, in and around the Hangar, and shall take all steps necessary to remove persons whom Lessor may, for good and sufficient cause, deem objectionable. In utilizing the Hangar during the term of this Agreement, Lessee agrees to and shall comply with all applicable ordinances, rules and regulations established by Federal, State or Local government agency or by the Lessor. The Lessee will ensure all employees and invitees abide by all security standards and regulations as outlined in the Airport Security Plan.

e. Environmental Laws:

1. Notwithstanding any other provision of this Agreement, and in addition to any and all other Agreement requirements, and any other covenants and warranties of Lessee, Lessee hereby expressly warrants, guarantees, and represents to Lessor, upon which Lessor expressly relies, that Lessee is aware of Federal, State, regional, and local governmental laws, ordinances, regulations, orders and rules, without limitation, which govern or which apply to the direct or indirect results and impacts to the environment and natural resources due to, or in any way resulting from, the conduct by Lessee of its operations pursuant to or upon the Premises. Lessee expressly represents, covenants, warrants, guarantees, and agrees that they shall comply with all applicable Federal, State, regional and local laws, regulations, and ordinances protecting the environment and natural resources including, but not limited to the Federal Clean Water Act, Safe Drinking Water Act, Clean Air Act, Resource Conservation Recovery Act, Comprehensive Environmental Response, Compensation and Liability Act of 1980 ("Superfund"), and all rules and regulations promulgated or adopted there under as same may from time to time be amended. Lessees agree to keep themselves informed of future changes in the existing environmental laws.
2. Lessee hereby expressly agrees to indemnify and hold Lessor harmless from and against any and all liability for fines and physical damage to property or injury or deaths to persons, including reasonable expense and attorney's fees, arising from or resulting out of, or in anyway caused by, Lessee's failure to comply with any and all applicable Federal, State, and local laws, ordinances, regulations, rulings, orders and standards, now or hereafter, promulgated for the purpose of protecting the environment. Lessee agrees to cooperate with any investigation or inquiry by any governmental agency regarding possible violation of any environmental law or regulation.

f. Fire and Building Codes/Extinguisher:

The Lessee shall maintain at all times, in the Hangar, an approved ten pound dry chemical fire extinguisher suitable for use on Type "A", "B", and "C" fires with current inspection certificate from an approved fire equipment company or local Fire Inspector affixed at all times.

g. Regulatory Review:

Copies of the above regulations can be viewed at the Airport Manager's office.

8. Sublease/Assignments:

Lessee agrees not to sublease the Corporate Hangar to or assign this Agreement without prior written approval of Lessor. The parking of aircraft not owned or leased by Lessee in the Corporate Hangar shall constitute a sublease.

9. Insurance:

Lessee agrees to maintain, at its own expense, for the benefit of itself and Lessor as so-insured, insurance of such types and in such amounts as may be approved by Lessor, insuring against liability for damage or loss to the aircraft or other property, and against liability for personal injury or death, arising from acts or omissions of Lessee, its agents and employees. Such policy or policies shall contain a provision whereby Lessee's insurer waives any rights of subrogation against Lessor, its agents and employees and providing that Lessor, its agents and employees must receive at least ten days (10) prior written notice of any cancellation of Lessee's insurance coverage. Prior to the commencement of the Agreement, Lessee shall deliver to Lessor, certificates or binders evidencing the existence of the insurance. The Lessee shall also be responsible for providing proof of insurance at the beginning of the renewal period of his/her insurance policy and the insurance policy has remained in force. If the Lessee fails to provide or is unable to provide proof of the insurance at any time, the Lessor shall have the authority to terminate the Lease Agreement. Every aircraft owned or operated by the Lessee, employees or invitees of the Lessee or user of the Corporate Hangar shall have insurance coverage in amounts not less than the following:

- a. Bodily Injury - \$50,000 and
- b. Property Damage - \$500,000 per accident.
- c. Claims payable by occurrence.

10. Indemnity-Force Majeure:

Lessee agrees to release, indemnify and hold Lessor, its officials, officers and employees harmless from and against any and all liabilities, damages, business interruptions, delays, losses, claims, judgments of any kind whatsoever, including all cost. The Lessor shall, at its option, have the right to terminate the Agreement with a written thirty (30) day notice. In the event the Lessee is creating a harmful and/or hazardous condition, the Lessor shall at its option have the right to terminate the Agreement without further notice. Lessee expressly waives the service of any notice, attorneys' fees, and expenses incidental thereto, which may be suffered by, or charges to, Lessor by reason of any loss of or damage to any property or injury to or death of any persons arising out of or by reason of any breach, violation or non-performance by Lessee or its servants, employees or agents or any covenant or condition of the Agreement or by any act or failure to act of those persons. Lessor shall not be liable for its failure to perform this Agreement or for any loss, injury, damage or delay of any nature whatsoever resulting there from caused by any Act of God, fire, flood, accident, strike, labor dispute, riot, insurrection, war or any other cause beyond Lessor's control. Lessor may suspend general aviation operation, as necessary in support of emergency operations requiring airport participation.

11. Disclaimer of Liability:

Lessor hereby disclaims, and Lessee hereby releases Lessor from, any and all liability, whether in contract or tort (including strict liability and negligence) for any loss, damage or injury of any nature whatsoever sustained by Lessee, its employees, agents or invitees during the term of this Agreement, including but not limited to loss, damage or injury to the aircraft or other property of Lessee that may be located or stored in the Corporate Hangar, unless such loss, damage or injury is caused by Lessor's gross negligence. The parties hereby agree that under no circumstances shall Lessor be liable for indirect, consequential, special or exemplary damages, whether in contract or tort (including strict liability and negligence), such as but not limited to, loss of revenue of anticipated profits or other damage related to the leasing of the Hangar under this Agreement. Changes or amendments to this Disclaimer shall be requested in writing and submitted to the Airport Manager for approval or disapproval. A change or amendment to this Disclaimer that is approved by Perry-Foley Airport Management will be submitted to the Taylor County Board of County Commissioners for legal

counsel review and subsequent approval or disapproval by the Taylor County Board of County Commissioners.

12. Default:

This Agreement shall be breached if:

1. Lessee shall default in the payment of any rental payment hereunder.
2. Lessee shall default in the performance of any other covenant herein and such default shall continue for five (5) days after receipt by Lessor or notice thereof from Lessor.
3. A petition is filled by or against Lessee under the Bankruptcy Act or any amendment thereto (including a petition for reorganization or any agreement);
4. Lessee against his/her property for the benefit of their creditors; or
5. Lessor determines after a reevaluation the Lessee is not compliance with the terms of the Lease on a routine/consistent basis.

In the event of any breach of this Agreement of Lessee, Lessor shall, at its option, and without further notice, have the right to terminate this Agreement and to remove the aircraft and any other property of Lessee from the Corporate Hangar using such force as may be necessary, without being deemed guilty of trespass, breach of peace or forcible entry and detainer, and Lessee expressly waives the service of any notice. Exercise by Lessor of either or both of the rights specified above shall not prejudice Lessor's right to pursue any other legal remedy available to Lessor in law or equity including, but not limited to, court costs and attorneys' fees for bringing legal action against the Lessee.

Governing Law:

This Agreement shall be construed in accordance with the laws of Florida.

13. Relationship of Parties:

The relationship between Lessor and Lessee shall always and only be that of Lessor and Lessee. Lessee shall never at any time during the term of this Agreement become the agent of Lessor, and Lessor shall not be responsible for the acts or omissions of Lessee or its agents.

14. Appurtenant Privileges:

a. **Use of Airport Facilities:**

Lessee shall be entitled, in common with others so authorized, to use all of the facilities and improvements of a public nature which now are or may hereafter be connected with the

Airport, including use of landing areas, runways, taxiways, navigational aids, terminal facilities, and aircraft parking areas designated by the Lessor.

b. **Maintenance of Airport Facilities:**

Lessor shall maintain all public and common or joint use areas of the Airport, including Air Operations Area, in good repair, and shall make such repairs, replacements or additions thereof as are required and necessary for the safe and efficient operation of the Airport.

- c. **Airspace and Approaches:** Lessor reserves the right to take any action it considers necessary to protect the airspace and approaches of the Airport against obstruction, together with the right to prevent Lessee from erecting; or permitting to be erected, or locating any building, object, or structure on leased premises or adjacent to the Airport, which in the opinion of the Lessor, would limit the usefulness of the Airport or constitute a hazard to aircraft.

15. **Nonexclusive Rights:**

Notwithstanding anything herein contained that may be, or appear to be, to the contrary, it is expressly understood and agreed that the rights granted under this Agreement are nonexclusive and the Lessor herein reserves the right to grant similar privileges to another Lessee or other Lessees on other parts of the Airport.

16. **Remedies Cumulative:**

The rights and remedies with respect to any of the terms and conditions of this Agreement shall be cumulative and not exclusive, and shall be in addition to all other rights and remedies.

17. **Notice:**

Any notice given by one party to another in connection with this Agreement shall be in writing and shall be sent by certified or registered mail, return receipt requested:

1. If to Lessor Representative, address to:

Airport Management

Bill Roberts or Melody Cox

401 INDUSTRIAL PARK DR.

PERRY, FL. 32348

2. If to Lessee, address to:

Notices shall be deemed to have been received on the date of receipt as shown on the return receipt.

18. **Integration:**

This Agreement constitutes the entire Agreement between parties, and as of its effective date supersedes all prior independent agreements between parties related to the leasing of the Corporate Hangar. Any change or modification hereof must be in writing signed by both parties.

19. **Waiver:**

The waiver by either party of any covenant or condition of this Agreement shall not thereafter preclude such party from demanding performance in accordance with the terms hereof.

20. **Entire Agreement:**

This Agreement constitutes the entire understanding between the parties, and as of its effective date; supersedes all prior or independent agreements between parties covering the subject matter hereof. Any change or modification must be in writing, signed by both parties.

21. **Severability:**

If a provision hereof shall be finally declared void or illegal by any court or administrative agency having jurisdiction, the entire Agreement shall not be void, but the remaining provision shall continue in effect as nearly as possible in accordance with the original intent of the parties.

22. **Successors Bound:**

This Agreement shall be binding on and shall insure to the benefit of the heirs, legal representatives, and successors of the parties hereto.

23. **Venue:** Venue of any litigation as a result of this lease shall be exclusively in **Taylor County, Florida.**

IN WITNESS WHEREOF, the parties have executed this Agreement as of the day and year first above written.

Lessor: Taylor County Board of County Commissioners, Florida

By: _____

Title: Airport Manager

Lessee: _____

By: _____

Title: _____

By: _____
Attested by Annie Mae Murphy Clerk of Court

By: _____
County Administrator or
Chairman of the Board of Commissioners

ATTACHMENT A

ADDITIONAL AIRCRAFT WHICH ARE AUTHORIZED TO USE LEASED CORPORATE HANGAR
SPACE AND/OR PARKING SPACE LEASED BY RICHARD CONNELL.

Make/Model/Color: _____

Registration No. _____

Make/Model/Color _____

Registration No. _____

Make/Model/Color _____

Registration No. _____

TAYLOR COUNTY BOARD OF COMMISSIONERS

County Commission Agenda Item

SUBJECT/TITLE:



Approval of t-hangar lease agreement at Perry Foley Airport for Fred Morgan effective September 1, 2016

MEETING DATE REQUESTED:

September 6, 2016

Statement of Issue: Board to approve t-hangar lease agreement at Perry Foley Airport for Fred Morgan for a period of one (1) year.

Recommended Action: Board to approve t-hangar lease agreement for Fred Morgan

Budgeted Expense: T-hangars lease for \$160.00 per month plus tax for a total annual income of \$1,920 to the airport.

Submitted By: Melody Cox

Contact: Melody Cox

SUPPLEMENTAL MATERIAL / ISSUE ANALYSIS

History, Facts & Issues: Fred Morgan , the owner of the aircraft has provided Airport staff copies of required insurance documentation.

Attachments: T-Hangar Lease Agreement for Fred Morgan



TAYLOR COUNTY BOARD OF COUNTY COMMISSIONERS

ANNIE MAE MURPHY, Clerk
Post Office Box 620
Perry, Florida 32348
(850) 838-3506 Phone
(850) 838-3549 Fax

DUSTIN HINKLE, County Administrator
201 East Green Street
Perry, Florida 32347
(850) 838-3500, Extension 107 Phone
(850) 838-3501 Fax

CONRAD C. BISHOP, JR., County Attorney
Post Office Box 167
Perry, Florida 32348
(850) 584-6113 Phone
(850) 584-2433 Fax

Perry-Foley Airport Hangar Lease Agreement

This **HANGAR LEASE AGREEMENT** (the "Agreement") entered into as of this 1st day of Sept, 2011, by and between Board of County Commissioners of Taylor County, Florida ("Lessor") and Fred Morgan ("Lessee") in Consideration of the mutual covenants and agreements herein mentioned to be performed by the respective parties, and in consideration of the rental herein after designated to be paid, Lessor hereby leases, rents, lets and demises unto Lessee, its successors, grantees and assigns, and Lessee does hereby hire and rent the below described property:

1. Lease of the Hangar:

Lessor hereby leases to Lessee Hangar # 8 (the "Hangar") located at Perry-Foley Airport, 517 Industrial Drive Perry, Florida 32348 the Hangar shall be used and occupied by Lessee solely for the storage of the following described aircraft:

Make/Model/Color: 2008 172 SP

Registration No. 823 MC (the "Aircraft"), or any other similar aircraft owned or leased by Lessee (the "Substitute Aircraft"), provided Lessee has obtained the written consent of Lessor to store the substitute Aircraft in the Hangar, all provision of this Agreement applicable to the Aircraft shall also be applicable to the Substitute Aircraft.

2. Term:

The term of this agreement shall commence on the 1st day of September, 2016, and shall continue in effect from month to month, being automatically renewed each month, unless terminated under the terms of this Agreement. However, the Lessor shall have the unilateral, right to reevaluate the lease agreement every ninety days (90) to assess the Lessee's compliance with the lease. The period of the Hangar Lease Agreement is one (1) year.

3. Rent:

For the use of the Hangar, Lessee shall pay the Lessor the amount of \$160.00 lease and \$11.20 tax for a total of \$171.20 per month, payable in advance before the first day of each month. This rate shall be reviewed annually by the Airport Manager, and the Airport Advisory Committee the rental rates shall be re-determined based on the charge in the Consumer Price Index, all products as published by the United States Department of Commerce. Subsequent to such review, the monthly rental rate may be charged upon thirty days (30) notice to the Lessee. If the Lessee makes any monthly payments more than ten days (10) after the payment is due and owing, the Airport Manager reserves the right to assess one and one-half percent (1 ½%) charge per month (annualized rate of 18%) beginning with the eleventh (11th) day after payment is due. All rate changes will be approved by the Taylor County Board of Commissioners. In the event that the termination of the term with respect to any of the particular premises, facilities, rights, licenses, services or privileges as herein provided falls on any date other than the first day or last day of a calendar month, the applicable rentals, fees and charges for that month shall be paid for said month on a pro rata basis according to the number of days in that month during which the particular premises, facilities, rights, licenses, services or privileges were enjoyed. Checks shall be made payable to: Taylor County Board of Commissioners and mailed or delivered to 401 Industrial Park Drive, Perry, Florida 32348.

4. **Service Provided:**

Aircraft T-Hangar defined.

- a. A Group III Aircraft T-Hangar cluster of limited size, in which light aircraft are stored in separate areas, and in which limited, non-hazardous, preventative maintenance operations [see Florida Fire Code, NFPA 409, Appendix A] may be performed,
- b. For Group III Aircraft T-Hangars, partitions separating aircraft storage areas from other areas shall have at least a 2-hour fire resistance rating for every 3,000 square feet with openings between single fire areas protected by listed fire doors having a fire resistance rating of at least 1 ½ hours.
- c. Limited preventative maintenance operations [see Florida Fire Code, NFPA 409, Appendix A] may be performed in Group III Aircraft T-Hangars. Since hazardous operations are not allowed, Group III Aircraft T-Hangars shall be provided fire protection with portable fire extinguishers as specified in Florida Fire Code, NFPA 409 and paragraph 5-9.2.

- d. Exit and access requirement for Group III Aircraft T-Hangars shall comply with Florida Fire Code, NFPA 409, Appendix A, and paragraph 5-8.

Lessor Requirements. Lessor will maintain the structural components of the Hangar, including doors and door mechanisms, and Lessor will provide lights, water, electricity and normal building maintenance without additional cost to Lessee, provided, however, that Lessor reserves the right to assess and additional fee for consumption of utilities by Lessee beyond normal requirements as determined by Lessor.

5. Obligations of the Lessee:

- a. Storage: The Hangar shall be used only for storage of the above-identified Aircraft or owners vehicle while aircraft is in use.
- b. Building Maintenance and Repair: The Lessee shall maintain the Hangar in a neat and orderly condition, and shall keep the Hangar floor clean of oil, grease, and other toxic chemicals. No corrosive, explosive, or flammable materials will be stored within or about the Hangar. No boxes, crates, rubbish, paper or other litter that could cause or support combustion shall be permitted within or about the Hangar. No installation of equipment or alterations of structure except as authorized by the Airport Manager. The Lessee shall be responsible for all damage to the leased premises caused by the Lessee's negligence or abuse. The Lessee shall also be responsible for all damage to property, real or personal, located on or about the leased premises damaged as a result of the Lessee's negligence or abuse. In the event the Lessee does not promptly repair any damaged premises, or property, for which the Lessee is responsible, the Lessor reserves the right to make such repairs, at the Lessee's expense, which shall become due and payable as part of the Lessee's rent on the next monthly billing cycle. All repairs, maintenance, or improvements shall be accomplished in accordance with Building/Fire Codes. Lessee shall make no structural, electrical, or other modifications to the premises without first obtaining written Lessor's permission and obtaining a permit, if required.
- c. Use of Hangar: T-Hangars are for storage of aircraft only, and they are not to be used as workshops, repair shops or maintenance shops. Painting and major aircraft repairs therein are prohibited. Storage of boats, campers, or other non-aviation items may be only allowed with the permission of the Airport Manager and/or the County Administrator or their designed representative. Lessee shall be permitted to perform in their leased Hangar, only the work is

specifically authorized under **Federal Aviation Regulations, Part 43, Appendix A, Paragraph C, Preventative Maintenance**, as modified and included herein as Attachment A to this lease, or as otherwise provided by Federal Aviation Regulations, subject to approval by the County's Fire Official.

- d. Commercial Activity: Lessee shall conduct no commercial activity of any kind whatsoever in, from or around the Hangar. No maintenance on the Aircraft shall be performed in the Hangar without the prior written approval of Lessor, except such maintenance as would normally be performed by an aircraft owner without the benefit of a Licensed A. & P. aircraft mechanic. Upon notification of the Airport Manager and in accordance with F.A.A. and T.S.A. regulations, the Lessee shall be allowed to invite an A. & P. or I.A. mechanic to perform commercial maintenance on the Lessees' personal aircraft. Lessee shall take such steps so as to ensure that the performance of such maintenance work shall not damage the Hangar. Lessee shall control the conduct and demeanor of its employees and invitees, and of those doing business with it, in and around the Hangar, and shall take all steps necessary to remove persons whom Lessor may, for good and sufficient cause, deem objectionable. In utilizing the Hangar during the term of this Agreement, Lessee agrees to and shall comply with all applicable ordinances, rules and regulations established by Federal, State or Local government agency or by the Lessor.
- e. Environmental Laws:
1. Notwithstanding any other provision of this Agreement, and in addition to any and all other Agreement requirements, and any other covenants and warranties of Lessee, Lessee hereby expressly warrants, guarantees, and represents to Lessor, upon which Lessor expressly relies, that Lessee is aware of Federal, State, regional, and local governmental laws, ordinances, regulations, orders and rules, without limitation, which govern or which apply to the direct or indirect results and impacts to the environment and natural resources due to, or in any way resulting from, the conduct by Lessee of its operations pursuant to or upon the Premises. Lessee expressly represents, covenants, warrants, guarantees, and agrees that they shall comply with all applicable Federal, State, regional and local laws, regulations, and ordinances protecting the environment and natural resources including, but not limited to the Federal Clean Water Act, Safe Drinking Water Act, Clean Air Act, Resource Conservation Recovery Act, Comprehensive

Environmental Response, Compensation and Liability Act of 1980 ("Superfund"), and all rules and regulations promulgated or adopted there under as same may from time to time be amended. Lessees agree to keep themselves informed of future changes in the existing environmental laws.

2. Lessee hereby expressly agrees to indemnify and hold Lessor harmless from and against any and all liability for fines and physical damage to property or injury or deaths to persons, including reasonable expense and attorney's fees, arising from or resulting out of, or in anyway caused by, Lessee's failure to comply with any and all applicable Federal, State, and local laws, ordinances, regulations, rulings, orders and standards, now or hereafter, promulgated for the purpose of protecting the environment. Lessee agrees to cooperate with any investigation or inquiry by any governmental agency regarding possible violation of any environmental law or regulation.

f. Fire and Building Codes/Extinguisher:

Other applicable guidance is contained in NFPA 409 and the Florida Building Codes which can be viewed in the office of the Airport Manager, and Taylor County Building and Planning Office. The Lessee shall maintain at all times, in the Hangar, an approved ten pound dry chemical fire extinguisher suitable for use on Type "A", "B", and "C" fires with current inspection certificate from an approved fire equipment company or local Fire Inspector affixed at all times.

g. Access:

The Lessee shall be given a Hangar key from the Airport Manager or their designate representative with one (1) key and the master key to be retained by the Lessor. The Lessor, local fire official, or on-site Facility Manager, designated by the Lessor reserves the right at any time to enter the hangar for security, fire, or other inspections. If any deficiency in compliance with this Agreement is found, including any fire or hazard which could cause an accident hazard, Lessee shall be so informed, and shall within five (5) days of notice rectify the hazard.

h. Termination:

On the termination of this Agreement, by expiration or otherwise, Lessee shall immediately surrender possession of the Hangar and shall remove the Aircraft and all other property there from, leaving the Hangar in the same condition as when received, ordinary wear and tear

expected. Lessee shall be liable for any and all damage to the Hangar caused by Lessee's use, including but not limited to bent, stained or corroded, interior walls, damage to unsealed floors due to fuel oil spillage, or doors damaged due to Lessee's improper or negligent operation.

i. Regulatory Review:

Copies of the regulations outlined in Section 5 Obligations of the Lessee can be viewed at the Airport Manager's office.

6. Sublease/Assignments:

Lessee agrees not to sublease the Hangar to or assign this Agreement without prior written approval of Lessor. The parking of aircraft not owned or leased by Lessee in the Hangar shall constitute a sublease.

7. Condition of Premises:

Lessee shall accept the Hangar in its present condition without any liability or obligation on the part of Lessor to make any alterations, improvements or repairs of any kind on or about said Hangar.

8. Alterations:

Lessee covenants and agrees not install any fixtures or make any alterations, additions, or improvements to the Hangar without the prior written approval of Lessor. All fixtures installed or improvements made in the Hangar shall become Lessor's property and shall remain in the Hangar at the termination of this Agreement, however terminated, without compensation or payment to Lessee.

9. Insurance:

Lessee agrees to maintain, at its own expense, for the benefit of itself and Lessor as so-insured, insurance of such types and in such amounts as may be approved by Lessor, insuring against liability for damage or loss to the aircraft or other property, and against liability for personal injury or death, arising from acts or omissions of Lessee, its agents and employees. Such policy or policies shall contain a provision whereby Lessee's insurer waives any rights of subrogation against Lessor, its agents and employees and providing that Lessor, its agents and employees must receive at least ten days (10) prior written notice of any cancellation of Lessee's insurance coverage. Prior to the commencement of the Agreement, Lessee shall deliver to Lessor certificates or binders evidencing the existence of the insurance showing Taylor County Board of County Commissioners as a named insured on the liability policy. The Lessee shall also be responsible for providing proof of insurance at the beginning of the renewal period of his/her insurance policy and the insurance policy has remained

in force. If the Lessee fails to provide or is unable to provide proof of the insurance at any time, the Lessor shall have the authority to terminate the Lease Agreement. Every aircraft owned or operated by any Lessee and/or user of a T-Hangar shall have insurance coverage in amounts not less than the following:

- a. Bodily Injury - \$50,000 and
- b. Property Damage - \$500,000 per accident.
- c. Claims payable by occurrence.

10. **Casualty:**

In the event the Hangar or the means of access thereto, shall be damaged by fire or any other cause, the rent payable hereunder shall not abate provided that the Hangar is not rendered un-leaseable by such damage. If the Hangar is rendered un-leaseable and Lessor elects to repair the Hangar, the rent shall abate for the period during which such repairs are being made, provided the damage was not caused by the acts of omissions of Lessee, its employees, agents or invitees, in which case the rent shall not abate. If the Hangar is rendered un-leaseable and Lessor elects not to repair the Hangar, this Agreement shall terminate.

11. **Indemnity-Force Majeure:**

Lessee agrees to release, indemnify and hold Lessor, its officers and employees harmless from and against any and all liabilities, damages, business interruptions, delays, losses, claims, judgments of any kind whatsoever, including all cost. The Lessor shall, at its option, and without further notice, have the right to terminate the Agreement and to remove the Aircraft and any other property of Lessee from the hangar using such force as may be necessary, without being deemed guilty of trespass, breach of peace or forcible entry, Lessee expressly waives the service of any notice, attorneys' fees, and expenses incidental thereto, which may be suffered by, or charges to, Lessor by reason of any loss of or damage to any property or injury to or death of any persons arising out of or by reason of any breach, violation or non-performance by Lessee or its servants, employees or agents or any covenant or condition of the Agreement or by any act or failure to act of those persons. Lessor shall not be liable for its failure to perform this Agreement or for any loss, injury, damage or delay of any nature whatsoever resulting there from caused by any Act of God, fire, flood, accident, strike, labor dispute, riot, insurrection, war or any other cause beyond Lessor's control. Lessor may suspend hangar operation, as necessary in support of emergency operations requiring airport participation.

12. Disclaimer of Liability:

Lessor hereby disclaims, and Lessee hereby releases Lessor from, any and all liability, whether in contract or tort (including strict liability and negligence) for any loss, damage or injury of any nature whatsoever sustained by Lessee, its employees, agents or invitees during the term of this Agreement, including but not limited to loss, damage or injury to the aircraft or other property of Lessee that may be located or stored in the Hangar, unless such loss, damage or injury is caused by Lessor's gross negligence. The parties hereby agree that under no circumstances shall Lessor be liable for indirect, consequential, special or exemplary damages, whether in contract or tort (including strict liability and negligence), such as but not limited to, loss of revenue of anticipated profits or other damage related to the leasing of the Hangar under this Agreement. Changes or amendments to this Disclaimer shall be requested in writing and submitted to the Perry-Foley Airport Advisory Committee for approval or disapproval. A change or amendment to this Disclaimer that is approved by the Perry-Foley Airport Advisory Committee will be submitted to the Taylor County Board of County Commissioners for legal counsel review and subsequent approval or disapproval by the Taylor County Board of County Commissioners.

13. Default:

This Agreement shall be breached if:

1. Lessee shall default in the payment of any rental payment hereunder.
2. Lessee shall default in the performance of any other covenant herein and such default shall continue for five (5) days after receipt by Lessor or notice thereof from Lessor.
3. A petition is filled by or against Lessee under the Bankruptcy Act or any amendment thereto (including a petition for reorganization or any agreement);
4. Lessee against his/her property for the benefit of their creditors; or
5. Lessor determines after a reevaluation the Lessee is not compliance with the terms of the Lease on a routine/consistent basis.

In the event of any breach of this Agreement of Lessee, Lessor shall, at its option, and without further notice, have the right to terminate this Agreement and to remove the aircraft and any other property of Lessee from the Hangar using such force as may be necessary, without being deemed guilty of trespass, breach of peace or forcible entry and detainer, and Lessee expressly waives the service of any notice. Exercise by Lessor of either or both of the rights specified above shall not prejudice

Lessor's right to pursue any other legal remedy available to Lessor in law or equity including, but not limited to, court costs and attorneys' fees for bringing legal action against the Lessee.

14. Thirty (30) Day Termination:

Either party to this Agreement shall have the right, with or without cause, to terminate this Agreement by giving thirty days (30) prior written notice to the other party except as otherwise provided in this Agreement.

Governing Law:

This Agreement shall be construed in accordance with the laws of Florida.

15. Relationship of Parties:

The relationship between Lessor and Lessee shall always and only be that of Lessor and Lessee. Lessee shall never at any time during the term of this Agreement become the agent of Lessor, and Lessor shall not be responsible for the acts or omissions of Lessee or its agents.

16. Appurtenant Privileges:

a. Use of Airport Facilities:

Lessee shall be entitled, in common with others so authorized, to use all of the facilities and improvements of a public nature which now are or may hereafter be connected with the Airport, including use of landing areas, runways, taxiways, navigational aids, terminal facilities, and aircraft parking areas designated by the Lessor.

b. Maintenance of Airport Facilities:

Lessor shall maintain all public and common or joint use areas of the Airport, including Air Operations Area, in good repair, and shall make such repairs, replacements or additions thereof as are required and necessary for the safe and efficient operation of the Airport.

c. Airspace and Approaches: Lessor reserves the right to take any action it considers necessary to protect the airspace and approaches of the Airport against obstruction, together with the right to prevent Lessee from erecting; or permitting to be erected, or locating any building, object, or structure on leased premises or adjacent to the Airport, which in the opinion of the Lessor, would limit the usefulness of the Airport or constitute a hazard to aircraft.

17. Nonexclusive Rights:

Notwithstanding anything herein contained that may be, or appear to be, to the contrary, it is expressly understood and agreed that the rights granted under this Agreement are nonexclusive and

the Lessor herein reserves the right to grant similar privileges to another Lessee or other Lessees on other parts of the Airport.

18. **Remedies Cumulative:**

The rights and remedies with respect to any of the terms and conditions of this Agreement shall be cumulative and not exclusive, and shall be in addition to all other rights and remedies.

19. **Notice:**

Any notice given by one party to another in connection with this Agreement shall be in writing and shall be sent by certified or registered mail, return receipt requested:

1. If to Lessor Representative, address to:

AIRPORT DIRECTOR

401 INDUSTRIAL PARK DR.

PERRY, FL. 32348

ATTN: MELODY COX

2. If to Lessee, address to:

FRED MORGAU

P O 1421

PERRY FL 32348

Notices shall be deemed to have been received on the date of receipt as shown on the return receipt.

20. **Integration:**

This Agreement constitutes the entire Agreement between parties, and as of its effective date supersedes all prior independent agreements between parties related to the leasing of the Hangar.

Any change or modification hereof must be in writing signed by both parties.

21. **Waiver:**

The waiver by either party of any covenant or condition of this Agreement shall not thereafter preclude such party from demanding performance in accordance with the terms hereof.

22. **Entire Agreement:**

This Agreement constitutes the entire understanding between the parties, and as of its effective date; supersedes all prior or independent agreements between parties covering the subject matter hereof. Any change or modification must be in writing, signed by both parties.

23. **Severability:**

If a provision hereof shall be finally declared void or illegal by any court or administrative agency having jurisdiction, the entire Agreement shall not be void, but the remaining provision shall continue in effect as nearly as possible in accordance with the original intent of the parties.

24. **Successors Bound:**

This Agreement shall be binding on and shall insure to the benefit of the heirs, legal representatives, and successors of the parties hereto.

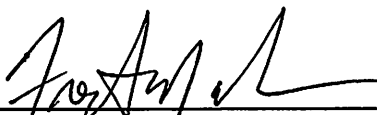
25. **Venue:** Venue of any litigation as a result of this lease shall be exclusively in Taylor County, Florida.

IN WITNESS WHEREOF, the parties have executed this Agreement as of the day and year first above written.

Lessor: Taylor County Board of County Commissioners, Florida

By: 

Title: Airport Director or Airport Manager

Lessee: 

By: FRED MORGAN

Title: _____

By: _____
Attested by: Annie Mae Murphy- Clerk of Court

By: _____
County Administrator or
Chairman of the Board of Commissioners

TAYLOR COUNTY BOARD OF COMMISSIONERS

County Commission Agenda Item

SUBJECT/TITLE:



The board to ratify the county administrator's signature on a the 2016 CERT grant, as agendaed by Steve Spradley, Emergency Management Director

Meeting Date:

SEPTEMBER 6, 2016

Statement of Issue: THE BOARD TO CONSIDER APPROVAL OF THE 2016/2017 CERT GRANT DUE TO SUBMISSION DEADLLINES, ADMINISTRATOR SIGNATURE WAS NECESSARY.

Recommendation: RATIFY THE COUNTY ADMINISTRATOR'S SIGNATURE

Fiscal Impact: \$ 7,400 **Budgeted Expense:** Yes ☐ No ☐ N/A ☒

Submitted By: STEVE SPRADLEY, EM DIRECTOR

Contact: 850-838-3575

SUPPLEMENTAL MATERIAL / ISSUE ANALYSIS

- Options:**
1. APPROVE
 2. NOT APPROVE

- Attachments:**
1. CERT GRANT CONTRACT
 2.

CONTRACT AWARD

Sub-Recipient: Taylor County CERT
Sub-Recipient DUNS: 65887796
Project Title: CERT
FY 2017 Grant Period: July 1, 2016 – June 30, 2017
Contract Total: 7400
POC: Steve Spradley
Address: 591 US Hwy 27 E
City, State, ZIP: Perry, FL 32347
Work Phone: 850-838-3575
E-Mail: Steve.Spradley@taylorcountygov.com

In accordance with the provisions of Federal Emergency Management Performance Grant Program (EMPG) funding, Volunteer Florida, serving as the Administrative Agency, hereby awards to the Sub-Recipient a contract in the amount shown above.

- A. **Type of Contract.** This will be a cost reimbursement contract. Reimbursement for the contracted services will be contingent upon the documented allowable expenditures for the specified contract period. The Volunteer Florida performance and obligation to pay for services rendered under this contract is contingent upon available funding from FEMA and the State of Florida.
- B. **Payment of Funds:** The Award Letter must be signed by the Official Authorized to Sign in the space below and the original returned to Volunteer Florida before execution of your contract. The sub-recipient should not expend any funds until a fully executed contract has been received from Volunteer Florida. Contract funds will be disbursed to sub-recipients (according to approved project budget) upon receipt of evidence of expenditures and receipts of deliverables delivered according to the terms and conditions of the contract.
- C. **Contract Amendments.** All amendments to the contract must be in writing and utilize the format provided herein and incorporated by reference. Further, any such amendments must be executed by authorized representatives of Volunteer Florida and the Sub-recipient.
- D. **Deployable Capabilities.** All assets and capabilities achieved or sustained with EMPG contract funds are deployable and shareable at the direction of Volunteer Florida, with cost potentially reimbursable in conformance with Emergency Management Assistance Compact (EMAC) or other Statewide Mutual Aid/Assistance (SMAA) agreements. Assets should be available to utilize in multiple jurisdictions, regions, and the Nation; any asset that is physically mobile can be used anywhere in the United States and territories via EMAC or other mutual aid/assistance agreements.

(1) ATTACHMENTS

- a. All attachments to this Contract are incorporated as if set out fully.
- b. In the event of any inconsistencies or conflict between the language of this Contract and the attachments, the language of the attachments shall control, but only to the extent of the conflict or inconsistency.
- c. This Contract has the following attachments:
 - Attachment A – Program Budget
 - Attachment B – Scope of Work / Deliverables
 - Attachment C – Allowable Cost and Eligible Activities
 - Attachment D – Reports
 - Attachment E – Reporting Forms
 - Attachment F – Program Statutes and Regulations
 - Attachment G – Certification Regarding Debarment
 - Attachment H – Criminal History Check Status Form

(2) PAYMENTS

- a. Invoices shall be submitted quarterly and shall include the supporting documentation for all costs of the project or services as well as compliance with the deliverables. **The final invoice shall be submitted no later than forty-five (45) days after the expiration date of the contract.**
- b. If the necessary funds are not available to fund this contract as a result of action by the United States Congress, the federal Office of Management and Budgeting, or the State Chief Financial Officer, all obligations on the part of Volunteer Florida to make any further payment of funds shall terminate, and the Sub-Recipient shall submit its closeout report no later than thirty days of receiving notice from Volunteer Florida.

(3) MANDATED CONDITIONS

- a. The validity of this Contract is subject to the truth and accuracy of all the information, representations, and materials submitted or provided by the Sub-Recipient in this Contract, in any later submission or response to a Volunteer Florida request, or in any submission or response to fulfill the requirements of this Contract. All of said information, representations, and materials are incorporated by reference. The inaccuracy of the submissions or any material changes shall, at the option of Volunteer Florida and no later than thirty days written notice to the Sub-Recipient, cause the termination of this Contract and the release of Volunteer Florida from all its obligations to the Sub-Recipient.
- b. This Contract shall be construed under the laws of the State of Florida, and venue for any actions arising out of this Contract shall be in the Circuit Court of Leon County. If any provision of this Contract is in conflict with any applicable statute or rule, or is unenforceable, then the provision shall be null and void to the extent of the conflict, and shall be severable, but shall not invalidate any other provision of this Contract.
- c. Any power of approval or disapproval granted to Volunteer Florida under the terms of this Contract shall survive the term of this Contract.
- d. Any Sub-Recipient which is not a local government or state agency, and which receives funds under this Contract from the federal government, certifies, to the best of its knowledge and belief, that it and its principals:
 - i. Are not presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from covered transactions by a federal department or agency;
 - ii. Have not, within a five-year period preceding this proposal been convicted of or had a civil judgment rendered against them for fraud or a criminal offense in connection with obtaining, attempting to obtain, or performing a public (federal, state or local) transaction or contract under public transaction; violation of federal or state antitrust statutes or commission of embezzlement, theft, forgery, bribery, falsification or destruction of records, making false statements, or receiving stolen property;
 - iii. Are not presently indicted or otherwise criminally or civilly charged by a governmental entity (federal, state or local) with commission of any offenses enumerated in paragraph 19(g)2. of this certification; and,

iv. Have not within a five-year period preceding this Contract had one or more public transactions (federal, state or local) terminated for cause or default.

e. If the Sub-Recipient is unable to certify to any of the statements in this certification, then the Sub-Recipient shall attach an explanation to this Contract.

f. **In addition, the Sub-Recipient shall send to Volunteer Florida (by email or by facsimile transmission) the completed attachment titled: "Certification Regarding Debarment, Suspension, Ineligibility And Voluntary Exclusion" for each intended subcontractor which Sub-Recipient plans to fund under this Contract.**

g. Volunteer Florida reserves the right to unilaterally cancel this Contract if the Sub-Recipient refuses to allow public access to all documents, papers, letters or other material subject to the provisions of Chapter 119, Florida Statutes, which the Sub-Recipient created or received under this Contract. Volunteer Florida shall be permitted to inspect and monitor the records and facilities of funded projects and award recipients. Such inspections may occur without notice at any reasonable time, which shall be presumed to be normal business hours.

h. Volunteer Florida will not intentionally award publicly-funded contracts to any contractor who knowingly employs unauthorized alien workers, constituting a violation of the employment provisions contained in 8 U.S.C. Section 1324a(e) [Section 274A(e) of the Immigration and Nationality Act ("INA")]. Volunteer Florida shall consider the employment by any contractor of unauthorized aliens a violation of Section 274A(e) of the INA. Such violation by the Sub-Recipient of the employment provisions contained in Section 274A(e) of the INA shall be grounds for unilateral cancellation of this Contract by Volunteer Florida.

i. All unmanufactured and manufactured articles, materials and supplies which are acquired for public use under this Contract must have been produced in the United States as required under 41 U.S.C. 10a, unless it would not be in the public interest or unreasonable in cost.

(4) LEGAL AUTHORIZATION.

The Sub-Recipient certifies that it has the legal authority to receive the funds under this Contract and that its governing body has authorized the execution and acceptance of this Contract. The Sub-Recipient also certifies that the undersigned person has the authority to legally execute and bind Sub-Recipient to the terms of this Contract.

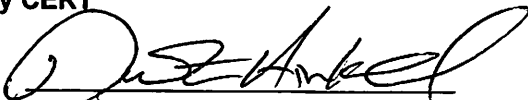
I certify that I understand and agree that funds will only be expended for those projects outlined in the funding amounts as listed above. I also certify that I understand and agree to comply with the general and fiscal terms and conditions of the contract; that there has been appropriate coordination with affected agencies; that I am duly authorized to commit to these requirements; and that all agencies involved with this project understand that all federal funds are limited to the period of performance and date stipulated in the funding contract.

I certify that I understand and agree that once the contract has been sent to sub-recipient, the contract will be executed within six (6) months of the letter date. I understand if the contract is not executed in that time frame, the awarded amount is considered declined and funds returned to Volunteer Florida.

IN WITNESS WHEREOF, the parties hereto have executed this Contract.

Taylor County CERT

By:



Name and title: Dustin Hinkel, County Administrator

Date:

8/29/10

FID#

65887796

VOLUNTEER FLORIDA

By:

Name and Title: Chester W. Spellman, Chief Executive Officer

Date:

POINT OF CONTACT INFORMATION

The name, address, and telephone number of the Volunteer Florida CERT Program Manager:

Christy Rojas-Kasten, CERT Program Manager
3800 Esplanade Way
Suite 180
Tallahassee, FL 32311
(850) 414-7400
Christy@VolunteerFlorida.org

Or

Ken Skalitzky, Emergency Management Director
3800 Esplanade Way
Suite 180
Tallahassee, FL 32311
(850) 414-7400
Ken@VolunteerFlorida.org

The name, address, and telephone number of the Sub-Recipient's Program Contact is:

Steve Spradley, Taylor County Emergency Management Director
591 US Highway 27 East
Perry, Florida 32347
850-838-3508
Steve.spradley@taylorcountygov.com

The name, address, and telephone number of the Fiscal Contact is:

Dustin Hinkel, Taylor County Administrator
201 East Green Street
Perry, Florida 32347
850-838-3500
Dustin.hinkel@taylorcountygov.com

CONTRACT AWARD NOTICE: THIS AWARD IS SUBJECT TO THE FINAL APPROVAL OF SUB-RECIPIENT'S PROPOSED BUDGET BY VOLUNTEER FLORIDA.

All Terms and Conditions Included. This Sub-recipient and its attachments as referenced below and incorporated herein contain all the terms and conditions agreed upon by the parties.

6
Attachment A

Program Budget

- Funding from the Emergency Management Performance Grant is intended for use by the Sub-Recipient to perform eligible activities as identified in Notice of Funding Opportunity (NOFO), Fiscal Year 2016 EMPG, Appendix B – FY 2016 EMPG Funding Guidelines
- http://www.fema.gov/media-library-data/1464196875293-190ed88e1b63940c87121a3f0b97b8a5/EMPG_Multi_Year_Program_Guidance_Final.pdf and programs that are consistent with 2 C.F.R. Part 200, State Rule Chapter 27P-6, Florida Administrative Code and Chapter 252, Florida Statutes).
- Below is a fixed budget which outlines eligible categories and their allocation under this award.
- The transfer of funds between the categories listed in the Program Budget is not permitted, unless approved by Volunteer Florida.

Grant	Sub-Recipient Agency	Category	Amount Allocated
FY 2017 – Emergency Management Performance Grants - CERT	Taylor County CERT	Planning	\$X.XX
		Training	\$ 2000.00
		Exercise	\$ 2500.00
		Equipment	\$ 2900.00
		Management & Administration (M&A), the dollar amount cannot exceed 5% of the total award amount.	\$ X.XX
Total Award		\$7400	

Attachment B
Scope of Work / Deliverables

Quarterly Period Milestones	Project Timeline or Deliverable Description	Start Date (mm/dd/yyyy)	End Date (mm/dd/yyyy)	Estimated Cost
1 st Quarter	1. Execute contract while planning to purchase items for upcoming CCP trainings.	09/01/2016	10/30/2016	\$0.00
2 nd Quarter	2. Support two local festivals with outreach materials.	01/01/2017	01/31/2017	\$500.00
	3. Purchase equipment to support Basic CERT training, drills, and response.	01/01/2017	03/31/2017	\$2200.00
3 rd Quarter	4. Hold a CERT training and purchase equipment necessary for graduates.	04/01/2017	06/30/2017	\$2000.00
4 th Quarter	5. Support 2 public outreach activities this quarter.	06/15/2017	06/30/2017	\$2700.00
	6. Support a CERT exercise/drill.			

Program Narrative

1. Implementation plan for the program. This should include the:
 - a. Strategy and methodology for recruitment;
 - b. Plans to utilize members in emergency situations;
 - c. Any additional programmatic information specific to the program.
2. Identify the emergency management and partner organizations, or the targeted population area whose emergency management needs will be directly benefited by this program.

Section IV - Program Narrative (Maximum 40 points)

EACH QUESTION & SUB-QUESTION MUST BE ANSWERED. (Word Limit: 750 words)

1. Please describe the implementation plan for the program. This should include the:
 - a. Strategy and methodology for recruitment;
 - b. Plans to utilize members in emergency situations;
 - c. Any additional programmatic information specific to the program.
2. Please identify the emergency management and partner organizations, or the targeted population area whose emergency management needs will be directly benefited by this program.

