

# ***CTC***

## ***EVALUATION WORKBOOK***

Florida Commission for the



## **Transportation Disadvantaged**

**CTC BEING REVIEWED:** \_\_\_\_\_

**COUNTY (IES):** \_\_\_\_\_

**ADDRESS:** \_\_\_\_\_

**CONTACT:** \_\_\_\_\_ **PHONE:** \_\_\_\_\_

**REVIEW PERIOD:** \_\_\_\_\_ **REVIEW DATES:** \_\_\_\_\_

**PERSON CONDUCTING THE REVIEW:** \_\_\_\_\_

**CONTACT INFORMATION:** \_\_\_\_\_

# ***LCB EVALUATION WORKBOOK***

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# REVIEW CHECKLIST & SCHEDULE

## COLLECT FOR REVIEW:

- ☐ APR Data Pages
- ☐ QA Section of TDSP
- ☐ Last Review (Date:\_\_\_\_\_)
- N/A ☐ 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
- N/A ☐ Other Agency Review Reports
- ☐ Budget
- ☐ Performance Standards
- N/A ☐ 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)

N/A ☐ **REQUEST INFORMATION FOR CONTRACTOR SURVEY** (Contractor Name, Phone Number, Address and Contact Name)

N/A ☐ **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.**

**No longer required**

## ENTRANCE INTERVIEW QUESTIONS

### INTRODUCTION AND BRIEFING:

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

The LCB will be reviewing the following areas:

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

### USING THE APR, COMPILE THIS INFORMATION:

#### 1. OPERATING ENVIRONMENT:

- ☐ RURAL      ☐ URBAN

#### 2. ORGANIZATION TYPE:

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

3. NETWORK TYPE:

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

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

5. NAME THE GROUPS THAT YOUR COMPANY HAS COORDINATION  
CONTRACTS WITH: **CTC does not have any coordinated 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

7. REVIEW AND DISCUSS TD HELPLINE CALLS:

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



## GENERAL QUESTIONS

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

1. DESIGNATION DATE OF CTC:

2. WHAT IS THE COMPLAINT PROCESS? [Appendix A, MOA](#)

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

Is the process being used? ☐ Yes ☐ No

[Appendix B, Grievance Procedure](#)

3. DOES THE CTC HAVE A COMPLAINT FORM? ☐ Yes ☐ No  
(Make a copy and include in folder) [Appendix C, Online Comment Form](#)

4. DOES THE COMPLAINT FORM INCORPORATE ALL ELEMENTS OF THE CTD'S UNIFORM SERVICE REPORTING GUIDEBOOK?

☐ Yes ☐ No

5. DOES THE FORM HAVE A SECTION FOR RESOLUTION OF THE COMPLAINT?

☐ Yes ☐ No

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

6. IS A SUMMARY OF COMPLAINTS GIVEN TO THE LCB ON A REGULAR BASIS?

☐ Yes ☐ No

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

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

☐ Yes ☐ No

If no, what is done with the complaint?

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

☐ Yes ☐ No If yes, what type?

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

☐ Yes ☐ No

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

☐ Yes ☐ No

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

[See Appendix D](#)

*Please Verify These Passengers Have an Eligibility Application on File:*

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

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

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

## GENERAL QUESTIONS

Findings:

Recommendations:

## COMPLIANCE WITH CHAPTER 427, F.S.

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

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

ARE YOUR CONTRACTS UNIFORM? ☐ Yes ☐ No

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

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

☐ Yes ☐ No

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

☐ Yes ☐ No

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

Operator Name	Exp. Date	SSPP	AOR Reporting	Insurance

## COMPLIANCE WITH CHAPTER 427, F.S.

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

### REPORTING TIMELINESS

Were the following items submitted on time?

a. Annual Operating Report ☐ Yes ☐ No

Any issues that need clarification? ☐ Yes ☐ No

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

List:

b. Memorandum of Agreement ☐ Yes ☐ No

c. Transportation Disadvantaged Service Plan ☐ Yes ☐ No

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

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

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

Comments:

## COMPLIANCE WITH CHAPTER 427, F.S.

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

***“Review all transportation operator contracts annually.”***

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

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

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

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

Is a written report issued? ☐ Yes ☐ No

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

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

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

**ASK TO SEE DOCUMENTATION OF MONITORING REPORTS.**

## COMPLIANCE WITH CHAPTER 427, F.S.

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

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

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

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

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

☐ N/A

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

☐ Yes ☐ No

If YES, what is the goal?

Is the CTC accomplishing the goal? ☐ Yes ☐ No

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

Comments:



## COMPLIANCE WITH CHAPTER 427, F.S.

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

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

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

☐ Yes ☐ No

If Yes, describe the application review process.

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

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

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

Comments:

## COMPLIANCE WITH CHAPTER 427, F.S.

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

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

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

WHAT ARE THE PRIORITIES FOR THE TDTF TRIPS?

HOW ARE THESE PRIORITIES CARRIED OUT?

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

Comments:

## COMPLIANCE WITH CHAPTER 427, F.S.

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

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

Review the Operational section of the TDSP

1. Hours of Service:
2. Hours of Intake:
3. Provisions for After Hours Reservations/Cancellations?
4. What is the minimum required notice for reservations?
5. How far in advance can reservations be place (number of days)?

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

Comments:

## COMPLIANCE WITH CHAPTER 427, F.S.

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

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

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

HAVE ANY INNOVATIVE WAGES TRANSPORTATION SERVICES BEEN DEVELOPED?

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

Comments:

## CHAPTER 427

Findings:

Recommendations:

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

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

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

WHAT ARE THE MINIMUM LIABILITY INSURANCE REQUIREMENTS?

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

HOW MUCH DOES THE INSURANCE COST (per operator)?

Operator	Insurance Cost

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

☐ Yes ☐ No

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

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

Comments:

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

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

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

ARE THE CTC CONTRACTED OPERATORS IN COMPLIANCE WITH THIS SECTION?

☐ Yes    ☐ No

## DRIVER REQUIREMENT CHART

[illegible]

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

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

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

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

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

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

DATE OF LAST DRUG & ALCOHOL POLICY REVIEW: \_\_\_\_\_

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

Comments:

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

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

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

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

Cost [CTC and Coordination Contractor (CC)]

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

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

Cost [CTC and Transportation Alternative (Alt.)]

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

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

## **RULE 41-2**

Findings:

Recommendations:

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

### Compliance with Commission Standards

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

Review the TDSP for the Commission standards.

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

Adequate seating	
Driver Identification	
Passenger Assistance	
Smoking, Eating and Drinking	

Two-way Communications	
Air Conditioning/Heating	
Billing Requirements	

## COMMISSION STANDARDS

Findings:

Recommendations:



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

### Compliance with Local Standards

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

Review the TDSP for the Local standards.

