



**BAKER COUNTY  
TRANSPORTATION DISADVANTAGED  
LOCAL COORDINATING BOARD QUARTERLY MEETING**

**MEETING AGENDA**

Baker County Council on Aging Transit Building  
9264 Buck Starling Road, Macclenny, Florida, 32063  
Teams Meeting ID #: 271 240 204 403 4  
Passcode: 2Gp7ME7f

Thursday, May 21, 2026, at 10:00 a.m.

\*Denotes Required Action Item

1. Welcome, Call to Order, Roll Call/Quorum Review – Chair Anderson
2. Additions, Deletions, Changes to the Agenda – Chair Anderson
3. Approval of February 19, 2026, Meeting Minutes \*– Chair Anderson (Pages 1-6)
4. Northeast Florida Regional Council Update
  - a. MOA Review\* (Pages 7-15)
  - b. Annual CTC Evaluation\* – Ride Along Assessment (Pages 16 – 83)
  - c. LCB Membership\*(Page 84)
5. Community Transportation Coordinator (CTC) System Update
  - a. CTC Quarterly Update (Page 85)
  - b. Rate Model Review\* (Pages 86-93)
  - c. Grants Update\* (if required)
6. Old Business
7. New Business
8. Public Comment – LIMITED TO 3 MINUTES PER SPEAKER
9. Member and Department Reports
10. Adjournment – Chair Anderson

Next LCB Meeting: September 17, 2026, at 10:00 a.m.  
Baker County COA Transit, 9264 Buck Starling Road, Macclenny,  
Florida



**Baker County Transportation Disadvantaged  
Local Coordinating Board Meeting**

**Thursday, February 19, 2026**

Northeast Florida Regional Council  
Elizabeth Payne, AICP  
Chief Executive Officer

Baker County Commission  
Hon. Jimmy Anderson, Chair

State of Florida Transportation  
Disadvantaged Commission  
Monica Russell, Chair

**Meeting Minutes**

\*Denotes Required Action Item

**1. Welcome, Call to Order**

A quarterly meeting of the Baker County Transportation Disadvantaged (TD) Local Coordinating Board (LCB) was held in person on Thursday, February 19, 2026, and via Microsoft Teams virtual meeting. Commissioner Anderson, Chair, called the meeting to order at 10:02 a.m. with the following members present:

<b>Representing:</b>	<b>Voting Member:</b>
Chair	Jimmy Anderson (In-Person)
Department of Transportation	Angela Gregory (In-Person)
Public Education	Ellen Deel (In-person)
Veterans	Tony Esterling (In-Person)
Baker County Medical Services	Lori Tanner (In-Person)
FL Dept of Health Baker County	Kishia Miller (In-Person)
Dept. of Elderly Affairs	Cassandra Jackson (Virtual)
Agency for Health Care Administration	Reeda Harris (Virtual)
Agency for Persons with Disabilities	Sheryl Stanford (Virtual)
CareerSource	Rhonda Bryant (Virtual)

**Members Not Present**

<b>Representing:</b>	<b>Voting Member:</b>
FL Dept of Vocational Rehab/Dept of Ed	Yolanda Butler
Baker County Veteran Services	Lydia Mangano
Alachua County Veterans	Patrick Barragan
Baker County Sheriff's Office	Dennis Schmitz
Baker County Council on Aging	Elizabeth Hale

**Community Transportation Coordinator Staff Present**

Judd Chambers (In-Person)

**Planning Agency Staff Present**

Leigh Wilsey (In-Person), Jenni Bryla (In-Person), Annie Seiger (In-Person)

Guests

Christina Harvey and Robert Lane (In-Person)

After a roll call took place, a quorum was confirmed.

2. Additions, Deletions, and Changes to the Agenda

There were no additions, deletions, or changes at this time.

3. Approval of November 20, 2025, Meeting Minutes\*

Mr. Tony Esterling motioned for the approval of the November 20, 2025 meeting minutes; Ms. Kisha Miller seconded the motion. The motion was approved unanimously.

Mr. Tony Esterling motioned for the approval of the November 20, 2025 Public Hearing meeting minutes; Ms. Kisha Miller seconded the motion. The motion was approved unanimously.

4. Northeast Florida Regional Council Update\*

Ms. Wilsey provided an update on the new Transportation Disadvantaged Coordinator.

a. Annual CTC Evaluation

Ms. Tanner stated that she would like to experience riding in a wheelchair during the Ride Along. Discussion took place regarding scheduling the annual Ride Along evaluation.

b. Grievance Committee Election\*

Ms. Wilsey explained the grievance process and the requirements.

Both Ms. Ellen Deel and Ms. Kisha Miller volunteered to become Grievance Committee members.