1.

a. CERT will man booths at the various festivals throughout the year to encourage and educate individuals to join our team. We will also utilize the Perry Newspaper to feature flyers and information on our upcoming CERT classes and events throughout the year. We will utilize CERT members to distribute flyers around town in various locations to attract recruitment. Since our CERT is so active in the community, we've had individuals contact the emergency management office wanting to join the next class. Taylor County Emergency Management has a website page promoting volunteering which is <http://taylorcountiem.com/index.cfm?go=volunteer>. Taylor County EM also has a Facebook page named Taylor County Emergency Management in which we highlight our CERT volunteer programs.

b. Taylor County CERT has been involved in and will continue to be involved in pre and post disaster assistance working under the direction of the EM staff. Team leaders have been identified to maintain contact with members and once requested by EM respond when ask.

c. CERT members are encouraged to attend emergency management meetings such as concept of operations, exercises, weather trainings, and other pertinent trainings to broaden their knowledge and develop their confidence. It is necessary to keep CERT members engaged. We hold regular meetings with CERT volunteers to keep all informed of happenings within the EM program. Taylor County began its CERT program in 2014 and have since grown to more than 40 members with new members added after each training. CERT members fill out an application and a background investigation is completed. Taylor County EM has developed a CERT Standard Operating Guide which all members receive at completion of the CERT training. Taylor County CERT members have attended the Florida CERT association conference and some plan to attend this year. Each of our CERT members have specific expertise areas they carry from their backgrounds. Our CERT team includes nurses, a psychologist, retired police officers, and many more. Each of these are an asset to our team during disasters and emergencies.

2.

CERT members are trained to assist in the EOC during a disaster activation. They are also trained to aid EM with placing various equipment where needed during a disaster. CERT members are trained to assist the Red Cross with shelter operations and the Salvation Army with POD. CERT members have been trained to aid local law enforcement with traffic and crowd control when needed. CERT members are also partnered with our FD for firefighter rehab and communications. CERT members attend as players and participants during exercises.

Attachment C

Allowable Cost and Eligible Activities

I. Categories and Eligible Activities

The 2016 EMPG Funding Guidance allowable costs are divided into the following categories: **organizational, planning, training, exercise, and equipment.**

Allowable Costs

A. Organization

Per the *Robert T. Stafford Disaster Relief and Emergency Assistance Act*, as amended, (42 U.S.C. §§ 5121-5207), EMPG Program funds may be used for all-hazards emergency management operations, staffing, and other day-to-day activities in support of emergency management. Personnel costs, including salary, overtime, compensatory time off, and associated fringe benefits, are allowable costs with EMPG Program funds. These costs must comply with 2 C.F.R. Part 200, Subpart E – Cost Principles.

Mandatory Training and Exercise Requirements for EMPG funded employees only

All EMPG Program funded personnel shall complete the following training requirements and record proof of completion: NIMS Training, Independent Study (IS) 100, IS 200, IS 700, and IS 800.

Eligible "Organization" items include:

- Travel to/from meetings and conferences related to emergency management
- Travel to training and/or exercises related to emergency management
- Other Personal/Contractual Services
 - Reimbursement for services by a person(s) who is not a regular or full time employee filling established positions. This includes but is not limited to, temporary employees, student or graduate assistants, fellowships, part time academic employment, board members, consultants, and other services.
 - Consultant Services require a pre-approved Contract or purchase order by Volunteer Florida. These requests should be sent to the grant manager for Volunteer Florida for review.

B. Planning

Planning spans all five National Preparedness Goal (the Goal) mission areas and provides a baseline for determining potential threats and hazards, required capabilities, required resources, and establishes a framework for roles and responsibilities. Planning provides a methodical way to engage the whole community in the development of a strategic, operational, and/or community-based approach to preparedness.

Plans should have prior review and approval from the respective DEM state program. Funds may not be reimbursed for any plans that are not approved.

C. Training

EMPG Program funds may be used for a range of emergency management-related training activities to enhance the capabilities of local emergency management personnel through the establishment, support, conduct, and attendance of training. Training activities should align to a current, Multi-Year TEP developed through an annual TEPW. Training should foster the development of a community oriented approach to emergency management that emphasizes engagement at the community level, strengthens best practices, and provides a path toward building sustainable resilience.

EMPG Program funds used for training should support the nationwide implementation of NIMS. The NIMS Training Program establishes a national curriculum for NIMS and provides information on NIMS courses; Sub-Recipients are encouraged to place emphasis on the core competencies as defined in

the NIMS Training Program. The NIMS Training Program can be found at <http://www.fema.gov/training-0>.

For additional information on review and approval requirements for training courses funded with preparedness grants please refer to the following policy: http://www.fema.gov/media-library-data/1115d44e06367bb89510aafbe79c1875/FINAL_GPD+Training+Three+for+Free+Policy_09+10+13.pdf.

Additional types of training or training related activities include, but are not limited to, the following:

- Developing/enhancing systems to monitor training programs
- Conducting all hazards emergency management training
- Attending Emergency Management Institute (EMI) training or delivering EMI train-the-trainer courses
- Attending other FEMA-approved emergency management training
- State-approved, locally-sponsored CERT training
- Mass evacuation training at local, state, and tribal levels

Allowable training-related costs include the following:

- **Funds Used to Develop, Deliver, and Evaluate Training.** This includes costs related to administering the training: planning, scheduling, facilities, materials and supplies, reproduction of materials, and equipment. Training should provide the opportunity to demonstrate and validate skills learned, as well as to identify any gaps in these skills. Any training or training gaps, including those for children and individuals with disabilities or access and functional needs, should be identified in the Multi-year TEP and addressed in the training cycle. Sub-recipients are encouraged to use existing training rather than developing new courses. When developing new courses Sub-recipients are encouraged to apply the Analysis Design Development and Implementation Evaluation (ADDIE) model for instruction design.
- **Overtime and Backfill.** The entire amount of overtime costs, including payments related to backfilling personnel, which are the direct result of attendance at FEMA and/or approved training courses and programs are allowable. These costs are allowed only to the extent the payment for such services is in accordance with the policies of the state or unit(s) of local government and has the approval of the state or FEMA, whichever is applicable. In no case is dual compensation allowable. That is, an employee of a unit of government may not receive compensation from their unit or agency of government AND from an award for a single period of time (e.g., 1:00 p.m. to 5:00 p.m.), even though such work may benefit both activities.
- **Travel.** Travel costs (e.g., airfare, mileage, per diem, and hotel) are allowable as expenses by employees who are on travel status for official business related to approved training.
- **Hiring of Full or Part-Time Staff or Contractors/Consultants.** Full or part-time staff or contractors/consultants may be hired to support direct training-related activities. Payment of salaries and fringe benefits must be in accordance with the policies of the state or unit(s) of local government and have the approval of the state or FEMA, whichever is applicable.
- **Certification/Recertification of Instructors.** Costs associated with the certification and re-certification of instructors are allowed. States are encouraged to follow the FEMA Instructor Quality Assurance Program to ensure a minimum level of competency and corresponding levels of evaluation of student learning. This is particularly important for those courses which involve training of trainers.

D. Exercises

All EMPG-funded personnel are REQUIRED to participate in no less than three exercises in a 12 month period.

Allowable exercise-related costs include:

- **Funds Used to Design, Develop, Conduct and Evaluate an Exercise.** This includes costs related to planning, meeting space and other meeting costs, facilitation costs, materials and supplies, travel, and documentation. Sub-Recipients are encouraged to use free public space/locations/facilities, whenever available, prior to the rental of space/locations/facilities. Exercises should provide the opportunity to demonstrate and validate skills learned, as well as to identify any gaps in these skills. Gaps identified during an exercise including those for children and individuals with disabilities or access and functional needs, should be identified in the AAR/IP and addressed in the exercise cycle.
- **Hiring of Full or Part-Time Staff or Contractors/Consultants.** Full or part-time staff may be hired to support direct exercise activities. Payment of salaries and fringe benefits must be in accordance with the policies of the state or unit(s) of local government and have the approval of the state or FEMA, whichever is applicable. The services of contractors/consultants may also be procured to support the design, development, conduct and evaluation of exercises.
- **Travel.** Travel costs (e.g., airfare, mileage, per diem, hotel) are allowable as expenses by employees who are on travel status for official business related to the planning and conduct of the exercise activities.
- **Supplies.** Supplies are items that are expended or consumed during the course of the planning and conduct of the exercise activities (e.g., gloves, non-sterile masks, and disposable protective equipment).
- **Implementation of HSEEP.** This refers to costs related to developing and maintaining an exercise program consistent with HSEEP.
- **Other Items.** These costs are limited to items consumed in direct support of exercise activities such as the rental of space/locations for planning and conducting an exercise, rental of equipment, and the procurement of other essential nondurable goods. Sub-Recipients are encouraged to use free public space/locations, whenever available, prior to the rental of space/locations. Costs associated with inclusive practices and the provision of reasonable accommodations and modifications that facilitate full access for children and adults with disabilities are allowable.

Unauthorized exercise-related costs include:

- Reimbursement for the maintenance and/or wear and tear costs of general use vehicles (e.g., construction vehicles) and emergency response apparatus (e.g., fire trucks, ambulances). The only vehicle costs that are reimbursable are fuel/gasoline or mileage.
- Equipment that is purchased for permanent installation and/or use, beyond the scope of exercise conduct (e.g., electronic messaging signs)
- Durable and non-durable goods purchased for installation and/or use beyond the scope of exercise conduct

E. Equipment

Allowable equipment categories for the EMPG Program are listed on the web-based version of the Authorized Equipment List (AEL) at <https://www.fema.gov/authorized-equipment-list>. Unless otherwise stated, equipment must meet all mandatory regulatory and/or FEMA-adopted standards to be eligible for purchase using these funds. In addition, agencies will be responsible for obtaining and maintaining all necessary certifications and licenses for the requested equipment.

Allowable equipment includes equipment from the following AEL categories:

- Personal Protective Equipment (PPE) (Category 1)
- Information Technology (Category 4)
- Cybersecurity Enhancement Equipment (Category 5)
- Interoperable Communications Equipment (Category 6)

- Detection Equipment (Category 7)
- Power Equipment (Category 10)
- Chemical, Biological, Radiological, Nuclear, and Explosive (CBRNE) (Category 11)
- CBRNE Incident Response Vehicles (Category 12)
- Physical Security Enhancement Equipment (Category 14)
- CBRNE Logistical Support Equipment (Category 19)
- Other Authorized Equipment (Category 21)

If Sub-Recipients have questions concerning the eligibility of equipment not specifically addressed in the AEL, they should contact their CERT Program Manager for clarification.

II. Maintenance and Sustainment

The use of FEMA preparedness grant funds for maintenance contracts, warranties, repair or replacement costs, upgrades, and user fees are allowable under all active grant awards, unless otherwise noted.

EMPG Program grant funds are intended to support the Goal and fund activities and projects that build and sustain the capabilities necessary to prevent, protect against, mitigate the effects of, respond to, and recover from those threats that pose the greatest risk to the security of the Nation. In order to provide Sub-Recipients the ability to meet this objective, the policy set forth in GPD's IB 379 (<http://www.fema.gov/grant-programs-directorate-information-bulletins>) (Guidance to State Administrative Agencies to Expedite the Expenditure of Certain DHS/FEMA Grant Funding) allows for the expansion of eligible maintenance and sustainment costs, which must be in: (1) direct support of existing capabilities; (2) must be an otherwise allowable expenditure under the applicable grant program; (3) be tied to one of the core capabilities in the five mission areas contained within the Goal, and (4) shareable through the EMAC. Additionally, eligible costs may also be in support of equipment, training, and critical resources that have previously been purchased with either federal grant funding or any other source of funding other than DHS/FEMA preparedness grant program dollars. Additional guidance is provided in FEMA Policy FP 205-402-125-1, *Maintenance Contracts and Warranty Coverage Funded by Preparedness Grants*, located at: <http://www.fema.gov/media-library/assets/documents/32474>.

Unallowable Costs

- **Prohibited Equipment:** Grant funds may not be used for the purchase of Prohibited Equipment. Refer to Information Bulletin 407 *Use of Grant Funds for Controlled Equipment* for the complete *Prohibited Equipment List*. For additional information on Prohibited Equipment see Executive Order (EO) 13688 Federal Support for Local Law Enforcement Equipment Acquisition (<https://www.gpo.gov/fdsys/pkg/DCPD-201500033/pdf/DCPD-201500033.pdf>), and the Recommendations Pursuant to Executive Order 13688 (https://www.whitehouse.gov/sites/default/files/docs/le_equipment_wg_final_report_final.pdf).
- Expenditures for weapons systems and ammunition
- Costs to support the hiring of sworn public safety officers for the purposes of fulfilling traditional public safety duties or to supplant traditional public safety positions and responsibilities
- Activities and projects unrelated to the completion and implementation of the EMPG Program

In general, Sub-Recipients should consult with their CERT Program Manager prior to making any investment that does not clearly meet the allowable expense criteria established in this Guidance.

Attachment D

Reports

Sub-Recipient shall provide Volunteer Florida with a quarterly financial report, and a final close-out report. Reporting Forms are located in attachment titled: Reporting Forms and can be found at www.VolunteerFlorida.org/CERT

- A. Quarterly financial reports are due to Volunteer Florida no later than thirty days after the end of each quarter of the program year; and shall continue to be submitted each quarter until submission of the final close-out report. The ending dates for each quarter of this program year are September 30, December 31, March 31 and June 30.

The Sub-Recipient shall provide Volunteer Florida with full support documentation for the quarterly financial reports. To eliminate large files and mailings, Volunteer Florida will accept documentation via email to the VF CERT Program Manager, if desired by the Sub-Recipient. Copies of invoices/receipts and canceled checks or general ledger for proof of payment.

(Backup Documentation should reflect the amount requested on the Expenses Detail of Claims form.)

- Planning Costs: Provide copies of contracts, MOUs or agreements with consultants or sub-contractors providing services. May also request copies of planning materials and work products (i.e., meeting documents, copies of completed plans (if submission of plans is for Volunteer Florida then only need to provide date of submission and who submitted plan/product to), etc.).
 - Training Costs: Provide copies of contracts, MOUs or agreements with consultants or sub-contractors providing services, and a copy of the agenda and sign in rosters (if using pre populated sign in sheets they must be certified by the Emergency Management Director verifying attendance). May also request any training materials provided.
 - Exercise Costs: Provide copies of contracts, MOUs or agreements with consultants or sub-contractors providing services, and a copy of the agenda and sign in rosters (if using pre populated sign in sheets they must be certified by the Emergency Management Director verifying attendance). May also request any training materials provided.
 - Equipment Acquisition Costs: AEL# for each purchase (if applicable).
 - For travel and conferences related to EMPG activities, copies of all receipts must be submitted (i.e., airfare, proof of mileage, toll receipts, hotel receipts, car rental receipts, etc.) Receipts must be itemized and match the dates of travel/conference. If conference, a copy of the agenda must be provided. Proof of payment is also required for all travel and conferences. If the Sub-Recipient seeks reimbursement for travel costs that exceed the amounts stated in section 112.061(6)(b), Florida Statutes (\$6 for breakfast, \$11 for lunch, and \$19 for dinner), then the Sub-Recipient must provide documentation that: The costs are reasonable and do not exceed charges normally allowed by the Sub-Recipient in its regular operations as a result of the Sub-Recipient's written travel policy; and participation of the individual in the travel is necessary to the Federal award.
 - If cancelled checks are NOT available, copies of the general ledger MUST be provided.
- B. Proposed Match Plan is due with the signed contract and will be used to compare with the match portion of your close out report. If your proposed match plan changes an update should be provided. Federal funds provided under this Contract shall be matched by the Sub-Recipient either by Cash Match or In-Kind Match.
- C. The final Close Out report is due no later than forty-five (45) days after termination of this Contract. Federal funds provided under this contract shall be matched by the Sub-Recipient either by Cash Match or In-Kind Match from non-federal funds. Appropriate back-up/supporting documentation needs to be provided (i.e. general ledger with highlighted matching non-federal funds).

Attachment E
Reporting Forms

E – a Invoice Worksheet page 14

E – b Program Quarterly Report page 15

VOLUNTEER FLORIDA
Invoice Worksheet

Attachmer

SUB-RECIPIENT (Grantee):			
PROGRAM:	<input type="checkbox"/> CERT	<input type="checkbox"/> Citizen Corps	
INVOICE DATES:		TO	
PROGRAM YEAR:	July 1, 2016 - June 30, 2017		
	CURRENT MONTH EXPENSES		
	CERT/Citizen Corps Grant	Program Match	Total
SECTION I: Program Operating Costs			
A. Planning			
	\$0.00	\$0.00	\$0.00
			\$0.00
			\$0.00
			\$0.00
			\$0.00
A. Subtotal Planning Expenses	\$0.00	\$0.00	\$0.00
B. Training			
			\$0.00
			\$0.00
			\$0.00
			\$0.00
			\$0.00
B. Subtotal Training Expenses	\$0.00	\$0.00	\$0.00
C. Exercise			
			\$0.00
			\$0.00
			\$0.00
			\$0.00
			\$0.00
C. Subtotal Exercise Expenses	\$0.00	\$0.00	\$0.00
D. Equipment			
			\$0.00
			\$0.00
			\$0.00
			\$0.00
			\$0.00
D. Subtotal Equipment Expenses	\$0.00	\$0.00	\$0.00
SECTION II. Management & Administration Costs			
	\$0.00	\$0.00	\$0.00
			\$0.00
	\$0.00	\$0.00	\$0.00
SECTION II. SUBTOTAL (may not exceed 5% of total grant)	\$0.00	\$0.00	\$0.00
TOTAL EXPENDITURES:	\$0.00	\$0.00	\$0.00
AWARD AMOUNT (insert your grant amount)			
Balance Available	\$0.00		
APPROVED BY (must be typed or signed by program):			
Date submitted to Volunteer Florida:			



Program Title: _____

Quarterly Report

Quarterly Report				Cummulative		
			#	P	#	P
Reporting Period	Start		Activities		Activities	
	End					
Training Held and Other (describe)	IS-317					
	G428 CERT T-t-T					
	CERT					
Outreach Activities (describe)						
Exercise Activities (describe)						
Conference (describe)						
Materials Distributed						
Equipment						
Management & Admin (please describe)						
Sub-Contracts						
Additional Comments/notes						

KEY: # - Events, P - attendees

add more sheets as necessary

Attachment F

Program Statutes and Regulations

1. Age Discrimination Act of 1975 42 U.S.C. § 6101 *et seq.*
2. Americans with Disabilities Act of 1990 42 U.S.C. § 12101-12213
3. Chapter 473, Florida Statutes: Regulation of Professions and Occupations
4. Chapter 215, Florida Statutes: Financial Matters: General Provisions
5. Chapter 252, Florida Statutes: Emergency Management
6. Title VI of the Civil Rights Act of 1964 42 U.S.C. § 2000 *et seq.*
7. Title VIII of the Civil Rights Acts of 1968 42 U.S.C. § 3601 *et seq.*
8. Copyright notice 17 U.S.C. §§ 401 or 402 also Section 1004.23, Florida Statutes
9. Assurances, Administrative Requirements and Cost Principles 2 C.F.R. Part 200
10. Debarment and Suspension Executive Orders 12549 and 12689
11. Drug Free Workplace Act of 1988 41 U.S.C. § 701 *et seq.*
12. Duplication of Benefits 2 C.F.R. Part 200, Subpart E
13. Energy Policy and Conservation Act 42 U.S.C. § 6201
14. False Claims Act and Program Fraud Civil Remedies 31 U.S.C. § 3729 also 38 U.S.C. § 3801-3812
15. Fly America Act of 1974 49 U.S.C. § 41102 also 49 U.S.C. § 40118
16. Hotel and Motel Fire Safety Act of 1990 15 U.S.C. § 2225a
17. Lobbying Prohibitions 31 U.S.C. § 1352 also 2 C.F.R. § 200.950 also Section 216.347 Florida Statute and Section § 1352, Title 31 US Code
18. Patents and Intellectual Property Rights 35 U.S.C. § 200 *et seq.*
19. Title IX of the Education Amendments of 1972 (Equal Opportunity in Education Act) U.S.C. § 1681 *et seq.*
20. Trafficking Victims Protection Act of 2000 22 U.S.C. § 7104
21. Rehabilitation Act of 1973 Section 504, 29 U.S.C. § 794
22. USA Patriot Act of 2001 18 U.S.C. § 175-172c
23. Whistleblower Protection Act 10 U.S.C. § 2409, 41 U.S.C. 4712, and 10 U.S.C. § 2324, 41 U.S.C. § § 4304 and 4310
25. Rule Chapters 27P-6, 27P-11 , and 27P-19, Florida Administrative Code
26. 2 C.F.R. Part 200, Uniform Administrative Requirements, Cost Principles, and Audit Requirements for Federal Awards
27. To the extent that 2 C.F.R. Part 200 supersedes any provision outlined above, 2 C.F.R. Part 200 shall apply
28. Contracting with Small and Minority Businesses, Women's Business, and Labor Surplus 2 C.F.R. § 200.321

Attachment G

**Certification Regarding
Debarment, Suspension, Ineligibility
And Voluntary Exclusion**

Subcontractor Covered Transactions

- (1) The prospective subcontractor of the Sub-Recipient, _____, certifies, by submission of this document, that neither it nor its principals is presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from participation in this transaction by any Federal department or agency.
- (2) Where the Sub-Recipient's subcontractor is unable to certify to the above statement, the prospective subcontractor shall attach an explanation to this form.

SUBCONTRACTOR:

By: _____
Signature

Taylor County CERT
Sub-Recipient's Name

Name and Title

591 US Hwy 27 E, Perry, FL 32347
Street Address

Street Address

Date

City, State, Zip

Date

Attachment H

Criminal History Check Status Form

Each sub grant agreement shall require the awardee to certify that every volunteer who is a part of an Official Citizen Corps or CERT Program funded through this Agreement has successfully passed a background screening, prior to deployment in an emergency or disaster.

This Criminal History Check Status Form must be completed and submitted to the VF Volunteer Services department within 60 days of the program start date. Florida Department of Law Enforcement state criminal history checks and National Sex Offender Public Registry (NSOPR) checks must be completed prior to any staff serving with or without accompaniment. Failure to submit this form may result in withholding of additional funds, or the requirement to reimburse already disbursed grant funds.

National Sex Offender Public Registry: <https://www.nsopw.gov/>

Florida Department of Law Enforcement Criminal History Information:

<https://web.fdle.state.fl.us/search/app/default?0>, or

<https://web.fdle.state.fl.us/search/app/memorandum?4>

Lead Organization:	
Program Name:	
Program Start Date:	

I, _____, certify compliance with all applicable requirements, policies, regulations, and laws that apply to Florida Criminal History Background Check. I understand that providing any misrepresentation or false information could result in the Commission recouping any costs associated with the entity, individual, including travel costs, training expenses, etc.

_____	_____	_____
Signature	Organization	Date

7

TAYLOR COUNTY BOARD OF COMMISSIONERS

County Commission Agenda Item

SUBJECT/TITLE:

THE BOARD TO APPROVE A CONTRACT WITH CLEMONS, RUTHERFORD & ASSOCIATES, INC., FOR A SPACE NEEDS FEASIBILITY STUDY, AS AGENDAED BY THE COUNTY ADMINISTRATOR.

MEETING DATE REQUESTED:

SEPTEMBER 6, 2016

Statement of Issue: THE COMMITTEE REVIEWING THE RFPS FOR A SPACE NEEDS FEASIBILITY STUDY RECOMMENDED CRA AS THE FIRST FIRM WITH WHICH TO NEGOTIATE A CONTRACT. THAT NEGOTIATED CONTRACT IS NOW PRESENTED FOR THE BOARD'S APPROVAL.

Recommended Action: APPROVE THE CONTRACT

Fiscal Impact: ENUMERATED IN THE CONTRACT

Budgeted Expense: YES

Submitted By: COUNTY ADMINISTRATOR 850-838-3500 X 7

Contact:

SUPPLEMENTAL MATERIAL / ISSUE ANALYSIS

History, Facts & Issues:

Options:

Attachments: CONTRACT



CLEMONS, RUTHERFORD & ASSOCIATES, INC.

ARCHITECTS ■ PLANNERS ■ INTERIOR DESIGNERS ■ CONSTRUCTION MANAGERS

2027 Thomasville Road, Tallahassee, FL 32308 ■ p: 850-385-6153 ■ f: 850-386-8420 ■ www.craarchitects.com

LETTER OF TRANSMITTAL

ATTN: Dustin Hinkel, Co. Administrator	DATE: 08/17/2016	JOB NO:
TO:	RE:	
Taylor Co. Board of County Commissioners		
201 E. Green St.		
Perry, FL 32347		

WE ARE SENDING YOU:

☐ ATTACHED

☐ UNDER SEPARATE COVER

☐ SHOP DRAWINGS

☐ FLOPPY DISKS

☐ PRINTS

☐ SPECIFICATIONS

☐ CHANGE ORDERS

☐ COPY OF LETTER

☐ OTHER _____

COPIES	NO.	DESCRIPTION
2		Agreement for Consulting Services

THESE ARE TRANSMITTED AS CHECKED BELOW:

☐ FOR APPROVAL ☐ NO EXCEPTION TAKEN ☐ RESUBMIT _____ COPIES FOR APPROVAL

☐ FOR YOUR USE ☐ MAKE CORRECTION NOTED ☐ SUBMIT _____ FOR DISTRIBUTION

☐ AS REQUESTED ☐ REJECTED - RESUBMIT ☐ RETURN _____ CORRECTED PRINTS

☐ FOR REVIEW AND COMMENT ☐ FOR BIDS DUE _____

REMARKS:

Copy to file _____

Signed: Lee Ann Mullis _____

AGREEMENT FOR CONSULTING SERVICES for

Taylor County Space Planning/ Facilities Assessment Report

This Agreement ("Agreement") made and entered into this _____ day of _____, 2016 by and between Taylor County, a political subdivision of the State of Florida, whose address is 201 East Green Street, Perry, Florida, 32347, its successors and assigns, hereinafter referred to as "COUNTY," through the Taylor County Board of County Commissioners ("BOCC"),

AND

Clemons, Rutherford, & Associates, Inc., a Corporation of the State of Florida, whose address is 2027 Thomasville Road, Tallahassee, Florida, 32308, referred to as "CONSULTANT", its successors and assigns, hereinafter.

WITNESSETH:

WHEREAS, COUNTY desires to employ the professional services of CONSULTANT for Development of a Space Planning/Facilities Assessment Report for Taylor County Facilities, Sites, Parks and Beaches; and

WHEREAS, CONSULTANT has agreed to provide professional services which are defined in Article 2;

NOW, THEREFORE, in consideration of the mutual promises, covenants and agreements stated herein, and for other good and valuable consideration, the sufficiency of which is hereby acknowledged, COUNTY and CONSULTANT agree as follows:

ARTICLE 1

1.1 REPRESENTATIONS AND WARRANTIES

By executing this Agreement, CONSULTANT makes the following express representations and warranties to the COUNTY:

- 1.1.1 The CONSULTANT is professionally qualified to act as the CONSULTANT for the Project and is licensed to provide the designated services by the State of Florida having jurisdiction over the CONSULTANT and the Project;
- 1.1.2 The CONSULTANT shall maintain all necessary licenses, permits or other authorizations necessary to act as CONSULTANT for the Project until the CONSULTANT'S duties hereunder have been fully satisfied;
- 1.1.3 The CONSULTANT has become familiar with the Project sites and the local conditions under which the Work is to be completed.
- 1.1.4 The CONSULTANT shall prepare all documents required by this Agreement in such a manner that they shall be accurate, coordinated and adequate for use in the subsequent implementation phases and shall be in conformity and comply with all applicable law, codes and regulations. The CONSULTANT warrants that the documents prepared as a part of this Agreement will be

adequate and sufficient to accomplish the purposes of the Project, therefore, eliminating any additional cost due to missing or incorrect information;

- 1.1.5 The CONSULTANT assumes full responsibility to the extent allowed by law with regards to his performance and those individuals and subcontractors under his employ.
- 1.1.6 The CONSULTANT'S services shall be performed as expeditiously as is consistent with professional skill and care and the orderly progress of the Project. The CONSULTANT shall submit, for the COUNTY'S and its representative's information, a schedule for the performance of the CONSULTANT'S services which may be adjusted as the Project proceeds if approved by the COUNTY, and shall include allowances for periods of time required for the COUNTY'S review, and for approval of submission by authorities having jurisdiction over the Project. Time established by this schedule and approved by the COUNTY may not be exceeded by CONSULTANT except for delay caused by events not within the control of the CONSULTANT or foreseeable by him. The sole remedy for delay shall be an extension of time.
- 1.1.7 CONSULTANT is an independent contractor under this Agreement. Services provided by CONSULTANT shall be subject to the supervision of CONSULTANT. In providing the services, CONSULTANT and its agents shall not be acting and shall not be deemed as acting as officers, employees, or agents of the COUNTY, nor shall they accrue any of the rights or benefits of a COUNTY employee.

ARTICLE II

SCOPE OF CONSULTANT'S BASIC SERVICE

2.1 DEFINITION

CONSULTANT'S Basic Services consist of those described in Paragraphs 2.2 and 2.3, and other services identified as part of Basic Services, and include normal consulting services to develop the "Taylor County Space Planning/Facilities Assessment Report", and complete the Project. The CONSULTANT shall commence work on the services provided for in this Agreement promptly upon his receipt of a written notice to proceed from the COUNTY.

2.2 BASIC SERVICES INCLUDED

CONSULTANT'S Basic Services consist of, but will not be limited to:

2.2.1 DATA COLLECTION AND REVIEW

The CONSULTANT shall provide Professional Services for the development of the Space Planning/Facilities Assessment Report. Taylor County seeks a review of its existing facilities, how they are utilized and what, if any, consolidations or rearrangements might improve delivery of County services and/or reduce long term costs. The goal is to determine potential areas for consolidation to improve the efficiency (both cost and personnel) of the county. The product of the work will be long term (25 year) and short term (5 year) strategies for facility planning. The Report shall include a proposed list of facilities that should be retained, repurposed, consolidated, or surplus with projected costs or revenues incurred by the implementation of such recommendations.

Scope of work:

Professional services shall include a comprehensive compilation of all county owned and leased properties into an electronic spatial database, and provide recommendations for long term and short term strategies for facility planning.

Taylor County shall provide the documents and data, if in existence, necessary to aid in the preparation of the Space Planning/ Facilities Assessment Report.

2.2.2 RECOMMENDATIONS

The CONSULTANT shall provide the following recommendations:

- a. Possible consolidation of services at county owned facilities.
- b. Building improvements necessary to implement proposed consolidations.
- c. Modifications to existing county owned facilities to improve energy efficiency.
- d. Modifications to existing county owned facilities to improve security.
- e. Relocation of county resources/ services into county owned facilities. Recommendations for relocation of county resources shall address the needs of the services to be relocated relating to physical (spatial and geographic), professional, technological, security, and privacy requirements.
- f. Possible opportunities to meet the County's space needs through the acquisition and renovation of existing non-county owned facilities and/or construction of new facilities.
- g. Prioritization of recommendations.
- h. Estimated cost of changes and estimated payout period

2.2.3 DATABASE

Develop an electronic spatial database for use by Taylor County.

2.2.4 REPORTS

During the course of the Project the Consultant shall be required to deliver drafts to the County. Once the County has approved the drafts, the Consultant shall organize a final product to be delivered to the County for final review and acceptance. The Consultant shall provide two originals (in color), and one electronic version in PDF file format.

2.2.5 CLIENT AND PUBLIC MEETINGS

Consultant may be required to make appearances at public hearings or public meetings before the Board of County Commissioners and any other requirements as provided for in contract documents, State and Federal laws.

2.3 SCHEDULE

The CONSULTANT shall submit a schedule of all deliverables for review and approval by the County Administrator, Taylor County.

The Space Planning/Facilities Assessment Report shall be completed within ONE HUNDRED AND EIGHTY (180) days from date of Notice to Proceed.

2.4 COMPLETION DATE

Time is of the essence in this contract. Both parties acknowledge that the Project must be completed, as per schedule, no later than one hundred and eighty (180) days from date of Notice to Proceed. Delay in completion shall be considered a breach of the contract.

2.5 CORRECTION OF ERRORS, OMISSIONS, DEFICIENCIES

The CONSULTANT shall, without additional compensation, promptly correct any errors, omissions, deficiencies, or conflicts in the work product of the CONSULTANT or its subconsultants, or both.

2.6 WRITTEN NOTICE

Any notices sent by the parties shall be deemed to have been duly served if delivered in person to the individuals and addresses listed below, or if delivered or sent by first class mail, certified, return receipt, or by courier with proof of delivery. All written correspondence to the COUNTY shall be dated and signed by an authorized representative of the CONSULTANT. The correspondence shall be directed to:

Dustin Hinkel

County Administrator

201 East Green Street

Perry, Florida 32347

Notice to the CONSULTANT shall be delivered to:

Will Rutherford

2027 Thomasville Road

Tallahassee, Florida, 32308

ARTICLE III

ADDITIONAL SERVICE

- 3.1 The services described in this Article III are not included in Basic Services. They shall be paid for by the Board of County Commissioners as an addition to the compensation paid for the Basic

Services but only if approved by the Board of County Commissioners before commencement, and are as follows:

- A. Providing services of CONSULTANT for other than the previously listed scope of the Project provided as a part of Basic Services and pursuant to written approval by Project Management. Those services may include but are not limited to additional studies, evaluations, concept drawings, and other architectural and engineering services.
- 3.2 If Additional Services are required, the COUNTY shall issue a letter requesting and describing the requested services to the CONSULTANT. Only after receiving an amendment to the Agreement and a notice to proceed from the COUNTY, shall the CONSULTANT proceed with the Additional Services.
- 3.2a For any additional services the CONSULTANT shall respond with a fee proposal to perform the requested services.

ARTICLE IV OWNER'S RESPONSIBILITIES

- 4.1 OWNER shall provide the CONSULTANT with the documents and data, if available, to aid in the preparation of the Space Planning/Facilities Assessment Report.
- 4.2 OWNER shall designate the Taylor County Administration Department to act on the OWNER'S behalf with respect to the Project. The OWNER or Administration Department shall render decisions in a timely manner pertaining to documents submitted by the CONSULTANT in order to avoid unreasonable delay in the orderly and sequential progress of the CONSULTANT'S services.
- 4.3 Prompt written notice shall be given by OWNER through the Administration Department to CONSULTANT if OWNER becomes aware of any fault or defect in the Project or non-conformance with the Contract Documents. Written notice shall be deemed to have been duly served if sent pursuant to paragraph 2.6.
- 4.4 The OWNER shall furnish the required information and services and shall render approvals and decisions as expeditiously as necessary for the orderly progress of the CONSULTANT'S services and work of the contractors.
- 4.5 The OWNER'S review of any documents prepared by the CONSULTANT or its subconsultants shall be solely for the purpose of determining whether such documents are generally consistent with the OWNER' criteria, as, and if, modified. No review of such documents shall relieve the CONSULTANT of responsibility for the accuracy, adequacy, fitness, suitability or coordination of its work product.
- 4.6 Information requested by CONSULTANT that may be of assistance to the CONSULTANT and to which the OWNER has immediate access will be provided as requested.

ARTICLE V INDEMNIFICATION AND HOLD HARMLESS

The CONSULTANT covenants and agrees to indemnify, and hold harmless Taylor County and Taylor County Board of County Commissioners, officers, employees, agents and servants from any and all claims for bodily injury, including death, personal injury, and property damage, including damage to property owned by Taylor County, and any other losses, damages, and expenses (including attorney's fees) which arise out of, in connection with, or by reason of services provided by CONSULTANT or its Subcontractor(s) in any tier, occasioned by the negligence, errors, or other wrongful act or omission of the CONSULTANT, its Subcontractor(s) in any tier, their officers, employees, servants and agents.

In the event that the completion of the project (to include the work of others) is delayed or suspended as a result of Consultant's failure to purchase or maintain the required insurance, CONSULTANT shall indemnify OWNER from any and all increased expenses resulting from such delay. Should any claims be asserted against OWNER by virtue of any deficiency or ambiguity in the plans and specifications provided by the CONSULTANT, CONSULTANT agrees and warrants that CONSULTANT shall hold the County harmless and shall indemnify it from all losses thereby and shall further defend any claim or action on the OWNER'S behalf.

The first ten dollars (\$10.00) of remuneration paid to the CONSULTANT is consideration for the indemnification provided for above.

The extent of liability is in no way limited to, reduced, lessened by the insurance requirements contained elsewhere within this agreement.

This indemnification shall survive the expiration or earlier termination of the Agreement.

ARTICLE VI

PERSONNEL

6.1 PERSONNEL

The CONSULTANT shall assign only qualified personnel to perform any service concerning the project. At the time of execution of this Agreement, the parties anticipate that the following named individuals will perform those functions as indicated:

<u>NAME</u>	<u>FUNCTION</u>
William D. Rutherford	Principal
Will Rutherford	Sr. Project Manager/Estimating
Tom Riley	Technical Support
Glenn Deaver	Asst. Project Manager
Dustin Baker	Technical Support/CAD

So long as the individuals named above remain actively employed or retained by the CONSULTANT, they shall perform the functions indicated next to their names. If they are replaced CONSULTANT shall notify

COUNTY of the change immediately. All consultants assigned by the CONSULTANT to perform any service concerning the project shall execute the following forms, original signed forms and licenses shall be delivered to COUNTY prior to beginning any work on the project:

Non-Collusion Affidavit

Copies of all professional and occupational licenses shall be submitted

ARTICLE VII

COMPENSATION

7.1 CONTRACT SUM

The COUNTY shall pay the CONSULTANT for performance of this Agreement the sum of \$30,000.00, to be billed hourly as a not to exceed amount.

7.2 PAYMENTS

7.2.1 Unless otherwise provided for in paragraph 7.1 above, for its assumption and performances of the duties, obligations and responsibilities set forth herein, the CONSULTANT shall be paid pursuant to the Florida Prompt Payment Act.

(A) If the CONSULTANT'S duties, obligations and responsibilities are materially changed by amendment to this Agreement after execution of this Agreement, compensation due to the CONSULTANT shall be equitably adjusted, either upward or downward.

(B) As a condition precedent for any payment due under this Agreement, the CONSULTANT shall submit monthly, unless otherwise agreed in writing by the COUNTY, a proper invoice to COUNTY requesting payment for services properly rendered and due hereunder. The CONSULTANT'S invoice shall describe with reasonable particularity the service rendered. The CONSULTANT'S invoice shall be accompanied by such documentation or data in support of expenses for which payment is sought at the COUNTY may require

(C) The CONSULTANT will be required to submit a detailed FEE SCHEDULE with each invoice for COUNTY approval.

7.3 REIMBURSABLE EXPENSES

Reimbursable expenses shall not be included in this contract. Non-reimbursable expenses include but are not limited to: travel, lodging, food, mileage, parking, and printing.

7.4 BUDGET

7.4.1 The CONSULTANT may not be entitled to receive, and the COUNTY is not obligated to pay, any fees or expenses in excess of the amount budgeted for this contract in each fiscal year (October 1 - September 30) by COUNTY'S Board of County Commissioners. The budgeted amount may only be modified by an affirmative act of the COUNTY'S Board of County Commissioners.

- 7.4.2 The COUNTY'S performance and obligation to pay under this Agreement is contingent upon an annual appropriation by the Board County Commissioners and the approval of the Board members at the time of contract initiation and its duration.

ARTICLE VIII

INSURANCE

- 8.1 The CONSULTANT shall obtain insurance as specified and maintain the required insurance at all times that this Agreement is in effect. Professional Liability Insurance shall also be maintained as specified. In the event the completion of the project (to include the work of others) is delayed or suspended as a result of the CONSULTANT'S failure to or maintain the required insurance, the CONSULTANT shall indemnify the COUNTY from any and all increased expenses resulting from such delay.
- 8.2 The coverage provided herein shall be provided by an insurer with an A.M. Best Rating of VI or better, that is licensed to do business in the State of Florida and that has an agent for service of process within the State of Florida. The insurance certificate shall contain an endorsement providing thirty (30) days' notice to the COUNTY prior to any cancellation of said coverage. Said coverage shall be written by an insurer acceptable to the COUNTY and shall be in a form acceptable to the
- 8.3 CONSULTANT shall obtain and maintain the following policies:
- A. Workers' Compensation insurance as required by the State of Florida.
 - B. Employer's Liability Insurance with limits of Five Hundred Thousand Dollars (\$500,000) per Accident, Five Hundred Thousand Dollars (\$500,000) Disease, policy limits, Five Hundred Thousand Dollars (\$500,000) Disease each employee.
 - C. Comprehensive business automobile and vehicle liability insurance covering claims for injuries to members of the public and/or damages to property of others arising from use of motor vehicles, including onsite and offsite operations, and owned, hired or non-owned vehicles, with Three Hundred Thousand Dollars (\$300,000.00) combined single limit and Three Hundred Thousand Dollars (\$300,000.00) annual aggregate.
 - D. Commercial general liability covering claims for injuries to members of the public or damage to property of others arising out of any covered act or omission of the CONSULTANT or any of its employees, agents or subcontractors or subconsultants, including Premises and/or Operations, Independent Contractors; Broad Form Property Damage and a Contractual Liability Endorsement with Five Hundred Thousand Dollars (\$500,000) per occurrence and annual aggregate.
 - E. Professional liability insurance of Five Hundred Thousand Dollars (\$500,000.00) per claim and One Million Dollars (\$1,000,000.00) annual aggregate. If the policy is a "claims made" policy, CONSULTANT shall maintain coverage or purchase a "tail" to cover claims

made after completion of the project to cover the statutory time limits in Chapter 95 of the Florida Statutes.

- F. COUNTY shall be named as an additional insured with respect to CONSULTANT'S liabilities hereunder in insurance coverage identified in Paragraphs C and D.
- G. CONSULTANT shall require its subconsultants to be adequately insured at least to the limits prescribed above, and to any increased limits of CONSULTANT if so required by COUNTY during the term of this Agreement. COUNTY will not pay for increased limits of insurance for subconsultants.
- H. CONSULTANT shall provide to the COUNTY certificates of insurance or a copy of all insurance policies including naming the COUNTY as an additional insured. The COUNTY reserves the right to require a certified copy of such policies upon request.

ARTICLE IX

MISCELLANEOUS

9.1 SECTION HEADINGS

Section headings have been inserted in this Agreement as a matter of convenience of reference only, and it is agreed that such section headings are not a part of this Agreement and will not be used in the interpretation of any provision of this Agreement.

9.2 OWNERSHIP OF THE PROJECT DOCUMENTS

The documents prepared by the CONSULTANT for this Project shall become the property of the COUNTY upon payment in whole and in part of sums due consultant and may be reproduced and copied without acknowledgement or permission of the CONSULTANT.

9.3 SUCCESSORS AND ASSIGNS

The CONSULTANT shall not assign its right hereunder, except its right to payment, shall it delegate any of its duties hereunder without the written consent of the COUNTY. Subject to the provisions of the immediately preceding sentence, each party hereto binds itself, its successors, assigns and legal representatives to the other and to the successors, assigns and legal representatives of such other party.

9.4 NO THIRD PARTY BENEFICIARIES

Nothing contained herein shall create any relationship, contractual or otherwise, with or any rights in favor of, any third party.

9.5 TERMINATION

Either party hereto may terminate this Agreement upon giving seven (7) days written notice to the other in the event that such other party substantially fails to perform its material obligations set forth herein. The COUNTY may terminate this Agreement without cause upon giving seven

(7) days written notice to the CONSULTANT. If the COUNTY utilizes this provision, the termination shall supersede any obligation under paragraph 9.15. Termination expenses shall be paid and shall include all expenses until date of termination and any additional services required in order to stop performance of services, subject to audit for verification.

9.6 CONTRACT DOCUMENTS

This contract consists of this Agreement, the CONSULTANT'S response to the Request for Qualifications for Space Planning/Facilities Assessment Report, Taylor County, Florida, the documents referred to in the Agreement as a part of this Agreement, and attachments (see attachment "A" Consultant Hourly Rates). In the event of any conflict between any of the contract documents, the one imposing the greater burden on the CONSULTANT will control.

9.7 PUBLIC ENTITIES CRIMES

A person or affiliate who has been placed on the convicted vendor list following a conviction for public entity crime may not submit a proposal on contracts to provide any goods or services to a public entity, may not submit a proposal on a contract with a public entity for the construction or repair of a public building or public work, may not submit proposals on leases of real property to public entity, may not be awarded or perform work as a contractor, supplier, subcontractor, or consultant under a contract with any public entity, and may not transact business with any public entity in excess of the threshold amount provided in Section 287.017 of the Florida Statutes, for CATEGORY TWO for a period of 36 months from the date of being placed on convicted vendor list.

By signing this Agreement, CONSULTANT represents that the execution of this Agreement will not violate the Public Entity Crimes Act (Section 287.133, Florida Statutes). Violation of this section shall result in termination of this Agreement and recovery all monies paid hereto, and may result in debarment from COUNTY'S competitive procurement activities.

In addition to the foregoing, CONSULTANT further represents that there has been no determination, based on an audit, that it or any subconsultant has committed an act defined by Section 287.133, Florida Statutes, as a "public entity crime" and that it has not been formally charged with committing an act defined as a "public entity crime" regardless of the amount of money involved or whether CONSULTANT has been placed on the convicted vendor list.

CONSULTANT will promptly notify the COUNTY if it or any subcontractor or subconsultant is formally charged with an act defined as a "public entity crime" or has been placed on the convicted vendor list.

9.8 MAINTENANCE OF RECORDS

CONSULTANT shall maintain all books, records, and documents directly pertinent to performance under this Agreement in accordance with generally accepted accounting principles consistently applied. Each party to this Agreement or its authorized representatives shall have reasonable and timely access to such records of each other party to this Agreement for public records purposes during the term of the Agreement and for four years following the termination of this Agreement. If an auditor employed by the OWNER or County Clerk determines that

monies paid to CONSULTANT pursuant to this Agreement were spent for purposes not authorized by this Agreement, the CONSULTANT shall repay the monies together with interest calculated pursuant to Sec. 55.03, of the Florida Statutes, running from the date the monies were paid by the COUNTY.