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

<i>Measurable Standards/Goals</i>	<i>Standard/Goal</i>	<i>Latest Figures</i>	<i>Is the CTC/Operator meeting the Standard?</i>
Public Transit Ridership  25% growth	CTC	CTC 838,678	NO
	Operator A	Operator A	
	Operator B	Operator B	
	Operator C	Operator C	
On-time performance  90%	CTC	CTC 82.71%	NO
	Operator A	Operator A	
	Operator B	Operator B	
	Operator C	Operator C	
Passenger No-shows  Ratio < 5%	CTC	CTC 29,182/3.48%	YES
	Operator A	Operator A	
	Operator B	Operator B	
	Operator C	Operator C	
Accidents  ≤ 1 per 100,000 miles	CTC Total: 112	CTC 114/1.07	NO
	Operator A	Operator A	
	Operator B	Operator B	
	Operator C	Operator C	
Roadcalls ≤ 1 per 10,000 miles <i>Average age of fleet:</i> A=52 months and B= 47 months	CTC Total: 552	CTC 1.595 / 1.49	NO
	Operator A	Operator A	
	Operator B	Operator B	
	Operator C	Operator C	
Complaints ≤ 3 per 10,000 completed trips <i>Number filed:</i>	CTC	CTC 518 / N/A	N/A
	Operator A	Operator A	
	Operator B	Operator B	
	Operator C	Operator C	
Call-Hold Time  No more than two minutes per call,	CTC	CTC 1:37	Yes
	Operator A	Operator A	
	Operator B	Operator B	
	Operator C	Operator C	

Operator A - First Transit  
Operator B - MV Transit

## LOCAL STANDARDS

Findings:

Recommendations:

## COMPLIANCE WITH AMERICANS WITH DISABILITIES ACT

### REVIEW COPIES OF THE PUBLIC INFORMATION PROVIDED.

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

ARE ACCESSIBLE FORMATS ON THE SHELF? ☐ Yes ☐ No

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

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

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

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

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

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

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

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

IS A RAMP PROVIDED? ☐ Yes ☐ No

ARE THE BATHROOMS ACCESSIBLE? ☐ Yes ☐ No

# Bus and Van Specification Checklist

**Name of Provider:**

**Vehicle Number (either VIN or provider fleet number):**

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

**Person Conducting Review:**

**Date:**

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

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

**Have the driver lower the lift to the ground:**

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

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

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

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

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

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

**While inside the vehicle:**

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

**Vehicles under 22 feet must have:**

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

**Vehicles over 22 feet must have:**

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

# COMPLIANCE WITH AMERICANS WITH DISABILITIES ACT

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

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

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

☐ Yes ☐ No



## **ADA COMPLIANCE**

Findings:

Recommendations:

**FY \_\_\_\_/\_\_\_\_ GRANT QUESTIONS**

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

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

☐ Yes ☐ No

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

☐ Yes ☐ No

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

☐ Yes ☐ No

## STATUS REPORT FOLLOW-UP FROM LAST REVIEW(S)

DATE OF LAST REVIEW:\_\_\_\_\_

STATUS REPORT DATED:\_\_\_\_\_

### CTD RECOMMENDATION:

CTC Response:

Current Status:

### CTD RECOMMENDATION:

CTC Response:

Current Status:

### CTD RECOMMENDATION:

CTC Response:

Current Status:

**CTD RECOMMENDATION:**

CTC Response:

Current Status:

**CTD RECOMMENDATION:**

CTC Response:

Current Status:

**CTD RECOMMENDATION:**

CTC Response:

Current Status:

## **On-Site Observation of The System Survey**

### 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: 04.06/2023

Please list any special guests that were present:

Location: Palm Beach Gardens to WalMart Lake Park

Number of Passengers picked up/dropped off:

1

Ambulatory

1

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

☒ Yes ☐ No☒ Yes ☐ No

CTC: \_\_\_\_\_ County: \_\_\_\_\_

Date of Ride: \_\_\_\_\_

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

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

**Note: Attach the manifest**

## 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: 04.06/2023

Please list any special guests that were present:

Location: WalMart Lake Park to Palm Beach Gardens

Number of Passengers picked up/dropped off:

1

Ambulatory

1

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



☒ Yes ☐ No☒ Yes ☐ No

County: \_\_\_\_\_

\_\_\_\_\_

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

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

**Note: Attach the manifest**

## 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: 03/22/2023

Please list any special guests that were present: N/A Driver Luke

Location: 9980 N Central Park Blvd., Boca Raton, 33428-1704

Number of Passengers picked up/dropped off: 1

Ambulatory yes

Non-Ambulatory n/a

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:

n/a

CTC: \_\_\_\_\_ County: \_\_\_\_\_

Date of Ride: \_\_\_\_\_

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

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

**Note: Attach the manifest**

### 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: 03/22/2023

Please list any special guests that were present: N/A - Driver Vashalee (Sp)

Location: Pick Up 5616 N Ocean Blvd. Ocean Ridge FL 33435

Number of Passengers picked up/dropped off: 1

Ambulatory yes

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:

n/a

CTC: \_\_\_\_\_ County: \_\_\_\_\_

Date of Ride: \_\_\_\_\_

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

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

**Note: Attach the manifest**

## 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: 3/10/2023

Please list any special guests that were present: NONE

Location: 2300 High Ridge Rd. Boynton Beach, FL 33426

Number of Passengers picked up/dropped off: 0

Ambulatory

Non-Ambulatory

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

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

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

Did the driver render an appropriate greeting?

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

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

☒ Yes ☐ No

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

☒ Yes ☐ No

Is there a sign posted on the interior of the vehicle with both a local phone number and the TD Helpline for comments/complaints/commendations?

☒ Yes ☐ No

Does the vehicle have working heat and air conditioning?

☒ Yes ☐ No

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

☒ Yes ☐ No

If used, was the lift in good working order?

☒ Yes ☐ No

Was there safe and appropriate seating for all passengers?

☒ Yes ☐ No

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

☒ Yes ☐ No

If No, please explain:

CTC: Palm Tran Connection

County: Palm Beach

Date of Ride: 3/10/2023

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

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

**Note: Attach the manifest**

### 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: 5/8/23

Please list any special guests that were present: 1 Guest

Location: 400 S. Olive Ave West Palm Beach FL 33408

Number of Passengers picked up/dropped off: 1

Ambulatory YES

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? N/A ☐ Yes ☐ No



Was there safe and appropriate seating for all passengers?



Yes



No

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

N/A



Yes



No

If No, please explain:

CTC: Palm Tran Connection

County: Palm Beach

Date of Ride: 5/8/2023

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

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

**Note: Attach the manifest**

## 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: 5/8/2023

Please list any special guests that were present: 1

Location: Park Life Rental  
1522 N Dixie Hwy West Palm Beach, FL 33401

Number of Passengers picked up/dropped off: 1

Ambulatory DIALYSIS

Non-Ambulatory

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

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

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

Did the driver render an appropriate greeting?

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

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

☒ Yes ☐ No

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

☒ Yes ☐ No

Is there a sign posted on the interior of the vehicle with both a local phone number and the TD Helpline for comments/complaints/commendations?

☒ Yes ☐ No

Does the vehicle have working heat and air conditioning?

☒ Yes ☐ No

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

☒ Yes ☐ No

If used, was the lift in good working order?

☒ Yes ☐ No

Was there safe and appropriate seating for all passengers?

☒ Yes ☐ No

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

☒ Yes ☐ No

If No, please explain:

CTC: Palm Tran Connection County: Palm Beach

Date of Ride: 8/8/2015

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

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

**Note: Attach the manifest**

**Appendix**  
**Survey123 Summary**  
**Rider/Beneficiary Survey**

## Palm Tran Customer CTC Evaluation Online Survey123

When did you last receive transportation services from Palm Tran Connection?

Histogram

Tip: Drag on the chart to zoom in the data.