Ms. Deel motioned for the approval of the Grievance Committee election members; Ms. Miller seconded the motion. The motion was approved unanimously.

c. LCB Membership Review/Approval\*

Mr. Robert Lane volunteered to fill the Private For-Profit Transportation Member vacancy.

Ms. Deel motioned for the approval of the LCB Membership Review; Ms. Stanford seconded the motion. The motion was approved unanimously.

d. LCB Recommendation for CTC\*

Ms. Wilsey explained that the Request for Proposal was issued December 2025 and received two responses – Baker County Council on Aging and Jacksonville Transportation Authority. A scoring committee was formed to review and score each response. After reviewing, the committee unanimously recommended the Baker County Council on Aging to be the CTC.

Ms. Tanner motioned to recommend the Baker County Council of Aging to continue serving as the CTC for Baker County; seconded by Mr. Esterling. The motion was approved unanimously.

e. Annual Review of Bylaws\*

Ms. Wilsey noted that while there have been many changes over the past year, no further amendments should be made to the Bylaws.

Ms. Deel motioned for the approval of the Review of Bylaws; Ms. Damato seconded the motion. The Review of Bylaws was approved unanimously.

f. TDSP Annual Review (Roll Call Vote)\*

Ms. Wilsey provided the LCB members with an overview of the TDSP Annual Review process, confirming that updates are performed annually. The potential inclusion of an addendum to the TDSP Annual Review was also discussed.

Ms. Wilsey did the Roll Call Vote. The TDSP passed unanimously with all members in favor.

5. Community Transportation Coordinator (CTC) System Update

Ms. Christina Harvey, representing the Baker County Council on Aging, presented an overview of the CTC Quarterly Update.

a. CTC Quarterly Update

BAKER COUNTY COUNCIL ON AGING, INC. / BAKERTRANSIT OPERATING REPORT as of Dec 2025										
3 MONTHS ENDING Dec 31, 2025					6 MONTHS ENDING Jun. 30th					
2025	2024	Difference	% Difference		2025	2024	Difference	% Difference		
0	122	(122)	(100.0)%	MEDICAID	42	429	(387)	(90.2)%	1	
1,346	1,497	(151)	(10.1)%	TRANSPORTATION DISADVANTAGED - TD	2,897	2,595	302	11.6%	2	
1,026	1,033	(7)	(0.7)%	5311	2,189	2,113	76	3.6%	3	
2,343	1,962	381	19.4%	5310	4,225	3,937	288	7.3%	4	
607	351	256	72.9%	MNR/FWNH	1,115	794	321	40.4%	5	
5,322	4,965	357	7.2%	TOTAL PARATRANSIT TRIPS	10,468	9,868	600	6.1%	6	
64	65	(1)	(1.5)%	OPERATING DAYS (excl. holidays, Sun )	129	137	(8)	(5.8)%	7	
249	230	19.4	8.4%	TOTAL PARATRANSIT TRIPS PER DAY	487	435	51.86	11.9%	8	
0	0				0	0				
6,454	6,399	55	0.9%	BUS OPERATOR HOURS WORKED	12,985	13,015	(30)	(0.2)%	9	
2	2	0.14	6.1%	TOTAL PARATRANSIT TRIPS PER HOUR WORKED	5	5	0.27	5.9%	10	
0	0				0	0				
338	263	75	28.5%	WILDCAT SHUTTLE	586	624	(38)	(6.1)%	11	
189	164	25	15.2%	BOBCAT SHUTTLE	435	401	34	8.5%	12	
527	427	100	23.4%	TOTAL PUBLIC TRANSIT TRIPS	1,021	1,025	(4)	(0.4)%	13	
8.2	6.6	1.7	25.3%	TOTAL PUBLIC TRANSIT TRIPS PER DAY	7.9	7.5	0.4	5.8%	14	
5,849	5,392	457	8.5%	TOTAL TRIPS	11,489	10,893	596	5.5%	15	
6,454	6,399	55	0.9%	BUS OPERATOR HOURS WORKED	12,985	13,015	(30)	(0.2)%	16	
0.91	0.84	0.1	7.6%	TOTAL TRIPS PER HOUR WORKED	0.88	0.84	0.0	5.7%	17	
64	65	(1.0)	(1.5)%	OPERATING DAYS (excl. holidays, Sat & Sun )	129	137	(8)	(5.8)%	18	
91.4	83.0	8.4	10.2%	TOTAL TRIPS PER OPERATING DAY	89.1	79.5	9.6	12.0%	19	
101	98	2.40	2.4%	HOURS WORKED PER OPERATING DAY	101	572	(471.61)	(82.4)%	20	
0.91	0.84	0.06	7.6%	TOTAL TRIPS PER HOUR WORKED	0.88	0.84	0.05	5.7%	21	
89,565	87,844	1,721	2.0%	TOTAL VEHICLE MILES	184,563	179,952	4,611	2.6%	22	
16.8	17.7	(0.9)	(4.9)%	TOTAL MILES / PARATRANSIT TRIP	18	18	(0.6)	(3.3)%	23	
1,399.5	1,351.4	48.0	3.6%	TOTAL MILES / OPERATING DAY	1,430.7	1,313.5	117.2	8.9%	24	
13.9	13.7	0.1	1.1%	AVERAGE TOTAL MILES / HOUR WORKED	14.2	13.8	0.4	2.8%	25	
11,166	11,475	(309)	(2.7)%	TOTAL FUEL GALLONS	23,835	24,195	(360)	(1.5)%	26	
8.0	7.7	0.4	4.8%	AVERAGE MILES / GALLON	7.7	7.4	0.31	4.1%	28	
174.5	176.5	(2.1)	(1.2)%	AVERAGE GALLONS / OPERATING DAY	184.8	176.6	8.16	4.6%	29	
1.7	1.8	(0.1)	(3.5)%	AVERAGE GALLONS / HOUR WORKED	1.8	1.9	(0.02)	(1.3)%	29	
9	9	(\$0.24)	(2.7)%	AVG FUEL COST / GALLON	18	18	(\$0.70)	(3.8)%	30	
\$ 1.07	\$ 1.16	(\$0.08)	(7.1)%	AVG FUEL COST / MILE	\$ 2.28	\$ 2.47	(\$0.19)	(7.6)%	31	
				ROADCALLS						