9.9 GOVERNING LAW, VENUE, INTERPRETATION, COSTS, AND FEES

This Agreement shall be governed by and construed in accordance with the laws of the State of Florida applicable to contracts made and to be performed entirely in the State. In the event that any cause of action or administrative proceeding is instituted for the enforcement or interpretation of this Agreement, COUNTY and CONSULTANT agree that venue shall lie in Taylor County, Florida, in the appropriate court or before the appropriate administrative body. The Parties waive their rights to a trial by jury. The COUNTY and CONSULTANT agree that, in the event of conflicting interpretations of the terms or a term of this Agreement by or between any of the issue shall be submitted to mediation prior to the institution of any other administrative or legal proceeding.

9.10 SEVERABILITY

If any term, covenant, condition or provision of this Agreement (or the application thereof to any circumstance or person) shall be declared invalid or unenforceable to any extent by a court of competent jurisdiction, the remaining terms, covenants, conditions and provisions of this Agreement, shall not be affected thereby; and each remaining term, covenant, condition and provision of this Agreement shall be valid and shall be enforceable to the fullest extent permitted by law unless the enforcement of the remaining terms, covenants, conditions and provisions of this Agreement would prevent the accomplishment of the original intent of this Agreement. The COUNTY and CONSULTANT agree to reform the Agreement to replace any stricken provision with a valid provision that come as close as possible to the intent of the stricken provision.

9.11 ATTORNEY'S FEES AND COSTS

The COUNTY and CONSULTANT agree that in the event any cause of action or administrative proceeding is initiated or defended by any party relative to the enforcement or interpretation of this Agreement, the prevailing party shall be entitled to reasonable attorney's fees and court costs, as an award against the non-prevailing party, and shall include reasonable attorney's fees and courts costs, in appellate proceedings. Mediation proceedings initiated and conducted pursuant to this Agreement shall be in accordance with the Florida Rules of Civil Procedure and usual and customary procedures required by the circuit court of Taylor County. The OWNER and CONSULTANT agree that nothing in this Agreement obligates them to Arbitration, and they agree to Mediation of disputes instead of Arbitration.

9.12 BINDING EFFECT

The terms, covenants, conditions, and provisions of this Agreement shall bind and inure to the benefit of the COUNTY and CONSULTANT and their respective legal representatives, successors, and assigns.

9.13 AUTHORITY

Each party represents and warrants to the other that the execution, delivery and performance of this Agreement have been duly authorized by all necessary County and corporate action, as required by law.

9.14 CLAIMS FOR FEDERAL OR STATE AID

N/A.

9.15 ADJUDICATION OF DISPUTES OR DISAGREEMENTS

OWNER and CONSULTANT agree that all disputes and disagreements shall be attempted to be resolved by meet and confer sessions between representatives of each of the parties. If no resolution can be agreed upon within 15 days after the first meet and confer session, the issue or issues shall be discussed at a public meeting of the Board of County Commissioners. If the issue or issues are still not resolved to the satisfaction of the parties, then any party shall have the right to seek such relief or remedy as may be provided by this Agreement or by Florida law.

9.16 COOPERATION

In the event any administrative or legal proceeding is instituted against either party relating to the formation, execution, performance, or breach of this Agreement, OWNER and CONSULTANT agree to participate, to the extent required by the other party, in all proceedings, hearings, processes, meetings, and other activities related to the substance of this Agreement or provision of the services under this Agreement. COUNTY and CONSULTANT specifically agree that no party to this Agreement shall be required to enter into any arbitration proceedings related to this Agreement.

9.17 NONDISCRIMINATION

CONSULTANT and OWNER agree that there will be no discrimination against any person, and it is expressly understood that upon a determination by a court of competent jurisdiction that discrimination has occurred, this Agreement automatically terminates without any further action on the part of any party, effective the date of the court order. CONSULTANT or OWNER agrees to comply with all Federal and Florida statutes, and all local ordinances, as applicable, relating to nondiscrimination. These include but are not limited to: 1) Title VI of the Civil Rights Act of 1964 (PL 88-352) which prohibits discrimination on the basis of race, color or national origin; 2) Title IX of the Education Amendment of 1972, as amended (20 USC ss. 1681-1683, and 1685- 1686), which prohibits discrimination on the basis of sex; 3) Section 504 of the Rehabilitation Act of 1973, as amended (20 USC s. 794), which prohibits discrimination on the basis of handicaps; 4) The Age Discrimination Act of 1975, as amended (42 USC ss. 6101-6107) which prohibits discrimination on the basis of age; 5) The Drug Abuse Office and Treatment Act of 1972 (PL 92-255), as amended, relating to nondiscrimination on the basis of drug abuse; 6) The Comprehensive Alcohol Abuse and Alcoholism Prevention, Treatment and Rehabilitation of 1970 (PL 91-616), as amended, relating to nondiscrimination on the basis of alcohol abuse or alcoholism; 7) The Public Health Service Act of 1912, ss. 523 and 527 (42 USC ss. 690dd-

3 and 290ee-3), as amended, relating to confidentiality of alcohol and drug abuse patent records;

- 1) Title VIII of the Civil Rights Act of 1968 (42 USC s. et seq.), as amended, relating to nondiscrimination in the sale, rental or financing of housing; 9) The Americans with Disabilities Act of 1990 (42 USC s. 1201 Note), as maybe amended from time to time, relating to nondiscrimination on the basis of disability; 10) Taylor County Code Chapter 13, Article VI, which prohibits discrimination on the basis of race, color, sex, religion, national origin, ancestry, sexual orientation, gender identity or expression, familial status or age; 11) Any other nondiscrimination provisions in any Federal or state statutes which may apply to the parties to, or the subject matter of, this Agreement.

9.18 COVENANT OF NO INTEREST

CONSULTANT and OWNER covenant that neither presently has any interest, and shall not acquire any interest, which would conflict in any manner or degree with its performance under this Agreement, and that only interest of each is to perform and receive benefits as recited in this Agreement.

9.19 CODE OF ETHICS

OWNER agrees that officers and employees of the COUNTY recognize and will be required to comply with the standards of conduct for public officers and employees as delineated in Section 112.313, Florida Statutes, regarding, but not limited to, solicitation or acceptance of gifts; doing business with one's agency; unauthorized compensation; misuse of public position, conflicting employment or contractual relationship; and disclosure or use of certain information.

9.20 NO SOLICITATION/PAYMENT

The CONSULTANT and OWNER warrant that, in respect to itself, it has neither employed nor retained any company or person, other than a bona fide employee working solely for it, to solicit or secure this Agreement and that it has not paid or agreed to pay any person, company, corporation, individual, or firm, other than a bona fide employee working solely for it, any fee, commission, percentage, gift, or other consideration contingent upon or resulting from the award or making of this Agreement. For the breach or violation of the provision, the CONSULTANT agrees that the COUNTY shall have the right to terminate this Agreement without liability and, at its discretion, to offset from monies owed, or otherwise recover, the full amount of such fee, commission, percentage, gift, or consideration.

9.21 PUBLIC ACCESS.

The CONSULTANT and OWNER shall allow and permit reasonable access to, and inspection of, all documents, papers, letters or other materials in its possession or under its control subject to the provisions of Chapter 119, Florida Statutes, and made or received by the CONSULTANT and OWNER in connection with this Agreement; and the OWNER shall have the right to unilaterally cancel Agreement upon violation of this provision by CONSULTANT.

9.22 NON-WAIVER OF IMMUNITY

Notwithstanding the provisions of Sec. 768.28, Florida Statutes, the participation of the CONSULTANT and the COUNTY in this Agreement and the acquisition of any commercial liability insurance coverage, self-insurance coverage, or local government liability insurance pool coverage shall not be deemed a waiver of immunity to the extent of liability coverage, nor shall any contract entered into by the COUNTY be required to contain any provision for waiver.

9.23 PRIVILEGES AND IMMUNITIES

All of the privileges and immunities from liability, exemptions from laws, ordinances, and rules and pensions and relief, disability, workers' compensation, and other benefits which apply to the activity of officers, agents, or employees of any public agents or employees of the COUNTY, when performing their respective functions under this Agreement within the territorial limits of the COUNTY shall apply to the same degree and extent to the performance of such functions and duties of such officers, agents, volunteers, or employees outside the territorial limits of the COUNTY.

9.24 LEGAL OBLIGATIONS AND RESPONSIBILITIES

Non-Delegation of Constitutional or Statutory Duties. This Agreement is not intended to, nor shall it be construed as, relieving any participating entity from any obligation or responsibility imposed upon the entity by law except to the extent of actual and timely performance thereof by any participating entity, in which case the performance may be offered in satisfaction of the obligation or responsibility. Further, this Agreement is not intended to, nor shall it be construed as, authorizing the delegation of the constitutional or statutory duties of the COUNTY, except to extent permitted by the Florida constitution, state statute, and case law.

9.25 NON-RELIANCE BY NON-PARTIES

No person or entity shall be entitled to rely upon the terms, or any of them, of this Agreement to enforce or attempt to enforce any third-party claim or entitlement to or benefit of any service or program contemplated hereunder, and the CONSULTANT and the OWNER agree that neither the CONSULTANT nor the OWNER or any agent, officer, or employee of either shall have the authority to inform, counsel, or otherwise indicate that any particular individual or group of individuals, entity or entities, have entitlements or benefits under this Agreement separate and apart, inferior to, or superior to the community in general or for the purposes contemplated in this Agreement.

9.26 ATTESTATIONS AND TRUTH IN NEGOTIATION

CONSULTANT agrees to execute such documents as OWNER may reasonably require, including a Public Entity Crime Statement, an Ethics Statement, and a Drug-Free Workplace Statement. Signature of this Agreement by CONSULTANT shall act as the execution of a truth in negotiation certificate stating that wage rates and other factual unit costs supporting the compensation pursuant to the Agreement are accurate, complete, and current at the time of contracting. The original contract price and any additions thereto shall be adjusted to exclude any significant sums by which the agency determines the contract price was increased due to inaccurate, incomplete, or concurrent wage rates and other factual unit costs. All such adjustments must be made within one year following the end of the Agreement.

9.27 NO PERSONAL LIABILITY

No covenant or agreement contained herein shall be deemed to be a covenant or agreement of any member, officer, agent or employee of Taylor County in his or her individual capacity, and no member, officer, agent or employee of Taylor County shall be liable personally on this Agreement or be subject to any personal liability or accountability by reason of the execution of this Agreement.

9.28 EXECUTION IN COUNTERPARTS

This Agreement may be executed in any number of counterparts, each of which shall be regarded as an original, all of which taken together shall constitute one and the same instrument and any of the parties hereto may execute this Agreement by signing any such counterpart.

IN WITNESS WHEREOF, each party has caused this Agreement to be executed by its duly authorized representative on the day and year first above written.

ATTENST:

TAYLOR COUNTY

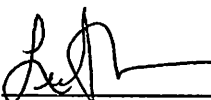
ANNIE MAE MURPHY, Clerk

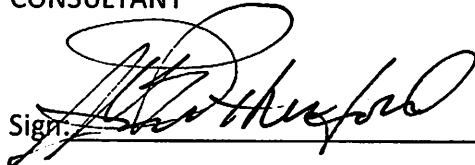
JODY DEVANE, Chairman

(seal)

WITNESSES for CONSULTANT:

CONSULTANT

Sign: 

Sign: 

Print: Lee Ann Mullis

Print: William D. Rutherford

Title: Administrative Assistant

Title: President

Date: 08/17/2016

Date: 08/17/2016



CLEMONS, RUTHERFORD & ASSOCIATES, INC.

ARCHITECTS | PLANNERS | INTERIOR DESIGNERS | CONSTRUCTION MANAGERS

2027 Thomasville Road, Tallahassee, Florida 32308

p: 850-385-6153 | f: 850-386-8420 | www.craarchitects.com

EXHIBIT 'A'

2016 HOURLY RATES

The basic hourly rates for all architectural and interior design disciplines are listed below.

Principal-In-Charge.....	\$225.00
Project Manager/Architect	165.00
Project Designer	145.00
Project Interior Designer	140.00
Construction Administrator	125.00
Plans Review and Inspection.....	130.00
Estimator	135.00
Specification Writer.....	110.00
BIM / 3D Drafting:.....	110.00
Drafting: Senior	95.00
Junior	75.00
Clerical/Support Services.....	70.00

Rates are reviewed and adjusted on an annual basis in January of each year.

TAYLOR COUNTY BOARD OF COMMISSIONERS

County Commission Agenda Item

SUBJECT/TITLE:

**JOYCE BACHAND TO SPEAK REGARDING PAVING WALDO ROAD
AND REGARDING WASTE MANAGEMENT IN TAYLOR
COUNTY.**



MEETING DATE REQUESTED:

SEPTEMBER 6, 2016

Statement of Issue:

**MS. BACHAND ASKED TO BE GIVEN AN OPPORTUNITY
TO ADDRESS THE BOARD REGARDING TWO ISSUES OF
IMPORTANCE TO HER.**

Recommended Action:

Fiscal Impact:

Budgeted Expense:

Submitted By:

COUNTY ADMINISTRATOR, 850-838-3500 X 7

Contact:

SUPPLEMENTAL MATERIAL / ISSUE ANALYSIS

History, Facts & Issues:

Options:

Attachments:

TAYLOR COUNTY BOARD OF COMMISSIONERS

County Commission Agenda Item

SUBJECT/TITLE:

THE BOARD TO TASK THE COUNTY ATTORNEY TO BEGIN PROCEEDINGS TO ABANDON GAMBLE ALLEY IN STEINHATCHEE, FLORIDA, AS AGENDAED BY THE COUNTY ADMINISTRATOR.

MEETING DATE REQUESTED:

SEPTEMBER 6, 2016

Statement of Issue:

GAMBLE ALLEY IN STEINHATCHEE WAS NAMED SUCH AFTER A PUBLIC HEARING IN DECEMBER 15, 2009. IT HAS BEEN THE TOPIC OF DISCUSSION IN SEVERAL BOARD MEETINGS IN 2010 AS TO WHETHER OR NOT TO ALLOW GOLF CARTS TO TRAVEL ON IT. THE BOARD DID NOT CHOOSE TO ADD GAMBLE ALLEY TO THE ROADS APPROVED FOR GOLF CARTS IN STEINHATCHEE. GAMBLE ALLEY HAS NOT BEEN MAINTAINED BY THE COUNTY FOR MOTORIZED VEHICLES. THE BOARD DISCUSSED GAMBLE ALLEY DURING ITS WORKSHOP ON AUGUST 23, 2016, AND WISHES TO EXPLORE ABANDONING GAMBLE ALLEY AND RE-ALLOCATING THE PROPERTY TO ITS ADJACENT LANDOWNERS.

Recommended Action:

TASK THE COUNTY ATTORNEY TO BEGIN THE PROCEEDINGS FOR THE ABANDONMENT OF THE ALLEY FOR FUTURE BOARD ACTION

Fiscal Impact:

TO BE DETERMINED

Budgeted Expense:

NO

Submitted By:

COUNTY ADMINISTRATOR

Contact:

SUPPLEMENTAL MATERIAL / ISSUE ANALYSIS

History, Facts & Issues:**Options:****Attachments:**

AERIAL PHOTO OF THE GAMBLE ALLEY



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TAYLOR COUNTY BOARD OF COMMISSIONERS

County Commission Agenda Item

SUBJECT/TITLE:

Board to approve proposed SHIP and RCMP recipients, Work Writes Up/Bid Forms, and Invitation To Bid for the rehabilitation of three homes through the SHIP Program and two homes through the RCMP program.

MEETING DATE REQUESTED:

September 6, 2016

Statement of Issue: Board to approve the below listed individuals who are qualified and their homes are eligible to receive rehabilitation assistance through the SHIP or RCMP Program.

SHIP Program

Ollie Glanton, 120 S. Beverly Street, Perry, FL
Chandra Woodfaulk, 400 N. Folsom Street, Perry, FL
Leola Johnson, 107 W. Swift Street, Perry, FL

RCMP Program

Laquita Dunnell, 1325 US 98 W, Perry, FL
M. C. Reddin, 327 2nd Street, Perry, FL

Recommended Action: Approve proposed SHIP & RCMP recipients Work Write Up/Bid Forms, and Invitation to Bid .

Fiscal Impact: Not applicable. The projects are 100% funded through the SHIP and RCMP grant programs.

Submitted By: Melody Cox

Contact: Melody Cox

SUPPLEMENTAL MATERIAL / ISSUE ANALYSIS

History, Facts & Issues: The proposed recipients and their home has been qualified for rehabilitation through the SHIP and RCMP Program. If approved, bids will be received at the October 18, 2016 Board meeting at 6:00 p.m.

Attachments: Proposed recipient Work Write-Up/ Bid Forms, and Invitation To Bid

****The bid committee will be Jay Moseley with Government Services Group, Jami Boothby, and Melody Cox.**

PUBLIC NOTICE

INVITATION TO BID

**Housing Rehabilitation
State Housing Initiatives Partnership Program (SHIP)
and Residential Construction Mitigation Program (RCMP)**

Taylor County Board of County Commissioners invites interested residential contractors to submit bids for the rehabilitation of three (3) single family homes in the SHIP program and rehabilitation of two (2) single family homes in the RCMP Program in Taylor County.

SEALED Bids (Please submit one original and one copy) are to be submitted on or before October 14, 2016 at 4:00 PM to Annie Mae Murphy, Clerk of the Court (850) 838-3506. Bid envelopes are to be identified as SHIP/RCMP ITB-001.

Hand Delivery: Annie Mae Murphy
Fed – X or UPS Clerk of the Court
108 North Jefferson Street, Suite 102
Perry, FL. 32347

Mail Delivery: Annie Mae Murphy
Clerk of the Court
108 North Jefferson Street, Suite 102
Perry, FL. 32347

A Public Opening of the Bids is scheduled for October 18, 2016 at 6:00 PM at 201 East Green Street, Perry, Florida, 32347. Bids will be opened during a regularly scheduled Board of County Commissioners meeting.

A **MANDATORY** meeting to provide contractor orientation materials and visit the scheduled project will be held on September 27, 2016 at 10:30 am, located at 401 Industrial Drive, Perry, 32348. The meeting will take place in the airport terminal conference room. You must attend this meeting in order to receive the bid documents and attend the review of the project. The visit to the project will immediately follow the orientation meeting.

For contractors that have not been pre-approved, you may obtain a contractor application package by calling Government Services Group, Inc. at (352) 381-1975. Please bring your completed application package to the mandatory meeting on September 27, 2016.

WBE/MBE/DBE Firms are encouraged to participate. Taylor County is an Equal Opportunity Employer.

The Taylor County Board of Commissioners reserves the right to accept or reject any and/or all bids in the best interest of Taylor County.

TAYLOR COUNTY BOARD OF COUNTY COMMISSIONERS
Jody DeVane, Chairman

**TAYLOR COUNTY
HOUSING REHABILITATION PROGRAM
WORK WRITE-UP/BID FORM**

Owner: Ollie Glanton

Address: 120 S. Beverly St. – Perry, FL

Mailing Address: Same

Phone #: 850-584-7162

Alternate Phone #:

Parcel # 05721-570

Date: 8/12/2016

The work write-up/bid form is a general outline of the work to be performed. Please refer to the project specification booklet for detailed instructions for each item noted below.

Item #	System	Description of Work	Location	Price
001	Roof	Replace roof shingles, including all deteriorated roof decking and support members. Install decking and shingles over existing skylights. Interior framing/glass/trim to remain as is.	Roof	
002	Electrical	Install new cover plates for all switches and receptacles that are missing them. Install 2 new light fixtures in living room. Replace gas range stove top. Install new vented range hood. Install smoke detectors/carbon monoxide detectors in each hallway and bedroom, hardwired in sequence with battery backup. Install GFIC protected receptacles in kitchen and bathrooms.	Various	
003	HVAC	Replace existing system with new electric HVAC system with service to all habitable rooms. Include all ductwork, piping, electrical, return air vent, and registers for a complete new system. System must be Energy Star rated, minimum 15 SEER system.	All	

Owner Signature _____

Co-Owner Signature _____

Contractor's Signature _____

THIS PAGE MUST BE INCLUDED WITH THE BID FOR IT TO BE VALID

All work to be performed in a workman-like manner, in accordance with the Taylor County Housing Program Specifications, local codes, and manufacturer specifications. The contractor shall be responsible for repairs and/or reinstallations of materials/equipment/fixtures damaged or removed due to any work item contained herein. Contractors shall properly dispose of all fixtures, materials and other items removed from the dwelling unless otherwise specified herein. **All items must be cost itemized in the space provided or the bid will be rejected.** Signature of contractor required at bottom of each page.

Work must be completed and approved within 60 days of the issuance of the Notice to Proceed.

The house is to be X occupied; _____ vacant for 60 days.

I hereby certify that I am licensed by the State of Florida, Department of Business, and Professional Regulation, and that I am eligible to participate in the housing program. I also agree that change orders above the original contract amount shall only be paid for with housing program funds to correct documented code violations or to meet Section 8 Housing Quality Standards. Change orders must be approved by the homeowner or his representative, the contractor, and local government prior to any initiation of work based on that change order. Change orders must be recommended by the building department.

Company Name _____
Contractor's Name (Print Name) _____
Contractor's Signature _____
Contractor's Address _____
Contractor's License # _____
Contractor's Phone Number _____
Contractor's E-Mail Address _____

Owner Signature _____
Co-Owner Signature _____
Contractor's Signature _____

**TAYLOR COUNTY
HOUSING REHABILITATION PROGRAM
WORK WRITE-UP/BID FORM**

Owner: Chandra Woodfaulk

Address: 400 N. Folsom St. – Perry, FL

Mailing Address: Same

Phone #: 850-371-4169

Alternate Phone #:

Parcel # 04996-000

Date: 8/12/2016

The work write-up/bid form is a general outline of the work to be performed. Please refer to the project specification booklet for detailed instructions for each item noted below.

Item #	System	Description of Work	Location	Price
001	Roof	Replace shingles, including all deteriorated roof decking and support members.	Roof	
002	Drywall	Remove popcorn ceiling and repair all deteriorated drywall for hall bathroom ceiling. Retexture ceiling and paint.	Hall Bathroom Ceiling	
003	Plumbing	Replace bathtub and tile surround. Replace kitchen sink, and master bathroom sink/vanity.	Various	
004	Electrical	Install GFIC protected receptacles in kitchen and bathrooms. Install smoke detectors in hallways and bedrooms, hardwired in sequence with battery backup.	Various	
005	HVAC	Replace existing system with new electric HVAC system with service to all habitable rooms. Include all ductwork, piping, electrical, return air vent, and registers for a complete new system. System must be Energy Star rated, minimum 15 SEER system.	All	
006	Insulation	Insulate attic to minimum R-30.	Attic	
007	Cabinets	Replace kitchen cabinets with same footage, including new countertops.	Kitchen	

Owner Signature _____

Co-Owner Signature _____

Contractor's Signature _____

THIS PAGE MUST BE INCLUDED WITH THE BID FOR IT TO BE VALID

All work to be performed in a workman-like manner, in accordance with the Taylor County Housing Program Specifications, local codes, and manufacturer specifications. The contractor shall be responsible for repairs and/or reinstallations of materials/equipment/fixtures damaged or removed due to any work item contained herein. Contractors shall properly dispose of all fixtures, materials and other items removed from the dwelling unless otherwise specified herein. **All items must be cost itemized in the space provided or the bid will be rejected.** Signature of contractor required at bottom of each page.

Work must be completed and approved within 60 days of the issuance of the Notice to Proceed.

The house is to be X occupied; _____ vacant for 60 days.

I hereby certify that I am licensed by the State of Florida, Department of Business, and Professional Regulation, and that I am eligible to participate in the housing program. I also agree that change orders above the original contract amount shall only be paid for with housing program funds to correct documented code violations or to meet Section 8 Housing Quality Standards. Change orders must be approved by the homeowner or his representative, the contractor, and local government prior to any initiation of work based on that change order. Change orders must be recommended by the building department.

Company Name _____

Contractor's Name (Print Name) _____

Contractor's Signature _____

Contractor's Address _____

Contractor's License # _____

Contractor's Phone Number _____

Contractor's E-Mail Address _____

Owner Signature _____

Co-Owner Signature _____

Contractor's Signature _____

**TAYLOR COUNTY
HOUSING REHABILITATION PROGRAM
WORK WRITE-UP/BID FORM**

Owner: Leola Johnson

Address: 107 W. Swift St. – Perry, FL

Mailing Address: Same

Phone #: 850-295-0507

Alternate Phone #: 850-371-0152

Parcel # 05259-000

Date: 8/12/2016

The work write-up/bid form is a general outline of the work to be performed. Please refer to the project specification booklet for detailed instructions for each item noted below.

Item #	System	Description of Work	Location	Price
001	Roof	Replace shingles, including all deteriorated roof decking and support members.	Roof	
002	Toilets	Re-set both toilets with new wax rings, bolts, bolt covers and caulk.	Bathrooms	
003	Electrical	Replace both bathroom light fixtures. Install smoke detectors in hallways and bedrooms, hardwired in sequence with battery backup. Replace charcoal filter range hood.	Various	
004	HVAC	Replace existing system with new electric HVAC system with service to all habitable rooms. Include all ductwork, piping, electrical, return air vent, and registers for a complete new system. System must be Energy Star rated, minimum 15 SEER system.	All	
005	Insulation	Insulate attic to minimum R-30.	Attic	
006	Countertops	Replace kitchen countertops.	Kitchen	
007	Flooring	Replace sheet vinyl flooring in kitchen and both bathrooms. Install new baseboards and trim in bathrooms.	various	

Owner Signature _____

Co-Owner Signature _____

Contractor's Signature _____

Page 2 of 3

THIS PAGE MUST BE INCLUDED WITH THE BID FOR IT TO BE VALID

All work to be performed in a workman-like manner, in accordance with the Taylor County Housing Program Specifications, local codes, and manufacturer specifications. The contractor shall be responsible for repairs and/or reinstallations of materials/equipment/fixtures damaged or removed due to any work item contained herein. Contractors shall properly dispose of all fixtures, materials and other items removed from the dwelling unless otherwise specified herein. **All items must be cost itemized in the space provided or the bid will be rejected.** Signature of contractor required at bottom of each page.

Work must be completed and approved within 60 days of the issuance of the Notice to Proceed.

The house is to be X occupied; _____ vacant for 60 days.

I hereby certify that I am licensed by the State of Florida, Department of Business, and Professional Regulation, and that I am eligible to participate in the housing program. I also agree that change orders above the original contract amount shall only be paid for with housing program funds to correct documented code violations or to meet Section 8 Housing Quality Standards. Change orders must be approved by the homeowner or his representative, the contractor, and local government prior to any initiation of work based on that change order. Change orders must be recommended by the building department.

Company Name _____

Contractor's Name (Print Name) _____

Contractor's Signature _____

Contractor's Address _____

Contractor's License # _____

Contractor's Phone Number _____

Contractor's E-Mail Address _____

Owner Signature _____

Co-Owner Signature _____

Contractor's Signature _____

**TAYLOR COUNTY
RCMP PROGRAM
WORK WRITE-UP/BID FORM**

Owner: Laquita Dunnell

Address: 1325 US Hwy 98 West – Perry, FL

Mailing Address: Same

Phone #: 850-295-2086 or 850-223-1953

Parcel # 05226-000

Date: 8/8/2016

The work write-up/bid form is a general outline of the work to be performed. Please refer to the project specification booklet for detailed instructions for each item noted below.

Item #	System	Description of Work	Location	Price
001	Straps	Provide access and install straps as follows: STRAPS: Roof Straps should meet FBC standard referenced in FBC, 1506.7 of the General Building Code, 5 th ed. Repair access areas to meet current codes.	Roof to Wall Connection	
002	Roof	3 TAB SHINGLE ROOF Contractor will install a shingle roof according to current FBC, Building, 1507.2.7.1 of the 5 th ed. Shingle should be fungus resistant and carry a manufacture warranty of 25 years. Prior to installing shingles, the roof decking shall be re-nailed to meet current codes and the secondary water barrier installed prior to installing new 30 lb. felt. All joints in structural panel roof sheathing or decking shall be covered with <u>a minimum 4 in. wide strip of self-adhering polymer modified bitumen tape</u> applied directly to the sheathing or decking. The deck and self-adhering polymer modified bitumen tape shall be covered with one of the underlayment systems approved for	Roof	

Owner Signature _____

Co-Owner Signature _____

Contractor's Signature _____

THIS PAGE MUST BE INCLUDED WITH THE BID FOR IT TO BE VALID

All work to be performed in a workman-like manner, in accordance with the Taylor County Housing Program Specifications, local codes, and manufacturer specifications. The contractor shall be responsible for repairs and/or reinstallations of materials/equipment/fixtures damaged or removed due to any work item contained herein. Contractors shall properly dispose of all fixtures, materials and other items removed from the dwelling unless otherwise specified herein. **All items must be cost itemized in the space provided or the bid will be rejected.** Signature of contractor required at bottom of each page.

Work must be completed and approved within 60 days of the issuance of the Notice to Proceed.

The house is to be X occupied; _____ vacant for 60 days.

I hereby certify that I am licensed by the State of Florida, Department of Business, and Professional Regulation, and that I am eligible to participate in the housing program. I also agree that change orders above the original contract amount shall only be paid for with housing program funds to correct documented code violations or to meet Section 8 Housing Quality Standards. Change orders must be approved by the homeowner or his representative, the contractor, and local government prior to any initiation of work based on that change order. Change orders must be recommended by the building department.

Company Name _____
Contractor's Name (Print Name) _____
Contractor's Signature _____
Contractor's Address _____
Contractor's License # _____
Contractor's Phone Number _____

*Attach current Insurance Certificates for Liability, Workers Compensation and Auto Insurance.

Owner Signature _____
Co-Owner Signature _____
Contractor's Signature _____

**TAYLOR COUNTY
RCMP PROGRAM
WORK WRITE-UP/BID FORM**

Owner: M. C. Reddin

Address: 327 2nd Street – Perry, FL

Mailing Address: Same

Phone #: 850-584-6027

Parcel # 05084-000

Date: 8/4/2016

The work write-up/bid form is a general outline of the work to be performed. Please refer to the project specification booklet for detailed instructions for each item noted below.

Item #	System	Description of Work	Location	Price
001	Straps	Provide access and install straps as follows: STRAPS: Roof Straps should meet FBC standard referenced in FBC, 1506.7 of the General Building Code, 5 th ed. Repair access areas to meet current codes.	Roof to Wall Connection	
002	Roof	3 TAB SHINGLE ROOF Contractor will install a shingle roof according to current FBC, Building, 1507.2.7.1 of the 5 th ed. Shingle should be fungus resistant and carry a manufacture warranty of 25 years. Prior to installing shingles, the roof decking shall be re-nailed to meet current codes and the secondary water barrier installed prior to installing new 30 lb. felt. All joints in structural panel roof sheathing or decking shall be covered with <u>a minimum 4 in. wide strip of self-adhering polymer modified bitumen tape</u> applied directly to the sheathing or decking. The deck and self-adhering polymer modified bitumen tape shall be covered with one of the underlayment systems approved for	Roof	

Owner Signature _____

Co-Owner Signature _____

Contractor's Signature _____

		the particular roof covering to be applied to the roof.		
003	Gable Ends	GABLE ENDS: Remove existing wood at gable ends to install new 5/8 inch ply wood and finish to match existing. Permit as required for inspections from the Building Department. Gable ends should be retrofitted to meet the F.B.C. standards found in Chapter 17, 1704.1 of the Existing Building Manual, 5 th ed.	Gable Ends	
004	Door	<u>EXTERIOR DOOR: Install 1 Exterior Outswing Door (Emergency Egress)</u> Door must be 1 3/4" solid core flush exterior type unit or 1 3/4" metal clad door. Install exterior type threshold with a metal or vinyl type weather stripping and dead bolt. Apply one coat of primer/sealer and two coats of exterior latex paint on both sides and all edges. Each exterior door shall have spring/chain or pneumatic closer installed. Non removable pins must be used where door swings out. Reference FBC, 2411.3.15 of the General Building Code, 5 th ed.	Front Door	
005	Shutters	SHUTTERS at Windows and doors: Install code-approved accordion style hurricane shutters at all windows and exterior door openings (except emergency egress door as required by FBC). Refer to Plastic Standards for HVHZ found in FBC, 2413 of the General Building Code, 5 th ed.	All Openings (Except for Emergency Egress Door)	
006	Window Unit(s)	Relocate existing window unit(s) from windows to through wall. Provide a complete installation with trim and paint to make a clean and satisfactory installation.	Window Unit(s)	

Owner Signature

Co-Owner Signature

Contractor's Signature

100

.....

THIS PAGE MUST BE INCLUDED WITH THE BID FOR IT TO BE VALID

All work to be performed in a workman-like manner, in accordance with the Taylor County Housing Program Specifications, local codes, and manufacturer specifications. The contractor shall be responsible for repairs and/or reinstallations of materials/equipment/fixtures damaged or removed due to any work item contained herein. Contractors shall properly dispose of all fixtures, materials and other items removed from the dwelling unless otherwise specified herein. **All items must be cost itemized in the space provided or the bid will be rejected.** Signature of contractor required at bottom of each page.

Work must be completed and approved within 60 days of the issuance of the Notice to Proceed.

The house is to be X occupied; _____ vacant for 60 days.

I hereby certify that I am licensed by the State of Florida, Department of Business, and Professional Regulation, and that I am eligible to participate in the housing program. I also agree that change orders above the original contract amount shall only be paid for with housing program funds to correct documented code violations or to meet Section 8 Housing Quality Standards. Change orders must be approved by the homeowner or his representative, the contractor, and local government prior to any initiation of work based on that change order. Change orders must be recommended by the building department.

Company Name _____
Contractor's Name (Print Name) _____
Contractor's Signature _____
Contractor's Address _____
Contractor's License # _____
Contractor's Phone Number _____

*Attach current Insurance Certificates for Liability, Workers Compensation and Auto Insurance.

Owner Signature _____
Co-Owner Signature _____
Contractor's Signature _____

21

TAYLOR COUNTY BOARD OF COMMISSIONERS

County Commission Agenda Item

SUBJECT/TITLE:

Update on the progress of the site and park development at Keaton Beach Coastal Park.

**MEETING DATE REQUESTED:**

September 6, 2016

Statement of Issue: Update the Board and public on the progress of the site and park development at Keaton Beach Coastal Park per the terms of the Florida Communities Trust Grant.

Recommended Action: Not applicable

Fiscal Impact: Not applicable

Budgeted Expense: Not applicable

Submitted By: Melody Cox

Contact: Melody Cox

SUPPLEMENTAL MATERIAL / ISSUE ANALYSIS

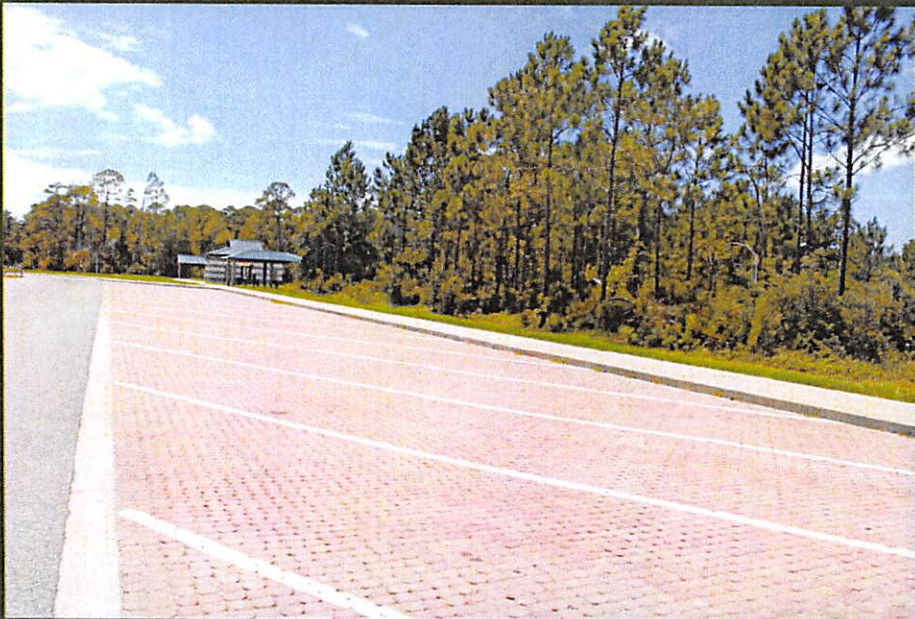
History, Facts & Issues: Keaton Beach Coastal Park was acquired in December 2007 with a Florida Communities Trust/ Florida Forever grant. The grant requires the site be developed into a public park and conservation area within ten years of acquisition and maintained as such for perpetuity. Development of the site is nearing completion per the terms of the Management Plan approved by the State.

Attachments: Pictures of the site development

Boater Parking With Permeable Pavers Funded By Florida Boating Improvement Program



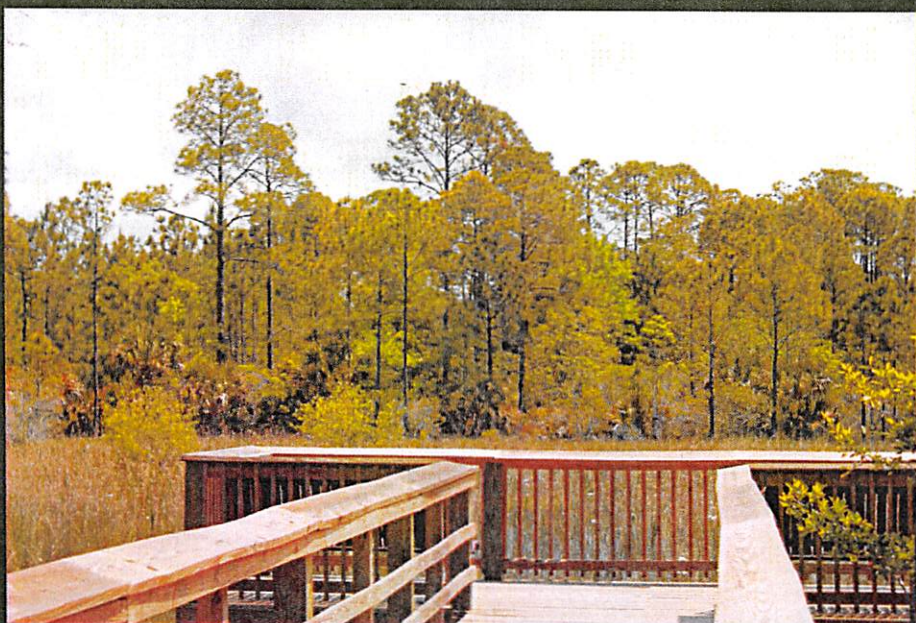
Boater Parking With Permeable Pavers Funded By Florida Boating Improvement Program



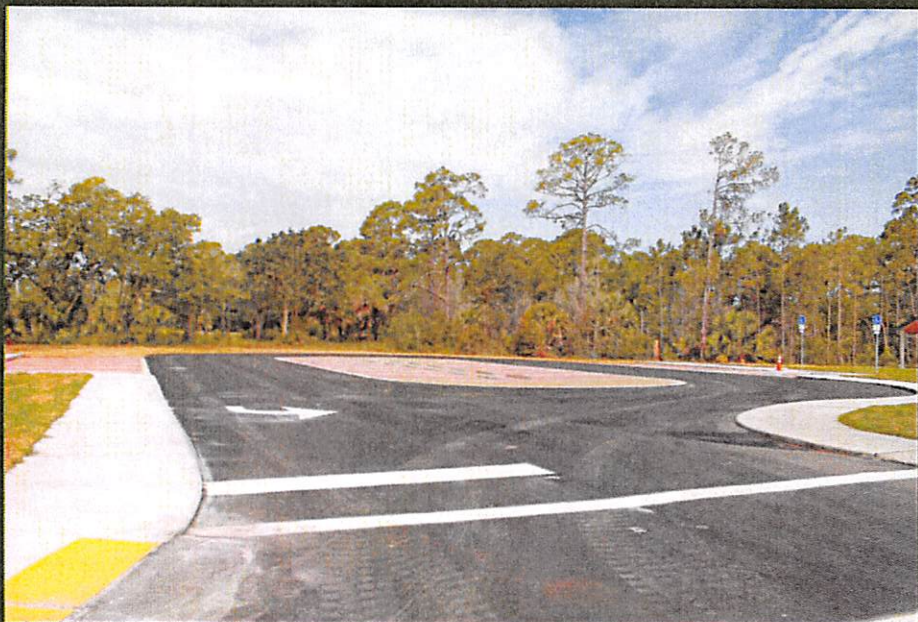
Picnic Pavilion Funded By Coastal Partnership Initiative



Wildlife Observation Deck



New Boater Parking Facilities Funded With FDOT Transportation Alternative Grant



New Boater Parking Facilities Funded With FDOT Transportation Alternative Grant



Future Butterfly Garden Area



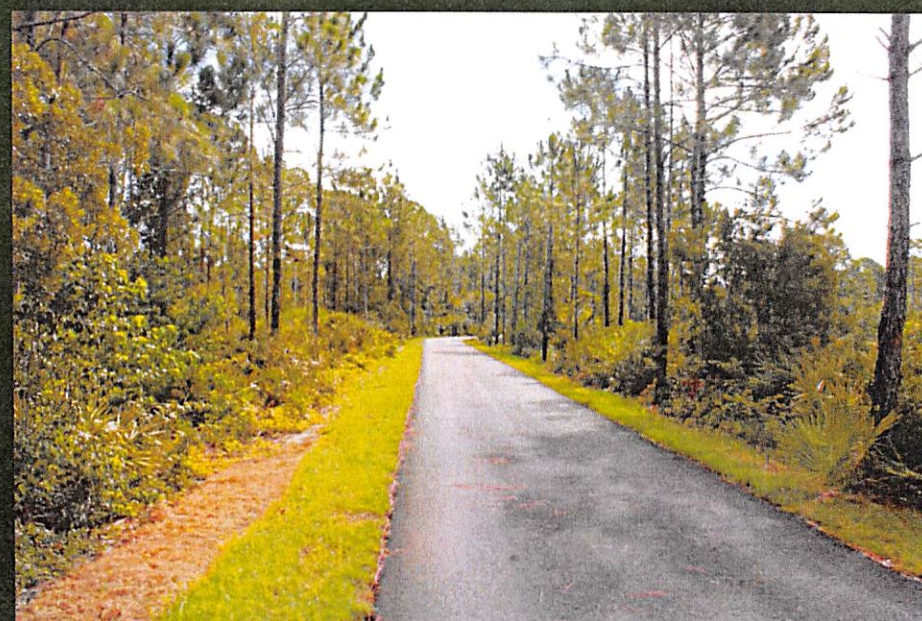
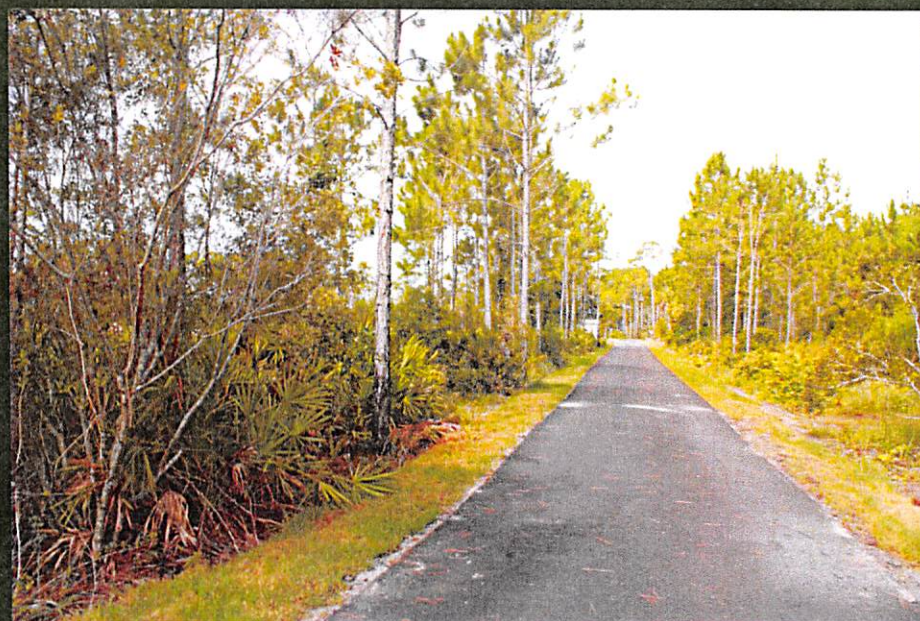
New Picnic Pavilion