Reset

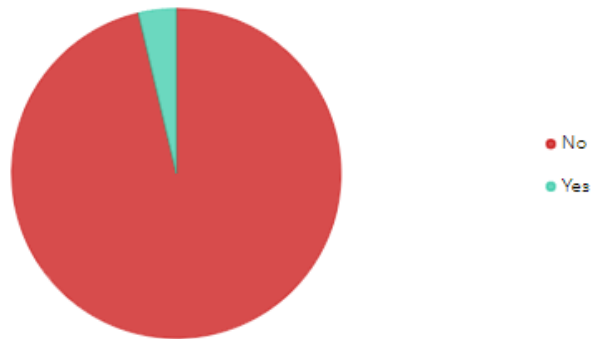


[Show table](#)

Answered: 239 Skipped: 63

Were you charged an amount in addition to the co-payment?

Column Bar Pie Map



[Hide table](#)

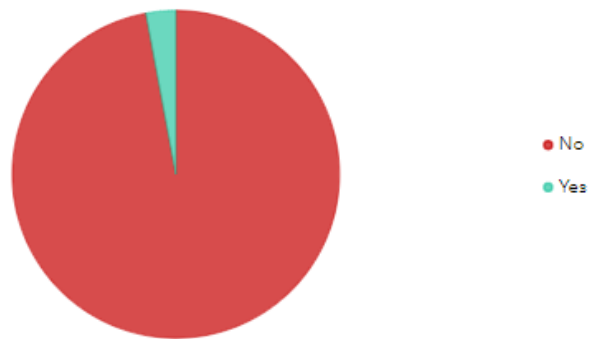
☒ Empty categories ☐ Sort

Answers	Count	Percentage
No	259	85.76%
Yes	10	3.31%

Answered: 269 Skipped: 33

### Have you ever been denied transportation services?

Column Bar **Pie** Map



[Hide table](#)

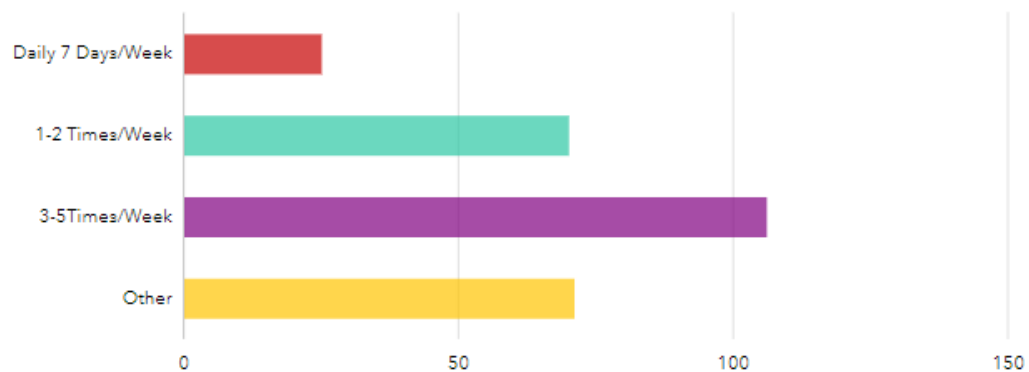
☒ Empty categories [Sort](#)

Answers	Count	Percentage
No	264	87.42%
Yes	8	2.65%

Answered: 272 Skipped: 30

### How often do you normally obtain transportation?

Column **Bar** Pie Map



[Hide table](#)

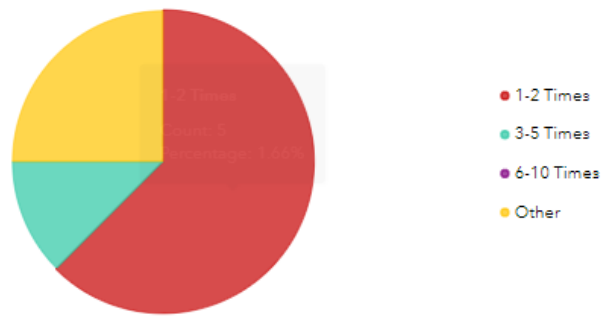
☒ Other response ☒ Empty categories [Sort](#)

Answers	Count	Percentage
Daily 7 Days/Week	25	8.28%
1-2 Times/Week	70	23.18%
3-5 Times/Week	106	35.1%
Other	71	23.51%

Answered: 272 Skipped: 30

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

Column Bar Pie Map



[Hide table](#)

Other response

☒ Empty categories

Sort

Answers	Count	Percentage
1-2 Times	5	1.66%
3-5 Times	1	0.33%
6-10 Times	0	0%
Other	2	0.66%

Answered: 8 Skipped: 294

What was the reason given for refusing you transportation services?

Column Bar Pie Map



[Hide table](#)

☒ Empty categories

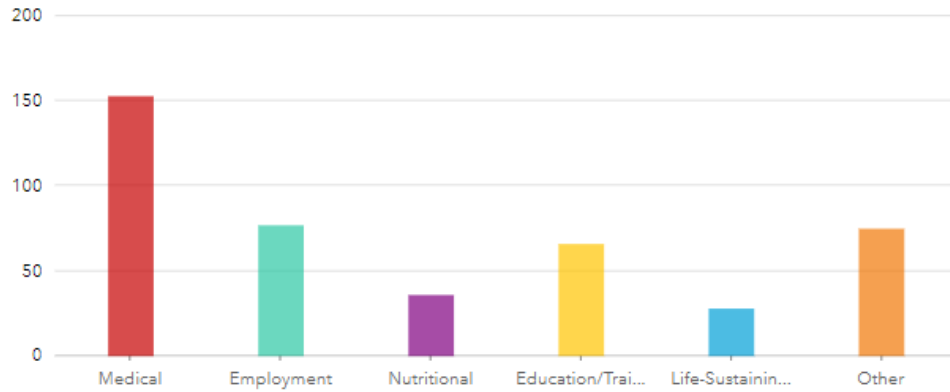
Sort

Answers	Count	Percentage
Space not available	4	1.32%
Ineligible	1	0.33%
Lack of funds	0	0%
Destination outside service area	0	0%

Answered: 5 Skipped: 297

### What do you normally use the service for?

Column Bar



[Hide table](#)

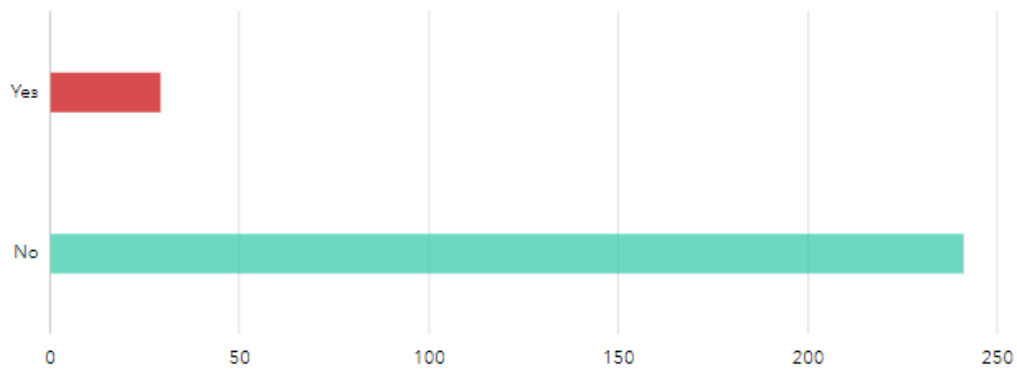
☐ Other response ☒ Empty categories

Answers	Count	Percentage
Medical	153	50.66%
Employment	77	25.5%
Nutritional	36	11.92%
Education/Training/Day Care	66	21.85%
Life-Sustaining	28	9.27%
Other	75	24.83%