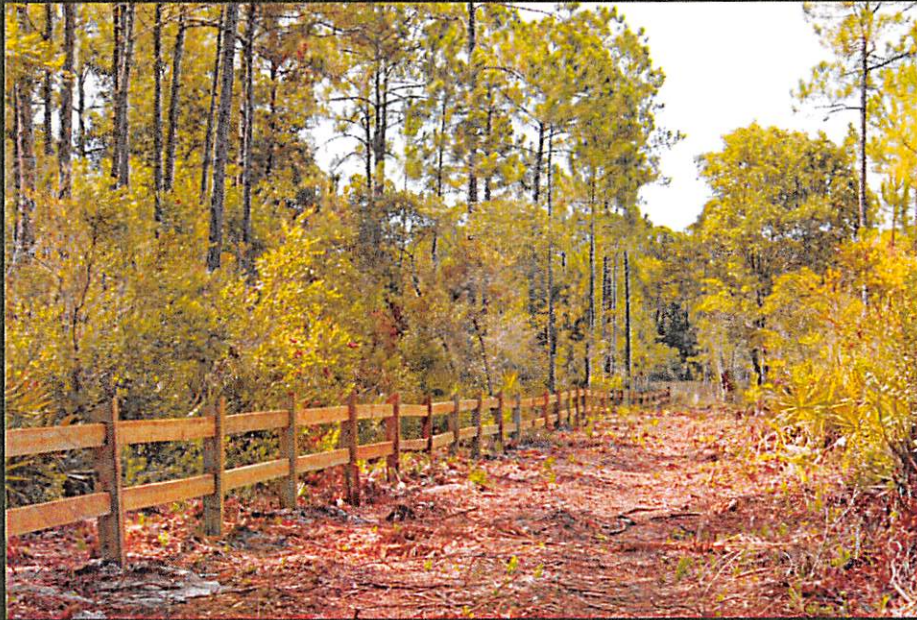
3.2 Mile Trail From Keaton Beach Coastal Park To Dark Island



3.2 Mile Trail From Keaton Beach Coastal Park To Dark Island



Newly Installed Fencing at Keaton Beach Coastal Park



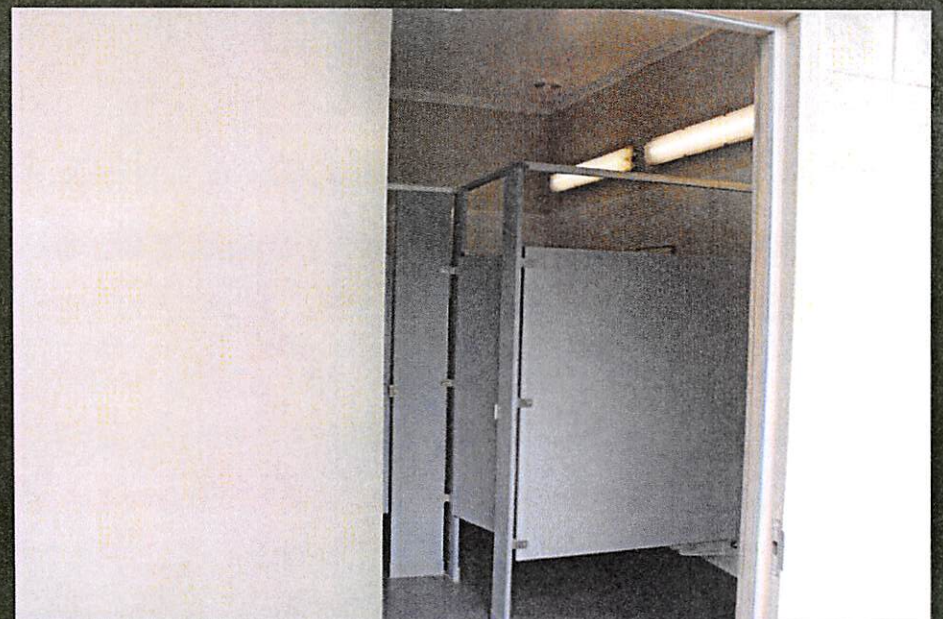
Newly Installed Fencing at Keaton Beach Coastal Park



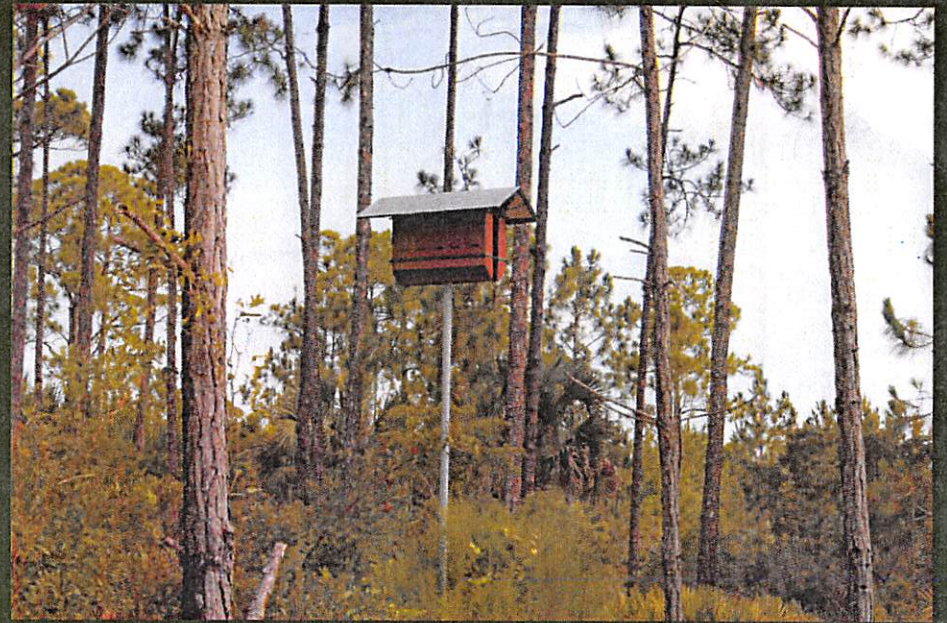
New Restrooms Funded with FDOT Transportation Alternative Grant



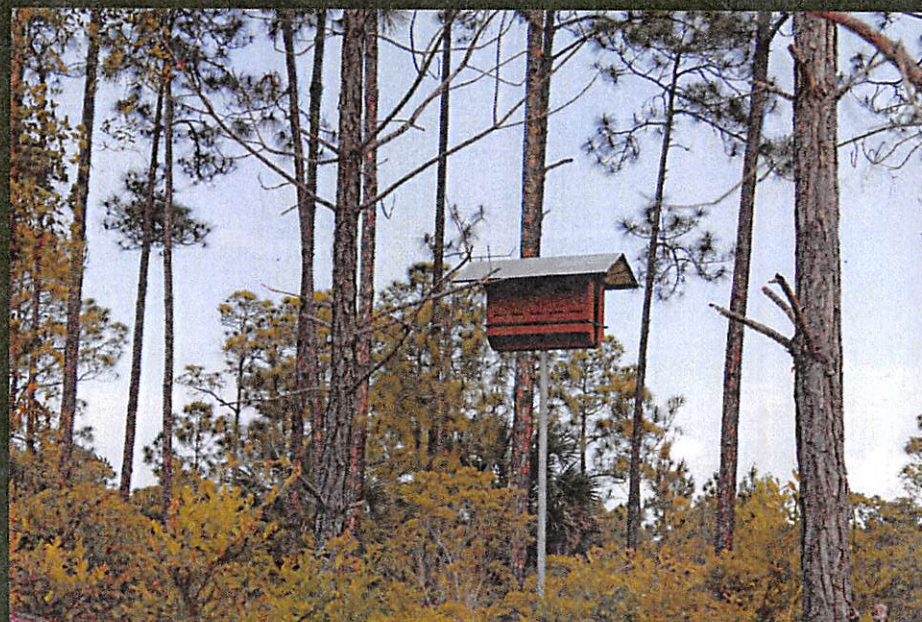
New Restrooms Funded with FDOT Transportation Alternative Grant



Newly Installed 5 Chamber Bat Houses at Keaton Beach Coastal Park



Newly Installed 5 Chamber Bat Houses at Keaton Beach Coastal Park



22

TAYLOR COUNTY BOARD OF COMMISSIONERS

County Commission Agenda Item

SUBJECT/TITLE:

Board to review and approve the Community Transportation Coordinator (CTC) Evaluation for Big Bend Transit, Inc. as required to receive Florida Commission for the Transportation Disadvantaged Trust Fund monies.

MEETING DATE REQUESTED:

September 6, 2016

Statement of Issue: Board to review and approve the CTC evaluation as prepared by staff and Local Coordinating Board members.

Recommended Action: Approve the CTC evaluation.

Budgeted Expense: Not applicable. The evaluation is required for the County to receive funding from the Florida Commission for the Transportation Disadvantaged.

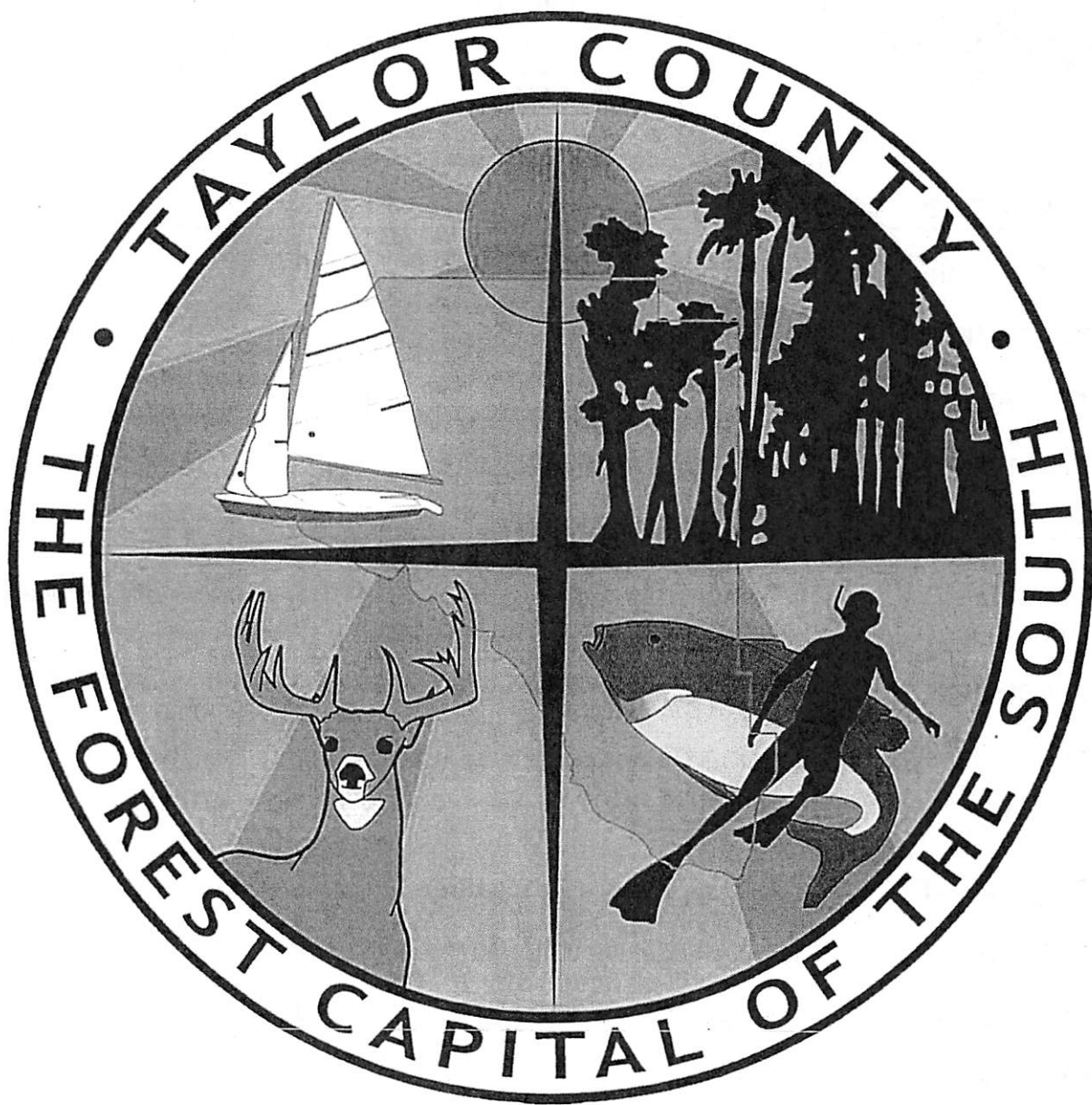
Submitted By: Melody Cox

Contact: Melody Cox

SUPPLEMENTAL MATERIAL / ISSUE ANALYSIS

History, Facts & Issues: As the Planning Agency, the County is required to evaluate Big Bend Transit, Inc. who serves as the Taylor County CTC to receive funding from the Commission for the Transportation Disadvantaged. There were no negative findings in the evaluation process. The TD Commission renewed the Memorandum of Agreement with Big Bend Transit to serve as the Taylor County CTC for the period of July 1, 2016 to June 30, 2021.

Attachments: CTC Evaluation and Big Bend Transit brochures.



2015-2016

CTC EVALUATION



**TAYLOR COUNTY LOCAL COORDINATING BOARD
COMMUNITY TRANSPORTATION COORDINATOR
REVIEW FY 2015-2016**

TABLE OF CONTENTS

CTC Evaluation Workbook

ATTACHMENT A	BBT Complaint Process
ATTACHMENT B	BBT Brochures
ATTACHMENT C	Eligibility Applications
ATTACHMENT D	SSP Compliance Review (Section 5311)
ATTACHMENT E	Annual Safety Certification FDOT Certification of Compliance Section 534 and Drug and Alcohol Policy
ATTACHMENT F	Rider Survey Forms
ATTACHMENT G	TDSP Operations Element 2012-2017
ATTACHMENT H	QA Section of TDSP
ATTACHMENT I	LCB Grievance Procedures
ATTACHMENT J	MOA Effective 02/29/2012 to 06/30/2016
ATTACHMENT K	MOA Effective 07/01/2016 to 06/31/2021
ATTACHMENT L	Miscellaneous

CTC
EVALUATION WORKBOOK

Florida Commission for the



Transportation
Disadvantaged

CTC BEING REVIEWED: Big Bend Transit, Inc.

COUNTY (IES): Taylor

ADDRESS: P.O. Box 1721, Tallahassee, FL 32302

CONTACT: Shawn Mitchell PHONE: 850-574-6266

REVIEW PERIOD: FY 2015-2016 REVIEW DATES: 4/18, 5/9, and 5/25

PERSON CONDUCTING THE REVIEW: J. Collins, M. Cox, T. Copeland

CONTACT INFORMATION: Melody Cox 850-838-3553

LCB EVALUATION WORKBOOK

ITEM	PAGE
REVIEW CHECKLIST _____	3
EVALUATION INFORMATION _____	5
ENTRANCE INTERVIEW QUESTIONS _____	6
GENERAL QUESTIONS _____	9
CHAPTER 427, F.S. _____	13
RULE 41-2, F.A.C. _____	22
COMMISSION STANDARDS _____	32
LOCAL STANDARDS _____	33
AMERICANS WITH DISABILITIES ACT _____	36
FY GRANT QUESTIONS _____	42
STATUS REPORT _____	43
ON-SITE OBSERVATION _____	45
SURVEYS _____	47
LEVEL OF COST WORKSHEET # 1 _____	52
LEVEL OF COMPETITION WORKSHEET #2 _____	53
LEVEL OF AVAILABILITY WORKSHEET #3 _____	55

REVIEW CHECKLIST & SCHEDULE

COLLECT FOR REVIEW:

- ☐ APR Data Pages
- ☒ QA Section of TDSP
- ☒ Last Review (Date: 6/18/15)
- ☐ 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:

BBT has no operator contracts at this time.

5. NAME THE GROUPS THAT YOUR COMPANY HAS COORDINATION

CONTRACTS WITH: Not applicable. BBT does not have any Coordination contracts.

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
FCTD-TDTF	39.5%	Shaun Williams	850-410-5718
AHCA	15.5%	Ogden Deweece	904-789-4267
TAYLOR CO. BOCC	43%	Melody Cox	850-838-3553
General Public & Other	2%	N/A	N/A

7. REVIEW AND DISCUSS TD HELPLINE CALLS:

	Number of calls	Closed Cases	Unsolved Cases
Cost	0		
Medicaid	0		
Quality of Service	0		
Service Availability	0		
Toll Permit	0		
Other	0		

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: 2/29/2012. (New 07/01/2016)

2. WHAT IS THE COMPLAINT PROCESS?

See attachment.

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?

See attachment.

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?

Please note: BBT, the CTC updates the LCB on complaints received at each quarterly meeting. The CTC does update the Planning Grant Manager on complaints throughout the quarter if needed. The County works very closely with the CTC and is in frequent contact with each other.

9. DOES THE CTC PROVIDE WRITTEN RIDER/BENEFICIARY INFORMATION OR BROCHURES TO INFORM RIDERS/ BENEFICIARIES ABOUT TD SERVICES?

☒ Yes ☐ No If yes, what type?

The CTC provides brochures to riders and the brochure is distributed at key user locations in the County. The brochure is an attachment to the evaluation.

10. DOES THE RIDER/ BENEFICIARY INFORMATION OR BROCHURE LIST THE OMBUDSMAN NUMBER?

☒ Yes ☐ No

See attached brochure.

11. DOES THE RIDER/ BENEFICIARY INFORMATION OR BROCHURE LIST THE COMPLAINT PROCEDURE?

☒ Yes ☐ No

12. WHAT IS YOUR ELIGIBILITY PROCESS FOR TD RIDERS/ BENEFICIARIES?

By Application. Applicants must qualify in one of the following areas: Age, Mental and/or Physical disability or income. A copy of the application is attached.

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?

As Taylor County is rural with a large service area, BBT works closely with adjacent counties to maximize available transportation services.

14. ARE THERE ANY AREAS WHERE COORDINATION CAN BE IMPROVED?

The CTC works closely with the County ensuring the best possible services are provided with available funding. There is a need to expand services for the elderly and students traveling out of county to educational facilities but that is not possible at this time due to lack of funding. The County hopes to expand its program to offer more services to the coastal communities located in the south end of the County. ■

15. WHAT BARRIERS ARE THERE TO THE COORDINATED SYSTEM?

Financial. Taylor County is a rural county designated as one of "critical economic concern". The County is one of the largest in the state with 1,233 square miles. Distance is critical in many of the outlying areas, particularly in the south end of the County. Travel is made more difficult due to more than half of the roads being unpaved. The Community of Steinhatchee is 45 miles from the City of Perry.

16. ARE THERE ANY AREAS THAT YOU FEEL THE COMMISSION SHOULD BE AWARE OF OR CAN ASSIST WITH?

Big Bend Transit (BBT) has been very responsive to Taylor County LCB and staff. The Taylor County Board of Commissioners as well as the LCB are very satisfied with BBT and the service they provide our citizens. BBT has always went above and beyond assisting the County with transportation needs.

17. WHAT FUNDING AGENCIES DOES THE CTD NEED TO WORK CLOSELY WITH IN ORDER TO FACILITATE A BETTER-COORDINATED SYSTEM?

Department of Elderly Affairs or Senior Services. There seems to be a gap in the transportation services offered to seniors in Taylor County. Outlying rural areas definitely lack access to TD services. Accessing TD services is completely unaffordable in the outlying rural areas to many of our low income residents due to distance.

18. HOW ARE YOU MARKETING THE VOLUNTARY DOLLAR?

Voluntary dollars are used for the local "in town" shuttle program, Veteran's program, and transportation for local participants in the Special Olympics. The County also offers free transportation on the "in town" shuttle for all riders during the month of December.

GENERAL QUESTIONS

Findings:

There are no findings which had a negative impact on the program. BBT has been quick to respond to dissatisfied riders / beneficiaries. BBT responds immediately to any requests made by the Taylor County BOCC, Planning Grant Manager and the LCB. In addition, BBT has become a valuable member of the community and has gone above and beyond to provide assistance in any way possible to the County. Our riders as well as the Board of Commissioners and the LCB know BBT truly cares about the welfare of the citizens of Taylor County not just the TD population.

Recommendations:

Continue to ensure riders needs are met and complaints are addressed immediately. Continue to work closely with the County addressing the needs of the local transportation disadvantaged as well as the local "in town" shuttle riders.

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
The CTC has no outside				
contracts with operators at				
this time.				

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: There have been no reoccurring problems.

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 (100%) ☒ Yes ☐ No

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

Comments:

CTC was in compliance with Chapter 427, F.S. A copy of the last AOR is included in the evaluation attachments. There were no issues in the AOR that need clarification or were problematic. The CTC (Big Bend Transit) was recently reappointed to serve as the CTC in Taylor County. The MOA will be in affect from July 1, 2016 to June 30, 2021. TDSP will be completely updated by October 2016 per the terms of the new MOA and the Planning Grant Agreement(s).

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?

Daily monitoring and annual monitoring passenger surveys are conducted by the General Manager. BBT has a System Safety Program and Driver Alert Program. BBT obtained the Bus Transit System Annual Safety and Security Certification and the FDOT Certificate of Compliance required for Section 5311 funding. BBT currently does not use outside operators or contractors.

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?

Not applicable as BBT doesn't use a Coordination Contractor in Taylor County.

Is a written report issued? ☐ Yes ☐ No

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

Not Applicable.

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

Not applicable.

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?

The CTC does not utilize school buses in Taylor County.

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?

Not applicable.

Is the CTC accomplishing the goal? ☐ Yes ☐ No
Not applicable.

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

Comments:

Taylor County does not have a public transit system.

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.

The CTC prepares applicable transportation grant applications on behalf of Taylor County. The LCB reviews and approves the grant application at quarterly meetings or special meetings when so needed. The LCB is provided copies of grant applications at least 10 days prior to LCB meetings in which the application will be approved. The FDOT 5310 and 5311 applications and the Shirley Conroy Rural Capital Assistance Grant application are approved by the LCB.

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

Not applicable.

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

☐ Yes ☐ No

Not applicable.

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

Comments:

The LCB, CTC and County work "hand in hand" on pursuing grants and other funding sources to provide services to the transportation disadvantaged in Taylor County.

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):

The TDSP will be completely updated by October 2016 per the terms of the new MOA and the CTC selection process. We have not had any problems in the past with the CTC and the QA Section of the TDSP.

WHAT ARE THE PRIORITIES FOR THE TDTF TRIPS?

See attachment 18A

HOW ARE THESE PRIORITIES CARRIED OUT?

These priorities are instrumental in the scheduling process. The CTC Reservationist obtains all pertinent passenger information and utilizes CTS Software for the trip scheduling process. These measures ensure the priorities are being carried out.

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

Comments:

The CTC is in compliance with Chapter 427.0155(7).

Attachment 18A

Priorities for the TDFT Trips are as follows:

- 1. Medical and medical related trips**
- 2. Employment (intra-county) trips**
- 3. Personal business (intra-county) trips**
- 4. Education/training (intra-county) trips**
- 5. Shopping (intra-county) trips**
- 6. Social/recreational (intra-county) trips**
- 7. Employment (inter-county) trips**
- 8. Other (inter-county) trips**

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:

See attachment 19A.

2. Hours of Intake:

Applicable pages from the TDSP are an attachment to the evaluation.

3. Provisions for After Hours Reservations/Cancellations?

Message on answering service.

4. What is the minimum required notice for reservations?

One day in advance of the day of travel and needed transportation.

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

Thirty (30) days.

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

Comments:

The CTC is in compliance and there are no problems in this area.

Attachment 19A

Service Hours:

6:00 a.m. to 6:00 p.m. seven days a week, for reservation/demand services. The Veteran's shuttle to Lake City VA Hospital runs on Tuesday at 7:30 a.m. The TDTF and the Taylor County Board of Commissioners fund this program. Local "in town" shuttle operates from 7:00 a.m. to 6:00 p.m. Monday through Friday. The shuttle is funded by the Taylor County Board of Commissioners.

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?

Purchase Order for reservation service and/or price arrangements approved by CTC.

HAVE ANY INNOVATIVE WAGES TRANSPORTATION SERVICES BEEN DEVELOPED?

Not at this time.

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

Comments:

None. CTC is in compliance.

CHAPTER 427

Findings:

None at this time.

Recommendations:

None at this time.

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?

\$100,000/Person

\$200,000/Incident

CTC \$1,000,000

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

\$100,000/Person

\$200,000/Incident

HOW MUCH DOES THE INSURANCE COST (per operator)?

Operator	Insurance Cost
BBT	\$158,982 for a fleet of 85 vehicles
	10 for Taylor County

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:

CTC is in compliance with 41-2.006(1)

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: 06/30/2016

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

Comments:

The CTC is in compliance and a copy of the latest BBT Compliance Review and Drug & Alcohol Policy is an attachment to the evaluation.

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: Not Applicable. CTC does not have Coordination Contractors.					

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: As a rural county, the County does not have and/or use transportation alternatives.					

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

RULE 41-2

Findings:

There were no findings.

Recommendations:

None at this time.

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.	This is posted in all vehicles. When riding the shuttle for the evaluation, the LCB review committee noted the phone number was posted in an easy to see location.
Vehicle Cleanliness	Vehicles were clean and in good repair upon inspection.
Passenger/Trip Database	In compliance.

Adequate seating	There was adequate seating and storage upon review.
Driver Identification	On the three occasions the LCB review committee rode, the drivers were wearing identification.
Passenger Assistance	On all three trips the LCB review committee took, the drivers were helpful, courteous and attentive to the riders.
Smoking, Eating and Drinking	In Compliance. There were no signs of smoking, eating or drinking on the van/shuttle. The shuttle was very clean.

Two-way Communications	In compliance.
Air Conditioning/Heating	The air conditioning was running in the vehicle during the review and the driver was considerate of riders comfort. The heating system was fully operational.
Billing Requirements	In compliance.

COMMISSION STANDARDS

Findings:

The highlight of the CTC evaluation was riding on BBT vans and talking with the drivers and passengers. As always, the passengers were pleased with BBT services and the only negative comments were the need for expanded services (i.e. more stops). The drivers were helpful to the CTC evaluation committee and were very courteous answering questions. When County staff calls in trips for Veterans or other needs, BBT staff is always polite and helpful. BBT goes above and beyond to provide assistance to the community when ever possible, and are a truly valuable partner in addressing local needs.

Recommendations:

Keep up the wonderful job!!!

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	The CTC was in compliance with TD standards as well as local standards.
Use, Responsibility, and cost of child restraint devices	The CTC was in compliance with TD standards as well as local standards.
Out-of-Service Area trips	The CTC was in compliance with TD standards as well as local standards.
CPR/1st Aid	The CTC was in compliance with TD standards as well as local standards.
Driver Criminal Background Screening	The CTC was in compliance with TD standards as well as local standards.
Rider Personal Property	The CTC was in compliance with TD standards as well as local standards.
Advance reservation requirements	The CTC was in compliance with TD standards as well as local standards.
Pick-up Window	The CTC was in compliance with TD standards as well as local standards.

<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	19,356
	Operator A	Operator A	
	Operator B	Operator B	
	Operator C	Operator C	
On-time performance	CTC	CTC	No complaints
	Operator A	Operator A	
	Operator B	Operator B	
	Operator C	Operator C	
Passenger No-shows	CTC	CTC	279
	Operator A	Operator A	
	Operator B	Operator B	
	Operator C	Operator C	
Accidents	CTC	CTC	0
	Operator A	Operator A	
	Operator B	Operator B	
	Operator C	Operator C	
Roadcalls	CTC	CTC	5
	Operator A	Operator A	
	Operator B	Operator B	
	Operator C	Operator C	
Average age of fleet:	CTC	CTC	
	Operator A	Operator A	
	Operator B	Operator B	
	Operator C	Operator C	
Complaints	CTC	CTC	0
	Operator A	Operator A	
	Operator B	Operator B	
	Operator C	Operator C	
Number filed:	CTC	CTC	
	Operator A	Operator A	
	Operator B	Operator B	
	Operator C	Operator C	
Call-Hold Time	CTC	CTC	No complaints
	Operator A	Operator A	
	Operator B	Operator B	
	Operator C	Operator C	

LOCAL STANDARDS

Findings:

There were no negative findings and the CTC is successfully meeting both TD and local standards.

Recommendations:

None at this time.

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	Yes	Yes	
Accommodating Life Support Systems (O ₂ Tanks, IV's...)	Yes	Yes	
Passenger Restraint Policies	Yes	Yes	
Standee Policies (persons standing on the lift)	Yes	Yes	
Driver Assistance Requirements	Yes	Yes	
Personal Care Attendant Policies	Yes	Yes	
Service Animal Policies	Yes	Yes	
Transfer Policies (From mobility device to a seat)	Yes	Yes	
Equipment Operation (Lift and securement procedures)	Yes	Yes	
Passenger Sensitivity/Disability Awareness Training for Drivers	Yes	Yes	

RANDOMLY SELECT ONE OR TWO VEHICLES PER CONTRACTOR (DEPENDENT 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.

All BBT vehicles meet ADA standards.

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

IS A RAMP PROVIDED? ☐ Yes ☐ No

Not applicable for this review.

ARE THE BATHROOMS ACCESSIBLE? ☐ Yes ☐ No

Not applicable for this review.

Bus and Van Specification Checklist

Name of Provider: Not applicable for this review.

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
Big Bend Transit	10	10	Taylor and surrounding area.

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

☒ Yes ☐ No

Based on all parts of the review including Table 1, riders of Big Bend Transit in Taylor County have equal service.

ADA COMPLIANCE

Findings:

No findings. The CTC was in compliance with ADA. The LCB members conducting the review as well as riders interviewed were of the opinion BBT went above and beyond to provide ADA accessibility as well as provide assistance when so needed to those with accessibility needs.

Recommendations:

None at this time.

FY 2015 / 2016 GRANT QUESTIONS

The following questions relate to items specifically addressed in the FY 2015 / 2016 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 2014-2015 and 2015-2016)

☒ 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 2014-2015 and 2015-2016)

☒ 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 2014-2015 and 2015-2016)

☒ Yes ☐ No

STATUS REPORT FOLLOW-UP FROM LAST REVIEW(S)

DATE OF LAST REVIEW: 6/18/2015

STATUS REPORT DATED: 6/19/2015

CTD RECOMMENDATION:

The only findings the LCB had the last review was the van drivers not enforcing riders wearing seat belts.

CTC Response:

After contacting BBT, the issue was immediately addressed with the drivers per BBT management.

Current Status:

County staff as well as LCB members have rode the van numerous times and the drivers have always enforced wearing seat belts.

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: 4/18/2016

Please list any special guests that were present: T. Copeland/M. Cox/J. Collins

Location: Taylor County Courthouse

Number of Passengers picked up/dropped off: 7

Ambulatory

7

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:

Not applicable.

CTC: Big Bend Transit, Inc.

County: Taylor

Date of Ride: 4/18/2016

Funding Source	No. of Trips	No. of Riders/Beneficiaries	No. of Calls to Make	No. of Calls Made
CTD				
Medicaid				
Other		7 riders were on the shuttle trip.		
Other		Spoke with riders on the shuttle, all were satisfied.		
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

RIDER/BENEFICIARY SURVEY

SEE ATTACHED SURVEYS

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

Not applicable in Taylor 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: Melody Cox

Purchasing Agency name: Taylor County Board of Commissioners

Representative of Purchasing Agency: Jay Taylor

1) Do you purchase transportation from the coordinated system?

☒ YES

☐ NO If no, why?

2) Which transportation operator provides services to your clients?

Big Bend Transit provides transportation to Taylor County Veterans and Special Olympics participants.

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.

FLCTD

Annual Operations Report

Section I: Face Sheet

County: Taylor	Fiscal Year: July 1, 2014 - June 30, 2015
Status: Submitted to FLCTD	
Report Date:	09/14/2015
Period Covered:	July 1, 2014 - June 30, 2015
Coordinator's Name:	BIG BEND TRANSIT, INC.
Address:	POST OFFICE BOX 1721
City:	TALLAHASSEE
Zip Code:	32302
Service Area:	Taylor
Contact Person:	SHAWN MITCHELL
Title:	GENERAL MANAGER
Phone:	(850) 574 - 6266
Fax:	(850) 574 - 1531
Email:	smitchell@bigbendtransit.org
Network Type:	Sole Source
Organization Type:	Private Non-Profit
CTC Certification: I, SHAWN MITCHELL, as the authorized Community Transportation Coordinator (CTC) Representative, hereby certify, under the penalties of perjury as stated in Chapter 837.06, F.S., that the information contained in this report is true, accurate, and in accordance with the accompanying instructions.	
CTC Representative (signature) <hr style="width: 30%; margin-left: 0;"/>	
LCB Statement: I, _____, as the local Coordinating Board Chairperson, hereby, certify in accordance with Rule 41-2.007(7) F.S. that the local Coordinating Board has reviewed this report and the Planning Agency has received a copy.	
LCB Signature <hr style="width: 30%; margin-left: 0;"/>	

FLCTD
Annual Operations Report
Section II: General Info

County: Taylor

Fiscal Year: July 1, 2014 - June 30, 2015

Status: Submitted to FLCTD

Section II: Coordinated System General Information

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

Number of Private Non-Profits: 1

Number of Private For-Profits: 0

Public Entities:

School Board: 0

Municipality: 0

County: 0

Transit Authority: 0

Other: 0

Total: 1

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

0

FLCTD

Annual Operations Report

Section III: Passenger Trip Info

County: Taylor		Fiscal Year: July 1, 2014 - June 30, 2015	
Status: Submitted to FLCTD			
Section III: Passenger Trip Information			
1a. One-Way Passenger Trips			
Type of Service	Service Area		
Fixed Route/Fixed Schedule	Within	Outside	Total
Daily Trip Tickets	0	0	0
Weekly Passes	0	0	0
Monthly Passes	0	0	0
Deviated Fixed Route Service	8346	0	8346
Paratransit			
Ambulatory	7376	1154	8530
Non-Ambulatory	2337	141	2478
Stretcher	0	2	2
Other Services			
School Board Trips	0	0	0
Total Trips	18059	1297	19356
1b. How many of the total trips were provided by contracted transportation providers (do not include the CTC, if the CTC provides transportation services)?			0
1c. How many of the total trips were provided by coordination contractors?			0
2. One-Way Trips by Funding Source			
Agency for Health Care Administration	66		
Agency for Persons with Disabilities	0		
Agency for Workforce Innovation	0		
Commission for the Transportation Disadvantaged	7669		
Department of Children and Families	0		
Department of Community Affairs	0		
Department of Education	0		
Department of Elder Affairs	0		
Department of Health	0		

Department of Juvenile Justice	0
Florida Department of Transportation	0
Local Government	8346
Local Non-Government	3275
Other Federal Programs	0
Total:	19356
3. One-Way Trips by Passenger Type	
Was this information obtained by sampling?	yes
Elderly	
Low Income:	4181
Disabled:	91
Low Income and Disabled:	1680
Other:	254
Children	
Low Income:	10
Disabled:	0
Low Income and Disabled:	0
Other:	63
Other	
Low Income:	11750
Disabled:	205
Low Income and Disabled:	407
Other:	715
Total:	19356
4. One-Way Passenger Trips - by Purpose	
Was this information obtained by sampling?	yes
Medical Purpose	4030
Employment Purpose	5574
Education/Training/Daycare Purpose	4487
Nutritional Purpose	759
Life-Sustaining/Other Purpose	4506
Total:	19356
5. Unduplicated Passenger Head Count	
Sa. Paratransit/Deviated Fixed Route/ School Brd	726

5b. Fixed Route	0
Total:	726
6. Number of Unmet Trip Requests	23
Unmet Trip Requests by Type of Trip	
Unmet Medical	23
Unmet Employment	0
Unmet Education/Training/Daycare	0
Unmet Nutritional	0
Unmet Life-Sustaining/Other	0
Reason Trip was Denied (Optional)	
Lack of Funding:	0
Lack of Vehicle Availability:	0
Lack of Driver Availability:	0
Other:	0
7.) Number of Passenger No-shows	279
Passenger No-Shows by Funding Source (optional)	
CTD:	0
AHCA:	0
AWI:	0
DCF:	0
APD:	0
DOE:	0
DOEA:	0
Other:	0
8. Complaints	
Complaints by Service	0
Complaints by Policy	0
Complaints by Vehicle	0
Complaints by Other	0
Complaint Total:	0
9. Commendations	
Commendations by CTC	0

Commendations by Transportation Providers	0
Commendations by Coordination Contractors	0
Total Commendations:	0

FLCTD

Annual Operations Report

Section IV: Vehicle Info

County: Taylor		Fiscal Year: July 1, 2014 - June 30, 2015	
Status: Submitted to FLCTD			
Section IV: Vehicle Information			
1. Mileage Information			
	Vehicle Miles		Revenue Miles
CTC:	265255		208464
Transportation Providers:	0		0
Coordination Contractors:	0		0
School Bus Utilization Agreement:	0		0
Total:	265255		208464
2. Roadcalls			
	5		
3. Accidents			
	Chargeable		Non-Chargeable
Total Accidents Person Only:	0		0
Total Accidents Vehicle Only:	0		0
Total Accidents Person & Vehicle:	0		0
Total Accidents:	0		0
Grand Total:	0		
4. Total Number of Vehicles			
	10		
	Count		Percentage
a. Total vehicles that are wheelchair accessible:	9		90.00%
b. Total vehicles that are stretcher equipped:	1		10.00%

FLCTD

Annual Operations Report

Section V: Employee Info

County: Taylor		Fiscal Year: July 1, 2014 - June 30, 2015	
Status: Submitted to FLCTD			
Section V: Employee Information			
1. CTC and Transportation Provider Employee Information			
			Hours
Full-Time Drivers	4		7757
Part-Time Drivers	0		0
Volunteer Drivers	0		0
Total Hours:			7757
Maintenance Employees	3		
Dispatchers	1		
Schedulers	1		
Call Intake/Reserv./Cust. Serv.	1		
Other Operations Employees	0		
			Hours
Other Volunteers	0		0
Administrative Support	2		
Management Employees	4		
Total	12		
2. Coordination Contractors Employee Information			
			Hours
Full-Time Drivers	0		0
Part-Time Drivers	0		0
Volunteer Drivers	0		0
Total Hours:			0
Maintenance Employees	0		
Dispatchers	0		
Schedulers	0		
Call Intake/Reserv./Cust. Serv.	0		

Other Operations Employees	0	
		Hours
Other Volunteers	0	0
Administrative Support	0	
Management Employees	0	
Total	0	
		TOTAL HOURS: 7757

FLCTD

Annual Operations Report

Section VI: Revenue Sources

County: Taylor		Fiscal Year: July 1, 2014 - June 30, 2015	
Status: Submitted to FLCTD			
Section VI: Financial Data			
1. Detailed Revenue and Trips Provided by Funding Source			
Revenue Source	CTC and Transportation Providers	Coordination Contractors	TOTAL REVENUES
Agency for Health Care Administration			
Medicaid Non-Emergency	\$16,374.00	\$0.00	\$16,374.00
Medicaid Non-Emergency (under fixed fee service with AHCA)	\$0.00	\$0.00	\$0.00
Agency for Persons with Disabilities			
Comm Care for Dis Adults/Aging & Adult Services	\$0.00	\$0.00	\$0.00
Developmental Services	\$0.00	\$0.00	\$0.00
Other (specify)	\$0.00	\$0.00	\$0.00
Agency for Workforce Innovation			
WAGES/Workforce Board	\$0.00	\$0.00	\$0.00
Other (specify)	\$0.00	\$0.00	\$0.00
Commission for the Transportation Disadvantaged			
Non-Sponsored Trip Program	\$234,487.00	\$0.00	\$234,487.00

Non-Sponsored Cap. Equip.	\$24,603.00	\$0.00	\$24,603.00
Rural Capital Equip.	\$0.00	\$0.00	\$0.00
TD Other (specify)	\$0.00	\$0.00	\$0.00

Department of Children and Families

Alcohol, Drug Abuse & Mental Health Program	\$0.00	\$0.00	\$0.00
Family Safety & Preservation	\$0.00	\$0.00	\$0.00
Other (specify)	\$0.00	\$0.00	\$0.00

Department of Community Affairs

Community Services	\$0.00	\$0.00	\$0.00
Other (specify)	\$0.00	\$0.00	\$0.00

Department of Education

Carl Perkins Vocational Ed. Act	\$0.00	\$0.00	\$0.00
Division of Blind Services	\$0.00	\$0.00	\$0.00
Vocational Rehabilitation	\$0.00	\$0.00	\$0.00
Day Care Programs	\$0.00	\$0.00	\$0.00
Other (specify)	\$0.00	\$0.00	\$0.00

Department of Elder Affairs

Older Americans Act	\$0.00	\$0.00	\$0.00
Community Care for the Elderly	\$0.00	\$0.00	\$0.00
Other (specify)	\$0.00	\$0.00	\$0.00

Department of Health

Children's Medical Services	\$0.00	\$0.00	\$0.00
Office of Disability Deter.	\$0.00	\$0.00	\$0.00

County Public Health Unit	\$0.00	\$0.00	\$0.00
Other (specify)	\$0.00	\$0.00	\$0.00
Department of Juvenile Justice			
(specify)	\$0.00	\$0.00	\$0.00
Department of Transportation			
49 USC 5307 (Section 9)	\$0.00	\$0.00	\$0.00
49 USC 5310 (Section 16)	\$0.00	\$0.00	\$0.00
49 USC 5311 (Section 18)	\$91,871.00	\$0.00	\$91,871.00
49 USC 5311(f) (Section 18i)	\$0.00	\$0.00	\$0.00
Block Grant	\$0.00	\$0.00	\$0.00
Service Development	\$24,364.00	\$0.00	\$24,364.00
Commuter Assistance Program	\$0.00	\$0.00	\$0.00
Other DOT (Specify)	\$0.00	\$0.00	\$0.00
Local Government			
School Board Service	\$0.00	\$0.00	\$0.00
Complementary ADA Service	\$0.00	\$0.00	\$0.00
County Cash	\$49,165.00	\$0.00	\$49,165.00
County In-Kind	\$0.00	\$0.00	\$0.00
City Cash	\$0.00	\$0.00	\$0.00
City In-Kind	\$0.00	\$0.00	\$0.00
Other Cash (specify)	\$0.00	\$0.00	\$0.00
Other In-Kind (specify)	\$0.00	\$0.00	\$0.00
Local Non-Government			
Farebox	\$25,369.00	\$0.00	\$25,369.00

Donations, Contributions	\$0.00	\$0.00	\$0.00
In-Kind Services	\$0.00	\$0.00	\$0.00
Other Non-Government	\$185,120.00	\$0.00	\$185,120.00
Other Federal or State Programs			
(specify)	\$0.00	\$0.00	\$0.00
(specify)	\$0.00	\$0.00	\$0.00
(specify)	\$0.00	\$0.00	\$0.00
GRAND TOTAL:	\$651,353.00	\$0.00	\$651,353.00

FLCTD
Annual Operations Report
Section VII: Expense Sources

County: Taylor		Fiscal Year: July 1, 2014 - June 30, 2015	
Status: Submitted to FLCTD			
Section VII: Financial Data			
2. Expense Sources			
Expense Item	Community Transportation Coordinator	Coordination Contractor	TOTAL EXPENSES
Labor (501):	\$217,779.00	\$0.00	\$217,779.00
Fringe Benefits (502):	\$112,624.00	\$0.00	\$112,624.00
Services (503):	\$10,495.00	\$0.00	\$10,495.00
Materials and Supplies Cons. (504):	\$112,714.00	\$0.00	\$112,714.00
Utilities (505):	\$6,803.00	\$0.00	\$6,803.00
Casualty and Liability (506):	\$27,649.00	\$0.00	\$27,649.00
Taxes (507):	\$156.00	\$0.00	\$156.00
Purchased Transportation Services (508)			
Bus Pass Expenses:	\$0.00	\$0.00	\$0.00
School Bus Expenses:	\$0.00	\$0.00	\$0.00
Other:	\$279.00	\$0.00	\$279.00
Miscellaneous (509):	\$4,274.00	\$0.00	\$4,274.00
Interest (511):	\$0.00	\$0.00	\$0.00
Leases and Rentals (512):	\$5,518.00	\$0.00	\$5,518.00
Annual Depreciation (513):	\$54,624.00	\$0.00	\$54,624.00
Contributed Services (530):	\$0.00	\$0.00	\$0.00
Allocated Indirect Expenses:	\$0.00	\$0.00	\$0.00
GRAND TOTAL:	\$552,915.00	\$0.00	\$552,915.00

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	1		19,356	100%
Private For-Profit				
Government				
Public Transit Agency				
Total			19,356	100%

2. How many of the operators are coordination contractors? 0
3. Of the operators included in the local coordinated system, how many have the capability of expanding capacity? N/A
- Does the CTC have the ability to expand? Yes
4. Indicate the date the latest transportation operator was brought into the system. N/A
5. Does the CTC have a competitive procurement process? Yes
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?

Request for Qualifications and the low bid is used to select operators. The value of the bid is also taken into consideration. BBT is the only operator in the County and currently does not use outside contractors.

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

<input checked="" type="checkbox"/>	Capabilities of operator	<input checked="" type="checkbox"/>	Scope of Work
<input checked="" type="checkbox"/>	Age of company	<input checked="" type="checkbox"/>	Safety Program
<input checked="" type="checkbox"/>	Previous experience	<input checked="" type="checkbox"/>	Capacity
<input checked="" type="checkbox"/>	Management	<input checked="" type="checkbox"/>	Training Program
<input checked="" type="checkbox"/>	Qualifications of staff	<input checked="" type="checkbox"/>	Insurance
<input checked="" type="checkbox"/>	Resources	<input checked="" type="checkbox"/>	Accident History
<input checked="" type="checkbox"/>	Economies of Scale	<input checked="" type="checkbox"/>	Quality
<input checked="" type="checkbox"/>	Contract Monitoring	<input checked="" type="checkbox"/>	Community Knowledge
<input checked="" type="checkbox"/>	Reporting Capabilities	<input checked="" type="checkbox"/>	Cost of the Contracting Process
<input checked="" type="checkbox"/>	Financial Strength	<input checked="" type="checkbox"/>	Price
<input checked="" type="checkbox"/>	Performance Bond	<input checked="" type="checkbox"/>	Distribution of Costs
<input checked="" type="checkbox"/>	Responsiveness to Solicitation		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? 4

How many responded? 1

The request for bids/proposals was distributed:

X Locally X Statewide _____ Nationally

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

Level of Availability (Coordination)

Worksheet 3

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

CTC provides Advance Reservation (passenger) Intra-County Services, Advance Reservation (group) Intra-County Services, Advance Reservation Inter-County Services, Demand Response Service, Fixed Route Service, Non-Emergency Medical Stretcher Service, and Evacuation Service. BBT also has coordinated with the County on a weekly Veteran's Shuttle to the VA in Lake City and Special Olympics Transportation Program for participants in the Special Olympics. The coordinated plan for the County TD population is addressed in the TDSP Service Plan.

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

BBT distributes a Coordinated Transportation System of Taylor County brochure throughout the County. The "in town" shuttle schedule is also distributed throughout the County. Taylor County Health Department, the Veterans Service office, and the Taylor County VA Clinic distributes copies of the brochures and provides assistance filling out the Beneficiary Qualification Form. The County holds two public meetings annually to educate the public on the local TD program. The quarterly LCB meetings are also advertised to the public in the local paper and the local newspaper runs several articles a year about the program.

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

BBT has a Beneficiary Qualification Form to determine eligibility of medicaid rider eligibility. Qualified beneficiaries receive a Transportation Service Letter and information on beneficiary rights, responsibilities and trip information. For general public reservations riders must provide the scheduling personnel at BBT their name, phone number, origin and destination. BBT utilizes CTS Software to coordinate transportation scheduling and beneficiary information. It is anticipated there will be several changes to the Certification process the upcoming year with the new Medicaid Managed Health Care changes.

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

BBT requires each individual to fill out Beneficiary Qualification Forms to determine eligibility. Assistance is provided if needed to beneficiaries filling out the form. BBT maintains records on beneficiaries and CTS Software is used to assist with the maintenance of records and scheduling.

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

BBT has an on-site experienced Transportation Manager in the paratransit and transportation business. In addition to the Manager, BBT has staff specifically for call intake, reservations, customer service scheduling and dispatch.

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

See attached Page 56A. With the execution of the new MOA, the TDSP will be completely updated by October 2016. The Reservation Process is included in the TDSP and was included in the 2012-2017 TDSP on Pages 28-33 which is an attachment to the evaluation.

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

The TDSP is currently being updated, however the process of allocating trips is outlined on page 32 of the 2012-2017 TDSP and is an attachment to the evaluation.

Scheduling – How is the trip assignment to vehicles coordinated?

See attached Page 56A. The Service Plan Section of the 2012-2017 TDSP also provides information and is an attachment to the evaluation.

Reservations:

Utilizing CTS Software, Inc. reservations are taken as follows:

1. Customer or Agency representing a Client calls the CTC reservationist to request a trip. Trip request may be advanced day reservation (up to 30 days on advance) and, to a restricted extent, received on the same day. Subscription, standing order/repeat, trips need only be entered once, but are available for cancellation or alteration on any particular day.
2. CTC reservationist enters information pertinent to passenger registration into the system at this time, or in the case of a registered passenger, retrieves the passenger in the system by name or identification number. The reservationist questions the passenger for specific trip information, including day, time(s), origin, destination, one-way/roundtrip, and special instructions/conditions surrounding the trip. Upon completion of the reservation (entry into the system), the reservationist tells the passenger the time of earliest pick-up and the fare to be paid (if applicable), and gives the passenger a confirmation number which includes the date of the reservation and the time of the reservation was taken. Passenger eligibility for the trip requested, including Medicaid eligibility and qualification, is accomplished at the time the trip is reserved.

Scheduling:

Utilizing CTS Software Inc. trips are coordinated as follows:

1. Trips for the following day are scheduled to the appropriate driver/vehicle or assigned to the appropriate carrier.
2. Driver manifests and carrier assignments are generated by the system and distributed. Service is provided, to the extent possible, in accordance with the information on the manifest, with the driver/carrier entering actual pickup time and odometer reading, actual arrival time and odometer reading, and trip status code (completed, no-show, canceled, etc.) for each trip.
3. Completed driver manifests/carrier schedules are returned to the CTC, and vehicle and trip data is reconciled for accuracy and completeness.
4. Actual driver, vehicle and trip information is entered into the system. Each trip is brought up onto the computer screen and the is validated on things such as which passenger rode, cancelled, no-showed, or was not ready, pickup time, arrival time, and odometer readings. A second screen is used to capture vital trip information such as driver, vehicle beginning and ending odometer reading of the trip, driver times, and other information.
5. The validated system trip database is then used to generate the required agency invoices and reports, and carrier summaries.
6. Invoices and reports are forwarded to the appropriate agency or carrier.

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

See attached Page 56A. Pages 28-33 of the 2012-2017 TDSP also provides the information and is an attachment to the evaluation. It should be noted BBT no longer uses outside contractors to provide transportation services. The new TDSP will be completed by October 2016.

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

See attached Page 56A. The Service Plan Section of the TDSP also provides this information and is an attachment to the evaluation.

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

See attached Page 56A. The Service Plan Section of the TDSP also provides this information and is an attachment to the evaluation.

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

This is outlined in the TDSP. Pages 25-33 of the 2012-2017 TDSP are an attachment to the evaluation. In compliance with the new MOA, the current TDSP is being completely updated and will be complete by October 2016.

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

Trips are confirmed through the use of CTS software. See attached Page 56A for additional information. The Service Section of the TDSP also provides Trip Reconciliation information and is an attachment to the evaluation.

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

See the Scheduling section of attached Page 56A.

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

See the Scheduling section of attached Page 56A.

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

The CTC does not use outside operators at this time, however through the use of CTS Software, the coordinator schedules trips to ensure for the most cost effective use of funds.

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

Big Bend Transit submits quarterly reports to the LCB for review. The Quarterly Reports are forwarded to the TD Commission in the Planning Grant quarterly reports. The information is also provided to the TD Commission in the Annual Operations Reports (AOR). The TD Commission and the LCB also approves the CTC Rate Model Sheets at a minimum of annually. The annual public hearing conducted by the LCB is also an excellent resource for sharing information with the public. The local newspaper also runs several articles each year about the local transportation disadvantaged programs.

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

The CTC has a MOA with the TD Commission and the CTC Rate Model Sheets are approved annually by the TD Commission and the LCB. The CTC does not use outside operators at this time.

ATTACHMENT A

COMPLAINT / COMMENDATION FORM

DATE CALLED IN _____

TIME CALLED IN _____

COMPLAINT CALLED IN BY _____

TELEPHONE _____

DATE OF INCIDENT _____

SERVICE PROVIDER _____

VEHICLE NO. _____

TIME OF INCIDENT _____

DOES COMPLAINEE WISH TO BE NOTIFIED OF INVESTIGATION FINDINGS
_____ YES _____ NO

OPERATOR INFORMED COMPLAINEE THAT THERE IS ALSO A GRIEVANCE PROCESS AVAILABLE
_____ YES _____ NO

COMPLAINEE REQUESTED A COPY OF THE GRIEVANCE POLICY _____ YES _____ NO

IF YES ADDRESS SENT TO: _____

NATURE OF INCIDENT: TIMELINESS _____ VEHICLE _____ COST _____

RESERVATIONIST _____ CUSTOMER SERVICE _____ DRIVER _____ DISPATCH _____

INCIDENT: _____

FINDINGS: _____

DISPOSITION: _____

OPERATOR: _____

DATE: _____

ATTACHMENT B

Courteous and Personalized Service...



Where is the Transportation Service Available?

Generally, you can ride to and from any location within Taylor County. The service is designed to get transportation disadvantaged individuals and the general public to their destinations.

What Transportation Will be Provided?

Generally, curb-to-curb transportation service will be available Monday through Saturday, 6:00 AM to 6:00 PM.

How Can I Access the Transportation Service?

Transportation requests must be made at least 1 day in advance of your travel needs. Call Big Bend Transit at (850) 584-5566 by 2:00 PM, Monday through Friday (call on Friday for a Saturday or Monday ride). You will be asked for your name, phone number, pickup address, where you are going and what time you need to arrive, if a return trip is wanted and if assistance for a disability (wheelchair, sight impaired, etc.) is required. You will be told the fare and what time to be ready for your pickup.

What is the Cost of the Transportation Service?

The one-way fare for the transportation service is based on the trip origin and

destination. A one-way trip for a TD eligible person anywhere in Taylor County, Monday through Saturday, between 6:00 AM and 6:00 PM is \$2.00. A one-way trip for a General Public person anywhere in Taylor County, Monday through Saturday, between 6:00 AM and 6:00 PM is \$5.00. If you require that an escort accompany you on your ride, he/she would pay the same fare. This request should be made at the time of scheduling.

The one-way fare is paid each time you board the vehicle. The fare may be paid by cash, check, money order, or bus passes may be purchased. Exact fare is required. The driver carries no change. The driver cannot give a receipt.

If I Need to Change Plans or Cancel My Ride, What Do I Do?

Should you need to change your plans or cancel your ride, call (850) 584-5566 immediately. For a change of plans, please give advance notice within business hours the previous day. Failure to cancel your ride within 2 hours of your time of travel will result in a charge for the trip.

What is the Phone Number for the Transportation System in Taylor County?

(850) 584-5566 - Available from 8:00 AM to 5:00 PM, Monday through Friday or 1-800-955-8711 for TDD accessibility.

Transportation Service Information:

- The driver will assist you in boarding the van, if necessary.
- Drivers will wait five minutes for you.
- You must use the seatbelt provided.
- Child car seats will not be provided.
- You must have the ability to carry your own personal items. Personal items are to be limited to (2) bags or what you alone can carry.
- Return trips will be made within an hour and a half of the requested time.
- No smoking, eating or drinking on the vehicle.
- Advanced purchase of coupons/tokens is available.
- Accessible formats are available upon requests.

Go to our website to learn what else Big Bend Transit offers in your county:

www.bigbendtransit.org

Perry
SHUTTLE

Florida Law and Title VI of the Civil Rights Act of 1964 prohibits discrimination in public accommodation on the basis of race, color, religion, sex, national origin, handicap, or of marital status. Persons believing they have been discriminated against on these conditions may file a complaint with the Florida Commission on Human Relations at 850-488-7082 or 800-342-8170 (voice messaging)



BIG BEND TRANSIT, INC.

**Community Transportation
Coordinator of Taylor County**

BIG BEND TRANSIT

Big Bend Transit, Inc
Post Office Box 1721
Tallahassee, Florida 32302

Go to our website to learn about our
other Taylor County transit services:

www.bigbendtransit.org

For Information Call:
(850) 584-5566 or
1-800-955-8711 for
TDD access

www.bigbendtransit.org

Perry SHUTTLE

The Perry Shuttle fare is \$1/trip. Discounted multi-trip passes are also available.

To plan your trip, identify the stop nearest your home on the map. Use that number to find the arrival & departure times on the chart.

For assistance, please call Big Bend Transit at (850) 584-5566 or visit www.bigbendtransit.org

\$1/trip

20 ride pass = \$18
40 ride pass = \$35

	7:30 am	8:30 am	9:30 am	10:30 am	11:30 am	12:30 pm	1:30 pm	2:30 pm	3:30 pm	4:30 pm	5:30 pm
1 Super Wash 1403 Hampton Spring Road							1:30 pm	2:30 pm	3:30 pm	4:30 pm	5:30 pm
2 Tidewater Apartments 500 S. Warner Avenue							1:35 pm	2:35 pm	3:35 pm	4:35 pm	5:35 pm
3 TLCJenkins 1201 Martin Luther King Avenue							1:39 pm	2:39 pm	3:30 pm	4:39 pm	5:39 pm
4 Exxon Station 1203 Byron Butler Parkway							1:41 pm	2:41 pm	3:41 pm	4:41 pm	5:41 pm
5 Woodridge Apartments 709 W. Church Street							1:45 pm	2:45 pm	3:45 pm	4:45 pm	5:45 pm
6 Family Dollar 1503 S. Jefferson Street							1:48 pm	2:48 pm	3:48 pm	4:48 pm	5:48 pm
7 Kmart 1809 S. Byron Butler Parkway							1:50 pm	2:50 pm	3:50 pm	4:30 pm	5:50 pm
8 Winn Dixie 2057 S. Byron Butler Parkway							1:52 pm	2:52 pm	3:52 pm	4:52 pm	5:52 pm
9 Southern Villas 315 Puckett Road							1:54 pm	2:54 pm	3:54 pm	4:54 pm	
10 Pineview Apartments 427 Puckett Road							1:55 pm	2:55 pm	3:55 pm	4:55 pm	
11 Stonegate Manor 544 Puckett Road							1:56 pm	2:56 pm	3:56 pm	4:56 pm	
12 Taylor Tech 3233 S. Byron Butler Parkway							1:59 pm	2:59 pm	3:59 pm	4:59 pm	
13 BP Station 2410 Byron Butler Parkway							2:01 pm	3:01 pm	4:01 pm	5:01 pm	
14 Dollar General 2028 S. Jefferson Street							2:06 pm	3:06 pm	4:06 pm	5:06 pm	
15 Walmart 1900 S. Jefferson Street							2:07 pm	3:07 pm	4:07 pm	5:07 pm	
16 Post Office 1600 S. Jefferson Street							2:09 pm	3:09 pm	4:09 pm	5:09 pm	
17 County Courthouse 108 N. Jefferson Street							2:13 pm	3:13 pm	4:13 pm	5:13 pm	
18 Public Library 403 N. Washington Street							2:15 pm	3:15 pm	4:15 pm	5:15 pm	
19 Even Start 508 N. Aquinaldo Avenue							2:18 pm	3:18 pm	4:18 pm	5:18 pm	
20 Health Department 1215 N. Peacock Avenue							2:20 pm	3:20 pm	4:20 pm	5:20 pm	
21 Taylor Veterans Administration 1224 N. Peacock Avenue							2:21 pm	3:21 pm	4:21 pm	5:21 pm	
22 Medical Offices 315 E. Ash Street							2:22 pm	3:22 pm	4:22 pm	5:22 pm	
23 Taylor Senior Services 800 Wash Street							2:23 pm	3:23 pm	4:23 pm	5:23 pm	
24 DMH Plaza 555 N. Byron Butler Parkway							2:25 pm	3:25 pm	4:25 pm	5:25 pm	
25 Doctors Memorial Hospital 333 N. Byron Butler Parkway							2:26 pm	3:26 pm	4:26 pm	5:26 pm	

Next departure after this stop is 1:30 pm.



THERE'S AN APP FOR THAT...

To track where the bus is at any given time during normal operating hours, download the **RideBBT** app to your iPhone or Android device.



Need dependable and inexpensive transportation? Then the Perry Shuttle is here for you.

The Perry Shuttle operates Monday through Friday from 7:30 am to 5:52 pm. The Shuttle services most of Perry with stops at key locations throughout the city.

The inside of this brochure contains a detailed schedule and route map to help you plan your trip.

It's affordable, too, at **just \$1 per trip**. Save even more with a 20-ride pass for \$18 or a 40-ride pass for \$35.

You can also visit www.bigbendtransit.org for an interactive map that displays real-time bus routing & scheduling information. You can also **download the app to your smartphone**.

For more information about the Perry Shuttle and other Taylor County services, visit our **website** or call us at **(850) 584-5566**.

Perry
SHUTTLE

is powered by



in partnership with

**BIG
BEND
TRANSIT**



Florida Law and Title VI of the Civil Rights Act of 1964 prohibits discrimination in public accommodation on the basis of race, color, religion, sex, national origin, handicap, or of marital status. Persons believing they have been discriminated against on these conditions may file a complaint with the Florida Commission on Human Relations at 850-488-7082 or 800-342-8170 (voice messaging).

This brochure was developed with technical assistance provided by the Institute for Applied Business Research at the Florida State University College of Business.

Perry
SHUTTLE

route & schedule information



updated 03/2016

ATTACHMENT C

APPLICATION FORM
TRANSPORTATION DISADVANTAGED TRUST FUND
Coordinated Transportation System of Taylor County
(850) 584-5566

Applicant's Last Name _____ First Name _____ MI _____
Street Address _____ City _____ Zip Code _____
Mailing Address, if different _____ City _____ Zip Code _____
Social Security Number _____ Date of Birth _____ (_____) _____
Telephone Number _____

DESCRIPTION OF ELIGIBILITY STATUS (check all that apply)

- ☐ Mobility Aid required, if checked, which type?
☐ Manual wheelchair ☐ Powered Wheelchair ☐ Oversized/wide/geri-chair
☐ Can transfer into a regular passenger seat
☐ Cane ☐ Walker ☐ Crutches
- ☐ Totally blind ☐ Legally blind
☐ Guide dog
- ☐ Totally deaf ☐ Severely hearing impaired
- ☐ Mental disability, if checked are you able to:
Give your address and telephone number upon request? ☐ yes ☐ no
Deal with unexpected situations or changes in routine? ☐ yes ☐ no
Ask for, understand and follow instructions? ☐ yes ☐ no

Do you or anyone who lives with you have a vehicle? ☐ yes ☐ no

Can you afford to purchase transportation? ☐ yes ☐ no

Are you eligible for AFDC, food stamps or Medicaid? ☐ yes ☐ no

To travel, do you need a personal care escort? ☐ always ☐ sometimes ☐ no

Explain "always" or "sometimes" _____

Signature of Applicant _____
(may be custodian, parent, guardian)

Date _____

Mail completed form to: Big Bend Transit, Inc.
Post Office Box 1721
Tallahassee, Florida 32302

ATTACHMENT D



Florida Department of Transportation

**RICK SCOTT
GOVERNOR**

1074 Highway 90
Chipley, FL 32428

**JIM BOXOLD
SECRETARY**

March 22, 2016

Shawn Mitchell
General Manager
Big Bend Transit
2201 Eisenhower Street
Tallahassee, FL 32310

RE: COMPLIANCE NOTICE FOR THE BIG BEND TRANSIT TRIENNIAL ON-SITE REVIEW, TRIENNIAL MAINTENANCE AUDIT AND BUS SYSTEM AND SECURITY REVIEW

Dear Mr. Mitchell,

This letter is to confirm that our follow-up site visit for Big Bend Transit Triennial On-Site Review, Triennial Maintenance Audit and Bus Safety and Security Review was satisfactory and have found your agency to be in compliance of the Florida Department of Transportation's (FDOT) regulations for providing public transportation services and for receiving federal funding under 49 U.S.C. § 5310, 5311 and 5339.

Your cooperation during the entire process was greatly appreciated and we look forward to working with you in the future to provide safe and efficient public transportation for the residents of Gadsden, Leon and Jefferson counties.

Should you have any questions or require additional information, please do not hesitate to contact me directly at (850) 330-1553, scott.walters@dot.state.fl.us or Zach Balassone, (321) 320-5694, znbalassone@transystems.com.

Respectfully,

Scott Walters, Modal Development Manager

CC: Vanessa Strickland, FDOT
Zach Balassone, TranSystems

ATTACHMENT E

**BIG BEND TRANSIT, INC.
Substance Abuse Policy**

General Manager Statement

Big Bend Transit, Inc. is dedicated to providing safe, dependable, and economical transportation services to its patrons. Big Bend Transit, Inc. employees are a valuable resource and it is also our goal to provide a safe, healthy and satisfying working environment for our employees. In meeting these goals, it is our policy to:

- Assure that employees are not impaired in their ability to perform assigned duties in a safe, productive, and healthy manner;
- Create a workplace environment free from the adverse effects of drug and alcohol abuse or misuse;
- Prohibit the unlawful manufacture, distribution, dispensing, possession, or use of controlled substances;
- Encourage employees to seek professional assistance when substance abuse adversely affects their ability to perform their assigned duties.

This Substance Abuse Policy implements a drug and alcohol testing program for all safety-sensitive employees. Each employee shall be provided a signed copy of the adopted policy. *Policy items implemented under the authority of Big Bend Transit, Inc. are italicized throughout this policy.* All other policy items are implemented under the authority of the US DOT and/or the Federal Transit Administration.

Per BIG BEND TRANSIT, INC. authority, violation of this substance abuse policy will result in termination of employment and/or exclusion from hire for applicants.

This policy is approved by Big Bend Transit, Inc.'s Board of Directors and is effective on

June 30, 2016

Name: Shawn Mitchell

Title: General Manager

Signature: _____



Date: 6/30/2016

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1. Background

Pursuant to the Omnibus Transportation Employee Testing Act of 1991, the Federal Transit Administration (FTA) published regulations prohibiting drug use and alcohol misuse by transit employees and required transit agencies to test for prohibited drug use and alcohol misuse. 49 Code of Federal Regulations Part 655, "Prevention of Alcohol Misuse and Prohibited Drug Use in Transit Operations" mandates urine drug testing and breath alcohol testing for all employees in safety-sensitive positions. These regulations prohibit the performance of safety-sensitive functions when there is a positive drug or positive alcohol test result or an employee refuses to submit to DOT required drug or alcohol testing.

In addition, the U.S. Department of Transportation (DOT) has issued 49 CFR Part 40, "Procedures for Transportation Workplace Drug and Alcohol Testing Programs" to provide uniform procedures and standards for conducting drug and alcohol testing programs. The drug and alcohol testing program of BBT will be conducted in accordance with 49 CFR Parts 40 and 655, as amended. Employees may request copies of the applicable regulations by contacting BBT'S designated employer representative listed in Section 25 of this policy.

2. Purpose

This policy is established to comply with FTA drug and alcohol testing requirements to ensure employee fitness for duty, and to protect our employees, passengers, and the general public from the risks posed by the use of alcohol and prohibited drugs. This policy is also intended to comply with and incorporate 49 CFR Part 32, The Drug-Free Workplace Act of 1988, which requires the establishment of drug-free workplace policies and the reporting of certain drug-related offenses to the FTA, including the reporting of employees convicted of criminal drug offenses that occur in the workplace.

3. Covered Employees

This policy applies to all safety-sensitive transit system employees as identified and described herein. Paid part-time employees and contractors, when performing safety-sensitive duties, are also covered by this policy when performing any BBT related business. This policy applies to off-site lunch periods or breaks when an employee is scheduled to return to work. Additionally, this policy applies to volunteers who perform safety sensitive duties who are required to hold a Commercial Driver's License, or who receive remuneration in excess of his or her actual expenses incurred while engaging in the volunteer activity. This written policy shall be distributed to all employees and applicable volunteers in safety-sensitive positions. Adherence to this policy and its provisions are a condition of employment in a safety sensitive position; per 49 CFR Part 655.

Safety-Sensitive Employees and Applicants for Safety-Sensitive Positions covered by this Policy include those who:

1. Operate a revenue service vehicle, including when not in revenue service
2. Operate a non-revenue service vehicle when such is required to be operated by a holder of a commercial driver's license
3. Control the movement/dispatch of a revenue service vehicle

4. Perform maintenance on a revenue service vehicle or equipment used in revenue service
5. Carry a firearm for security purposes
6. May perform any of the above safety sensitive functions in a supervisory or training role.

This policy is applicable to the following positions within Big Bend Transit, Inc.:

- *Transportation Manager*
- *Operations Assistant*
- *Transit Operator*
- *Maintenance Manager*
- *Lead Mechanic*
- *Mechanic*
- *Maintenance Assistant*
- *Maintenance Clerk*
- *Operations Manager*

4. Prohibited Substances

In accordance with US DOT 49 CFR Parts 655 and 40, the following are prohibited substances:

- Cocaine
- Opiates (e.g., heroin, codeine)
- Phencyclidine (PCP)
- Cannabinoids (Marijuana)
- Amphetamines (includes methamphetamine and MDMA- Ecstasy)
- Alcohol Misuse as defined in Section 23, below.

5. Prescription and Over the Counter Medications

The appropriate use of legally prescribed drugs and non-prescription medications are not prohibited. A legally prescribed drug means a prescription or other written approval from a physician for the use of a drug by an individual in the course of medical treatment. However, the use of any substance which carries a warning label that indicates mental functioning, motor skills, or judgment may be adversely affected must be reported to supervisory personnel and medical advice must be sought, before performing safety sensitive duties.

The misuse or abuse of legally prescribed drugs is prohibited; this includes the use of medication that is prescribed to another individual as well as illegally obtained prescription drugs.

BBT strongly encourages employees to inform their prescribing physician of the safety-sensitive job functions that they perform, in order to ensure that appropriate medications are prescribed.

6. Employee Protections

The procedures that will be used to test for the presence of prohibited substances or misuse of alcohol shall be such that they protect the employee's privacy, the validity of the testing process and the confidentiality of the test results.

All urine drug testing and breath alcohol testing will be conducted in accordance with applicable with 49 CFR Part 40, as amended. All urine specimen collections, analysis and reporting of results shall to be in accordance with 49 CFR Part 40, as amended.

Drug and alcohol testing shall be conducted in a manner that will ensure the highest degree of accuracy and reliability using techniques, equipment, and laboratory facilities which have been approved by the U.S. Department of Health and Human Services (HHS).

Alcohol initial screening tests will be conducted using a National Highway Traffic Safety Administration (NHTSA)-approved Evidential Breath Testing Device (EBT) or non-evidential alcohol screening device that has been approved by NHTSA. Confirmatory tests for alcohol concentration will be conducted utilizing a NHTSA approved EBT.

- 1 Except as required by law or expressly authorized in this section, BBT shall not release employee information that is contained in records maintained per 49 CFR Part 655.73.
2. An employee may, upon written request, obtain copies of any records pertaining to the employee's use of alcohol or controlled substances, including any records pertaining to his or her alcohol or controlled substances tests.
3. BBT shall release information regarding an employee's records as directed, by the specific written consent of the employee authorizing release of the information to an identified person. Release of such information is permitted only in accordance with the terms of the employee's consent.
4. Records pertaining to a Substance Abuse Professional's evaluation, treatment and follow up testing results shall be made available to a subsequent DOT employer upon receipt of written consent from an employee.

7. Employee Responsibility to Notify BBT of Criminal Drug Conviction

It is a violation of this policy for any employee to fail to immediately notify BBT of any criminal drug statute conviction, or a finding of guilt whether or not adjudication is withheld, or the entry into a diversionary program in lieu of prosecution. Violating employee shall be immediately removed from safety sensitive duties.

Per BBT's authority, violation of this substance abuse policy will result in termination of employment.

8. Employee Training

Safety-sensitive employees will receive at least 60 minutes of training on the effects and consequences of prohibited drug use on personal health, safety, and the work environment, and on the signs and symptoms that may indicate prohibited drug use.

Supervisors who make reasonable suspicion determinations shall receive at least 60 minutes of training on the physical, behavioral and performance indicators of probable drug use and 60 minutes on the physical, behavioral and performance indicators of probable alcohol use.

9. Pre-employment Drug and Alcohol Background Checks

In compliance with 49 CFR Part 40.25, BBT must make a good faith effort to obtain drug and alcohol testing records from prior DOT covered employer(s) for the previous two years for all applicants seeking safety-sensitive positions and all current employees transferring into a safety-sensitive position. BBT will require each applicant/transferee to a safety-sensitive position to complete a written consent that allows the release of drug and alcohol testing information from previous DOT covered employers to BBT. An applicant/transferee who refuses to provide written consent will not be permitted to perform safety-sensitive functions for BBT.

All safety-sensitive applicants who have previously failed a DOT pre-employment test must provide proof that they have completed a Substance Abuse Professional's evaluation, treatment and return to duty process in addition to a pre-employment drug test with negative results, prior to their employment into a safety-sensitive job function. The credentials, training and education of the Substance Abuse Professional must meet the requirements of 49 CFR Part 40 Subpart O.

10. Pre-Employment Testing

All safety-sensitive position applicants shall undergo a urine drug test prior to placement in a safety sensitive position. BBT must be in receipt of a negative urine drug test result prior to **employment for** a safety sensitive position and/or performance of a safety-sensitive function. A cancelled test result will require an applicant to undergo a subsequent pre-employment urine drug test, until a negative test result can be obtained.

*If an applicant's pre-employment urine drug test result is verified as **positive**, the applicant will be excluded from consideration for employment per BBT authority. Applicant will be provided a referral to a Substance Abuse Professional meeting the required qualifications per 49 CFR Part 40.281, as amended.*

An employee returning from an extended leave period of 90 consecutive days or more, and whose name was removed from the random testing selection pool, will be subject to a pre-employment urine drug test. BBT must be in receipt of a negative drug test result prior to the employee being reinstated to safety sensitive duty.

11. Random Testing

Employees in safety-sensitive positions shall be subject to random, unannounced testing. The minimum annual percentage rate for random alcohol testing and the minimum annual percentage rate for random controlled substances testing shall be in accordance with 49 CFR Part 655, as amended. The percentages of testing shall be based on the average number of safety-sensitive employees per calendar year.

The administering of random testing shall be spread reasonably throughout the calendar year and throughout all times of day when safety-sensitive functions are performed. Each covered employee who is notified of selection for random alcohol or drug testing shall immediately proceed to the testing site.

Random alcohol testing shall be conducted on a safety sensitive employee during, just before or just after the performance of a safety-sensitive function.

Random urine drug testing may be conducted anytime while an employee is on duty or on call, or on standby duty.

The selection of employees for random alcohol and drug testing shall be made by a scientifically valid method. The selection process shall provide each covered employee an equal chance of being tested each time selections are made. A computer based random number generator that is fair and equitable for the covered employees shall derive the list.

12. Reasonable Suspicion Testing

All safety-sensitive employees are subject to reasonable suspicion urine drug testing and/or breath alcohol testing. Reasonable suspicion testing is required when one or more trained company officials can articulate and substantiate physical, behavioral and performance indicators of probable drug use or alcohol misuse by observing the appearance, behavior, and speech or body odors of the employee. Reasonable suspicion testing for alcohol misuse can only be made when observations leading to that testing occur during, just preceding, or just after the period of the workday that the employee is required to be in compliance with FTA regulations.

13. Post-Accident Testing

Fatal Accident: A safety-sensitive employee shall be required to undergo urine drug and breath alcohol testing following an accident involving a revenue service vehicle that results in a fatality (regardless of whether or not the vehicle is in revenue service at the time of the event). Any other employee(s), i.e., maintenance personnel, dispatchers, controllers, whose performance could have contributed to the accident, shall also be tested. As soon as practical following an accident involving the loss of human life, surviving covered employees shall undergo drug and alcohol testing.

Non-Fatal Accident: A post-accident test shall be conducted if an accident results in injuries requiring immediate medical treatment away from the scene, *and/or* if one or more vehicles incurs disabling damage that requires towing from a site; unless BBT determines, using the best information available at the time of the decision, that the employee's performance can be completely discounted as a contributing factor to the

accident. Any other safety sensitive employee whose performance could have contributed to the accident shall be tested. The decision regarding whether or not the employee's performance could have contributed to the accident will be the sole discretion of BBT using the best information available at the time of the decision.

Following an accident, the employee must be "readily available" for testing. Post accident tests will be conducted as soon as possible, all reasonable efforts shall be made to test the safety sensitive employee(s) within (2) two hours of the accident, but not after eight (8) hours for alcohol testing and thirty two (32) hours for drug testing. If a drug or alcohol test required by this section is not administered within the required time period following the accident, BBT shall prepare and maintain on file, a record stating the reasons the testing was not promptly administered and efforts to conduct testing shall cease.

Any safety-sensitive employee involved in an accident must refrain from alcohol use for eight (8) hours following the accident or until the employee undergoes a post-accident alcohol test. Any safety-sensitive employee, who leaves the scene of the accident without a justifiable reason or explanation prior to submitting to drug and alcohol testing, shall be considered to have refused the test.

The post-accident testing requirements shall not delay necessary medical attention for injured persons, nor will they prohibit an employee who was performing a safety-sensitive function from leaving the scene of an accident to obtain assistance in responding to the accident or to obtain necessary emergency medical care.

In the rare event that an employee is unable to submit to a post-accident test within the required time period (i.e., 8 hours for alcohol and 32 hours for drugs) due to circumstances beyond BBT's control, the results of a blood, urine or breath alcohol test conducted by a federal, state or local official having independent authority for the test, will be considered to meet the requirements for a post-accident test. The test must conform to the applicable federal, state, or local testing requirements and the results must be obtained by BBT. (Per 49 CFR Part 655.44)

14. Refusal to Submit to Urine Drug Testing

All safety-sensitive employees will be subject to urine drug testing and breath alcohol testing as described in sections 10-13. An employee who fails to cooperate with the testing process or attempts to thwart the testing process will be considered to have "refused testing". Refusal to submit to DOT required testing is a violation of this substance abuse policy.

Per BBT authority, violation of this substance abuse policy will result in termination of employment.

The following actions constitute a "refusal to test" in accordance with 49 CFR Part 40, as amended:

(1) Failure to appear for any test within a reasonable time, as determined by the employer, consistent with applicable DOT agency regulations, after being directed to do so by the employer (pre-employment testing not applicable).

- (2) Failure to remain at the testing site until the testing process is completed (after the process has been started)
- (3) Failure to provide a urine specimen for any drug test required by this part or DOT agency regulations
- (4) In the case of a directly observed or monitored collection in a drug test, fail to permit the observation or monitoring of your provision of a specimen
- (5) Failure to provide a sufficient amount of urine when directed, and it has been determined, through a required medical evaluation, that there was no adequate medical explanation for the failure
- (6) Failure or decline to take an additional drug test the employer or collector has directed you to take
- (7) Failure to undergo a medical examination or evaluation, as directed by the MRO as part of the verification process, or as directed by BBT
- (8) Failure to cooperate with any part of the testing process (e.g., refuse to empty pockets when directed by the collector, behave in a confrontational way that disrupts the collection process, fail to wash hands after being directed to do so by the collector).
- (9) Adulteration or substitution of a urine specimen that you provided.
- (10) For an observed collection, failure to follow the observer's instructions to raise your clothing above the waist, lower clothing and underpants, and to turn around to permit the observer to determine if you have any type of prosthetic or other device that could be used to interfere with the collection process.
- (11) Possessing or wearing a prosthetic or other device that could be used to interfere with the collection process.
- (12) Admitting to the collector or MRO that you adulterated or substituted the specimen.

Refusals to test will result in employee's immediate removal from safety sensitive duties and a referral to a Substance Abuse Professional that has knowledge of and clinical experience in the diagnosis and treatment of alcohol and controlled substances-related disorders, and who meets the qualifications outlined in 49 CFR Part 40.281 Subpart O.

15. Observed Urine Drug Collections

During an observed collection, the employee who is being observed will be required to raise his or her shirt, blouse, or dress/skirt, as appropriate, above the waist; and lower clothing and underpants to show the collector, by turning around, that they do not have a prosthetic device. The collector/observer must witness the employee's urine leave the body and enter the collection cup. The collector/observer must be the same gender as the employee being observed

Observed collections are required in the following circumstances:

- Anytime the employee is directed to provide another specimen because the temperature on the original specimen was out of the accepted temperature range of 90°F - 100°F;
- Anytime the employee is directed to provide another specimen because the original specimen appeared to have been tampered with;
- Anytime a collector observes materials brought to the collection site or the employee's conduct clearly indicates an attempt to tamper with a specimen;

- Anytime the employee is directed to provide another specimen because the laboratory reported to the MRO that the original specimen was invalid and the MRO determined that there was not an adequate medical explanation for the result;
- Anytime the employee is directed to provide another specimen because the MRO determined that the original specimen was positive, adulterated or substituted, but had to be cancelled because the test of the split specimen could not be performed.
- Anytime a follow up or return to duty test is required

16. Specimen Analysis

All specimens will be analyzed in accordance with the procedures set forth in 49 CFR Part 40, as amended. Specimen validity testing will be conducted on all urine specimens provided for testing under DOT authority. Specimen validity testing is the evaluation of the specimen to determine if it is consistent with normal human urine. The purpose of validity testing is to determine whether certain adulterants or foreign substances were added to the urine, if the urine was diluted, or if the specimen was substituted.

17. Dilute Test Results

Upon receipt of MRO verified **negative-dilute** drug test results with creatinine levels greater than 5 mg/dl and less than 20 mg/dl, BBT will exercise the option to require that applicants/employees submit to a secondary urine collection as provided in 49 CFR Part 40.197. The collection of the second specimen will not be conducted under direct observation. The result of the second urine drug test will be accepted as the final result.

BBT will exercise this option uniformly for all pre-employment and random tests that produce a negative-dilute test result with creatinine levels greater than 5mg/dl but less than 20mg/dl.

Upon receipt of a **positive-dilute** urine drug test result, BBT will immediately remove the employee from safety sensitive duty and provide the employee with a referral to a DOT qualified Substance Abuse Professional. A positive dilute result is always deemed as a final positive result.

Per BBT authority, violation of this substance abuse policy will result in termination of employment.

18. Medical Review Officer's Role and Responsibilities

The designated Medical Review Officer (MRO) shall be a licensed physician (doctor of medicine or osteopathy) with knowledge of drug disorders. BBT shall use the following Medical Review Officer:

Name of MRO:	Dr. Natalie Hartenbaum
Address:	100 Horizon Drive, Suite 102 Chalfont, PA 18914
Phone Number:	800-732-3784
Fax Number:	215-396-5610

The role of the MRO is to review and interpret confirmed positive test results obtained through the employer's testing program. In carrying out this responsibility, the MRO shall examine alternate medical explanations for any positive test result. This action may include conducting a medical interview and review of the individual's medical history, or review of any other relevant biomedical factors. The MRO shall review all medical records made available by the tested individual when a confirmed positive test could have resulted from legally prescribed medication. The MRO shall not, however, consider the results of urine samples that are not obtained or processed in accordance with DOT regulations.

Additionally, the MRO cannot accept an assertion of consumption of a hemp food product as a basis for verifying a confirmed marijuana (THC) test result as a negative. Consumption of a hemp food product is not to be considered a legitimate medical explanation for a prohibited substance or metabolite in an individual's specimen.

An employee shall be notified by the MRO of a laboratory confirmed positive test and a verification interview will be conducted with the employee, by the MRO in accordance with 49 CFR Parts 40.131, through 40.141

19. Verified Positive Results

MRO verified positive urine drug tests will result in immediate removal from safety sensitive duties and a referral to a Substance Abuse Professional that has knowledge of and clinical experience in the diagnosis and treatment of alcohol and controlled substances-related disorders, and who meets the qualifications outlined in 49 CFR Part 40.281 Subpart O, will be provided to employee

Per BBT authority, violation of this substance abuse policy will result in termination of employment.

20. Cancelled/Invalid Test Results

A drug test that has been declared cancelled by the Medical Review Officer, because the specimen was invalid or for other reasons, shall be considered neither positive nor negative. Additionally, a specimen that has been rejected for testing by the laboratory is reported by the MRO as a cancelled test.

When a negative urine drug test result is required (as is the case with pre-employment, return to duty and follow up test types) the employer must conduct another drug test on the individual. For some categories of cancelled drug tests, the MRO will indicate that a re-collection of a specimen using direct observation specimen collection procedures is required, regardless of test type. Direct observation collection procedures will be in accordance with 49 CFR Part 40.67 as amended. The MRO may also direct an employee to undergo a medical evaluation to determine whether or not clinical evidence of drug use exists when there are documented medical explanations for an individual producing invalid specimens and a negative result is needed for a pre-employment, return to duty or follow-up test.

For alcohol testing, a test that is deemed to be invalid per 49 CFR Part 40.267, shall be cancelled and therefore considered neither positive nor negative.

21. Split Specimen Testing

Split specimen collection procedures will be followed in obtaining specimens. An employee is entitled to request, within 72 hours of learning of a verified positive test result, that the split specimen be tested at a different DHHS certified laboratory than that which conducted the test of the primary specimen. If the test result of the split specimen fails to reconfirm the presence of the drug or drug metabolite, the test result shall be ruled "Canceled". The procedures for canceled tests, as outlined in 49 CFR Part 40.187, will be followed. If the test result of the split specimen is positive, the test results shall be deemed positive. If the laboratory's test of the primary specimen is positive, adulterated or substituted and the split specimen is unavailable for testing, a recollection under direct observation is required. Direct observation collection procedures will be in accordance with 49 CFR Part 40 as amended.

Split Specimen Testing is not authorized for test results reported by the MRO as "Invalid".

Payment of Split Specimen Testing:

When an employee has made a request to the MRO for a test of the split specimen, BBT is required to ensure that the cost for the split specimen testing is covered, in order for a timely analysis of the sample. *BBT will seek reimbursement from the employee for the cost of the completed test, if the results reconfirm the original positive finding.*

22. Alcohol

For the purposes of this policy, alcohol is defined as the intoxicating agent in beverage alcohol, ethyl alcohol or other low molecular weight alcohols including methyl or isopropyl alcohol. Alcohol use means the consumption of any beverage, mixture, or preparation, including any medication containing alcohol. 49 CFR Part 655 authorizes alcohol testing and requires BBT to take action on the findings, regardless of whether it was ingested as a beverage alcohol or in a medicinal or other preparation.

23. Alcohol Use and Breath Alcohol Testing

No safety-sensitive employee shall report for duty or remain on duty requiring the performance of safety-sensitive functions while having an alcohol concentration of 0.02 or greater. If there is actual knowledge that an employee may be under the influence of alcohol while performing safety sensitive functions, the employee shall not be permitted to perform or continue to perform safety-sensitive functions, pending a reasonable suspicion interview, conducted per Section 12. No safety-sensitive employee shall use alcohol while performing safety-sensitive functions, within (4) four hours prior to performing a safety sensitive function, or during the hours that they are on call or standby for duty. No safety-sensitive employee shall use alcohol within eight (8) hours following an accident or until the employee undergoes a post-accident test, whichever occurs first.

A Breath Alcohol Technician (BAT) qualified to conduct DOT breath alcohol testing shall conduct all DOT required alcohol screening tests.

In accordance with the provisions of 49 CFR Part 40, as amended, the results of both the screening and confirmation of breath alcohol tests, as applicable, shall be displayed

to the individual being tested immediately following the test(s).

The results of breath alcohol testing will be transmitted by the breath alcohol technician to BBT in a confidential manner, in writing, in person, by telephone or electronic means in accordance with 49 CFR Part 40, as amended. All testing will be conducted consistent with the procedures put forth in 49 CFR Part 40, as amended.

BBT affirms the need to protect individual dignity, privacy, and confidentiality throughout the testing process. Handling of tests and confidentiality shall be in conformance with 49 CFR Part 40, and as described below:

If the initial test indicates an alcohol concentration of 0.02 or greater, a second test will be performed to confirm the results of the initial test. A safety-sensitive employee who has a confirmed alcohol concentration of greater than 0.02 but less than 0.04 will result in removal from his/her position for (8) eight hours unless a retest results in a concentration measure of less than 0.02.

An alcohol concentration of 0.04 or greater will be considered a positive alcohol test and in violation of this policy. An employee testing positive for alcohol will be immediately removed from safety sensitive duty and will be provided with a referral to a DOT qualified Substance Abuse Professional, in accordance with 49 CFR Part 40, as amended.

Per BBT authority, violation of this substance abuse policy will result in termination of employment.

24. Refusal to Submit to Alcohol Testing

The following actions constitute a refusal to submit to Alcohol Testing:

- (1) Fail to appear for any test within a reasonable time, as determined by the employer, consistent with applicable DOT agency regulations, after being directed to do so by the employer.
- (2) Fail to remain at the testing site until the testing process is complete
- (3) Fail to provide an adequate amount of saliva or breath for any alcohol test required by this part or DOT agency regulations
- (4) Fail to provide a sufficient breath specimen, and the physician has determined, through a required medical evaluation, that there was no adequate medical explanation for the failure
- (5) Fail to undergo a medical examination or evaluation, as directed by the [Agency]
- (6) Fail to sign the certification at Step 2 of the ATF
- (7) Fail to cooperate with any part of the testing process.

A referral to a Substance Abuse Professional that has knowledge of and clinical experience in the diagnosis and treatment of alcohol and controlled substances-related disorders, and who meets the qualifications outlined in 49 CFR Part 40.281 Subpart O will be provided. *Per BBT authority, violation of this substance abuse policy will result in termination of employment.*

26. Addendum to Substance Abuse Policy

Big Bend Transit, Inc. may consider the re-employment of safety-sensitive employees terminated due to the violation the Substance Abuse Policy. Any safety-sensitive employee who is terminated due to the violation of this Substance Abuse Policy, will be subject to the requirements outlined in 49 CFR Part 655.46 and 49 CFR Part 40.285 before being reconsidered for re-employment in a safety sensitive position.

An applicant for re-employment will be permitted to return to duty to perform a safety-sensitive function after the following actions have been taken:

1. Applicant has been evaluated by a Substance Abuse professional who is qualified in accordance with 49 CFR Part 40 Subpart O.
2. Applicant has adhered to the course of treatment as prescribed by the Substance Abuse Professional.
3. Applicant has submitted to a return to duty urine drug test and/or breath alcohol test and Big Bend Transit, Inc. is in receipt of a negative result(s).
4. All return to duty urine collections will be conducted under the direct observation, in accordance with 49 CFR Part 40.67, as amended. See section 15 for a description of direct observation collection procedures.

Upon completing the return to duty process, the employee will be subject to unannounced follow-up testing for at least 12 but not more than 60 months. The frequency and duration of the follow-up testing will be prescribed by the Substance Abuse Professional. All follow-up urine drug collections will be conducted as directly observed collections in accordance with 49 CFR Part 40.67, as amended. See section 15 for a description of direct observation collection procedures.

**Employee Acknowledgement of Receipt
Of Big Bend Transit, Inc.'s Substance Abuse Policy**

I have received a legible copy of Big Bend Transit, Inc.'s Substance Abuse Policy. I understand that my employment with Big Bend Transit, Inc. is conditioned upon full adherence to this policy.