Answered: 274 Skipped: 28

### Did you have a problem on your last trip?

Column Bar Pie Map



[Hide table](#)

☒ Empty categories

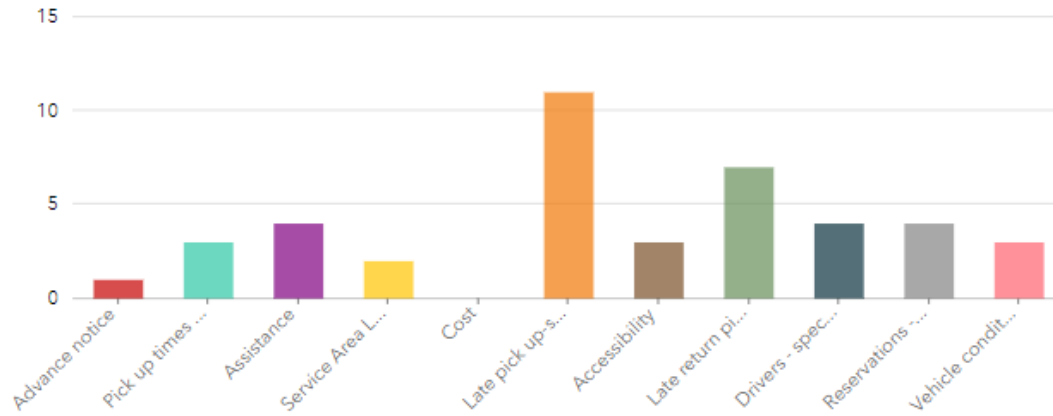
Answers	Count	Percentage
Yes	29	9.6%
No	241	79.8%

Answered: 270 Skipped: 32



## What type of problem did you have with your trip?

Column Bar



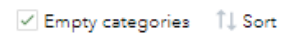
[Hide table](#)

☒ Empty categories [↑↓ Sort](#)

Answers	Count	Percentage
Advance notice	1	0.33%
Pick up times not convenient	3	0.99%
Assistance	4	1.32%
Service Area Limits	2	0.66%
Cost	0	0%
Late pick up-specify time of wait	11	3.64%
Accessibility	3	0.99%
Late return pick up - length of wait	7	2.32%
Drivers - specify	4	1.32%
Reservations - specify length of wait	4	1.32%
Vehicle condition	3	0.99%

Answered: 26 Skipped: 276

Column Bar Pie Map



Answered: 270 Skipped: 32

Word cloud 



## **Contractor Survey**

# Contractor Survey

Palm Beach **County**

Stephen Guy

**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:**

No Comments

# PURCHASING AGENCY SURVEY

Staff making call: \_\_\_\_\_

Purchasing Agency name: \_\_\_\_\_

Representative of Purchasing Agency: \_\_\_\_\_

1) Do you purchase transportation from the coordinated system?

☐ YES

☐ NO If no, why?

2) Which transportation operator provides services to your clients?

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

☐ Medical

☐ Employment

☐ Education/Training/Day Care

☐ Nutritional

☐ Life Sustaining/Other

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

☐ 7 Days/Week

☐ 1-3 Times/Month

☐ 1-2 Times/Week

☐ Less than 1 Time/Month

☐ 3-5 Times/Week

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

☐ Yes

☐ No If no, skip to question 7

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

☐ Advance notice requirement [specify operator (s)]

☐ Cost [specify operator (s)]

☐ Service area limits [specify operator (s)]

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

☐ Vehicle condition [specify operator (s)]

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

☐ Accessibility concerns [specify operator (s)]

☐ Complaints about drivers [specify operator (s)]

☐ Complaints about timeliness [specify operator (s)]

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

☐ Other [specify operator (s)] \_\_\_\_\_

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

☐ Yes

☐ No If no, why? \_\_\_\_\_

<b>Level of Cost Worksheet 1</b>
--------------------------------------

**Insert Cost page from the AOR.**





## CTC Expense Sources

County: Palm Beach

CTC Status: Submitted

CTC Organization: Palm Beach County

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

CTD Status: Under Review

	Selected Reporting Period			Previous Reporting Period		
	CTC & Transportation Operators	Coordination Contractors	Total	CTC & Transportation Operators	Coordination Contractors	Total
<b>Expense Sources</b>						
Labor	\$ 3,206,712	\$ 0	\$ 3,206,712	\$ 3,348,792	\$ 0	\$ 3,348,792
Fringe Benefits	\$ 1,691,520	\$ 0	\$ 1,691,520	\$ 2,019,878	\$ 0	\$ 2,019,878
Services	\$ 0	\$ 0	\$ 0	\$ 39,347	\$ 0	\$ 39,347
Materials & Supplies Consumed	\$ 9,447	\$ 0	\$ 9,447	\$ 23,249	\$ 0	\$ 23,249
Utilities	\$ 207,202	\$ 0	\$ 207,202	\$ 219,347	\$ 0	\$ 219,347
Casualty & Liability	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0
Taxes	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0
Miscellaneous	\$ 343,406	\$ 0	\$ 343,406	\$ 165,281	\$ 0	\$ 165,281
Interest	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0
Leases & Rentals	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0
Capital Purchases	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0
Contributed Services	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0
Allocated Indirect Expenses	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0
<b>Purchased Transportation Services</b>						
Bus Pass	\$ 408,217	N/A	\$ 408,217	\$ 579,803	N/A	\$ 579,803
School Board (School Bus)	\$ 0	N/A	\$ 0	\$ 0	N/A	\$ 0
Transportation Network Companies (TNC)	\$ 0	N/A	\$ 0	\$ 0	N/A	\$ 0
Taxi	\$ 0	N/A	\$ 0	\$ 0	N/A	\$ 0
Contracted Operator	\$ 27,597,576	N/A	\$ 27,597,576	\$ 29,005,945	N/A	\$ 29,005,945
<b>Total - Expense Sources</b>	<b>\$ 33,464,080</b>	<b>\$ 0</b>	<b>\$ 33,464,080</b>	<b>\$ 35,401,642</b>	<b>\$ 0</b>	<b>\$ 35,401,642</b>

## Level of Competition Worksheet 2

### 1. Inventory of Transportation Operators in the Service Area

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

2. How many of the operators are coordination contractors? \_\_\_\_\_

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

Does the CTC have the ability to expand? \_\_\_\_\_

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

5. Does the CTC have a competitive procurement process? \_\_\_\_\_

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

	Low bid
	Requests for qualifications
	Negotiation only

	Requests for proposals
	Requests for interested parties

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

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

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

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

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

How many responded? \_\_\_\_\_

The request for bids/proposals was distributed:

\_\_\_\_\_ Locally      \_\_\_\_\_ Statewide      \_\_\_\_\_ Nationally

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

## **Level of Availability (Coordination)**

### **Worksheet 3**

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

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

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

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

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

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

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

**Scheduling** – How is the trip assignment to vehicles coordinated?

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

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

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

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

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

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

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

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

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

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



**Appendix A:**  
**Memorandum of Agreement**  
**07/01/2022 - 6/30/2027**

**R2022 0607** JUN 14 2022 Effective: 7/1/22 to 6/30/2027

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 Palm Beach County Board of County Commissioners, c/o Palm Tran, 50 South Military Trail, Suite 101, West Palm Beach, FL 33415 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 Palm Beach 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:

Lou Ferri, Senior Manager of Paratransit, Palm Tran  
50 South Military Trail, Suite 101, West Palm Beach, FL 33415

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 May 25, 2022.

  
\_\_\_\_\_  
Coordinating Board Chairperson

WITNESS WHEREOF the parties hereto have caused these presents to be executed.

**R2022 0607 JUN 14 2022**

COMMUNITY TRANSPORTATION  
COORDINATOR:

STATE OF FLORIDA, COMMISSION FOR  
THE TRANSPORTATION DISADVANTAGED:

Palm Beach County Board of County Commissioners

Agency Name

Robert S. Weinroth

Printed Name of Authorized Individual

  
\_\_\_\_\_  
Signature

Mayor

Title

Attest: Joseph Abruzzo, Clerk and Comptroller

Printed Name


  
\_\_\_\_\_  
Signature

**Deputy Clerk**

APPROVED AS TO FORM AND LEGAL SUFFICIENCY

  
\_\_\_\_\_  
Palm Beach County Attorney

APPROVED AS TO TERMS AND CONDITIONS

  
\_\_\_\_\_  
Executive Director, PALM TRAN

Rev. 04/02/2012

**Clinton Forbes**

**Appendix B:**  
**Written complaint process included in the FY23**  
**Grievance Procedures**

**Palm Beach County  
Transportation Disadvantaged  
Local Coordinating Board**

**FY 2023 Grievance Procedures**

**Approved by the TDLCB  
August 24, 2022**

# **Article 1: Preamble**

## **Section A: Preamble**

The following sets forth the grievance procedures that shall serve to guide the Palm Beach County Transportation Disadvantaged Local Coordinating Board (TD LCB), serving to assist Palm Tran Connection, the Community Transportation Coordinator. The intent is to provide procedures and policies for fulfilling the requirements of Chapter 427, Florida Statutes (F.S.), Rule 41-2, Florida Administrative Code (FAC), and subsequent laws setting forth requirements for the establishment of grievances or complaints from agencies, users, potential users, subcontractors, and other interested parties.

# **Article 2: Definitions, Name, Legal Status and Purpose**

## **Section A: General Definitions**

- A. Commission for the Transportation Disadvantaged (also known as the “Commission”): an independent state agency created to accomplish the coordination of transportation services provided to the transportation disadvantaged population.
- B. Community Transportation Coordinator (also known as the “CTC” or “Coordinator”): a transportation entity recommended by the appropriate planning agency as provided for in Section 427.015(1), F.S., and approved by the Commission, to ensure that coordinated transportation services are provided to serve the transportation disadvantaged population in a designated service area.
- C. Designated Official Planning Agency (also known as the “DOPA”): 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 (MPO). The Metropolitan Planning Organization shall serve as the planning agency in areas covered by such organizations.
- D. Local Coordinating Board (also known as the “LCB”): advisory entity in each designated service area composed of representatives appointed by the Metropolitan Planning Organization or DOPA, to provide assistance to the community transportation coordinator relative to the coordination of transportation services.
- E. Metropolitan Planning Organization (also known as the “MPO”): organization responsible for carrying out transportation planning and programming in accordance with the provisions of 23 U.S.C. s. 134, as provided in 23 U.S.C. s. 104(f)(3). In Palm Beach County the MPO is the Palm Beach Metropolitan Planning Organization (MPO) doing business as the Palm Beach Transportation Planning Agency (TPA).
- F. Transportation Disadvantaged (also known as “TD”): those persons who because of physical or mental disability, income status, or age are unable to transport themselves or to purchase transportation and are, therefore, dependent upon others to obtain access to health care, employment, education, shopping, social activities, or other life-sustaining activities, or children who are disabled or high-risk or at-risk as defined in Section 411.202, F.S.
- G. Transportation Operator: one or more public, private for profit, or private non-profit entities contracted by the Community Transportation Coordinator to provide service to transportation disadvantaged persons pursuant to a coordinated transportation service plan.

## **Section B: Definition of Service Complaint and Formal Grievance**

- A. Service Complaint: Service complaints are routine incidents that occur on a daily basis. They are reported to the driver, dispatcher, or to other individuals involved with the daily operations of the CTC, and are resolved within the course of a reasonable time period. Service complaints may

include but are not limited to: late trips, no-show by transportation operator, no-show by client, client behavior, driver behavior, passenger discomfort, and service denial.

- B. Formal Grievance: A formal grievance is a written complaint by the grievant documenting any concerns or an unresolved service complaint regarding the operation or administration of TD services by a transportation operator, CTC, DOPA or LCB. A grievance may include but is not limited to: chronic, recurring, or unsolved service complaints, violations of specific laws governing TD services, contract disputes, coordination disputes, agency compliance, conflicts of interest, supplanting of funds, and billing or accounting procedures.

## **Section C: Name**

The name of the subcommittee to hear grievances or complaints for the Palm Beach County TDLCB shall be the "Grievance Subcommittee".

## **Section D: Legal Status of Subcommittee**

The LCB is an advisory body. It is established in section 427.157, FS, to advise the Commission and the CTC about local concerns and issues. Florida Statutes define an advisory body as: a body created by specific statutory enactment and appointed to function on a continuing basis for the study of the problems arising in a specified functional or program area of state government and to provide recommendations and policy alternatives. The Grievance Subcommittee may make recommendations to the LCB regarding Formal Grievances.

## **Section E: Purpose**

The purpose of the Grievance Subcommittee is to process and investigate unresolved grievances from agencies, users, transportation operators, potential users of the system and the CTC, and make recommendations to the LCB or to the Commission for improvement of service. The Grievance Subcommittee does not possess adjudicative or determinative powers.

## **Article 3: Membership, Appointment, Terms of Membership**

### **Section A: Membership**

The Grievance Subcommittee shall be comprised of a minimum of three (3) voting members of the LCB. The Subcommittee shall elect a Chair.

### **Section B: Appointment**

Members shall be appointed to the Grievance Subcommittee by the LCB. The LCB Chair reserves the right to make reappointments to the Subcommittee should any conflicts of interest arise. Planning staff serve as facilitators to the grievance process but do not serve on the Grievance Subcommittee.

### **Section C: Terms of Members**

Members of the Grievance Subcommittee shall serve at the pleasure of the LCB Chair for the duration of the grievance for which they are appointed. Members of the Subcommittee may be removed for cause by the LCB Chair.

Quorum shall be a simple majority. Meetings shall be held at such times as the Subcommittee may determine and/or as necessitated by the grievance procedure.

## **Article 4: Resolution Process**

### **Section A: Complaint Procedure**

1. The CTC records all complaints that come from agencies, users, transportation operators, and potential users of the system, through email, phone calls, social media, letter, and in-person and determines to whom the complaint should be directed for research and resolution via the Customer Complaint Department.
2. When a complaint is received, the person filing the complaint is interviewed and the information collected is recorded in the CTC's customer service system.
3. If the complaint is safety related, it is forwarded to the Contract Compliance Supervisor who must respond within 24 hours.
4. If the complaint is not safety-related, the applicable Contractor must respond with 48 hours.
5. On-time performance complaints are reviewed by the Service Supervisor for scheduling or a dispatch error.
6. CTC staff investigates complaints by reviewing on-board recorded videos, interviewing other riders that were also on-board the vehicle during the incident, reviewing software system notes, reviewing the driver's manifest, and interviewing the driver.
7. Following the investigation, complaints are ruled as valid, not valid, documented, excused, or LQD (liquidated damages). All complaints remain on the Driver's record regardless of resolution.
8. The CTC reviews all Contractor responses to complaints and is the final arbiter as to whether or not complaints have been adequately resolved by the Operator.
9. The party is notified of the resolution of the complaint via postcard or by letter, as applicable.
10. If the CTC is unsuccessful at resolving the complaint through the process outlined in Section A or the party is not satisfied with the resolution, the party may follow the Formal Grievance procedure outlined in Section B.