Employee Name: _____

Employee Signature: _____

Date: _____

Supervisor Name: _____

Supervisor Signature: _____

Date: _____

ATTACHMENT F



Big Bend Transit Rider Survey

LCB Interviewer: _____ County: _____

Date of Interview: _____

1. What day did you receive transportation service? _____

2. How was your trip paid for? _____

3. How often do you normally obtain transportation?

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

4. What do you normally use the service for?

_____ Medical _____ Education/Training/Day Care

_____ Employment _____ Life-Sustaining/Other

_____ Nutritional

5. Have you ever been denied transportation services?

_____ Yes

_____ No. If no, skip to question # 6

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 # 6

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

_____ Ineligible _____ Space not available

_____ Lack of funds _____ Destination outside service area

_____ Other _____

6. Did the driver offer to assist you in any way? _____

7. Did the driver enforce the wearing of seatbelts? _____

8. 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 # 9

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

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

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

Additional Comments:

Optional (Not Required)

Name: _____

Phone: _____

ATTACHMENT G

II SERVICE PLAN

A Operations Element

1 Types, Hours, and Days of Service

a Types of Service

Advance (Passenger Trip) Reservation, Intra- County Service - curb to curb (on exception, door-to-door) , ambulatory/ wheelchair, non - emergency transportation service, available seven days per week, 6:00AM to 10:00PM, within Taylor County

Advance (Group Trip) Reservation, intra- County Service - curb to-curb (on exception, door-to-door), ambulatory/ wheelchair, non - emergency transportation service for three or more (3+) person with the same origin, destination and travel time, available seven days per week, 6:00AM to 10:00PM, within Taylor County.

Advance Reservation, Inter - County Service - curb-to-curb (on exception, door-to-door), ambulatory/wheelchair, non - emergency transportation service, available seven days per week, 6:00AM to 10:00PM, between Taylor County and Gadsden, Jefferson, Leon, and Madison Counties.

When purchasing advanced reservation service, the name and origin/destination of the passenger to be transported will be placed with the CTC by 2:00PM the day before the day of travel (Medicaid NIE service requires 72 hour advanced notification) and no more than 30 days in advance of the day of travel. The purchaser will transmit information on any cancellations of advanced reservation service by two (2) hours before the earliest pick-up time. Failure to provide the required notice of intent to cancel will cause a "No-Show" (on-way trip) charge or cancellation of transportation privileges to the purchaser.

Schedule Route Service - fixed schedule, curb-to-curb (on exception, door-to-door), ambulatory/wheelchair, recurring, non- emergency transportation service, available seven days per week, 6:00AM to 10:00PM, within Taylor County and between Taylor County and Gadsden, Jefferson, Leon, and Madison Counties. When purchasing a scheduled route service, the purchaser will submit an initial Transportation Plan to the CTC. The Plan will include arrival time (s), Passenger names, and daily scheduled ridership. In order to schedule scheduled route service each month, an Exception Report will be submitted to the CTC by the purchaser by the 25th of the previous month and will indicate exceptions to the current Plan.

a Types of Service (Continued)

Demand Response Service - curb-to-curb (on exception, door-to-door), ambulatory/ wheelchair, non-emergency transportation service, requested by an agency and/or the general public, that is provided: 1) outside the specific areas of service and/or specific periods of regular service; or 2) without proper advance notification. Demand response service is provided only to the extent of availability. When purchasing demand response service, the name(s) and origin/ destination of the CTC at least two (2) hours before the earliest pick-up time and no more than 30 days in advance of the day of travel. The purchaser will transmit information on any cancellations of demand response service by one (1) hour before the notice of intent to cancel will cause a "No Show" (one-way trip) charge or cancellation of transportation privileges to the purchaser.

Fixed Route Service - curb pick-up/ drop-off, ambulatory/wheelchair, non-emergency transportation service, per published schedule.

Non-Emergency Medical Stretcher Service - door-to-door, non-emergency medical stretcher transportation service, available seven (7) days per week, 24 hours per day. Non-emergency medical stretcher service is provided only to qualified Medicaid beneficiaries. When Purchasing non-emergency medical stretcher service, the name and origin/destination of the passenger to be transported will be place with the CTC at least two (2) hours before the required time of travel and no more than 30 days in advance of the day of travel. The purchaser will transmit information on any cancellation of non-emergency medical stretcher transportation service by one (1) hour before the time of travel. Failure to provide the required notice of intent to cancel will cause a "No Show" (one-way trip) charge of cancellation of transportation privileges to purchaser.

Evacuation Service - door-to-door, ambulatory/wheelchair, transportation service, accessible seven (7) days per week, 24 hours per day, only to the extent of availability per agreement. When purchasing evacuation service, the purchaser will place with the CTC the number and type of vehicle(s) required and the time period(s) during which the vehicle(s) will be required. A Vehicle service hour begins with the start of the purchaser's requested period of availability, and ends with the purchaser's release of vehicle(s).

b. Hours and Days of Service

Intra-county service is available seven days per week, 24 hours per day, except Thanksgiving Day, Christmas Day and New Year's Day.

Inter-county service between Taylor County and Leon County (Tallahassee) is available on a regular schedule, except Thanksgiving Day, Christmas Day and New Year's Day:

Monday - scheduled arrivals @ 7:30AM, 10:00AM & 12:30pm;
scheduled departures @ 11:30AM, 2:00PM & 4:30PM.

Tuesday - scheduled arrivals @ 7:30AM, 10:00AM & 12:30pm;
scheduled departures @ 11:30AM, 2:00PM & 4:30PM.

Wednesday - scheduled arrivals @ 7:30AM, 10:00AM & 12:30pm;
scheduled departures @ 11:30AM, 2:00PM & 4:30PM.

Thursday - scheduled arrivals @ 7:30AM, 10:00AM & 12:30pm;
scheduled departures @ 11:30AM, 2:00PM & 4:30PM.

Friday - scheduled arrivals @ 7:30AM, 10:00AM & 12:30pm;
scheduled departures @ 11:30AM, 2:00PM & 4:30PM.

c. Accessing Services

Advance Reservation Service - when purchasing advanced reservation service, the name and origin/ destination of the passenger to be transported will be placed with CTC by 2:00pm the day before the day of travel (Medicaid NIFT service requires 72 hours advance notification) and no more than 30 days in advance of the day of travel. The purchaser will transmit information on any cancellations of advanced reservation service by (2) hours before the earliest pick-up time. Failure to provide the required notice of intent to cancel will cause a "No Show" (one way trip) charge or cancellation of transportation privileges to the purchaser.

Scheduled Route Service - when purchasing a scheduled route service, the purchaser will submit an initial Transportation Plan to the CTC. The Plan will include arrival time(s), departure time(s), origin(s)/destination(s), passenger names, and daily scheduled ridership. In order to schedule scheduled route service each month, an Exception Report will be submitted to the CTC by the purchaser by the 25th of the previous month and will indicate exceptions to the current Plan.

Demand Response Service - when purchasing demand response service, the name(s) and origin/destination of the passenger(s) to be transported will be placed with the CTC at least two (2) hours before the earliest pick-up time and no more than 30 days in advance of the day of travel. The purchaser will transmit information on any cancellation of demand response service by one (1) hour before the earliest pick-up time. Failure to provide the required notice of intent to cancel will cause a "No Show" (one-way trip) charge or cancellation of transportation privileges to the purchaser.

Fixed Route Service - access fixed route service at designated location at designated times.

Non-Emergency Medical Stretcher Service- when purchasing non-emergency medical stretcher service, the name and origin/destination of the qualified Medicaid beneficiary to be transported will be placed with the CTC at least two (2) Hours before the required time of travel and no more than 30 days in advance of the day of travel. Purchaser will transmit information on any cancellation of non-emergency medical transportation service by one (1) hour before the time of travel. Failure to provide the required notice of intent to cancel will cause a "No Show" (one-way trip) charge or cancellation of transportation privileges to the purchaser.

Evacuation Service - when purchasing evacuation service, the purchaser will place with the CTC the number and type of vehicle(s) required and the time period(s) during which the vehicle(s) will be required. A vehicle service hour begins with the start of the purchaser's requested period of availability, and ends with the purchaser's release of vehicle(s).

Normal hours of the CTC for scheduling Medicaid NET service(s) are Monday through Friday, 8:00AM to 5:00PM. Telephone number of the CTC for scheduling/cancelling Medicaid NET is 866-659-3403. The telephone number for after hours requests for Medicaid NET services for Urgent Care is 866-659-3403.

Hours of the CTC for scheduling all other transportation service(s) are Monday through Friday, 6:00AM to 6:00PM. Telephone number of the CTC for scheduling/cancelling all other transportation is 850-584-5566.

Cancellation of service must be transmitted to the CTC by two (2) hours before earliest pick-up time. Failure to provide the required notice of intent to cancel will cause a "No Show" (one-way trip) charge or cancellation of transportation privileges to the purchaser.

2 Accessing Services (continued)

Eligibility for non-sponsored T.D. services is determined locally by application. Eligibility requires submittal of an eligibility application and an affirmative determination of eligibility. Non-Sponsored T.D. services are provided to eligible persons on a first-come, first-serve (funds available) basis. When fund availability and/or vehicle capacity necessitates the prioritization guide will be employed:

1. medical and medical-related trips
2. employment (intra-county) trips
3. personal business (intra-county) trips
4. education/training (intra-county) trips
5. shopping (intra-county) trips
6. social/recreational (intra-county) trips.
7. Employment (intra-county) trips
8. Other (inter-county) trips

3 Transportation Operators and Coordination Contractors

Solicitation for contracted Transportation Operators is need driven, and is accomplished through a competitively responsive RFQ process.

Transportation Operators:

Big Bend Transit, Inc.

305-B West Crawford Street

Quincy, Florida 32351

Types of service provided: Advance Reservation Service, Scheduled Route Service, Demand Response Service, and Evacuation Service

Services provided to: Unrestricted

Price Transportation Service, Inc.

120 Greenlin Villa Road

Crawfordville, Florida 32327

Types of services provided: Non-Emergency stretcher Service

Service provided to: Qualified Medicaid Beneficiaries

Capital Transit, Inc.

1225 Miccosukee Road

Tallahassee, Florida 32308

Types of services provided: Non-Emergency Stretcher Service

Services provided to: Qualified Medicaid Beneficiaries

3. Transportation Operators and Coordination Contractors (cont'd) Coordination Contractors:
None

4. Public Transit Utilization - Not Applicable.

5. School Bus Utilization

To the best of our knowledge, the transportation needs of the transportation disadvantaged in Taylor County are met without the use of school buses.

6. Vehicle Inventory

The Vehicle Inventory of the Taylor County Coordinated Transportation System is included on the following unnumbered page.



*Will be paid by the
new TDSB 1-1-2016-2017*

Rider guide

RESERVATIONS - SCHEDULING TRIPS

Trip reservations can be scheduled anywhere from one day and up to three days in advance. Customer Service Representatives are available five days a week from 8:00 a.m. to 5:00 p.m. to schedule a ride. Reservations must be made **no later than 2:00 p.m.** the day before a scheduled trip. BBT does NOT offer same day service. Same day changes to a pick-up or drop-off time and address **cannot** be made. Therefore, be sure to have the correct information when scheduling a ride. For cancellations and inquiries, Customer Service Representatives are available Monday - Friday from 6:00 a.m. to 6:00 p.m.; and on weekends and holidays from 8:00 a.m. to 5:00 p.m.

Be prepared to provide the following information:

1. First and last name.
2. Date of travel.
3. The time you would like to be picked up OR the time you need to reach your destination.
4. Complete pick-up address, including an apartment number, suite number, gate or security code, building identification, zip code and telephone number. Note: Same day changes to a pickup time or address **cannot** be made, so make sure the trip information is correct.
5. Complete destination address, including building, suite or apartment number, zip code and telephone number. Note: Same day changes to a return time or address cannot be made, so make sure that the trip information is correct.
6. Be sure to inform the Customer Service Representative if a personal care attendant (PCA), escort (special needs if any) service animal and/or companion or child will accompany the rider.

7. Inform the Customer Service Representative at the time of reservation if you are traveling with an assistive device, such as a wheelchair, scooter, walker, cane, oxygen tank, etc.

CONFIRMING TRIPS

Trips will be confirmed at the time you make your reservation(s). Please verify dates, times and addresses before ending the call to ensure the accuracy of your scheduled trip.

BBT VEHICLE TYPES

BBT uses a variety of branded vehicle types including lift-equipped vans and mini-vans with ramps that meet the Federal ADA Regulations. Rides will be scheduled based upon which vehicle best meets service needs.

ON BOARD RIDE TIME

The average trip length can be 60 minutes or more. A trip may exceed or fall below that average depending on the circumstances.

TRIP PICK UP POINTS – WHERE TO WAIT FOR YOUR RIDE

Operators will assist you to and from the threshold of a building. Operators must maintain physical sight of the vehicle at all times, and are not permitted to enter beyond the threshold or ground level of any building. If a rider will need assistance exiting the pick-up location, a companion or personal care attendant should travel with the rider in order to provide assistance.

Door-to-door service DOES NOT include any of the following:

- Assisting passengers on unsafe or steeply inclined mobility ramps or stairs
- Entering beyond the door threshold
- Locking/unlocking doors or activating/deactivating house alarms
- Loading/unloading personal items

If a rider cannot be left unattended (as a result of his or her age, disability or impairment), a companion or personal care attendant is required to receive the passenger upon the vehicle's arrival.

APARTMENTS/OFFICE COMPLEXES

When scheduling your trip, please provide Customer Service with a specific building name and/or number within the complex. The operator will pick up the rider at that specific building. If a rider's building is located within a gated community and requires special entry, be sure to provide Customer Service with an entry code, or, notify the security office to arrange entry for the Paratransit vehicle before pick-up time. If the rider does not arrange entry, and the vehicle is unable to enter the pick-up area, the rider will be considered a No-Show. (*See NO-SHOWS)

NURSING HOMES

Riders with pick-ups at nursing homes should meet the operator in front of the main lobby. Operators are not permitted to go to rooms to pick up riders.

Operators cannot assist riders in and out of a nursing home. Nursing home staff should be ready to assist the individual in or out of the building if necessary. Riders will be dropped off in front of the main lobby of the nursing home.

ADULT PROGRAM/DAY CARE CENTERS

Riders attending adult programs or day care centers should be ready when paratransit vehicles arrive. Operators cannot assist riders in or out of adult program/day care centers. Facility staff should be ready to assist the individual in or out of the building if necessary. If the

adult program/day care center requires special entry, facility staff should arrange entry for the paratransit vehicle before pick-up time. If the rider does not arrange for entry, and the vehicle is unable to enter the pick-up area, the rider will be considered a No-Show (*SEE NO-SHOWS).

HOSPITALS

Unless otherwise requested by the patron, the default drop-off location at all hospitals will be at the main entrance of the facility. The patron may request another drop off location if there is a safe place at an entrance nearer to the office he/she will be visiting. Please keep in mind that, unless a specific pick-up location is requested, the pick-up location for the return trip will default to the main hospital entrance.

SHOPPING MALLS

When scheduling a trip to a shopping mall, the patron must specify the exact store entrance nearest to the street where he/she wishes to be dropped off and picked up (for example "Macy's East side entrance" or "food court entrance"). The default drop-off and pick-up locations will be at the street entrance nearest to the food court. Should the patron wish to be picked up for his/her return trip at any entrance other than the default location, the patron must request the pick-up location nearest to the street when scheduling a trip.

VEHICLE ARRIVAL - 5 MINUTE RULE/

WINDOW TIME

Transit operators will wait 5 minutes for a rider to board the vehicle when arriving within the 30-minute ready-time window. If a rider does not board the vehicle within the 5-minute wait time, the operator by dispatch directions will mark the rider as a No-Show and will depart the location. BBT is not required to call the rider when the vehicle arrives or before leaving the

pick-up location. Riders are expected to be ready to board the vehicle upon its arrival. When the vehicle arrives, you are required to present exact fare or a valid coupon. Please note: The operator cannot take you to your requested destination without the required fare.

VEHICLE IS LATE - NEXT STEP

If the vehicle has not arrived by the end of your 30-minute pick-up window, please call your local Customer Service Representatives at:

Jefferson County—850-997-1323

Leon County—850-574-6064

Gadsden County—850-627-9958

Taylor County—850-584-9546

Madison County—850-973-6471

USING WHEELCHAIRS OR OTHER MOBILITY DEVICES

BBT will make every attempt to accommodate standard wheelchairs, scooters, and other mobility devices. These devices should not exceed 48" in length, 30" in width and 600 pounds in total weight. Mobility devices larger than these standards may be denied service aboard BBT vehicles. For our riders' safety, BBT cannot transport riders with broken mobility devices or devices without working brakes. Please be sure that wheelchairs or other mobility devices are clean, safe and in good working condition before traveling with BBT.

SECUREMENT ON BOARDING

Operators will make all attempts to secure standard wheelchairs and scooters. If a wheelchair or scooter exceeds the normal size, the operator may ask the rider to transfer to a seat, as it may be difficult to safely secure the passenger within the mobility device. It is the rider's choice to transfer or to remain in his or her mobility device.

SUBSCRIPTION TRIPS

A subscription trip is defined as travel that will be repeated at the same times and days of the week for a specific purpose (work, education, medical treatment, etc.). This type of trip must be made a minimum of twice a week for a minimum of 30 days. Patrons are required to book this trip for a two-week period before it is eligible to become classified as a subscription trip. Any changes in frequency or time to a subscription trip will result in an additional week call-in period for those modifications to become a subscription. No more than two changes can be made within a 30-day period. Frequent cancellations could result in termination of a subscription.

NEGOTIATED TRIP TIMES

Occasionally, the exact time you wish to travel may not be available. In that case, Customer Service may offer you other choices that may be up to one hour earlier or one hour later than the time you wish to travel. If you need to arrive at your destination by a specific time, tell the Customer Service Representative. They will attempt to give you a pick-up time that will get you to your destination on time. If your travel time is more flexible, you may be offered a negotiated trip time.

***NO-SHOWS**

A No-Show occurs when you fail to board the BBT vehicle within five minutes after it arrives within the pick-up window or if you violate BBT policies and as a result you are not transported.

Trips that are not canceled at least two or more hours before your scheduled time will be considered a No-Show. If you receive a No-Show on your trip leaving from the point of origin, the return trip will automatically be canceled unless you request to keep the return trip.

NO-SHOW—SUSPENSION OF SERVICES

When you accumulate a total of four No-Shows within a 30-day period, you will receive a written Notice of Service Suspension, and a 30-day service suspension will be imposed. A second suspension (four more no-shows) within a six-month period may result in an additional service suspension of 60 days. If more than two suspensions occur in a six-month period, service will be cancelled for up to one year.

NO-SHOW SUSPENSION APPEAL PROCESS

A rider who disputes the basis for a suspension of service, termination of service or loss of subscription privileges can call or write the office of BBT at: PO Box 1721 Tallahassee, Florida 32302

TRAVELING WITH PCA'S/GUESTS/

SERVICE ANIMALS

Personal Care Attendant—A personal care attendant can accompany a rider at no additional charge. Your file must indicate that you are eligible to have a personal care attendant travel with you, and you must reserve space for the attendant when *scheduling* your trip.

Children—Florida law requires that all children under the age of four or weighing less than 50 pounds must be properly restrained in a child safety seat. **BBT DOES NOT PROVIDE CHILD SAFETY SEATS.**

Service Animals--Guide dogs and other service animals are allowed to accompany you if this need is indicated in your file. When scheduling a trip, please inform Customer Service if a service animal will be accompanying you on the trip.

TRAVELING WITH PACKAGES -

TWO PACKAGE LIMIT

Carry-on packages are limited to 2 bags or similar-sized packages that can be carried by the patron onboard BBT vehicles. Operators do not assist riders with personal belongings. Patrons can keep travel carts loaded if the cart fits fully between the seat next to the passenger and the seatback in front of that seat. Patrons must fold grocery carts if the cart cannot fit between the seat and the seatback in front of it and secure their carry-on items to keep aisles and exits clear on the bus. Patrons must fold their own strollers or grocery carts when required.

If a patron requires the use of oxygen, it must be identified, it must be a portable tank.

FARES

All eligible riders, regardless of age, must pay exact fare when boarding. Operators cannot give change. BBT fare coupons can be purchased from the office.

RULES OF CONDUCT

Riders are asked to follow these rules of conduct to ensure the safety and comfort of all riders and the operator:

- No loud conversations on cell phones**
- No eating, drinking or smoking on board**
- No riding under the influence of alcohol or illegal drugs**

- No abusive, threatening or obscene language or actions
- No discharge of bodily fluids or open wounds
- No deliberate fare evasion
- No physical abuse of another rider, or the operator
- No operating or tampering with any equipment while onboard a BBT vehicle
- No radios, MP3 players, compact disc players or other sound generating equipment are to be played aboard the vehicles WITHOUT EAR PLUGS
- For safety reasons, please limit unnecessary conversation with operators when the vehicle is in motion

Riders who violate the rules of conduct are subject to penalties, up to and including suspension of service.

Note: Riders who engage in physical abuse or cause physical injury to another rider or operator may be subject to immediate and permanent suspension, as well as possible criminal prosecution.

OPERATOR ASSISTANCE

At the request of the patron, a BBT Operator may assist the patron from the outside door of their pick-up location to the outside door of their destination.

BBT Operators may not lock or unlock doors, lift or carry a patron, lift the patron's wheelchair up or down steps, search for a patron in a building, carry/load bags or personal belongings, call the patron at home, or perform any other assistance that should be undertaken by a personal care attendant.

ATTACHMENT H

TAYLOR COUNTY TRANSPORTATION DISADVANTAGED SERVICE PLAN

III. QUALITY ASSURANCE

A. Service Standards

Service standards for the Taylor County Transportation Disadvantaged Program are integral to the development and implementation of a quality transportation program. Service standards are intended to bring about uniform service provisions in the coordinated system. The Local Coordinating Board (LCB) will evaluate the Community Transportation Coordinator's (CTC) compliance with the established service standards outlined in Rule 41-2.006(4) Florida Administrative Code annually. The LCB will accept any applicable agency's review of the CTC, which encompasses any of the standards as part of the evaluation to determine compliance with that standard.

Commission for the Transportation Disadvantaged Service Standards

The CTC and any Transportation Operator from whom service is purchased or arranged by the CTC shall adhere to Commission approved standards. These standards, as outlined in Rule 41-2.006(4), Florida Administrative Code, include:

- 1. Drug and Alcohol Testing**
All safety sensitive job positions shall comply with the pre-employment, random, post-accident, and reasonable suspicion testing requirements of the Federal Transit Administration.
- 2. Transportation of Escorts and Dependent Children**
Children under age 6 shall be required to be accompanied by an escort or attendant. Escorts must be provided by the passenger. The escorts must be able to provide the necessary assistance to the passenger. Escorts shall be transported at the regular rate.
- 3. Use, Responsibility and Cost of Child Restraint Devices**
All passengers under the age of 4 and/or under 50 pounds shall be advised to use a child restraint device. This shall be provided by the passenger.
- 4. Passenger Property**
Passenger shall be allowed to have two pieces of personal property, which they can place in their lap or stow under the seat. Passenger must be able to independently carry all items brought onto the vehicle. Drivers shall not be allowed to carry packages, other than on and off the vehicle. Passenger property does not include wheelchairs, child restraint seats, stretchers, secured oxygen, personal assistive devices, or intravenous devices.
- 5. Vehicle Transfer Points**
Vehicle transfer points shall be located in a safe and secure place that provides shelter.

TAYLOR COUNTY TRANSPORTATION DISADVANTAGED SERVICE PLAN

6. Local Toll Free Telephone Number

A local toll free number shall be posted in all vehicles in a noticeable location within the transportation system. This telephone number shall be included in the complaint process.

7. Out-of-Service Area Trips

Out-of-service area trips refer to inter-county trips. Minimum practices for inter-county service will be published in the Section II of the Service Plan.

8. Vehicle Cleanliness

The interior of all vehicles shall be free of dirt, grime, oil, trash, torn upholstery, damaged or broken seats, protruding metal or other objects or materials which would soil items placed in the vehicle or provide discomfort for the passenger. All vehicles shall be cleaned (interior and exterior) on a regular schedule.

9. Billing Requirements

The CTC shall pay all bills to transportation subcontractors within 15 days after receipt of said payment by the CTC.

10. Passenger / Trip Database

The CTC shall collect the name, telephone number, address, funding source(s) eligibility and special requirements in a database on each passenger.

11. Adequate Seating

Vehicle seating shall not exceed the manufacturer's recommended capacity.

12. Driver Identification

Drivers shall be required to announce and identify themselves by name and company in a manner that is conducive to communications with the specific passenger upon pickup except in situations where the driver regularly transports the rider on a regular basis. All drivers shall have a name badge displayed at all times when transporting passengers.

13. Passenger (Boarding) Assistance

All drivers shall assist all passengers on and off the vehicles, if necessary or requested, to the seating portion of the vehicle. This assistance shall include: opening the vehicle door, fastening the seatbelt or wheelchair securement device, storage of mobility devices and closing the door. Assistance must be in a dignified manner.

TAYLOR COUNTY TRANSPORTATION DISADVANTAGED SERVICE PLAN

14. Smoking, Eating, and Drinking

There shall be no smoking on any vehicle in the transportation system. Eating and drinking on board the vehicle will not be allowed. Stops may be made to accommodate the needs of the passengers at the discretion of the driver.

15. Passenger No-Shows

Passenger no-shows are defined as trips not canceled prior to dispatch of the vehicle. When a passenger is considered a no-show, they shall be notified. Upon the third no-show in a 60-day period, the rider will be suspended for 30 days.

16. Two-Way Communications

All vehicles shall have two-way radio or cellular phones in good working order and be audible to the driver at all times (when in the service area) to the base.

17. Air Conditioning / Heating

All vehicles in the coordinated system shall have working air conditioning and heating. Vehicles that do not have working air conditioner or heater shall be scheduled for repair or replacement as soon as possible.

18. Cardio – Pulmonary Resuscitation (CPR) Training

All drivers shall be certified in CPR.

19. First Aid Training

All drivers shall be certified in First Aid.

Local Service Standards

1. Drivers Criminal Background Screening

All drivers in the coordinating system must have a favorable FDLE background screening.

2. Service Effectiveness

Service effectiveness shall be evaluated based on the following information; percentage of TD passengers transported, passenger trips / vehicle mile, cost / vehicle mile, cost / passenger trip, vehicle miles, / passenger trip, and a customer satisfaction survey.

3. Contract Monitoring

The CTC shall perform annual evaluations of contracted operations using applicable portions of the LCB evaluation process.

4. Pick-up Window

There is a sixty (60) minute pick-up window in place for all intra-county trips scheduled based on the arrival / departure time of the passenger.

TAYLOR COUNTY TRANSPORTATION DISADVANTAGED SERVICE PLAN

5. On-time Performance

The CTC shall have an 85% on-time performance for all completed trips.

6. Advance Reservation Requirement

There shall be 1 day notice requirement for all trips scheduled within the coordinated system, except under special circumstances.

7. Accidents

1.2 accidents per 100,000 miles shall be the maximum allowable number of accidents for the evaluation period.

8. Roadcalls

There should be no less than 10,000 miles between each roadcall.

9. Complaints

There should be no more than three (3) complaints per 1,000 trips during the evaluation period.

ATTACHMENT I

**GRIEVANCE PROCEDURES 2015 – 2016
TAYLOR COUNTY LOCAL COORDINATING BOARD
FOR THE TRANSPORTATION DISADVANTAGED**

The Taylor County Local Coordinating Board (LCB) for the Transportation Disadvantaged appointed by the Taylor County Board of Commissioners has established formal complaint/grievance procedures for the local transportation disadvantaged program. The County is required to have formal complaint/grievance procedures as specified by the Commission for the Transportation Disadvantaged pursuant to Chapter 427, Florida Statute and Rule 41-2.012, Florida Administrative Code (F.A.C). The following rules and procedures shall constitute the grievance process to be used by the Coordinated Community Transportation Disadvantaged system in Taylor County.

SECTION 1. DEFINITIONS

As used in these rules and procedures the following words and terms shall have the meanings assigned therein. Additional program definitions can be found in Chapter 427, Florida Statutes and Rule 41-2, Florida Administrative Code.

1.1 Community Transportation Coordinator (CTC): means a transportation coordinator recommended by an appropriate Designated Official Planning Agency or a Metropolitan Planning Organization, if so applicable, as provided for in Section 427.015(1), Florida Statutes in an area outside the purview of a Metropolitan Planning Organization and approved by the Commission, to ensure that coordinated transportation services are provided to serve the transportation disadvantaged population in a designated service area. (The CTC for Taylor County is Big Bend Transit, Inc.)

1.2 Designated Official Planning Agency (DOPA): means the official body or agency designated by the Commission to fulfill the functions of transportation disadvantaged planning in areas not covered by a Metropolitan Planning Organization and approved by the Commission, to ensure that coordinated transportation services are provided to serve the transportation disadvantaged population in a designated service area. (Taylor County Board of Commissioners is the DOPA for Taylor County.)

1.3 Transportation Disadvantaged (TD) (User): means "Those persons who because of physical or mental disability, income status, age, or who for other reasons are unable to transport themselves or to purchase transportation and are, therefore, dependent on others to obtain access to employment, health care, education, shopping, social activities, or other life-sustaining activities, or children who are handicapped or high risk or at-risk" as defined in Section 411.202, Florida Statutes.

1.4 Agency: means an official, officer, commission, authority, council, committee, department, division, bureau, board, section, or any other unit or entity of the state, or of a city, town, municipality, county, or other local governing body or a private nonprofit entity providing transportation services as all or part of its charter.

1.5 Transportation Operator: means one or more public, private for profit or private nonprofit entities engaged by the community transportation coordinator to provide service to transportation disadvantaged persons pursuant to a Transportation Disadvantaged Service Plan (TDSP)

1.6 Service Complaint: means incidents that may occur on a daily basis and are reported to the driver or the dispatcher or to other individuals involved with the daily operations, and are resolved within the course of a reasonable time period suitable to the complainant. Local service complaints are driven by the inability of the CTC, or transportation operators, not local service standards established by the CTC, LCB, and the Taylor County Board of Commissioners. All service complaints should be recorded and reported by the CTC to the LCB.

1.7 Formal Grievance: A written complaint to document any concerns or an unresolved service complaint regarding the operation or administration of TD services by the CTC, DOPA, or LCB. The Grievant, in their formal complaint, should demonstrate or establish their concerns as clearly as possible.

1.8 Administrative Hearing Process: Chapter 120, Florida Statutes.

1.9 Ombudsman Program: A toll-free telephone number established and administered by the Commission for the Transportation Disadvantaged to enable persons to access information and/or file complaints/grievances regarding transportation services provided under the coordinated effort of the Community Transportation Coordinator.

SECTION 2. OBJECTIVES

2.1 The objective of the grievance process shall be to investigate process and make recommendations, in a timely manner on formal written complaints/grievances that are not resolved between the CTC and/or individual agencies contracted by the CTC and the customer. It is not the objective of the grievance process to “adjudicate” or have “determinative” powers.

2.2 The CTC, and its service operation and other subcontractors must post the contact person’s name and telephone number in each vehicle regarding the reporting of complaints.

2.3 All documents pertaining to the grievance process will be made available, upon request, in a format accessible to persons with disabilities.

2.4 A written copy of the grievance procedure shall be available to anyone upon request.

2.5 Apart from this grievance process, aggrieved parties with proper standing may also have recourse through Chapter 120, Florida Statutes Administrative Hearing Process or the judicial court system.

SECTION 3. COMPOSITION OF GRIEVANCE COMMITTEE AND TERMS

- 3.1 The Taylor County Local Coordinating Board shall appoint at least five (5) of its voting members to the Grievance Committee.**
- 3.2 Members shall be appointed by the Chairperson of the LCB.**
- 3.3 The Grievance Committee shall include one representative of users/clients.**
- 3.4 The Chairperson of the LCB reserves the right to make reappointments should any conflict of interest arise.**
- 3.5 The Planning Grant Manager or his/her designee shall also serve on the Grievance Committee.**
- 3.6 Members of the Grievance Committee shall be appointed for a two (2) year term. Term limits of the grievance committee shall coincide with term limits of the Local Coordinating Board.**
- 3.7 A member of the Grievance Committee may be removed for cause and/or conflict of interest by the LCB Chairperson who appointed him/her. Vacancies on the committee shall be filled in the same manner as the original appointment. The appointment to fill a vacancy shall only be for the remainder of the unexpired term being filled.**
- 3.8 The Grievance Committee shall elect a Chairperson and Vice Chairperson. The Chair and Vice Chair shall serve for a one (1) year term but may serve consecutive terms.**
- 3.9 A quorum of three (3) voting members shall be required for official action by the grievance committee. Meetings shall be held at such times as the necessitated by formally filed grievances.**

SECTION 4: GRIEVANCE PROCESS

- 4.1 Grievance procedures will be those as specified by the Local Coordinating Board, developed from guidelines of the Commission for the Transportation Disadvantaged, and approved by the LCB as set forth below. The grievance procedures are for the purpose of fact-finding and not exercising adjudicative powers. It should be understood that these procedures are for the purpose of "hearing", "advising" and "making recommendations" on issues related to service delivery and administration of the transportation disadvantaged program in the Taylor County service area.**
- 4.2 Apart from the grievance procedures outlined below, aggrieved parties with proper standing may also have recourse through the Commission for the Transportation Disadvantaged Chapter 120, Florida Statutes Administrative Hearing Process, or the judicial court system.**

4.3 Service Complaints. All service complaints should be recorded and reported by the Community Transportation Coordinator (CTC) to the Local Coordinating Board. The CTC should also include statistics on service complaints. Service complaints may include but not be limited to:

- a. Late trips (late pick up or drop off)
- b. No show by transportation operator
- c. No show by client/rider
- d. Client/rider behavior
- e. Driver behavior
- f. Passenger comfort/discomfort
- g. Service refusal (refusing service to rider without an explanation as to why)
- h. Unsafe driving
- i. Others as deemed appropriate by the Local Coordinating Board

4.4 Formal Grievance. The client/rider, in their formal complaint, should demonstrate or establish their concerns as clearly as possible. The formal grievance process shall be open to addressing concerns by any person or agency including but not limited to: purchasing agencies, users, and potential users, private for-profit operators, private non-profit operators, the Community Transportation Coordinator, the Designated Official Planning Agency, elected officials and drivers. Formal grievances may include but are not limited to:

- a. Chronic or recurring or unresolved service complaints
- b. Violations of specific laws governing the provisions of the TD Services (i.e., Chapter 427, F.S., Rule 41-2 FAC and accompanying documents, Sunshine Law and ADA)
- c. Denial of service
- d. Suspension of service
- e. Unresolved safety issues
- f. Contract disputes
- g. Coordination of disputes
- h. Bidding disputes
- i. Agency compliance
- j. Conflicts of interest
- k. Supplanting of funds
- l. Billing and/or account procedures
- m. Others as deemed appropriate by the Local Coordinating Board

4.5 All formal grievances filed must be written and contain the following:

- a. Name and address of the client/rider
- b. A statement of the grounds for the grievance and supporting documentation, made in a clear and concise manner. This shall include efforts made by the client taken to resolve the issue.
- c. An explanation of the relief desired by the client.

If the client does not supply the above information to substantiate the grievance, no further action shall be taken.

4.6 The following steps shall be taken after a formal grievance has been filed:

Step One: The customer shall first contact the Community Transportation Coordinator (CTC) or the entity which they have a complaint. The customer may also contact the Commission for the Transportation Disadvantaged Ombudsman representative at 1-800-983-2435. The CTC will attempt to mediate and resolve the grievance. Minimum guidelines for the CTC include:

- a. All CTC and transportation subcontractors (including coordination contractors) must make a written copy of their procedures and rider policies available to anyone, upon request.
- b. All CTC and transportation subcontractors (including coordination contractors) must post the contact person and telephone number for access to information regarding reporting service complaints or filing a formal grievance in each of their vehicles in plain view of riders.
- c. Grievance procedures must specify a minimum amount of days (not to exceed 15 working days) to respond to Grievant in writing noting the date the grievance was received and date by which a decision will be made.
- d. The CTC will render a decision in writing, giving the complainant an explanation of the facts that lead to the CTC's decision and provide a method or ways to bring about a resolution.
- e. All documents pertaining to the grievance process will be made available, upon request, in a format accessible to persons with disabilities.
- f. The CTC Board of Directors, owners or whoever is legally responsible must receive a copy of the grievance and response.

Step Two: If mediation with the CTC and/or the applicable entity is not successful, the CTC or the client may file an official complaint with the Planning Grant Manager or their designee of the Designated Official Planning Agency. (Taylor County Board of Commissioners is the DOPA)

Step Three: The Planning Grant Manager or their designee on behalf of the DOPA will make every effort to resolve the grievance by arranging a meeting between the involved parties in an attempt to assist them in reaching an amicable resolution. The meeting shall take place within seven (7) working days of receipt of all evidence regarding the grievance. The representative of the DOPA shall prepare a report regarding the meeting outcome. The report shall be sent to the client and the Chair of the Grievance Committee within seven (7) working days of the meeting.

Step Four: If the representative of the DOPA is unsuccessful at resolving the grievance through the process outlined in Step Three, the customer may request, in writing, that their grievance be heard by the Grievance Committee. This request shall be made within seven (7) working days of receipt of the report prepared as a result of the mediation meeting under Step Three and sent to the DOPA represented by the Local Coordinating Board (LCB) Chairman.

Step Five: Upon receipt of the written request for the grievance to be heard by the Grievance Committee, the LCB Chairman shall have fifteen (15) working days to contact Grievance Committee members and set up a grievance hearing date and location. The client and all parties involved shall be notified of the hearing date and location at least seven (7) working days prior to the hearing date by certified mail, return receipt requested.

Step Six: Upon conclusion of the hearing, the Grievance Committee must submit a written report of the hearing proceedings to the LCB Chairperson within ten (10) working days. The report must outline the grievance and the Grievance Committee's findings and recommendations. If the grievance is resolved through the hearing process in the above outlined steps, the grievance process will end. The final report will be forwarded to the members of the LCB.

Step Seven: If the grievance has not been resolved as outlined in the above steps, the client may request, in writing, that their grievance be heard by the full LCB. This request must be made in writing and sent to the LCB Chairman within five (5) working days of receipt of the Grievance Committee Hearing report. The client may make their request for a hearing before the LCB immediately following the Grievance Committee hearing, however until the final report is prepared from that meeting; the time frames established for notification of meeting herein apply.

Step Eight: The DOPA/ LCB Chairman shall have fifteen (15) working days to set a meeting date. LCB members shall have at least ten (10) working days notice of such meeting. The meeting shall be advertised as so appropriate in the news media and/or other mandated publications. The Grievance Committee's report must be received by the DOPA/ LCB Chairman within seven (7) working days of the hearing. The report shall then be forwarded to the client, members of the Grievance Committee, members of the Local Coordinating Board and all other persons/agencies directly involved in the grievance process.

Step Nine: The result/recommendations of the Local Coordinating Board hearing shall be outlined in a final report to be completed within seven (7) working days of the hearing. The report shall then be forwarded to the customer, members of the Local Coordinating Board, and all other persons/agencies directly involved in the grievance process.

If the grievance has not been resolved as outlined in these grievance procedures, the client/rider may exercise their adjudicative rights, use the Administrative Hearing Process outlined in Chapter 120, Florida Statutes, or request their grievance be heard by the Commission for the Transportation Disadvantaged through the Ombudsman Program established herein and the Commissions Grievance Process outlined in Section 5.

SECTION 5: COMMISSION FOR THE TRANSPORTATION DISADVANTAGED GRIEVANCE PROCESS

- 5.1 If the Local Coordinating Board does not resolve the grievance, the client will be informed of his/her right to file a formal grievance with the Ombudsman Program provided by the Commission for the Transportation Disadvantaged. The client may begin this process by contacting the Commission through the TD Helpline at 1-800-984-2435 or 850-488-6036 or by mail to: Florida Commission for the Transportation Disadvantaged, 605 Suwannee Street

MS-49, Tallahassee, FL 32399-0450 or by email at www.dot.state.fl.us/ctd. For hearing or speech impaired clients they may call, 711 (Florida only) Florida Relay System or 850-410-5708 for TTY. Upon request of the client, the Commission will provide the client with an accessible copy of the Commission's Grievance Procedures. The Ombudsman Program is available to anyone requesting assistance to resolve complaints or grievances.

All of the steps outlined in Section 4 must be attempted in the listed order before a grievance will move to the next step in the formal grievance process with the Commission for the Transportation Disadvantaged. The client should be sure to try and have as many details as possible when filing a complaint, such as dates, times, names, vehicle numbers, etc.

- 5.2 Chapter 427, F.S. does not expressly confer the power or authority for the Commission for the Transportation Disadvantaged to "hear and determine" a grievance between two third parties. The Commission for the Transportation Disadvantaged can listen to grievances and it can investigate them from a fact-finding perspective. It cannot be the "judge" or "arbitrator" of the grievance in the sense of determining that one party's version of the facts is right and the other is wrong, and order the wrong party to somehow compensate the right party. On the other hand, the grievance may bring to light a problem within "the system". Similarly, if the grievance showed that one of the parties with whom the Commission for the Transportation Disadvantaged contracts was acting so aberrantly as to not be in compliance with its contract, the Commission for the Transportation Disadvantaged could exercise whatever contractual rights it has to correct the problem.

Accordingly, the Commission for the Transportation Disadvantaged ' may take part in the grievance process, if it wants to, for purposes of listening to the grieving parties and gathering the facts of the matter. It may not decide the grievance, where doing so would amount to an exercise of adjudicative powers.

- 5.3 Medicaid transportation service complaints and/or grievances should be addressed through the State Medicaid Managed Care Program (SMMC). The SMMC has a complaint/issue process which can be accessed online at <http://ahca.myflorida.com/smmc>. Complaints can also be made by calling 1-877-254-1055.
- 5.4 If the Commission is unable to resolve the grievance, the client will be referred to the Office of Administrative Appeals or other legal venues appropriate to the specific nature of the grievance.

Grievance Procedures Process Chart at the Local Level

Type	Time Frame to File	Provide Transportation Services During Review	Time Frame to Resolve	Extension Time Frame	Time Frame to Send Written Notification of Resolution	Next Step (if any)
Complaint	Ninety (90) working days from the date of the incident that precipitated the complaint.	Yes	Fifteen (15) working days.	Ten (10) working days.	Five (5) working days from the date of the complaint.	File a grievance.
Grievance	Ninety (90) working days from the date of the action that precipitated the grievance to be filed.	Yes	Ninety (90) working days.	Fourteen (14) working days.	Seven (7) working days from the date of the resolution of the grievance.	File grievance with the Florida Commission for the Transportation Disadvantaged

NAMES AND ADDRESSES OF PERSONS/ENTITIES REFERENCED IN GRIEVANCE
PROCEDURES

Big Bend Transit, Inc.
P.O. Box 1721
Tallahassee, Florida 32302
Contact: Shawn Mitchell- Transportation Manager
Phone: 850-574-6266
smitchell@bigbendtransit.org

Taylor County Board of Commissioners
201 East Green St.
Perry, Florida 32347
Contact: Dustin Hinkel County Administrator
Phone: 850-838-3500 ext. 107
dustin.hinkel@taylorcountygov.com

Taylor County Local Coordinating Board Chairperson:
LCB Chairman: Patricia Patterson
Taylor County Board of Commissioners
201 East Green St.
Perry, Florida 32347
Phone: 850-838-3500 ext 107

Taylor County Planning Grant Manager
201 East Green St.
Perry, Florida 32347
Contact: Melody Cox
Phone: 850-838-3553
melody.cox@taylorcountygov.com

Florida Commission for the Transportation Disadvantaged Helpline 800-983-2435
or
Florida Commission for the Transportation Disadvantaged
605 Suwannee Street
Tallahassee, FL 32399-0450
or
www.dot.state.fl.us/ctd

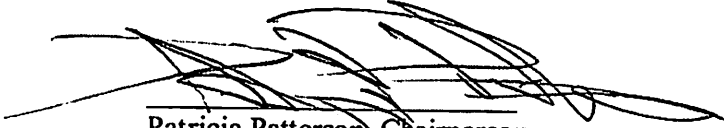
For Hearing and Speech impaired call 711 (Florida only) Florida Relay System or 850-410-5708
for TTY

Americans with Disabilities Act (ADA) 800-514-0301

Disability Rights Florida 800-342-0823

CERTIFICATION

The undersigned hereby certifies that she is the Chairperson of the Transportation Disadvantaged Local Coordinating Board and that the foregoing is a full, true and correct copy of the Grievance/Complaint Rules and Procedures of this Board as reviewed and adopted on the 17th day of September, 2015



Patricia Patterson, Chairperson
Taylor County Board of Commissioners
Local Coordinating Board for the Transportation Disadvantaged

APPROVED BY THE TAYLOR COUNTY BOARD OF COMMISSIONERS, THE OFFICIAL
DESIGNATED PLANNING AGENCY



Patricia Patterson, Chairman
Taylor County Board of Commissioners

September 21, 2015

Date

ATTACHMENT J

Contract # 1D1238

Effective: 2/29/12 to 6/30/16

STATE OF FLORIDA
COMMISSION FOR THE TRANSPORTATION DISADVANTAGED
MEMORANDUM OF AGREEMENT

This Memorandum of Agreement is between the COMMISSION FOR THE TRANSPORTATION DISADVANTAGED, hereby referred to as the "Commission," and

Big Bend Transit, Inc., Post Office Box 1721, Tallahassee, FL 32302

the COMMUNITY TRANSPORTATION COORDINATOR, designated pursuant to Chapter 427, F.S., to serve the transportation disadvantaged for the community that includes the entire area of

Taylor county(ies), and hereafter referred to as the "Coordinator."