### **Section B: Formal Grievance Procedure**

The LCB Formal Grievance procedures are:

1. The party shall have ten (10) working days from the date on the CTC's resolution of the complaint to decide if the proposed resolution is agreeable.
2. If the party is not satisfied with the outcome, they may submit a written request for a Formal Grievance. The grievance shall be sent to:

Palm Beach Transportation Planning Agency  
Local Coordinating Board Grievance Subcommittee  
301 Datura Street  
West Palm Beach, FL 33401

The written grievance must contain the following:

- a. Name and address of the grievant;
- b. Statement of the grounds for the grievance supplemented by supporting documentation, made in a clear and concise manner; and
- c. Explanation by the grievant of the improvements needed to address the complaint.

3. Upon receipt of a Formal Grievance, the DOPA shall have ten (10) working days to contact the grievant via telephone, mail, or e-mail to indicate that the Formal Grievance is sufficient and that it has been filed or additional information is necessary to file the grievance.
4. The DOPA shall arrange a meeting between the involved parties in an attempt to assist them in reaching a desirable solution. The meeting shall take place within fifteen (15) working days of the filed date of the Formal Grievance. The DOPA shall prepare a report regarding the meeting outcome which shall be sent to the Grievant and the Grievance Subcommittee Chair within ten (10) working days of the meeting.
5. If the Grievant is not satisfied with the proposed resolution outlined in Step 4, the Grievant may request a hearing by the Grievance Subcommittee.
6. The DOPA shall have ten (10) working days to contact the Grievance Subcommittee members and set a future grievance hearing date and location. The Grievant and all involved parties shall be notified of the hearing date and location at least five (5) working days prior to the hearing date. All Grievance proceedings shall be held at a publicly noticed meeting. The Grievance Subcommittee will follow a meeting agenda in accordance with the procedures herein set forth:
  - a. Call to Order;
  - b. Presentation of Grievance
    - i. Shall also include witnesses if applicable, and
    - ii. Response of concerned parties, which shall include witnesses, if applicable;
  - c. Discussion of Grievance;
  - d. Recommendation to the LCB; and
  - e. Adjournment
7. Upon conclusion of the hearing, the Grievance Subcommittee shall submit a written report of the hearing proceedings to the Chair of the LCB within ten (10) working days. The report must outline the grievance and the Grievance Subcommittee's findings/recommendations. The report shall be forwarded to all LCB members.
8. The CTC may avail itself of the Formal Grievance Procedures as outlined in Section B.2. through B.7.

## **Section C: CTD Ombudsman Program**

If the Grievant is not satisfied with the resolution by the Grievance Subcommittee, they may file a formal complaint with the State's Commission for the Transportation Disadvantaged Ombudsman Program via the contact information below:

By telephone:

(800) 983-2435 (toll-free) or (850) 410-5700

Hearing or speech impaired: 711 (Florida Relay System)

By mail:

Florida Commission for the Transportation Disadvantaged

605 Suwannee Street, MS-49

Tallahassee, FL 32399-0450

By e-mail:

[CTDOmbudsman@dot.state.fl.us](mailto:CTDOmbudsman@dot.state.fl.us)

The DOPA will maintain copies of their Grievance Procedures and reports will be made available to the Commission Ombudsman Program, upon request.

## **Section D: Document Accessibility**

A copy of the Grievance Procedures shall be available to anyone upon request.

All documents pertaining to the Grievance Procedures will be made available, upon request, in a format accessible to persons with disabilities.

## **Article 5: Amendments**

### **Section A: General**

The Grievance Procedures may be amended by a majority vote of members present, if a quorum exists, providing the proposed change(s) is/are provided to all members at least seven (7) days in advance of the meeting.

## **Article 6: Certification**

The undersigned hereby certifies that they are the Chair of the Local Coordinating Board and that the foregoing is a full, true and correct copy of the Grievance Procedures of this Local Coordinating Board as adopted on the 24th day of August 2022.

Approved: \_\_\_\_\_




Chelsea Reed, Chair  
Palm Beach County Local Coordinating Board



**Appendix C:**  
**Palm Tran Complaint Form**

## Palm Tran Complaint Form

Document Link : [https://web.palmtran.org/marketing\\_comment\\_form/indexFR.php](https://web.palmtran.org/marketing_comment_form/indexFR.php)



About Bus Services Contact

☐ Concern ☐ Commendation

### Enter your information

**Last Name:**

**First Name:**

**Phone Number:**

**Email Address:**

**Mailing Address:**

**City:**

**State:**  

Florida

**Zip Code:**

### Enter trip information:

**Date of event:**

**Time of event:**

**Bus Stop #:**

**Route #:**

**Direction:**  

North

**Bus #:**

**Event Location/Major Intersection**

**Description of the driver (male, female, additional information):**

Write your comment below: (please be as specific as you can)

Submit Form

## **Appendix D**

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

Palm Tran Connection determined eligibility for paratransit programs and entered eligibility information for each application (i.e., conditions, dates, etc.) into its database. Service will be provided the next service day after service eligibility has been determined and is in compliance with existing state and federal guidelines. Certification by the applicant must be submitted to Palm Tran Connection. Licensed medical verification or proof of income level may be required. Palm Tran Connection will determine eligibility within 21 days of receiving an application. Temporary eligibility may be given to those applying to allow them to complete their applications and can be up to 21 days. A quick eligibility form may be processed for life-sustaining appointments until the full application is received. Once eligibility has been determined, Palm Tran Connection will mail a letter to the applicant explaining eligibility determination, authorized services available, eligibility expiration, re-application process, and the appeals process. Applicants may request an application by calling (561) 649-9838, option 7 (Monday through Friday between 8:00 a.m. and 4:30 p.m.).

Annual Operating Report  
Date Initiated 9/14/2022



## CTC Organization

**County:** Palm Beach

**Fiscal Year:** 7/1/2021 - 6/30/2022

**CTC Status:** Submitted

**CTD Status:** Under Review

**Date Initiated:** 9/14/2022

**CTC Organization Name:** Palm Beach County

**Address:** 50 South Military Trail

**City:** West Palm Beach

**State:** FL

**Zip Code:** 33415

**Organization Type:** County

**Network Type:** Partial Brokerage

**Operating Environment:** Urban

**Transportation Operators:** Yes

**Number of Transportation Operators:** 2

**Coordination Contractors:** No

**Number of Coordination Contractors:** 0

**Provide Out of County Trips:** No

**Local Coordinating Board (LCB) Chairperson:** Chelsea Reed

**CTC Contact:** Lou Ferri

**CTC Contact Title:** Senior Manager of Paratransit

**CTC Contact Email:** LFerri@pbcgov.org

**Phone:** (561) 812-5350

### CTC Certification

I, Lou Ferri, as the authorized Community Transportation Coordinator (CTC) Representative, hereby certify, under the penalties of perjury as stated in Chapter 837.06, F.S., that the information contained in this report is true, accurate, and in accordance with the accompanying instructions.

CTC Representative (signature): 

### LCB Certification

I, Chelsea Reed, as the Local Coordinating Board Chairperson, hereby, certify in accordance with Rule 41-2.007(6), F.A.C. that the Local Coordinating Board has reviewed this report and the Planning Agency has received a copy.

LCB Chairperson (signature): 



# CTC Trips

County: Palm Beach

CTC Status: Submitted

CTC Organization: Palm Beach County

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

CTD Status: Under Review

	Selected Reporting Period			Previous Reporting Period		
	CTC & Transportation Operators	Coordination Contractors	Total	CTC & Transportation Operators	Coordination Contractors	Total
<b>Service Type - One Way</b>						
Fixed Route/Fixed Schedule						
Daily Pass Trips	74	N/A	74	824	N/A	824
Weekly Pass Trips	0	N/A	0	0	N/A	0
Monthly Pass Trips	158,520	N/A	158,520	354,980	N/A	354,980
Deviated Fixed Route Service	0	N/A	0	0	N/A	0
Complementary ADA Service	560,221	N/A	560,221	474,394	N/A	474,394
Paratransit						
Ambulatory	92,854	0	92,854	62,317	0	62,317
Non-Ambulatory	11,617	0	11,617	8,548	0	8,548
Stretcher	0	0	0	0	0	0
Transportation Network Companies	0	N/A	0	0	N/A	0
Taxi	0	N/A	0	0	N/A	0
School Board (School Bus)	0	N/A	0	0	N/A	0
Volunteers	0	N/A	0	0	N/A	0
<b>Total - Service Type</b>	<b>823,286</b>	<b>0</b>	<b>823,286</b>	<b>901,063</b>	<b>0</b>	<b>901,063</b>
<b>Contracted Transportation Operator</b>						
How many of the total trips were provided by Contracted Transportation Operators? (If the CTC provides transportation services, do not include the CTC)	664,692	N/A	664,692	545,259	N/A	545,259
<b>Total - Contracted Transportation Operator Trips</b>	<b>664,692</b>	<b>0</b>	<b>664,692</b>	<b>545,259</b>	<b>0</b>	<b>545,259</b>
<b>Revenue Source - One Way</b>						
Agency for Health Care Administration (AHCA)	0	0	0	0	0	0
Agency for Persons with Disabilities (APD)	0	0	0	0	0	0
Comm for the Transportation Disadvantaged (CTD)	179,860	N/A	179,860	70,865	N/A	70,865
Dept of Economic Opportunity (DEO)	0	0	0	0	0	0
Dept of Children and Families (DCF)	0	0	0	0	0	0
Dept of Education (DOE)	0	0	0	0	0	0
Dept of Elder Affairs (DOEA)	0	0	0	0	0	0
Dept of Health (DOH)	0	0	0	0	0	0
Dept of Juvenile Justice (DJJ)	0	0	0	0	0	0
Dept of Transportation (DOT)	0	0	0	0	0	0
Local Government	643,426	0	643,426	736,951	0	736,951
Local Non-Government	0	0	0	0	0	0
Other Federal & State Programs	0	0	0	93,247	0	93,247
<b>Total - Revenue Source</b>	<b>823,286</b>	<b>0</b>	<b>823,286</b>	<b>901,063</b>	<b>0</b>	<b>901,063</b>



## CTC Trips (cont'd)

County: Palm Beach

CTC Status: Submitted

CTC Organization: Palm Beach County

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

CTD Status: Under Review

	Selected Reporting Period			Previous Reporting Period		
	CTC & Transportation Operators	Coordination Contractors	Total	CTC & Transportation Operators	Coordination Contractors	Total
<b>Passenger Type - One Way</b>						
Older Adults	305,460	0	305,460	275,786	0	275,786
Children At Risk	0	0	0	0	0	0
Persons With Disabilities	342,305	0	342,305	255,692	0	255,692
Low Income	172,763	0	172,763	366,784	0	366,784
Other	2,758	0	2,758	2,801	0	2,801
<b>Total - Passenger Type</b>	<b>823,286</b>	<b>0</b>	<b>823,286</b>	<b>901,063</b>	<b>0</b>	<b>901,063</b>
<b>Trip Purpose - One Way</b>						
Medical	99,467	0	99,467	96,004	0	96,004
Employment	332,902	0	332,902	314,121	0	314,121
Education/Training/Daycare	237,534	0	237,534	183,077	0	183,077
Nutritional	33,378	0	33,378	30,515	0	30,515
Life-Sustaining/Other	120,005	0	120,005	277,346	0	277,346
<b>Total - Trip Purpose</b>	<b>823,286</b>	<b>0</b>	<b>823,286</b>	<b>901,063</b>	<b>0</b>	<b>901,063</b>
<b>Unduplicated Passenger Head Count (UDPHC)</b>						
UDPHC	8,020	0	8,020	7,577	0	7,577
<b>Total - UDPHC</b>	<b>8,020</b>	<b>0</b>	<b>8,020</b>	<b>7,577</b>	<b>0</b>	<b>7,577</b>
<b>Unmet &amp; No Shows</b>						
Unmet Trip Requests	0	N/A	0	0	N/A	0
No Shows	2,228	N/A	2,228	22,450	N/A	22,450
<b>Customer Feedback</b>						
Complaints	1,757	N/A	1,757	1,258	N/A	1,258
Commendations	446	N/A	446	1,421	N/A	1,421



## CTC Vehicles & Drivers

County: Palm Beach

CTC Status: Submitted

CTC Organization: Palm Beach County

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

CTD Status: Under Review

	Selected Reporting Period			Previous Reporting Period		
	CTC & Transportation Operators	Coordination Contractors	Total	CTC & Transportation Operators	Coordination Contractors	Total
<b>Vehicle Miles</b>						
Deviated Fixed Route Miles	0	N/A	0	0	N/A	0
Complementary ADA Service Miles	8,426,857	N/A	8,426,857	7,996,471	N/A	7,996,471
Paratransit Miles	1,492,642	0	1,492,642	1,192,789	0	1,192,789
Transportation Network Companies (TNC) Miles	0	N/A	0	0	N/A	0
Taxi Miles	0	N/A	0	0	N/A	0
School Board (School Bus) Miles	0	N/A	0	0	N/A	0
Volunteers Miles	0	N/A	0	0	N/A	0
<b>Total - Vehicle Miles</b>	<b>9,919,499</b>	<b>0</b>	<b>9,919,499</b>	<b>9,189,260</b>	<b>0</b>	<b>9,189,260</b>
<b>Roadcalls &amp; Accidents</b>						
Roadcalls	552	0	552	1,044	0	1,044
Chargeable Accidents	112	0	112	95	0	95
<b>Vehicle Inventory</b>						
Total Number of Vehicles	310	0	310	331	0	331
Number of Wheelchair Accessible Vehicles	252	0	252	302	0	302
<b>Drivers</b>						
Number of Full Time & Part Time Drivers	377	0	377	349	0	349
Number of Volunteer Drivers	0	0	0	0	0	0