This Agreement is made in consideration of the mutual benefits to both parties; said consideration acknowledged hereto by the parties as good and valuable consideration.

The Parties Agree:

I. The Coordinator Shall:

- A. Become and remain totally apprised of all of the Transportation Disadvantaged resources available or planned in their designated service area. This knowledge will be used to plan, coordinate, and implement the most cost effective transportation disadvantaged transit system possible under the economic and other conditions that exist in the designated service area.
- B. Plan and work with Community Transportation Coordinators in adjacent and other areas of the state to coordinate the provision of community trips that might be handled at a lower overall cost to the community by another Coordinator. This includes honoring any Commission-approved statewide certification program that allows for intercounty transportation opportunities.
- C. Arrange for all services in accordance with Chapter 427, Florida Statutes, and Rule 41-2, FAC, and as further required by the Commission and the local Coordinating Board approved Transportation Disadvantaged Service Plan.
- D. Return any acquired profits or surplus funds originating through the course of business as the Coordinator that are beyond the amounts(s) specifically identified and approved in the accompanying Transportation Disadvantaged Service Plan. Such profits or funds shall be returned to the Coordinator's transportation system or to any subsequent Coordinator, as a total transportation system subsidy, to be applied to the immediate following operational year. The Coordinator will include similar language in all coordination contracts to assure that transportation disadvantaged related revenues are put back into transportation disadvantaged services.

1. Developing a Transportation Disadvantaged Service Plan for approval by the local Coordinating Board and the Commission. Coordinators who are newly designated to a particular service area shall submit a local Coordinating Board approved Transportation Disadvantaged Service Plan, within 120 calendar days following the execution of the Coordinator's initial memorandum of agreement with the Commission, for approval by the Commission. All subsequent Transportation Disadvantaged Service Plans shall be submitted and approved with the corresponding memorandum of agreement. The approved Transportation Disadvantaged Service Plan will be implemented and monitored to provide for community-wide transportation services for purchase by non-sponsored transportation disadvantaged persons, contracting social service agencies, and other entities that use local, state, or federal government funds for the purchase of transportation for the transportation disadvantaged.
 2. Maximizing the use of available public school transportation resources and public fixed route or fixed schedule transit services and assuring that private or public transit, paratransit operators, and school boards have been afforded a fair opportunity to participate to the maximum extent feasible in the planning process and in the development of the provisions of the Transportation Disadvantaged Service Plan for the transportation disadvantaged.
 3. Providing or arranging 24-hour, 7-day per week transportation disadvantaged service as required in the designated service area by any Federal, State or Local Government agency sponsoring such services. The provision of said services shall be furnished in accordance with the prior notification requirements identified in the local Coordinating Board and Commission approved Transportation Disadvantaged Service Plan.
 4. Complying with all local, state, and federal laws and regulations that apply to the provision of transportation disadvantaged services.
 5. Submitting to the Commission an Annual Operating Report detailing demographic, operational, and financial data regarding coordination activities in the designated service area. The report shall be prepared on forms provided by the Commission and according to the instructions of said forms.
- F. Comply with Audit and Record Keeping Requirements by:
1. Utilizing the Commission recognized Chart of Accounts defined in the *Transportation Accounting Consortium Model Uniform Accounting System for Rural and Specialized Transportation Providers* (uniform accounting system) for all transportation disadvantaged accounting and reporting purposes. Community Transportation Coordinators with existing and equivalent accounting systems are not required to adopt the Chart of Accounts in lieu of their existing Chart of Accounts but shall prepare all reports, invoices, and fiscal documents relating to the transportation disadvantaged functions and activities using the chart of accounts and accounting definitions as outlined in the above referenced manual.
 2. Assuming the responsibility of invoicing for any transportation services arranged, unless otherwise stipulated by a purchase of service contract or coordination contract.

3. Maintaining and filing with the Commission, local Coordinating Board, and all purchasing agencies/entities such progress, fiscal, inventory, and other reports as those entities may require during the period of this Agreement.
 4. Providing copies of finance and compliance audits to the Commission and local Coordinating Board as requested by the Commission or local Coordinating Board.
 5. Reporting accidents involving a vehicle operated within the coordinated transportation system in the coordinator's designated service area. Accidents involving a fatality or fatalities must be reported to the Commission not more than 24 hours after the community transportation coordinator becomes aware of the fatal accident. Any other accident, those not involving a fatality or fatalities, with over \$1,000 in property damages, or personal injury that requires evacuation to a medical facility or a combination of both, must be reported to the Commission not more than 72 hours after the community transportation coordinator becomes aware of the accident. Copies of any accident report or reports prepared or received by the community transportation coordinator as a result of any accident must be sent to the Commission upon receipt or preparation of the report.
- G. Retain all financial records, supporting documents, statistical records, and any other documents pertinent to this Agreement for a period of five (5) years after termination of this Agreement. If an audit has been initiated and audit findings have not been resolved at the end of five (5) years, the records shall be retained until resolution of the audit findings. The Coordinator shall assure that these records shall be subject to inspection, review, or audit at all reasonable times by persons duly authorized by the Commission or this Agreement. They shall have full access to and the right to examine any of the said records and documents during the retention period.
- H. Comply with Safety Requirements by:
1. Complying with Section 341.061, F.S., and Rule 14-90, FAC, concerning System Safety; or complying with Chapter 234.051, F.S., regarding school bus safety requirements for those services provided through a school board; and
 2. Assuring compliance with local, state, and federal laws, and Commission policies relating to drug testing. Conduct drug and alcohol testing for safety sensitive job positions within the coordinated system regarding pre-employment, randomization, post-accident, and reasonable suspicion as required by the Federal Highway Administration and the Federal Transit Administration.
- I. Comply with Commission insurance requirements by maintaining at least minimum liability insurance coverage in the amount of \$200,000 for any one person and \$300,000 per occurrence at all times during the existence of this Agreement for all transportation services purchased or provided for the transportation disadvantaged through the Community Transportation Coordinator. Upon the execution of this Agreement, the Coordinator shall add the Commission as an additional named insured to all insurance policies covering vehicles transporting the transportation disadvantaged. In the event of any cancellation or changes in the limits of liability in the insurance policy, the insurance agent or broker shall notify the Commission. The Coordinator shall insure that contracting transportation operators and coordination contractors also maintain the same minimum liability insurance, or an equal

must be approved by the Commission and the local Coordinating Board before inclusion in the Transportation Disadvantaged Service Plan or in the justification of rates and fare structures. Such coverage may be provided by a self-insurance program established and operating under the laws of the State of Florida and written verification of insurance protection in accordance with Section 768.28, Florida Statutes, shall be provided to the Commission upon request.

- J. Safeguard information by not using or disclosing any information concerning a user of services under this Agreement for any purpose not in conformity with the local, state and federal regulations (45 CFR, Part 205.50), except upon order of a court, written consent of the recipient, or his/her responsible parent or guardian when authorized by law.
- K. Protect Civil Rights by:
1. Complying with state and federal laws including but not limited to laws regarding discrimination on the basis of sex, race, religion, age, disability, sexual orientation, or national origin. The Coordinator gives this assurance in consideration of and for the purpose of obtaining federal grants, loans, contracts (except contracts of insurance or guaranty), property, discounts, or other federal financial assistance to programs or activities receiving or benefiting from federal financial assistance and agreeing to complete a Civil Rights Compliance Questionnaire if so requested by the Commission.
 2. Agreeing that compliance with this assurance constitutes a condition of continued receipt of or benefit from federal financial assistance, and that it is binding upon the Coordinator, its successors, subcontractors, transferee, and assignees for the period during which such assistance is provided. Assure that all operators, subcontractors, subgrantee, or others with whom the Coordinator arranges to provide services or benefits to participants or employees in connection with any of its programs and activities are not discriminating against those participants or employees in violation of the above statutes, regulations, guidelines, and standards. In the event of failure to comply, the Coordinator agrees that the Commission may, at its discretion, seek a court order requiring compliance with the terms of this assurance or seek other appropriate judicial or administrative relief, to include assistance being terminated and further assistance being denied.
- L. To the extent allowed by Section 768.28, Florida Statutes, and only to the monetary and other limitations contained therein, indemnify and hold harmless the Commission and all of the Commission's members, officers, agents, and employees; purchasing agency/entity officers, agents, and employees; and the local, state, and federal governments from any claim, loss, damage, cost, charge or expense arising out of any act, action, neglect or omission by the Coordinator during the performance of this Agreement, whether direct or indirect, and whether to any person or property to which the Commission or said parties may be subject, except that neither the Coordinator nor any of its sub-contractors will be liable under this section for damages arising out of injury or damage to persons or property directly caused or resulting from the sole negligence of the Commission or any of its members, officers, agents or employees; purchasing agency/entity, officers, agents, and employees; and local, state, or federal governments. Nothing herein is intended to serve as a waiver of sovereign immunity by any agency/entity or Coordinator to which sovereign immunity may be applicable. Nothing herein shall be construed as consent by a state agency/entity or political subdivision of the

of any Agreement or contract. Notwithstanding the foregoing, pursuant to Section 768.28, Florida Statutes, no agency or subdivision of the state shall be required to indemnify, insure, or assume any liability for the Commission's negligence.

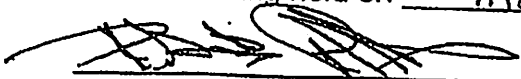
- M. Comply with standards and performance requirements of the Commission, the local Coordinating Board approved Transportation Disadvantaged Service Plan, and any purchase of service contracting agencies/entities. Failure to meet the requirements or obligations set forth in this MOA, and performance requirements established and monitored by the local Coordinating Board in the approved Transportation Disadvantaged Service Plan, shall be due cause for non-payment of reimbursement invoices until such deficiencies have been addressed or corrected to the satisfaction of the Commission.
- N. Comply with subcontracting requirements by executing or negotiating contracts for transportation services with Transportation Operators and Coordination Contractors, and assuring that the conditions of such contracts are maintained. The requirements of Part 1, Paragraph E.5. through M are to be included in all contracts, subcontracts, coordination contracts, and assignments made by the Coordinator for services under this Agreement. Said contracts, subcontracts, coordination contracts, and assignments will be reviewed and approved annually by the Coordinator and local Coordinating Board for conformance with the requirements of this Agreement.
- O. Comply with the following requirements concerning drivers and vehicles:
 - 1. Drivers for paratransit services, including coordination contractors, shall be required to announce and identify themselves by name and company in a manner that is conducive to communications with the specific passenger, upon pickup of each rider, group of riders, or representative, guardian, or associate of the rider, except in situations where the driver regularly transports the rider on a recurring basis. Each driver must have photo identification that is in view of the passenger. Name patches, inscriptions or badges that affix to driver clothing are acceptable. For transit services, the driver photo identification shall be in a conspicuous location in the vehicle.
 - 2. The paratransit driver shall provide the passenger with boarding assistance, if necessary or requested, to the seating portion of the vehicle. The boarding assistance shall include opening the vehicle door, fastening the seat belt or utilization of wheelchair securement devices, storage of mobility assistive devices, and closing the vehicle door. In certain paratransit service categories, the driver may also be required to open and close doors to buildings, except in situations in which assistance in opening/closing building doors would not be safe for passengers remaining on the vehicle. Assisted access must be in a dignified manner. Drivers may not assist wheelchair up or down more than one step, unless it can be performed safely as determined by the passenger, guardian, and driver.
 - 3. All vehicles shall be equipped with two-way communications in good working order and be audible to the driver at all times to the base.
 - 4. All vehicles providing service within the coordinated system, shall have working air conditioners and heaters in each vehicle. Vehicles that do not have a working air conditioner or heater will be scheduled for repair or replacement as soon as possible.

...and other requirements as follows.

1. Transport an escort of a passenger and dependent children as locally negotiated and identified in the local Transportation Disadvantaged Service Plan.
2. Determine locally in the Transportation Disadvantaged Service Plan, the use, responsibility, and cost of child-restraint devices.
3. Transport with the passenger at no additional charge, passenger property that can be carried by the passenger and/or driver in one trip and can be safely stowed on the vehicle. Additional requirements may be negotiated for carrying and loading rider property beyond this amount. Passenger property does not include wheelchairs, child seats, stretchers, secured oxygen, personal assistive devices, or intravenous devices.
4. Provide shelter, security, and safety of passengers at vehicle transfer points.
5. Post a local or other toll-free number for complaints or grievances inside each vehicle. The local complaint process shall be outlined as a section in the local Transportation Disadvantaged Service Plan including advising the dissatisfied person about the Commission's Ombudsman Program as a step within the process as approved by the local Coordinating Board.
6. Provide out-of-service-area trips, when determined locally and approved by the local Coordinating Board, except in instances where local ordinances prohibit such trips.
7. Keep interior of all vehicles free from dirt, grime, oil, trash, torn upholstery, damaged or broken seats, protruding metal or other objects or materials which could soil items placed in the vehicle or provide discomfort for the passenger.
8. Determine locally by the local Coordinating Board and provide in the local Transportation Disadvantaged Service Plan the billing requirements of the Community Transportation Coordinator. All bills shall be paid to subcontractors within 7 calendar days after receipt of said payment by the Coordinator, in accordance with Section 287.0585, Florida Statutes.
9. Maintain or have access to a passenger/trip database on each rider being transported within the system.
10. Provide each rider and escort, child, or personal care attendant adequate seating for paratransit services. No more passengers than the registered passenger seating capacity shall be scheduled or transported in a vehicle at any time. For transit services provided by transit vehicles, adequate seating or standing space will be provided to each rider and escort, child, or personal care attendant, and no more passengers than the registered passenger seating or standing capacity shall be scheduled or transported in a vehicle at any time.
11. First Aid shall be determined locally and provided in the local Transportation Disadvantaged Service Plan.
12. Cardiopulmonary Resuscitation shall be determined locally and provided in the local Transportation Disadvantaged Service Plan.

In the event that either party designates different representatives after execution of this Agreement, notice of the name and address of the new representative will be rendered in writing to the other party and said notification attached to originals of this Agreement.

This document has been reviewed in its entirety and approved by the local Coordinating Board at its official meeting held on March 22, 2012.



Coordinating Board Chairperson

WITNESS WHEREOF, the parties hereto have caused these presents to be executed.

COMMUNITY TRANSPORTATION
COORDINATOR:

STATE OF FLORIDA, COMMISSION FOR
THE TRANSPORTATION DISADVANTAGED:

Big Bend Transit, Inc.

Agency Name

Edward B. Waters

Typed Name of Authorized Individual

Signature: Edward B. Waters

Title: General Manager

Steve Holmes

Typed Name of Authorized Individual

Signature: Steve Holmes

Title: Executive Director

In the event that either party designates different representatives after execution of this Agreement, notice of the name and address of the new representative will be rendered in writing to the other party and said notification attached to originals of this Agreement.

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Coordinating Board Chairperson

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Agency Name

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Typed Name of Authorized Individual

Signature: Edward B. Waters

Title: General Manager

Steve Holmes

Typed Name of Authorized Individual

Signature: Steve Holmes

Title: Executive Director

ATTACHMENT K


**Transportation
Disadvantaged**

January 28, 2016

Rick Scott
Governor

David Darm
Chairperson

Mike Willingham
Vice Chairperson

Steven Holmes
Executive Director

Mr. Shawn Mitchell
Big Bend Transit, Inc.
Post Office Box 1721
Tallahassee, FL 32302

RE: Taylor County Community Transportation Coordinator Designation
Memorandum of Agreement #TD-1638

Dear Mr. Mitchell:

Congratulations! At the January 21, 2016, Commission for the Transportation Disadvantaged business meeting, the Commission approved Big Bend Transit, Inc., to serve as the Community Transportation Coordinator for Taylor County. This designation is effective July 1, 2016 through June 30, 2021. Please execute the enclosed Memorandums of Agreement and return both original copies to our office. We will return one fully executed Agreement for your records.

The Commission for the Transportation Disadvantaged appreciates your continued support and participation in the coordinated transportation system of Taylor County. If you have any questions or need any additional information, please contact Shaun K. Williams at (850) 410-5718.

Sincerely,



Shaun K. Williams, F.C.C.M.
Area 2 Project Manager

/skw

Enclosure: Memorandums of Agreement

cc: Ms. Melody Cox (letter only)

STATE OF FLORIDA
COMMISSION FOR THE TRANSPORTATION DISADVANTAGED
MEMORANDUM OF AGREEMENT

This Memorandum of Agreement is between the COMMISSION FOR THE TRANSPORTATION DISADVANTAGED, hereby referred to as the "Commission," and Big Bend Transit, Inc., Post Office Box 1721, Tallahassee, FL 32302 the COMMUNITY TRANSPORTATION COORDINATOR, designated pursuant to Chapter 427, F.S., to serve the transportation disadvantaged for the community that includes the entire area of Taylor county (ies), and hereafter referred to as the "Coordinator."

This Agreement is made in consideration of the mutual benefits to both parties; said consideration acknowledged hereto by the parties as good and valuable consideration.

The Parties Agree:

I. The Coordinator Shall:

- A. Become and remain totally apprised of all of the Transportation Disadvantaged resources available or planned in their designated service area. This knowledge will be used to plan, coordinate, and implement the most cost effective transportation disadvantaged transit system possible under the economic and other conditions that exist in the designated service area.
- B. Plan and work with Community Transportation Coordinators in adjacent and other areas of the state to coordinate the provision of community trips that might be handled at a lower overall cost to the community by another Coordinator. This includes honoring any Commission-approved statewide certification program that allows for intercounty transportation opportunities.
- C. Arrange for all services in accordance with Chapter 427, Florida Statutes, and Rule 41-2, FAC, and as further required by the Commission and the local Coordinating Board approved Transportation Disadvantaged Service Plan.
- D. Return any acquired profits or surplus funds originating through the course of business as the Coordinator that are beyond the amounts(s) specifically identified and approved in the accompanying Transportation Disadvantaged Service Plan. Such profits or funds shall be returned to the Coordinator's transportation system or to any subsequent Coordinator, as a total transportation system subsidy, to be applied to the immediate following operational year. The Coordinator will include similar language in all coordination contracts to assure that transportation disadvantaged related revenues are put back into transportation disadvantaged services.

E. Accomplish this Project by:

- 1. Developing a Transportation Disadvantaged Service Plan for approval by the local Coordinating Board and the Commission. Coordinators who are newly designated to a particular service area shall submit a local Coordinating Board approved Transportation Disadvantaged Service Plan, within 120 calendar days following the execution of the Coordinator's initial memorandum of agreement with the Commission, for approval by the Commission. All subsequent Transportation Disadvantaged Service Plans shall be submitted and approved with the corresponding memorandum of agreement. The approved Transportation Disadvantaged Service Plan will be implemented and monitored to provide for community-wide transportation services for purchase by non-sponsored transportation disadvantaged persons, contracting social service agencies, and other entities that use local, state, or federal government funds for the purchase of transportation for the transportation disadvantaged.**
- 2. Maximizing the use of available public school transportation resources and public fixed route or fixed schedule transit services and assuring that private or public transit, paratransit operators, and school boards have been afforded a fair opportunity to participate to the maximum extent feasible in the planning process and in the development of the provisions of the Transportation Disadvantaged Service Plan for the transportation disadvantaged.**
- 3. Providing or arranging 24-hour, 7-day per week transportation disadvantaged service as required in the designated service area by any Federal, State or Local Government agency sponsoring such services. The provision of said services shall be furnished in accordance with the prior notification requirements identified in the local Coordinating Board and Commission approved Transportation Disadvantaged Service Plan.**
- 4. Complying with all local, state, and federal laws and regulations that apply to the provision of transportation disadvantaged services.**
- 5. Submitting to the Commission an Annual Operating Report detailing demographic, operational, and financial data regarding coordination activities in the designated service area. The report shall be prepared on forms provided by the Commission and according to the instructions of said forms.**

F. Comply with Audit and Record Keeping Requirements by:

- 1. Utilizing the Commission recognized Chart of Accounts defined in the *Transportation Accounting Consortium Model Uniform Accounting System for Rural and Specialized Transportation Providers* (uniform accounting system) for all transportation disadvantaged accounting and reporting purposes. Community Transportation Coordinators with existing and equivalent accounting systems are not required to adopt the Chart of Accounts in lieu of their existing Chart of Accounts but shall prepare all reports, invoices, and fiscal documents relating to the transportation disadvantaged functions and activities using the chart of accounts and accounting definitions as outlined in the above referenced manual.**

2. Assuming the responsibility of invoicing for any transportation services arranged, unless otherwise stipulated by a purchase of service contract or coordination contract.
 3. Maintaining and filing with the Commission, local Coordinating Board, and all purchasing agencies/entities such progress, fiscal, inventory, and other reports as those entities may require during the period of this Agreement.
 4. Providing copies of finance and compliance audits to the Commission and local Coordinating Board as requested by the Commission or local Coordinating Board.
- G. Retain all financial records, supporting documents, statistical records, and any other documents pertinent to this Agreement for a period of five (5) years after termination of this Agreement. If an audit has been initiated and audit findings have not been resolved at the end of five (5) years, the records shall be retained until resolution of the audit findings. The Coordinator shall assure that these records shall be subject to inspection, review, or audit at all reasonable times by persons duly authorized by the Commission or this Agreement. They shall have full access to and the right to examine any of the said records and documents during the retention period.
- H. Comply with Safety Requirements by:
1. Complying with Section 341.061, F.S., and Rule 14-90, FAC, concerning System Safety; or complying with Chapter 234.051, F.S., regarding school bus safety requirements for those services provided through a school board; and
 2. Assuring compliance with local, state, and federal laws, and Commission policies relating to drug testing. Conduct drug and alcohol testing for safety sensitive job positions within the coordinated system regarding pre-employment, randomization, post-accident, and reasonable suspicion as required by the Federal Highway Administration and the Federal Transit Administration.
- I. Comply with Commission insurance requirements by maintaining at least minimum liability insurance coverage in the amount of \$200,000 for any one person and \$300,000 per occurrence at all times during the existence of this Agreement for all transportation services purchased or provided for the transportation disadvantaged through the Community Transportation Coordinator. Upon the execution of this Agreement, the Coordinator shall add the Commission as an additional **named insured** to all insurance policies covering vehicles transporting the transportation disadvantaged. In the event of any cancellation or changes in the limits of liability in the insurance policy, the insurance agent or broker shall notify the Commission. The Coordinator shall insure that contracting transportation operators and coordination contractors also maintain the same minimum liability insurance, or an equal governmental insurance program. Insurance coverage in excess of \$1 million per occurrence must be approved by the Commission and the local Coordinating Board before inclusion in the Transportation Disadvantaged Service Plan or in the justification of rates and fare structures. Such coverage may be provided by a self-insurance program established and operating under the laws of the State of Florida and written verification of insurance protection in accordance with Section 768.28, Florida Statutes, shall be provided to the Commission upon request.

- J. Safeguard information by not using or disclosing any information concerning a user of services under this Agreement for any purpose not in conformity with the local, state and federal regulations (45 CFR, Part 205.50), except upon order of a court, written consent of the recipient, or his/her responsible parent or guardian when authorized by law.
- K. Protect Civil Rights by:
1. Complying with state and federal laws including but not limited to laws regarding discrimination on the basis of sex, race, religion, age, disability, sexual orientation, or national origin. The Coordinator gives this assurance in consideration of and for the purpose of obtaining federal grants, loans, contracts (except contracts of insurance or guaranty), property, discounts, or other federal financial assistance to programs or activities receiving or benefiting from federal financial assistance and agreeing to complete a Civil Rights Compliance Questionnaire if so requested by the Commission.
 2. Agreeing that compliance with this assurance constitutes a condition of continued receipt of or benefit from federal financial assistance, and that it is binding upon the Coordinator, its successors, subcontractors, transferee, and assignees for the period during which such assistance is provided. Assure that all operators, subcontractors, subgrantee, or others with whom the Coordinator arranges to provide services or benefits to participants or employees in connection with any of its programs and activities are not discriminating against those participants or employees in violation of the above statutes, regulations, guidelines, and standards. In the event of failure to comply, the Coordinator agrees that the Commission may, at its discretion, seek a court order requiring compliance with the terms of this assurance or seek other appropriate judicial or administrative relief, to include assistance being terminated and further assistance being denied.
- L. To the extent allowed by Section 768.28, Florida Statutes, and only to the monetary and other limitations contained therein, indemnify and hold harmless the Commission and all of the Commission's members, officers, agents, and employees; purchasing agency/entity officers, agents, and employees; and the local, state, and federal governments from any claim, loss, damage, cost, charge or expense arising out of any act, action, neglect or omission by the Coordinator during the performance of this Agreement, whether direct or indirect, and whether to any person or property to which the Commission or said parties may be subject, except that neither the Coordinator nor any of its sub-contractors will be liable under this section for damages arising out of injury or damage to persons or property directly caused or resulting from the sole negligence of the Commission or any of its members, officers, agents or employees; purchasing agency/entity, officers, agents, and employees; and local, state, or federal governments. Nothing herein is intended to serve as a waiver of sovereign immunity by any agency/entity or Coordinator to which sovereign immunity may be applicable. Nothing herein shall be construed as consent by a state agency/entity or political subdivision of the State of Florida or the federal government to be sued by third parties in any matter arising out of any Agreement or contract. Notwithstanding the foregoing, pursuant to Section 768.28, Florida Statutes, no agency or subdivision of the state shall be required to indemnify, insure, or assume any liability for the Commission's negligence.

- M.** Comply with standards and performance requirements of the Commission, the local Coordinating Board approved Transportation Disadvantaged Service Plan, and any purchase of service contracting agencies/entities. Failure to meet the requirements or obligations set forth in this MOA, and performance requirements established and monitored by the local Coordinating Board in the approved Transportation Disadvantaged Service Plan, shall be due cause for non-payment of reimbursement invoices until such deficiencies have been addressed or corrected to the satisfaction of the Commission.
- N.** Comply with subcontracting requirements by executing or negotiating contracts for transportation services with Transportation Operators and Coordination Contractors, and assuring that the conditions of such contracts are maintained. The requirements of Part 1, Paragraph E.5. through M are to be included in all contracts, subcontracts, coordination contracts, and assignments made by the Coordinator for services under this Agreement. Said contracts, subcontracts, coordination contracts, and assignments will be reviewed and approved annually by the Coordinator and local Coordinating Board for conformance with the requirements of this Agreement.
- O.** Comply with the following requirements concerning drivers and vehicles:
- 1.** Drivers for paratransit services, including coordination contractors, shall be required to announce and identify themselves by name and company in a manner that is conducive to communications with the specific passenger, upon pickup of each rider, group of riders, or representative, guardian, or associate of the rider, except in situations where the driver regularly transports the rider on a recurring basis. Each driver must have photo identification that is in view of the passenger. Name patches, inscriptions or badges that affix to driver clothing are acceptable. For transit services, the driver photo identification shall be in a conspicuous location in the vehicle.
 - 2.** The paratransit driver shall provide the passenger with boarding assistance, if necessary or requested, to the seating portion of the vehicle. The boarding assistance shall include opening the vehicle door, fastening the seat belt or utilization of wheelchair securement devices, storage of mobility assistive devices, and closing the vehicle door. In certain paratransit service categories, the driver may also be required to open and close doors to buildings, except in situations in which assistance in opening/closing building doors would not be safe for passengers remaining on the vehicle. Assisted access must be in a dignified manner. Drivers may not assist wheelchair up or down more than one step, unless it can be performed safely as determined by the passenger, guardian, and driver.
 - 3.** All vehicles shall be equipped with two-way communications in good working order and be audible to the driver at all times to the base.
 - 4.** All vehicles providing service within the coordinated system, shall have working air conditioners and heaters in each vehicle. Vehicles that do not have a working air conditioner or heater will be scheduled for repair or replacement as soon as possible.

P. Comply with other requirements as follows:

- 1. Transport an escort of a passenger and dependent children as locally negotiated and identified in the local Transportation Disadvantaged Service Plan.**
- 2. Determine locally in the Transportation Disadvantaged Service Plan, the use, responsibility, and cost of child restraint devices.**
- 3. Transport with the passenger at no additional charge, passenger property that can be carried by the passenger and/or driver in one trip and can be safely stowed on the vehicle. Additional requirements may be negotiated for carrying and loading rider property beyond this amount. Passenger property does not include wheelchairs, child seats, stretchers, secured oxygen, personal assistive devices, or intravenous devices.**
- 4. Provide shelter, security, and safety of passengers at vehicle transfer points.**
- 5. Post a local or other toll-free number for complaints or grievances inside each vehicle. The local complaint process shall be outlined as a section in the local Transportation Disadvantaged Service Plan including advising the dissatisfied person about the Commission's Ombudsman Program as a step within the process as approved by the local Coordinating Board.**
- 6. Provide out-of-service-area trips, when determined locally and approved by the local Coordinating Board, except in instances where local ordinances prohibit such trips.**
- 7. Keep interior of all vehicles free from dirt, grime, oil, trash, torn upholstery, damaged or broken seats, protruding metal or other objects or materials which could soil items placed in the vehicle or provide discomfort for the passenger.**
- 8. Determine locally by the local Coordinating Board and provide in the local Transportation Disadvantaged Service Plan the billing requirements of the Community Transportation Coordinator. All bills shall be paid to subcontractors within 7 calendar days after receipt of said payment by the Coordinator, in accordance with Section 287.0585, Florida Statutes.**
- 9. Maintain or have access to a passenger/trip database on each rider being transported within the system.**
- 10. Provide each rider and escort, child, or personal care attendant adequate seating for paratransit services. No more passengers than the registered passenger seating capacity shall be scheduled or transported in a vehicle at any time. For transit services provided by transit vehicles, adequate seating or standing space will be provided to each rider and escort, child, or personal care attendant, and no more passengers than the registered passenger seating or standing capacity shall be scheduled or transported in a vehicle at any time.**
- 11. First Aid shall be determined locally and provided in the local Transportation**

Disadvantaged Service Plan.

12. **Cardiopulmonary Resuscitation shall be determined locally and provided in the local Transportation Disadvantaged Service Plan.**

II. The Commission Shall:

- A. **Recognize the Coordinator as the entity described in Section 427.011(5), Florida Statutes, and Rule 41-2.002(4), F.A.C.**
- B. **Attempt to insure that all entities with transportation disadvantaged funds will purchase transportation disadvantaged services through the Coordinator's system.**

III. The Coordinator and the Commission Further Agree:

- A. **Nothing in this Agreement shall require the Commission to observe or enforce compliance with any provision thereof, perform any other act or do any other thing in contravention of any applicable state law. If any of the provisions of this Agreement is found by a court of law to violate any applicable state law, the purchasing agency/entity will at once notify the Commission in writing in order that appropriate changes and modifications may be made by the Commission and the Coordinator to the end that the Coordinator may proceed as soon as possible with the provision of transportation services.**
- B. **If any part or provision of this Agreement is held invalid, the remainder of this Agreement shall be binding on the parties hereto.**
- C. **Termination Conditions:**
 1. **Termination at Will - This Agreement may be terminated by either party upon no less than thirty (30) days notice, without cause. Said notice shall be delivered by certified mail, return receipt required, or in person with proof of delivery.**
 2. **Termination for Breach - Unless the Coordinator's breach is waived by the Commission in writing, the Commission may, by written notice to the Coordinator, terminate this Agreement upon no less than twenty-four (24) hours notice. Said notice shall be delivered by certified mail, return receipt requested, or in person with proof of delivery. Waiver by the Commission of breach of any provision of this Agreement shall not be deemed to be a waiver of any other breach and shall not be construed to be a modification of the terms of this Agreement, and shall not act as a waiver or estoppel to enforcement of any provision of this Agreement. The provisions herein do not limit the Commission's right to remedies at law or to damages.**
- D. **This agreement will expire unless an extension is granted to the Coordinator in writing by the Commission, in accordance with Chapter 287, Florida Statutes.**
- E. **Renegotiations or Modifications of this Agreement shall only be valid when they have been reduced to writing, duly approved by the Commission, and signed by both parties hereto.**

F. Notice and Contact:

The name and address of the contract manager for the Commission for this Agreement is: **Executive Director, 605 Suwannee Street, MS-49, Tallahassee, FL 32399-0450.** The representative/position of the Coordinator responsible for administration of the program under this Agreement is:

Shawn Mitchell, General Manager, Big Bend Transit, Inc.
P.O. Box 1721, Tallahassee, FL 32302

In the event that either party designates different representatives after execution of this Agreement, notice of the name and address of the new representative will be rendered in writing to the other party and said notification attached to originals of this Agreement.

This document has been reviewed in its entirety and approved by the local Coordinating Board at its official meeting held on _____.

Coordinating Board Chairperson

WITNESS WHEREOF, the parties hereto have caused these presents to be executed.

COMMUNITY TRANSPORTATION
COORDINATOR:

STATE OF FLORIDA, COMMISSION FOR
THE TRANSPORTATION DISADVANTAGED:

Big Bend Transit, Inc.

Agency Name

Steve Holmes

Printed Name of Authorized Individual

Shawn Mitchell

Printed Name of Authorized Individual

Signature

Signature

Executive Director

Title

General Manager

Title

ATTACHMENT L

County: Taylor
 CTC: Big Bend Transit, Inc.
 Contact: Shawn Mitchell
 Post Office Box 1721
 Tallahassee, FL 32302
 850-574-6266
 Email: smitchell@bigbendtransit.org

Demographics	Number
Total County Population	22,582
Potential TD Population	8,379
UDPHC	726



Trips By Type of Service	2013	2014	2015
Fixed Route (FR)	0	0	0
Deviated FR	7,141	8,410	8,346
Ambulatory	8,712	8,713	8,530
Non-Ambulatory	2,147	2,278	2,478
Stretcher	3	3	2
School Board	0	0	0
TOTAL TRIPS	18,003	19,404	19,356

Passenger Trips By Trip Purpose

Medical	4,790	3,872	4,030
Employment	2,913	4,361	5,574
Ed/Train/DayCare	4,788	5,156	4,487
Nutritional	263	152	759
Life-Sustaining/Other	5,249	5,863	4,506
TOTAL TRIPS	18,003	19,404	19,356

Passenger Trips By Funding Source

CTD	8,195	8,406	7,669
AHCA	2,164	1,835	3,016
APD	0	0	0
DOEA	0	0	0
DOE	29	94	0
Other	7,615	9,069	8,671
TOTAL TRIPS	18,003	19,404	19,356

Vehicle Data	2013	2014	2015
Vehicle Miles	144,116	181,355	265,255
Revenue Miles	113,063	147,156	208,464
Roadcalls	4	5	5
Accidents	0	0	0
Vehicles	14	14	10
Driver Hours	7,513	7,353	7,757

Financial and General Data

Expenses	\$532,325	\$566,520	\$552,915
Revenues	\$663,808	\$606,794	\$649,601
Commendations	0	0	0
Complaints	0	0	0
Passenger No-Shows	182	170	279
Unmet Trip Requests	0	7	23

Performance Measures

Accidents per 100,000 Miles	0.00	0.00	0.00
Miles between Roadcalls	36,029	36,271	53,051
Avg. Trips per Driver Hour	2.40	2.64	2.50
Avg. Trips per Para Pass.	18.04	24.38	26.66
Cost per Trip	29.57	29.20	28.57
Cost per Paratransit Trip	29.57	29.20	28.57
Cost per Driver Hour	70.85	77.05	71.28
Cost per Total Mile	3.69	3.12	2.08

2014-15 Passenger Trips by Trip Type

County	Daily Tickets	Weekly Passes	Monthly Passes	Deviated Fixed Route	Ambulatory
Alachua	0	0	0	0	70,958
Baker	0	0	0	7,245	16,954
Bay	0	0	0	207	103,056
Bradford	0	0	0	0	20,696
Brevard	342,010	24,630	62,000	0	603,454
Broward	61,356	0	133,704	47,126	728,852
Calhoun	0	0	0	0	8,472
Charlotte	0	0	0	0	61,186
Citrus	0	0	0	70,457	119,360
Clay	0	0	0	58,727	55,533
Collier	0	0	0	0	72,218
Columbia	0	0	0	0	20,975
Desoto	0	0	0	0	8,166
Dixie	0	0	0	0	5,767
Duval	0	0	0	0	248,752
Escambia	0	0	0	0	67,214
Flagler	0	0	0	0	87,991
Franklin	0	0	0	0	4,656
Gadsden	0	0	0	54,651	41,695
Gilchrist	0	0	0	0	2,984
Glades	0	0	0	0	3,751
Gulf	0	0	0	0	19,890
Hamilton	0	0	0	0	3,698
Hardee	0	0	0	0	13,983
Hendry	0	0	0	0	6,850
Hernando	0	0	0	0	102,120
Highlands	0	0	0	0	88,380
Hillsborough	74,347	0	62,484	0	478,312
Holmes	0	0	0	0	27,292
Indian River	0	0	0	0	64,582
Jackson	0	0	0	3,868	40,078
Jefferson	0	0	0	0	12,478
Lafayette	0	0	0	0	3,642
Lake	0	0	0	581	124,700

Continued on the next page (Passenger Trip by Trip Type page 1 of 4)

2014-15 Passenger Trips by Trip Type

County	Daily Tickets	Weekly Passes	Monthly Passes	Deviated Fixed Route	Ambulatory
Lee	0	0	660	0	66,175
Leon	5,100	0	126,565	0	44,256
Levy	0	0	0	0	43,544
Liberty	0	0	0	0	30,211
Madison	0	0	0	2,164	13,605
Manatee	11,200	191	3,918	0	148,157
Marion	0	0	0	0	91,247
Martin	47	2	5	0	75,501
Miami-Dade	273,654	48,750	314,724	12,364	1,207,984
Monroe	0	0	9,712	0	58,319
Nassau	0	0	0	10,639	34,306
Okaloosa	181	0	31,749	0	68,803
Okeechobee	0	0	0	0	9,153
Orange	130,356	109,280	583,794	121,525	522,296
Osceola	31,780	26,642	142,328	29,627	127,335
Palm Beach	10,177	0	418,044	0	691,194
Pasco	8,190	43,920	67,380	0	105,399
Pinellas	0	31,273	1,877,681	0	578,525
Polk	110,938	8,305	81,495	4,227	137,671
Putnam	0	0	0	130,483	0
Saint Johns	0	0	0	268,224	56,174
Saint Lucie	8,050	11,920	16,200	0	128,733
Santa Rosa	0	0	0	0	15,000
Sarasota	0	0	982,798	0	152,078
Seminole	31,529	26,431	141,200	29,393	126,325
Sumter	0	0	0	4,287	68,964
Suwannee	0	0	0	0	21,385
Taylor	0	0	0	8,346	8,530
Union	0	0	0	0	8,939
Volusia	83,220	8,356	169,545	0	244,182
Wakulla	0	0	0	0	11,763
Walton	0	0	0	0	43,478
Washington	0	0	0	0	17,634
TOTAL	1,182,135	339,700	5,225,986	864,141	8,295,561

Continued on the next page (Passenger Trip by Trip Type page 2 of 4)

2014-15 Passenger Trips by Trip Type

County	Non Ambulatory	Stretcher	School Board	Total	Trips by Trans Operators	Trips by Coordination
Alachua	30,598	1,001	0	102,557	433	0
Baker	3,902	0	0	28,101	0	0
Bay	28,354	337	0	131,954	91,050	40,904
Bradford	1,957	99	0	22,752	0	13,365
Brevard	15,832	0	12,595	1,060,521	0	0
Broward	188,231	0	35,493	1,194,762	641,715	393,289
Calhoun	1,334	37	0	9,843	0	0
Charlotte	4,051	0	0	65,237	0	0
Citrus	12,850	4	0	202,671	546	102,503
Clay	22,967	0	0	137,227	0	0
Collier	22,030	0	0	94,248	92,474	1,774
Columbia	2,469	2	0	23,446	0	2,822
Desoto	2,585	8	0	10,759	10,759	0
Dixie	760	124	0	6,651	0	0
Duval	93,927	0	0	342,679	342,679	0
Escambia	22,939	0	0	90,153	82,577	7,576
Flagler	13,905	0	0	101,896	0	0
Franklin	1,469	1	0	6,126	0	0
Gadsden	2,146	1	0	98,493	0	0
Gilchrist	828	2	0	3,814	0	0
Glades	1,557	0	0	5,308	0	0
Gulf	2,549	6	0	22,445	0	0
Hamilton	503	1	0	4,202	0	0
Hardee	1,168	68	0	15,219	11,833	3,386
Hendry	4,863	2	0	11,715	36	1,711
Hernando	8,027	72	0	110,219	3,121	87,352
Highlands	11,743	485	0	100,608	53,966	46,642
Hillsborough	82,249	0	0	697,392	0	427,437
Holmes	2,222	70	0	29,584	70	0
Indian River	10,125	0	0	74,707	0	43,856
Jackson	5,267	48	0	49,261	0	0
Jefferson	710	11	0	13,199	0	0
Lafayette	149	0	0	3,791	0	0
Lake	31,444	141	38,938	195,804	154,281	41,523

Continued on the next page (Passenger Trip by Trip Type page 3 of 4)

2014-15 Passenger Trips by Trip Type

County	Non Ambulatory	Stretcher	School Board	Total	Trips by Trans Operators	Trips by Coordination
Lee	15,092	56	0	81,983	63	1,284
Leon	8,063	0	0	183,984	52,319	0
Levy	2,769	5	0	46,318	0	0
Liberty	1,209	3	0	31,423	0	0
Madison	3,296	26	0	19,091	0	0
Manatee	41,214	0	10,012	214,692	0	104,122
Marion	37,757	7	0	129,011	816	32,124
Martin	10,801	0	0	86,356	17,999	68,357
Miami-Dade	63,364	407	12,919	1,934,166	0	1,207,984
Monroe	9,848	0	0	77,879	19,727	48,476
Nassau	3,053	0	0	47,998	0	0
Ocala	21,745	0	0	122,478	126,179	0
Okeechobee	2,092	13	0	11,258	11,258	0
Orange	131,519	1,939	0	1,600,709	0	273,629
Osceola	32,064	473	0	390,249	0	66,710
Palm Beach	162,132	0	0	1,281,547	853,326	0
Pasco	9,983	0	15,219	250,091	29,599	66,572
Pinellas	176,824	0	352	2,664,655	632,956	117,504
Polk	49,664	209	0	392,509	279,653	67,316
Putnam	12,446	519	0	143,448	0	0
Saint Johns	20,822	529	0	345,749	0	0
Saint Lucie	100,613	0	0	265,516	265,516	115,110
Santa Rosa	5,898	0	0	20,898	0	0
Sarasota	53,537	0	0	1,188,413	137,380	24,975
Seminole	31,810	469	0	387,157	0	66,181
Sumter	5,023	1	0	78,275	58,313	19,962
Suwannee	2,206	1	0	23,592	0	10,225
Taylor	2,478	2	0	19,356	0	0
Union	821	1	0	9,761	0	0
Volusia	72,015	0	5,380	582,698	92,492	64,368
Wakulla	1,481	156	0	13,400	0	0
Walton	4,030	9	0	47,517	1,678	0
Washington	3,697	74	0	21,405	74	0
TOTAL	1,735,076	7,419	130,908	17,780,926	4,064,888	3,569,039

(Passenger Trip by Trip Type page 4 of 4)

2014-15 Trips by Purpose

County	Medical	Employment	Education/Training	Nutritional	Life-Sustaining/Other	Total
Alachua	66,804	11,487	1,708	1,554	21,004	102,557
Baker	9,805	6,712	7,277	3,624	683	28,101
Bay	17,406	2,022	32,006	8,900	71,620	131,954
Bradford	7,777	0	13,365	1,390	220	22,752
Brevard	110,602	342,162	267,880	23,367	316,510	1,060,521
Broward	114,764	94,305	329,666	201,586	454,441	1,194,762
Calhoun	5,791	902	907	1,420	823	9,843
Charlotte	12,537	3,671	22,564	12,472	13,993	65,237
Citrus	14,679	14,554	73,894	13,694	85,850	202,671
Clay	33,103	62,520	21,773	19,614	217	137,227
Collier	51,638	10,371	5,354	15,856	11,029	94,248
Columbia	11,191	5,015	56	2,618	4,566	23,446
Desoto	5,038	597	674	3	4,447	10,759
Dixie	6,017	0	0	596	38	6,651
Duval	76,967	53,770	27,959	16,340	167,643	342,679
Escambia	52,895	23,167	7,419	157	6,515	90,153
Flagler	18,147	14,011	43,935	11,810	13,993	101,896
Franklin	5,887	27	0	4	208	6,126
Gadsden	16,209	64,667	14,059	1,269	2,289	98,493
Gilchrist	3,397	0	0	326	91	3,814
Glades	2,906	0	2,324	0	106	5,336
Gulf	8,292	13	9,778	3,658	704	22,445
Hamilton	2,280	964	12	15	931	4,202
Hardee	5,157	1,032	3,386	1,022	4,622	15,219
Hendry	6,053	0	3,021	0	2,641	11,715
Hernando	16,419	0	88,781	3,463	1,556	110,219
Highlands	32,889	16,504	46,622	3,766	827	100,608
Hillsborough	204,817	57,252	123,429	81,674	230,220	697,392
Holmes	16,273	2,969	7,892	598	1,852	29,584
Indian River	19,077	4,635	36,971	46	13,978	74,707
Jackson	19,211	13,393	3,638	5,007	8,012	49,261
Jefferson	4,177	4,932	3,322	718	50	13,199
Lafayette	3,281	0	0	510	0	3,791
Lake	59,870	37,521	60,108	17,670	20,635	195,804

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2014-15 Trips by Purpose

County	Medical	Employment	Education/Training	Nutritional	Life-Sustaining/Other	Total
Lee	54,559	0	23,466	3,544	414	81,983
Leon	55,195	28,885	95,672	2,208	2,024	183,984
Levy	7,608	2,863	27,412	817	7,618	46,318
Liberty	17,009	192	8,007	2,112	4,103	31,423
Madison	5,279	6,914	4,846	1,658	394	19,091
Manatee	64,954	43,754	78,599	6,731	20,654	214,692
Marion	71,537	1,890	32,124	19,222	4,238	129,011
Martin	21,854	1,055	54,479	46	8,922	86,356
Miami-Dade	306,166	28,375	292,589	251,747	1,055,289	1,934,166
Monroe	22,578	2,501	22,800	5,598	24,402	77,879
Nassau	17,339	11,063	2,059	13,898	3,639	47,998
Okaloosa	65,613	39,224	5,047	9,356	3,238	122,478
Okeechobee	5,022	1,616	0	1,675	2,945	11,258
Orange	706,666	246,841	281,486	75,943	289,773	1,600,709
Osceola	172,283	60,179	68,626	18,515	70,646	390,249
Palm Beach	193,780	301,473	420,037	81,212	285,045	1,281,547
Pasco	71,797	34,012	71,256	4,001	69,025	250,091
Pinellas	1,697,241	755,553	4,129	167,595	40,137	2,664,655
Polk	237,022	2,604	54,395	40,793	57,695	392,509
Putnam	9,958	53,299	0	0	80,191	143,448
Saint Johns	36,143	450	2,638	21,410	285,108	345,749
Saint Lucie	47,273	49,046	79,571	79,332	10,294	265,516
Santa Rosa	5,344	4,538	2,868	82	8,066	20,898
Sarasota	61,786	24,096	93,775	12,156	996,600	1,188,413
Seminole	170,918	59,703	68,082	18,368	70,086	387,157
Sumter	11,338	16,130	15,560	9,107	26,140	78,275
Suwannee	7,253	3,069	10,261	49	2,960	23,592
Taylor	4,030	5,574	4,487	759	4,506	19,356
Union	6,868	0	2,174	719	0	9,761
Volusia	203,095	60,671	100,655	15,159	203,118	582,698
Wakulla	7,514	329	349	2,481	2,727	13,400
Walton	21,569	7,354	15,705	1,827	1,062	47,517
Washington	12,123	1,540	7,441	0	301	21,405
TOTAL	5,440,070	2,703,968	3,210,375	1,322,867	5,103,674	17,780,954

2014-15 Trips by Type of Passenger

County	Elderly	Children	Low Income	Disabled	Low Income/Disabled	Other	Total
Alachua	28,514	10,130	19,900	10,492	33,521	0	102,557
Baker	8,869	1,705	2	3,398	4,984	9,143	28,101
Bay	39,056	31,132	0	2,269	0	59,497	131,954
Bradford	5,093	521	5,323	617	11,198	0	22,752
Brevard	495,125	55,153	260,224	147,970	61,229	40,820	1,060,521
Broward	526,298	98,166	88,801	256,406	140,753	84,338	1,194,762
Calhoun	5,722	196	1,984	848	446	647	9,843
Charlotte	37,831	7,761	5,415	9,916	2,153	2,161	65,237
Citrus	18,813	481	5,411	94,596	2,295	81,075	202,671
Clay	46,517	28,361	0	0	3,609	58,740	137,227
Collier	66,580	0	25,894	0	0	1,774	94,248
Columbia	9,057	90	12	1,538	8,821	3,928	23,446
Desoto	4,742	219	5,290	0	0	508	10,759
Dixie	3,809	809	1,783	66	184	0	6,651
Duval	105,849	76,828	36,803	36,673	12,361	74,165	342,679
Escambia	16,020	6,795	0	33,010	33,656	672	90,153
Flagler	50,867	6,592	2,038	1,223	7,031	34,145	101,896
Franklin	2,315	85	1,354	14	508	1,850	6,126
Gadsden	17,000	921	33,233	659	400	46,280	98,493
Gilchrist	2,134	325	1,134	89	132	0	3,814
Glades	1,412	30	1,893	987	242	772	5,336
Gulf	14,465	956	3,935	11	1,361	1,717	22,445
Hamilton	1,270	18	3	314	1,797	800	4,202
Hardee	4,100	196	6,496	3,752	0	675	15,219
Hendry	5,498	166	2,275	1,393	2,306	77	11,715
Hernando	14,531	47,409	1,705	45,071	867	636	110,219
Highlands	19,615	1,207	29,738	70	47,989	1,989	100,608
Hillsborough	244,590	6,271	182,930	83,202	161,225	19,174	697,392
Holmes	17,067	7,882	1,458	1,012	1,998	167	29,584
Indian River	31,624	604	10	4,599	35,344	2,526	74,707
Jackson	19,479	699	23,897	566	938	3,682	49,261
Jefferson	4,261	126	8,060	71	276	405	13,199
Lafayette	2,252	359	982	34	164	0	3,791
Lake	58,461	32,706	25,472	15,820	53,480	9,865	195,804

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2014-15 Trips by Type of Passenger

County	Elderly	Children	Low Income	Disabled	Low Income/Disabled	Other	Total
Lee	31,541	7,113	1,655	9,025	21,914	10,735	81,983
Leon	45,997	44,155	55,195	38,637	0	0	183,984
Levy	5,980	34	15,729	2,117	8,919	13,539	46,318
Liberty	18,548	4,838	6,032	1,905	47	53	31,423
Madison	6,195	202	7,572	214	1,916	2,992	19,091
Manatee	33,943	14,698	6,644	0	145,296	14,111	214,692
Marion	86,695	19,545	4,885	11,007	2,034	4,845	129,011
Martin	46,405	588	5,756	7,347	4,867	21,393	86,356
Miami-Dade	803,317	111,609	47,084	31,833	8,975	931,348	1,934,166
Monroe	27,691	8,489	10,152	4	18,671	12,872	77,879
Nassau	30,894	1,420	8,768	2,005	854	4,057	47,998
Okaloosa	23,495	15,059	32,421	14,896	9,334	27,273	122,478
Okeechobee	4,706	84	5,965	0	0	503	11,258
Orange	561,438	73,097	133,624	496,780	316,894	18,876	1,600,709
Osceola	136,876	17,822	32,577	121,114	77,258	4,602	390,249
Palm Beach	558,136	17,716	300,123	363,872	35,930	5,770	1,281,547
Pasco	61,755	43,965	59,892	47,492	17,756	19,231	250,091
Pinellas	1,455,854	196,644	257,801	145,186	502,366	106,804	2,664,655
Polk	116,993	75,410	117,918	23,781	49,291	9,116	392,509
Putnam	0	2,512	0	0	0	140,936	143,448
Saint Johns	276,948	3,196	13,081	24,907	23,774	3,843	345,749
Saint Lucie	97,299	10,584	31,561	6,158	118,328	1,586	265,516
Santa Rosa	8,254	1,246	9,156	2,242	0	0	20,898
Sarasota	772,446	873	257,619	157,475	0	0	1,188,413
Seminole	135,792	17,681	32,319	120,154	76,646	4,565	387,157
Sumter	21,719	23,186	14,048	1,510	16,257	1,555	78,275
Suwannee	4,041	58	8	11,222	5,717	2,546	23,592
Taylor	6,206	73	11,750	205	407	715	19,356
Union	2,165	2,948	2,371	0	2,277	0	9,761
Volusia	241,218	109,608	0	214,905	0	16,967	582,698
Wakulla	7,611	67	0	0	5,722	0	13,400
Walton	29,624	9,556	3,320	3,101	1,535	381	47,517
Washington	11,268	5,055	1,451	2,107	527	997	21,405
TOTAL	7,599,886	1,264,030	2,269,932	2,617,887	2,104,780	1,924,439	17,780,954

2014-15 Passenger Trips by Funding Source

County	CTD	FDOT	DCF	APD	AHCA	DCA	DJ
Alachua	18,087	0	0	0	23,876	0	0
Baker	3,541	14,329	0	0	4,392	0	0
Bay	29,185	2,029	0	50,993	8,839	0	0
Bradford	4,667	0	0	13,365	3,628	0	0
Brevard	70,656	329,676	0	34,957	0	0	0
Broward	217,870	3,309	603	84,758	59,322	839	0
Calhoun	2,634	1	0	1,539	198	0	0
Charlotte	40,983	873	0	0	0	0	0
Citrus	21,202	70,457	0	103,656	546	0	0
Clay	26,511	58,727	0	11,996	19,001	0	1,096
Collier	29,313	0	0	0	0	0	0
Columbia	11,965	0	0	2,568	2,574	0	0
Desoto	5,029	4,460	0	0	895	0	0
Dixie	3,497	0	0	0	2,836	0	0
Duval	69,928	0	0	0	0	0	0
Escambia	33,656	0	0	2,357	14,608	0	0
Flagler	30,407	58,735	0	0	419	0	0
Franklin	3,261	0	0	0	2,851	0	0
Gadsden	25,160	28,840	0	151	14,035	0	0
Gilchrist	2,742	0	0	0	818	0	0
Glades	1,600	0	0	1,866	864	0	0
Gulf	8,108	1	0	5,563	3,209	0	0
Hamilton	2,437	0	0	523	524	0	0
Hardee	7,362	647	0	3,386	1,232	0	0
Hendry	4,889	0	0	1,904	3,282	0	0
Hernando	12,796	0	172	427	38,734	0	0
Highlands	27,567	4,149	0	50,414	3,281	0	0
Hillsborough	157,559	2,203	16,023	90,664	0	5,040	0
Holmes	5,835	129	0	3,587	10,238	0	0
Indian River	17,974	0	0	43,856	1,751	0	0
Jackson	7,778	0	0	17,266	14,024	9	0
Jefferson	5,440	0	0	3,475	4,026	0	0
Lafayette	2,917	0	0	0	364	0	0
Lake	32,688	24,837	0	50,151	35,113	0	0

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2014-15 Passenger Trips by Funding Source

County	CTD	FDOT	DCF	APD	AHCA	DCA	DJJ
Lee	27,558	0	0	22,948	26,457	0	0
Leon	76,654	2,766	0	22,316	0	0	0
Levy	11,642	1	0	8,919	1,359	0	0
Liberty	7,422	1	0	0	10,830	0	0
Madison	8,155	0	0	4,536	3,268	0	0
Manatee	35,813	5,114	0	72,291	6,290	0	0
Marion	28,622	32,393	0	32,124	18,545	0	0
Martin	10,940	0	0	42,022	4,450	0	0
Miami-Dade	464,598	36,449	208,151	172,747	0	0	1,350
Monroe	28,340	2,411	0	0	12,664	0	0
Nassau	24,051	10,639	0	0	1,656	0	0
Okaloosa	43,311	15,408	0	0	3,325	0	0
Okeechobee	7,902	0	0	0	720	0	0
Orange	110,709	0	0	156,319	78,206	0	0
Osceola	26,991	0	0	38,110	19,066	0	0
Palm Beach	478,304	0	0	0	0	0	0
Pasco	58,271	39,746	2,751	18,756	0	0	0
Pinellas	2,040,291	1,840	18,208	136,624	42,278	0	0
Polk	33,911	13,272	10,368	45,644	21,769	0	570
Putnam	19,185	615	0	40,660	1,386	0	0
Saint Johns	23,231	59,926	0	0	6,276	0	0
Saint Lucie	29,503	40,585	10,873	54,829	283	0	0
Santa Rosa	11,157	0	0	1,580	5,136	0	0
Sarasota	20,751	0	0	40,571	0	0	0
Seminole	26,777	0	0	37,808	18,915	0	0
Sumter	18,862	14,386	0	12,742	401	0	0
Suwannee	7,755	0	0	11,890	1,668	0	0
Taylor	7,669	0	0	0	3,016	0	0
Union	2,815	0	0	0	4,053	0	0
Volusia	36,765	1,328	0	2,778	0	0	0
Wakulla	6,615	0	0	268	4,375	0	0
Walton	19,277	4,836	0	2,556	12,759	0	0
Washington	7,095	2,203	0	3,330	7,763	0	0
TOTAL	4,706,186	887,321	267,149	1,561,790	592,394	5,888	3,016

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2014-15 Passenger Trips by Funding Source

County	DOH	AWI	DOE	DOEA	Other Fed/State	Local Govt	Local Non Govt	Total
Alachua	0	0	0	541	0	60,052	1	102,557
Baker	0	0	0	0	1	1	5,837	28,101
Bay	0	0	0	8,387	30,677	515	1,329	131,954
Bradford	0	0	0	1,092	0	0	0	22,752
Brevard	0	0	62,000	27,974	72,757	342,421	120,080	1,060,521
Broward	0	0	45,301	42,711	15,047	689,430	35,572	1,194,762
Calhoun	0	0	0	1,530	0	1	3,940	9,843
Charlotte	0	0	0	7,499	0	15,882	0	65,237
Citrus	0	0	0	6,512	0	298	0	202,671
Clay	0	0	613	11,675	1	2,567	5,040	137,227
Collier	0	0	0	981	10,594	51,586	1,774	94,248
Columbia	2	0	5	2,542	1	281	3,508	23,446
Desoto	0	0	106	55	0	214	0	10,759
Dixie	0	0	0	317	0	0	1	6,651
Duval	0	0	0	120	0	1,131	271,500	342,679
Escambia	0	0	672	5,007	0	33,853	0	90,153
Flagler	0	0	0	11,307	0	932	96	101,896
Franklin	0	0	0	0	5	7	2	6,126
Gadsden	27	0	0	0	0	25,811	4,469	98,493
Gilchrist	0	0	0	253	0	0	1	3,814
Glades	0	0	0	0	1,006	0	0	5,336
Gulf	0	0	0	2,845	1	3	2,715	22,445
Hamilton	1	0	1	0	1	1	714	4,202
Hardee	0	0	0	774	1,000	818	0	15,219
Hendry	0	0	0	0	0	664	976	11,715
Hernando	0	0	3,883	2,960	1,428	1,966	47,853	110,219
Highlands	0	0	0	774	11,817	2,606	0	100,608
Hillsborough	0	0	0	18,876	57,492	254,103	95,432	697,392
Holmes	2	0	0	651	9,073	59	10	29,584
Indian River	0	0	0	0	0	11,126	0	74,707
Jackson	0	0	0	4,302	0	3,868	2,014	49,261
Jefferson	8	0	7	0	0	0	243	13,199
Lafayette	0	0	0	509	0	0	1	3,791
Lake	0	0	0	13,495	0	39,519	1	195,804

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2014-15 Passenger Trips by Funding Source

County	DOH	AWI	DOE	DOEA	Other Fed/State	Local Govt	Local Non Govt	Total
Lee	0	0	0	5,020	0	0	0	81,983
Leon	0	0	0	0	0	81,445	803	183,984
Levy	0	0	0	697	0	10,161	13,539	46,318
Liberty	0	0	0	1,191	0	2,899	9,080	31,423
Madison	1	0	0	0	0	2,164	967	19,091
Manatee	0	0	2,885	15,261	49,810	11,116	16,112	214,692
Marion	0	0	0	0	0	17,327	0	129,011
Martin	0	0	0	17,231	0	3,441	8,272	86,356
Miami-Dade	2,128	0	3,223	655,933	1	1	389,585	1,934,166
Monroe	4,842	0	0	0	0	28,058	1,564	77,879
Nassau	0	0	0	11,652	0	0	0	47,998
Okaloosa	0	109	109	5,375	0	181	54,660	122,478
Okeechobee	0	0	0	460	1,050	1,126	0	11,258
Orange	0	0	0	57,156	123,026	238,250	837,043	1,600,709
Osceola	0	0	0	13,935	29,993	58,085	204,069	390,249
Palm Beach	0	0	0	47,373	0	755,870	0	1,281,547
Pasco	0	0	900	24,258	20,507	23,258	61,644	250,091
Pinellas	0	0	1,027	63,678	59,952	153,535	147,222	2,664,655
Polk	13,468	1,532	77,122	43,135	0	14,552	117,166	392,509
Putnam	0	0	0	0	1	1	81,600	143,448
Saint Johns	0	0	0	0	0	223,649	32,667	345,749
Saint Lucie	1,161	0	0	2,829	190	95,072	30,191	265,516
Santa Rosa	0	0	84	0	152	2,789	0	20,898
Sarasota	0	0	0	0	0	1,121,411	5,680	1,188,413
Seminole	0	0	0	13,824	29,756	57,625	202,452	387,157
Sumter	0	4,098	0	4,725	0	18,666	4,395	78,275
Suwannee	1	0	3	0	1	1	2,273	23,592
Taylor	0	0	0	0	0	8,346	325	19,356
Union	0	0	0	719	0	2,174	0	9,761
Volusia	0	0	76,952	14,563	5,380	210,344	234,588	582,698
Wakulla	0	0	0	200	0	1,942	0	13,400
Walton	0	0	0	3,573	3,722	704	90	47,517
Washington	2	0	0	128	1	109	774	21,405
TOTAL	21,643	5,739	274,893	1,176,605	534,443	4,684,017	3,059,870	17,780,954

(Passenger Trip by Funding Source page 4 of 4)

2014-15 Operators by County

County	Private Non Profit	Private For Profit	School Board	Municipality	County	City
Alachua	1	1	0	0	0	0
Baker	1	0	0	0	0	0
Bay	3	1	0	0	0	0
Bradford	2	0	0	0	0	0
Brevard	0	1	1	0	1	0
Broward	19	5	0	7	1	0
Calhoun	1	0	0	0	0	0
Charlotte	3	0	0	0	1	0
Citrus	2	0	0	0	1	0
Clay	1	0	0	0	0	0
Collier	3	1	0	0	1	0
Columbia	1	0	0	0	0	0
Desoto	0	3	0	0	0	0
Dixie	1	0	0	0	0	0
Duval	0	3	0	0	0	0
Escambia	0	3	0	0	1	0
Flagler	0	0	0	0	1	0
Franklin	1	0	0	0	0	0
Gadsden	1	0	0	0	0	0
Gilchrist	1	0	0	0	0	0
Glades	1	0	0	0	0	0
Gulf	1	0	0	0	0	0
Hamilton	0	0	0	0	0	0
Hardee	1	2	0	0	0	0
Hendry	2	1	0	0	0	0
Hernando	2	2	0	0	0	0
Highlands	2	3	0	0	0	0
Hillsborough	11	0	0	1	1	0
Holmes	1	2	0	0	1	0
Indian River	3	0	0	0	0	0
Jackson	1	0	0	0	0	0
Jefferson	1	0	0	0	0	0
Lafayette	1	0	0	0	0	0
Lake	2	9	0	0	0	0

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2014-15 Operators by County

County	Private Non Profit	Private For Profit	School Board	Municipality	County	City
Lee	3	0	0	0	0	0
Leon	1	1	0	0	0	0
Levy	0	0	0	0	1	0
Liberty	0	0	1	0	1	0
Madison	1	0	0	0	0	0
Manatee	6	1	0	0	1	0
Marion	2	1	0	0	0	0
Martin	1	2	0	0	0	0
Miami-Dade	53	1	0	0	1	0
Monroe	6	0	0	0	1	0
Nassau	1	1	0	0	0	0
Okaloosa	1	0	0	0	0	0
Okeechobee	0	3	0	0	0	0
Orange	9	9	0	0	0	0
Osceola	2	2	0	0	0	0
Palm Beach	0	4	0	0	0	0
Pasco	5	4	1	0	1	0
Pinellas	18	6	0	1	0	0
Polk	7	1	1	17	1	0
Putnam	1	0	0	0	0	0
Saint Johns	1	0	0	0	0	0
Saint Lucie	3	7	0	0	1	0
Santa Rosa	1	0	0	0	1	0
Sarasota	5	2	0	0	1	0
Seminole	2	2	0	0	0	0
Sumter	1	1	0	0	0	0
Suwannee	1	0	0	0	0	0
Taylor	1	0	0	0	0	0
Union	2	0	0	0	0	0
Volusia	6	5	0	0	1	0
Wakulla	1	0	0	0	0	0
Walton	3	2	0	0	1	0
Washington	1	0	0	0	0	0
TOTAL	215	92	4	26	21	0

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2014-15 Operators by County

County	Transit Authority	Other Operators	Total Operators	Number of Coordination	Number of CMBEs (transport services)	Number of CMBEs (other services)
Alachua	0	0	2	0	0	0
Baker	0	0	1	0	0	0
Bay	0	0	4	3	0	0
Bradford	0	0	2	1	0	0
Brevard	0	0	3	0	0	0
Broward	0	0	32	22	0	0
Calhoun	0	0	1	0	0	0
Charlotte	0	0	4	0	0	0
Citrus	0	0	3	1	0	0
Clay	0	0	1	0	0	0
Collier	0	0	5	4	0	0
Columbia	1	0	2	1	0	0
Desoto	0	0	3	0	0	0
Dixie	0	0	1	0	0	0
Duval	1	0	4	0	0	0
Escambia	0	0	4	0	0	0
Flagler	0	0	1	0	0	0
Franklin	0	0	1	0	0	0
Gadsden	0	0	1	0	0	0
Gilchrist	0	0	1	0	0	0
Glades	0	0	1	0	0	0
Gulf	0	0	1	0	0	0
Hamilton	1	0	1	0	0	0
Hardee	0	0	3	1	0	0
Hendry	0	0	3	1	0	0
Hernando	0	0	4	1	0	0
Highlands	0	0	5	2	0	0
Hillsborough	1	0	14	13	0	0
Holmes	0	0	4	0	0	0
Indian River	0	0	3	2	0	0
Jackson	0	0	1	0	0	0
Jefferson	0	0	1	0	0	0
Lafayette	0	0	1	0	0	0
Lake	0	0	11	10	0	0

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2014-15 Operators by County

County	Transit Authority	Other Operators	Total Operators	Number of Coordination	Number of CMBEs (transport services)	Number of CMBEs (other services)
Lee	1	0	4	2	0	0
Leon	0	0	2	0	0	0
Levy	0	0	1	0	0	0
Liberty	0	0	2	0	0	0
Madison	0	0	1	0	0	0
Manatee	0	0	8	7	0	0
Marion	0	0	3	1	0	0
Martin	0	0	3	1	0	0
Miami-Dade	0	0	55	53	0	0
Monroe	0	0	7	4	0	0
Nassau	0	0	2	0	0	0
Okaloosa	0	0	1	0	0	0
Okeechobee	0	0	3	0	0	0
Orange	0	0	18	13	0	0
Osceola	0	0	4	3	0	0
Palm Beach	1	0	5	0	0	0
Pasco	0	1	12	5	0	0
Pinellas	1	0	26	15	0	0
Polk	3	0	30	7	0	0
Putnam	0	0	1	0	0	0
Saint Johns	0	0	1	0	0	0
Saint Lucie	0	0	11	9	0	0
Santa Rosa	0	0	2	0	0	0
Sarasota	0	0	8	5	0	0
Seminole	0	0	4	3	0	0
Sumter	0	0	2	1	0	0
Suwannee	1	0	2	1	0	0
Taylor	0	0	1	0	0	0
Union	0	0	2	0	0	0
Volusia	0	1	13	6	0	0
Wakulla	0	0	1	0	0	0
Walton	0	0	6	0	0	0
Washington	0	0	1	0	0	0
TOTAL	11	2	371	198	0	0

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2014-15 Summary of Vehicle Information

County	CTC Vehicle Miles	Transp Oper Vehicle Miles	Coord Contr Vehicle Miles	School Bus Miles	Total Vehicle Miles	Revenue Miles	Number of Roadcalls
Alachua	1,436,461	3,150	0	0	1,439,611	1,261,101	40
Baker	394,240	0	0	0	394,240	372,420	11
Bay	0	475,864	40,629	0	516,493	422,650	24
Bradford	130,252	0	84,992	0	215,244	185,365	0
Brevard	861,975	1,883,043	0	10,493	2,755,511	2,471,139	41
Broward	1	7,745,187	2,131,970	0	9,877,158	7,751,312	209
Calhoun	218,585	0	0	0	218,585	173,115	4
Charlotte	434,531	0	0	0	434,531	363,138	57
Citrus	724,926	0	356,596	0	1,081,522	993,184	6
Clay	1,153,589	0	0	0	1,153,589	1,036,754	29
Collier	0	1,110,126	31,700	0	1,141,826	967,178	33
Columbia	281,014	0	39,059	0	320,073	273,783	0
Desoto	0	114,381	0	0	114,381	99,093	8
Dixie	119,852	0	0	0	119,852	109,314	1
Duval	1	4,707,250	0	0	4,707,251	4,145,860	281
Escambia	0	1,358,510	0	0	1,358,510	1,028,320	5
Flagler	752,114	0	0	0	752,114	653,435	5
Franklin	230,673	0	0	0	230,673	198,267	0
Gadsden	787,816	0	0	0	787,816	650,978	16
Gilchrist	80,594	0	0	0	80,594	69,669	1
Glades	140,328	0	0	0	140,328	117,095	7
Gulf	284,360	0	0	0	284,360	271,096	0
Hamilton	57,243	0	0	0	57,243	47,814	0
Hardee	0	352,790	10,146	0	362,936	234,841	4
Hendry	261,563	2,521	14,652	0	278,736	238,524	10
Hernando	162,668	75,415	338,587	0	576,670	523,553	2
Highlands	0	679,475	71,225	0	750,700	534,815	23
Hillsborough	1,072,959	0	3,022,245	0	4,095,204	3,590,566	355
Holmes	381,407	3,604	0	0	385,011	281,343	0
Indian River	316,350	0	52,174	0	368,524	305,839	3
Jackson	660,836	0	0	0	660,836	542,031	3
Jefferson	197,155	0	0	0	197,155	154,944	4
Lafayette	80,642	0	0	0	80,642	64,987	1
Lake	0	1,579,330	233,320	0	1,812,650	1,451,195	36

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2014-15 Summary of Vehicle Information

County	CTC Vehicle Miles	Transp Oper Vehicle Miles	Coord Contr Vehicle Miles	School Bus Miles	Total Vehicle Miles	Revenue Miles	Number of Roadcalls
Lee	1,147,246	5,040	18,639	0	1,170,925	967,261	36
Leon	1,493	432,489	0	0	433,982	342,378	0
Levy	731,044	0	0	0	731,044	610,042	20
Liberty	371,562	0	0	0	371,562	351,210	1
Madison	327,433	0	0	0	327,433	257,330	9
Manatee	707,290	0	532,143	0	1,239,433	974,984	90
Marion	937,306	9,000	234,724	0	1,181,030	1,096,984	8
Martin	0	312,024	271,419	0	583,443	513,121	12
Miami-Dade	0	0	4,203,258	0	4,203,258	3,362,990	56
Monroe	229,048	69,542	339,209	0	637,799	327,976	5
Nassau	473,717	0	0	0	473,717	404,125	3
Okaloosa	0	876,038	0	0	876,038	761,861	19
Okeechobee	0	191,131	0	0	191,131	145,137	2
Orange	2	5,564,346	1,420,153	0	6,984,501	5,945,464	223
Osceola	2	1,356,573	346,230	0	1,702,805	1,449,489	54
Palm Beach	2	9,319,518	0	0	9,319,520	8,730,528	177
Pasco	155,670	227,798	434,652	11,008	829,128	717,913	14
Pinellas	2	4,408,713	665,897	0	5,074,612	4,152,564	78
Polk	686,333	917,890	469,123	0	2,073,346	1,693,755	188
Putnam	923,740	0	0	0	923,740	751,924	27
Saint Johns	1,116,591	0	0	0	1,116,591	920,578	29
Saint Lucie	0	711,921	635,513	0	1,347,434	1,010,246	48
Santa Rosa	332,094	0	0	0	332,094	278,898	8
Sarasota	260,587	1,324,650	172,436	0	1,757,673	1,510,299	5
Seminole	2	1,345,826	343,487	0	1,689,315	1,438,006	54
Sumter	0	525,675	83,855	0	609,530	504,775	13
Suwannee	182,139	0	75,360	0	257,499	216,192	2
Taylor	265,255	0	0	0	265,255	208,464	5
Union	136,888	0	0	0	136,888	114,205	3
Volusia	1,627,042	950,247	227,649	0	2,804,938	2,395,425	239
Wakulla	293,789	0	0	0	293,789	253,321	0
Walton	616,030	24,632	0	0	640,662	606,090	2
Washington	383,760	3,186	0	0	386,946	293,855	2
Totals	23,128,202	48,666,885	16,901,042	21,501	88,717,630	74,892,108	2,651

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2014-15 Summary of Vehicle Information

County	Number of Accidents	Number of Chargeable Accidents	Total Number of Vehicles	Total Number of W/C Accessible	Total Number of Stretcher Equipped	Percentage of W/C Accessible Vehicles	Percentage of Stretcher Equipped
Alachua	21	10	43	43	2	100	4
Baker	1	0	17	17	0	100	0
Bay	16	9	31	28	4	90	12
Bradford	0	0	14	13	1	92	7
Brevard	29	12	196	100	0	51	0
Broward	122	38	799	568	0	71	0
Calhoun	0	0	13	5	2	38	15
Charlotte	1	1	35	30	0	85	0
Citrus	7	2	75	40	4	53	5
Clay	4	3	41	34	0	82	0
Collier	13	13	23	23	0	100	0
Columbia	2	0	24	23	1	95	4
Desoto	1	0	20	15	1	75	5
Dixie	0	0	10	9	1	90	10
Duval	19	16	97	97	0	100	0
Escambia	16	9	29	24	0	82	0
Flagler	2	0	37	31	0	83	0
Franklin	0	0	13	8	1	61	7
Gadsden	0	0	24	15	1	62	4
Gilchrist	0	0	10	9	1	90	10
Glades	0	0	4	3	0	75	0
Gulf	0	0	14	9	1	64	7
Hamilton	0	0	4	3	1	75	25
Hardee	0	0	7	6	1	85	14
Hendry	1	0	10	10	1	100	0
Hernando	3	1	59	30	5	50	8
Highlands	5	1	65	54	2	83	3
Hillsborough	25	1	238	126	0	52	0
Holmes	1	0	19	9	1	47	5
Indian River	2	0	42	29	0	69	0
Jackson	6	2	29	10	1	34	3
Jefferson	0	0	7	6	1	85	14
Lafayette	0	0	5	5	0	100	0
Lake	19	11	82	54	2	65	2

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2014-15 Summary of Vehicle Information

County	Number of Accidents	Number of Chargeable Accidents	Total Number of Vehicles	Total Number of W/C Accessible	Total Number of Stretcher Equipped	Percentage of W/C Accessible Vehicles	Percentage of Stretcher Equipped
Lee	3	0	36	35	1	97	2
Leon	0	0	15	15	0	100	0
Levy	2	0	24	22	3	91	12
Liberty	0	0	19	7	1	36	5
Madison	2	0	12	11	1	91	8
Manatee	119	31	76	53	0	69	0
Marion	5	0	77	59	4	76	5
Martin	0	0	37	9	0	24	0
Miami-Dade	54	9	349	157	2	44	0
Monroe	6	0	59	28	0	47	0
Nassau	3	0	22	22	0	100	0
Okaloosa	2	2	59	55	0	93	0
Okeechobee	0	0	5	4	1	80	20
Orange	147	61	217	153	1	70	0
Osceola	35	14	53	37	1	69	1
Palm Beach	364	211	416	416	0	100	0
Pasco	3	1	85	18	0	21	0
Pinellas	49	8	354	226	0	63	0
Polk	28	14	124	75	3	60	2
Putnam	6	1	33	27	7	81	21
Saint Johns	4	2	43	37	2	86	4
Saint Lucie	8	8	93	54	0	58	0
Santa Rosa	4	2	12	7	0	58	0
Sarasota	35	12	59	42	0	71	0
Seminole	35	14	52	37	1	71	1
Sumter	5	2	32	25	5	78	15
Suwannee	0	0	19	16	1	84	5
Taylor	0	0	10	9	1	90	10
Union	0	0	8	5	1	62	12
Volusia	4	2	104	79	0	75	0
Wakulla	0	0	9	6	1	66	11
Walton	3	1	22	11	1	50	4
Washington	1	0	20	8	1	40	5
Totals	1,243	524	4,691	3,251	74	73	5

(Summary of Vehicle Information page 4 of 4)

2014-15 Other Reported Data

County	Nutritional Unmet Trip Requests	Life Sust/Other Unmet Trip Requests	Reason Denied-Lack of Funding	Reason Denied-Lack of Vehicle	Reason Denied-Lack of Driver	Reason Denied-Other	Passenger No-Shows	Complaints	Commendations
Alachua	0	0	0	0	0	39	11,279	56	69
Baker	0	0	0	0	0	28	9	0	0
Bay	0	0	0	0	0	0	2,695	24	10
Bradford	0	23	0	0	0	0	164	3	0
Brevard	0	5	0	0	0	0	10,318	8	128
Broward	74	49	74	105	60	2,387	39,623	5,153	499
Calhoun	0	0	0	0	0	0	42	0	1
Charlotte	23	88	0	0	407	0	1,140	209	27
Citrus	87	242	0	242	0	0	4,857	13	24
Clay	49	2	0	0	0	0	1,813	23	14
Collier	0	17	0	0	0	17	600	20	10
Columbia	0	1	8	0	0	6	343	8	6
Desoto	0	0	0	0	0	0	473	18	12
Dixie	0	0	0	0	0	0	69	1	0
Duval	0	0	0	0	0	0	13,169	1,186	960
Escambia	0	0	0	0	0	0	5,061	141	44
Flagler	4	97	0	0	0	0	1,563	8	2
Franklin	0	0	0	0	0	0	0	0	0
Gadsden	0	0	0	0	0	0	2,761	0	0
Gilchrist	0	0	0	0	0	0	12	0	0
Glades	0	0	0	0	0	0	197	1	0
Gulf	1	0	0	20	7	12	126	0	1
Hamilton	0	1	2	0	0	3	70	1	1
Hardee	0	0	0	0	0	0	759	4	7
Hendry	4	2	0	0	0	0	717	3	24
Hernando	0	150	0	0	0	190	119	20	82
Highlands	0	0	0	0	0	0	5,511	50	17
Hillsborough	42	50	0	0	0	0	7,365	213	287
Holmes	0	0	0	0	0	0	88	5	0
Indian River	0	0	0	0	0	0	706	20	1
Jackson	0	22	0	0	31	0	364	0	0
Jefferson	0	0	0	0	0	0	322	0	0
Lafayette	0	0	0	0	0	0	8	0	0
Lake	0	0	0	244	244	0	6,234	116	23

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2014-15 Other Reported Data

County	Nutritional Unmet Trip Requests	Life Sust/Other Unmet Trip Requests	Reason Denied- Lack of Funding	Reason Denied- Lack of Vehicle	Reason Denied- Lack of Driver	Reason Denied- Other	Passenger No-Shows	Complaints	Commendations
Lee	64	0	4,215	0	0	0	1,713	50	41
Leon	12	6	0	0	0	0	664	49	17
Levy	0	0	0	0	0	0	1,084	3	26
Liberty	0	0	2	4	5	0	74	1	5
Madison	0	0	0	0	0	0	406	0	0
Manatee	15	37	0	24	450	47	565	34	58
Marion	15	23	0	0	0	0	2,575	31	23
Martin	0	15	468	0	0	0	27	199	65
Miami-Dade	0	1,415	0	0	0	0	6,541	30	0
Monroe	0	0	0	0	0	0	426	0	0
Nassau	33	11	0	0	0	0	1,478	1	0
Okaloosa	3	82	0	0	0	0	1,219	0	0
Okeechobee	0	0	0	0	0	0	885	14	5
Orange	4,134	4,508	0	0	0	0	29,538	62	136
Osceola	1,008	1,099	0	0	0	0	7,201	15	33
Palm Beach	0	0	0	0	0	0	21,282	665	1298
Pasco	0	0	0	0	0	0	698	14	10
Pinellas	0	50	0	0	0	142	11,202	562	8
Polk	0	112	3	161	0	11	4,512	75	17
Putnam	0	0	0	0	0	0	782	4	3
Saint Johns	0	0	0	0	0	0	561	14	20
Saint Lucie	3,762	0	0	0	0	0	1,858	11	7
Santa Rosa	0	8	0	20	20	0	478	6	0
Sarasota	1,337	2,080	0	0	0	0	1,031	66	12
Seminole	1,000	1,090	0	0	0	0	7,144	15	33
Sumter	0	0	0	0	0	0	369	0	148
Suwannee	0	1	6	0	0	4	223	5	4
Taylor	0	0	0	0	0	0	279	0	0
Union	0	24	0	0	0	0	74	0	0
Volusia	0	0	0	0	0	0	7,624	365	295
Wakulla	0	0	0	0	0	0	225	0	0
Walton	2	4	0	0	0	0	257	6	0
Washington	0	0	0	0	0	0	136	2	1
Totals	11,669	11,314	4,778	820	1,224	2,886	231,708	9,603	4,514

(Other Reported Data page 4 of 4)



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COORDINATED TRANSPORTATION SYSTEM OF TAYLOR COUNTY

Specialized Transportation Services for Transportation Disadvantaged Persons is sponsored by the Florida Commission for the Transportation Disadvantaged and the Taylor County Transportation Disadvantaged Coordinating Board and coordinated by Big Bend Transit.

For information call: (850) 584-5566 or Florida Relay Service at 1-800-955-8711 for TDD access.

Big Bend Transit, Inc. (BBT) is seeking residents of Taylor County who are interested in forming a Vanpool. **Vanpooling** will save you wear-and-tear on your vehicle, fuel, and is good for the environment. [Download the Flyer.](#)

TRANSPORTATION SERVICE INFORMATION

The driver will assist you in boarding the vehicle, if necessary.

The driver will wait five minutes for you.

You must use the seatbelt provided.

You must have the ability to carry your own personal items.

Return trips will be made within an hour of the requested time.

No smoking, eating or drinking on the vehicle.

Accessible formats are available upon requests.

Advanced purchase of coupons/tickets is available.



TRANSPORTATION SERVICE FREQUENTLY ASKED QUESTIONS

Who are the Transportation Disadvantaged?

Transportation Disadvantaged (TD) means "those persons who because of physical or

mental disability, income status, or age, or for other reasons 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, or children who are handicapped or high risk as defined in Chapter 411.202, F.S."

Where is the Transportation Service Available?

Generally, you can ride to and from any location within Taylor county. The service is designed to get transportation disadvantaged individuals and the general public to their destinations.

What is the Cost of Transportation Service?

The one-way fare for the transportation service is based on the trip origin and destination. A one-way trip for a TD eligible person anywhere in Taylor County, Monday through Saturday, between 6:00 AM and 6:00 PM is \$2.00. A one-way trip for a General Public person anywhere in Taylor County, Monday through Saturday, between 6:00 AM and 6:00 PM is \$5.00. If you require that an escort accompany you on your ride, he/she would pay the same fare.

The fares for trips to other counties for General Public ambulatory persons are calculated at \$7.50 per pickup plus \$0.70 per mile traveled and for General Public wheelchair persons are calculated at \$9.00 per pickup plus \$0.70 per mile traveled. For example, the fare for a trip from Perry to Tallahassee for a General Public ambulatory person would be \$43.90, and for a

General Public wheelchair person would be \$45.40.

The one-way fare is paid each time you board the vehicle. The fare may be paid by cash, check or money order. Exact fare is required. The driver carries no change. The driver cannot give a receipt. If necessary, a receipt can be obtained from the Tallahassee office.

What Transportation Will be Provided?

Generally, curb-to-curb transportation service will be available Monday through Saturday, 6:00 AM to 6:00 PM.

How Can I Access the Transportation Service?

Transportation requests must be made at least 1 day in advance of your travel needs. Call Big Bend Transit at (850) 584-5566 by 2:00 PM the previous day, Monday through Friday (call on Friday for a Saturday or Monday ride). You will be asked for your name, phone number, pickup address, where you are going and what time you need to arrive, if a return trip is wanted and if assistance for a disability (wheelchair, sight impaired, etc.) is required. You will be told the fare and what time to be ready for your pickup.

If I Need to Change Plans or Cancel My Ride, What Do I Do?

Should you need to change your plans or cancel your ride, call (850) 584-5566 as soon as possible. Failure to cancel your ride within 2 hours of your time of travel will cause a "NO-SHOW" charge and/or cancellation of transportation privileges.

What is the Phone Number for the Coordinated

Transportation System?

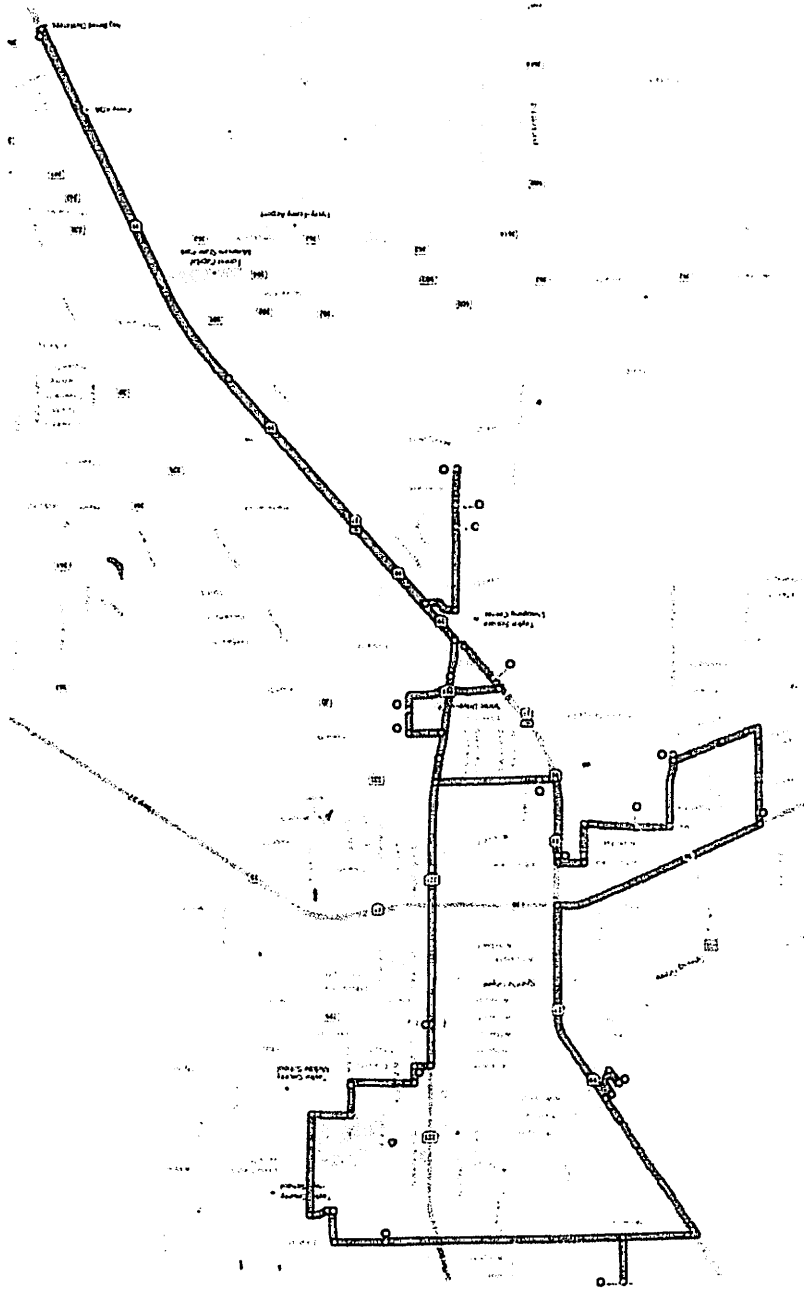
(850) 584-5566 - Information is available from 8:00 AM to 5:00 PM, Monday through Friday. Florida Relay Service at 1-800-955-8711 provides TDD accessibility.

Who Would I Contact for Comments or Concerns With the Service Provided?

In the event you have difficulties with your travel and feel these issues need to be addressed, contact the Transportation Manager at (850) 584-5566. Let the Transportation Manager know that you wish to make a comment about the transportation company, a driver, or any other aspect of the service.

If at any time you are not satisfied with the local transportation service you may call the Commission for the Transportation Disadvantaged Hotline at 1-800-983-2435.

ROUTE MAP FOR TAYLOR COUNTY SHUTTLE



BIG BEND TRANSIT
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TAYLOR COUNTY BOARD OF COMMISSIONERS

County Commission Agenda Item

SUBJECT/TITLE:

Board to discuss the weekly shuttle trips provided to Veterans and transportation for the Special Needs Adult Program (SNAP).


MEETING DATE REQUESTED:

September 6, 2016

Statement of Issue: Board to discuss the transportation services currently provided to Veterans by the County on Big Bend Transit and the SNAPS transportation program.

Recommended Action: Board to discuss and determine Veterans and SNAPS transportation services to be funded in part by the County.

Budgeted Expense: Funding is currently budgeted for the weekly shuttle to the VA Hospital in Lake City and for the participants of the Special Olympics program.

Submitted By: Melody Cox

Contact: Melody Cox

SUPPLEMENTAL MATERIAL / ISSUE ANALYSIS

History, Facts & Issues: The County currently funds a portion of the weekly shuttle to the VA Hospital in Lake City and the remainder of the cost is funded with Transportation Disadvantaged Trust Fund (TDTF) monies. The new VA Hospital in Tallahassee will be opening in late September and staff has been working with Big Bend Transit on the possibility of providing a Veterans shuttle to the new Tallahassee facility. The Board had previously funded a portion of the SNAPS program participants transportation services and the TDTF had funded the remainder of the costs. The SNAPS Program was discontinued by the school in 2015-2016 but will be offering the program in 2016-2017. Staff has also been working with Big Bend Transit on the possibility of providing transportation services again for this program. Staff to discuss costs and funding options for these programs.

Attachments: Not applicable at this time.