## CTC Revenue Sources

County: Palm Beach

CTC Status: Submitted

CTC Organization: Palm Beach County

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

CTD Status: Under Review

	Selected Reporting Period			Previous Reporting Period		
	CTC & Transportation Operators	Coordination Contractors	Total	CTC & Transportation Operators	Coordination Contractors	Total
<b>Revenue Sources</b>						
Agency for Health Care Administration (AHCA)	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0
Agency for Persons with Disabilities (APD)	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0
Dept of Economic Opportunity (DEO)	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0
Dept of Children and Families (DCF)	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0
Dept of Education (DOE)	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0
Dept of Elder Affairs (DOEA)	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0
Dept of Health (DOH)	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0
Dept of Juvenile Justice (DJJ)	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0
<b>Commission for the Transportation Disadvantaged (CTD)</b>						
Non-Sponsored Trip Program	\$ 3,380,664	N/A	\$ 3,380,664	\$ 2,848,195	N/A	\$ 2,848,195
Non-Sponsored Capital Equipment	\$ 0	N/A	\$ 0	\$ 0	N/A	\$ 0
Rural Capital Equipment	\$ 0	N/A	\$ 0	\$ 0	N/A	\$ 0
TD Other	\$ 0	N/A	\$ 0	\$ 0	N/A	\$ 0
<b>Department of Transportation (DOT)</b>						
49 USC 5307	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0
49 USC 5310	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0
49 USC 5311	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0
49 USC 5311 (f)	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0
Block Grant	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0
Service Development	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0
Commuter Assistance Program	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0
Other DOT	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0
<b>Local Government</b>						
School Board (School Bus)	\$ 0	N/A	\$ 0	\$ 0	N/A	\$ 0
County Cash	\$ 26,973,571	\$ 0	\$ 26,973,571	\$ 16,530,163	\$ 0	\$ 16,530,163
County In-Kind	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0
City Cash	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0
City In-Kind	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0
Other Cash	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0
Other In-Kind	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0
<b>Local Non-Government</b>						
Farebox	\$ 3,109,845	\$ 0	\$ 3,109,845	\$ 1,516,569	\$ 0	\$ 1,516,569
Donations/Contributions	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0
In-Kind Services	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0
Other Non-Government	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0
<b>Other Federal &amp; State Programs</b>						
Other Federal Programs	\$ 0	\$ 0	\$ 0	\$ 3,603,541	\$ 0	\$ 3,603,541
Other State Programs	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0
<b>Total - Revenue Sources</b>	<b>\$ 33,464,080</b>	<b>\$ 0</b>	<b>\$ 33,464,080</b>	<b>\$ 24,498,468</b>	<b>\$ 0</b>	<b>\$ 24,498,468</b>



## CTC Expense Sources

County: Palm Beach

CTC Status: Submitted

CTC Organization: Palm Beach County

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

CTD Status: Under Review

	Selected Reporting Period			Previous Reporting Period		
	CTC & Transportation Operators	Coordination Contractors	Total	CTC & Transportation Operators	Coordination Contractors	Total
<b>Expense Sources</b>						
Labor	\$ 3,206,712	\$ 0	\$ 3,206,712	\$ 3,348,792	\$ 0	\$ 3,348,792
Fringe Benefits	\$ 1,691,520	\$ 0	\$ 1,691,520	\$ 2,019,878	\$ 0	\$ 2,019,878
Services	\$ 0	\$ 0	\$ 0	\$ 39,347	\$ 0	\$ 39,347
Materials & Supplies Consumed	\$ 9,447	\$ 0	\$ 9,447	\$ 23,249	\$ 0	\$ 23,249
Utilities	\$ 207,202	\$ 0	\$ 207,202	\$ 219,347	\$ 0	\$ 219,347
Casualty & Liability	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0
Taxes	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0
Miscellaneous	\$ 343,406	\$ 0	\$ 343,406	\$ 165,281	\$ 0	\$ 165,281
Interest	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0
Leases & Rentals	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0
Capital Purchases	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0
Contributed Services	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0
Allocated Indirect Expenses	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0
<b>Purchased Transportation Services</b>						
Bus Pass	\$ 408,217	N/A	\$ 408,217	\$ 579,803	N/A	\$ 579,803
School Board (School Bus)	\$ 0	N/A	\$ 0	\$ 0	N/A	\$ 0
Transportation Network Companies (TNC)	\$ 0	N/A	\$ 0	\$ 0	N/A	\$ 0
Taxi	\$ 0	N/A	\$ 0	\$ 0	N/A	\$ 0
Contracted Operator	\$ 27,597,576	N/A	\$ 27,597,576	\$ 29,005,945	N/A	\$ 29,005,945
<b>Total - Expense Sources</b>	<b>\$ 33,464,080</b>	<b>\$ 0</b>	<b>\$ 33,464,080</b>	<b>\$ 35,401,642</b>	<b>\$ 0</b>	<b>\$ 35,401,642</b>

County: Palm Beach  
 CTC: Palm Beach County  
 Contact: Lou Ferri  
 50 South Military Trail  
 West Palm Beach, FL 33415  
 561-812-5350  
 Email: LFerri@pbcgov.org

Demographics	Number
Total County Population	0
Unduplicated Head Count	8,020



<b>Trips By Type of Service</b>	<b>2020</b>	<b>2021</b>	<b>2022</b>
Fixed Route (FR)	603,792	355,804	158,594
Deviated FR	0	0	0
Complementary ADA	592,415	474,394	560,221
Paratransit	150,719	70,865	104,471
TNC	0	0	0
Taxi	0	0	0
School Board (School Bus)	0	0	0
Volunteers	0	0	0
<b>TOTAL TRIPS</b>	<b>1,346,926</b>	<b>901,063</b>	<b>823,286</b>

<b>Passenger Trips By Trip Purpose</b>			
Medical	108,962	96,004	99,467
Employment	458,872	314,121	332,902
Ed/Train/DayCare	567,026	183,077	237,534
Nutritional	73,228	30,515	33,378
Life-Sustaining/Other	138,838	277,346	120,005
<b>TOTAL TRIPS</b>	<b>1,346,926</b>	<b>901,063</b>	<b>823,286</b>

<b>Passenger Trips By Revenue Source</b>			
CTD	89,095	70,865	179,860
AHCA	0	0	0
APD	0	0	0
DOEA	46,066	0	0
DOE	0	0	0
Other	1,211,765	830,198	643,426
<b>TOTAL TRIPS</b>	<b>1,346,926</b>	<b>901,063</b>	<b>823,286</b>

<b>Trips by Provider Type</b>			
CTC	603,792	355,804	158,594
Transportation Operator	743,134	545,259	664,692
Coordination Contractor	0	0	0
<b>TOTAL TRIPS</b>	<b>1,346,926</b>	<b>901,063</b>	<b>823,286</b>

<b>Vehicle Data</b>	<b>2020</b>	<b>2021</b>	<b>2022</b>
Vehicle Miles	10,672,223	9,189,260	9,919,499
Roadcalls	1,597	1,044	552
Accidents	118	95	112
Vehicles	292	331	310
Drivers	436	349	377

<b>Financial and General Data</b>			
Expenses	\$40,344,925	\$35,401,642	\$33,464,080
Revenues	\$36,311,641	\$24,498,468	\$33,464,080
Commendations	1,320	1,421	446
Complaints	2,156	1,258	1,757
Passenger No-Shows	4,040	22,450	2,228
Unmet Trip Requests	0	0	0

<b>Performance Measures</b>			
Accidents per 100,000 Miles	1.11	1.03	1.13
Miles between Roadcalls	6,683	8,802	17,970
Avg. Trips per Passenger	128.66	118.92	102.65
Cost per Trip	\$29.95	\$39.29	\$40.65
Cost per Paratransit Trip	\$53.63	\$63.86	\$49.73
Cost per Total Mile	\$3.78	\$3.85	\$3.37
Cost per Paratransit Mile	\$3.73	\$3.79	\$3.33