b. Grant Updates\*

There are currently no grant updates.

6. Old Business

There was no old business.

7. New Business

A discussion took place regarding appointment of five new members. Further discussion will take place at the next meeting.

8. Public Comment

There was no public comment.

9. Member and Department Reports

There were no member and department reports.

10. Adjournment

Chair Anderson adjourned the meeting at 10:54 a.m.

The next LCB meeting will take place on May 21, 2026, at 10:00 a.m.

DRAFT

**PLEASE SIGN IN!**



COMMISSION FOR THE  
TRANSPORTATION DISADVANTAGED

Date:  
Time:

February 19, 2026  
10:00 a.m.

Baker County Council on Aging Transit Bldg., 9264 Buck Startling Road, Maccleenny, FL

Name	Address	Phone	E-Mail
Lon Tanner	7797 CR 139-6 Glen St. Mary, FL	(904) 314-3890	Hanner@bomedsvcs.com
Robert Lear	13447 N City Rd 175 Glen St Mary, FL 32040	904-662-2730	Klene4239@gmail.com
JUDY CHAMBERS	9204 Buck Startling	904-259-9315	chambersjpb@bakerca.org
Christine	9204 Buck Startling	259-9315	chrney@bakerca.org
Kishia Miller	1580 W. Londer St.	904-370-0279	Kishia.Millera@health.gov
Ellen Deel		904 259 0480	ellen.deel@bakerk12.org
Timmy Anderson	Maribary	904 591 2790	
TONY ESTERLUND	SAME	904-259-2514	SAME
Jenni Bryla			
Jannie Sieger			

ATTENDANCE RECORD  
BAKER COUNTY  
LOCAL COORDINATING BOARD

Position	Name/Alt.	02/19/26	11/20/25	9/18/25	5/15/25
1. Chairperson	Jimmy Anderson	<b>P</b>	<b>a</b>	<b>a</b>	<b>a</b>
2. Dept. of Transportation	Geanelly Reveron/Faith Powell/ Janell Damato	<b>P</b>	<b>P</b>	<b>P</b>	<b>P</b>
3. Dept. Of Children and Families	John Wisker	<b>a</b>	<b>P</b>	<b>a</b>	<b>a</b>
4. Public Education	Ellen Deel	<b>P</b>	<b>P</b>	<b>P</b>	-
5. Vocational Rehab. (Dept. Ed.)	Yolanda Butler	<b>a</b>	<b>P</b>	<b>P</b>	<b>P</b>
6. Veteran Services	Tony Esterling / Lydia Mangano/ Patrick Barragan	<b>P</b>	<b>P</b>	<b>P</b>	<b>P</b>
7. Community Action (Econ. Disadv)	Vacant	-	-	-	-
8. Elderly	Vacant	-	-	-	-
9. Disabled	Vacant	-	-	-	-
10. Citizen Advocate/User	Vacant	-	-	-	-
11. Citizen Advocate / Non-User	Lori Tanner/ Dennis Schmitz	<b>P</b>	<b>P</b>	-	-
12. Children at Risk	Kishia Miller	<b>P</b>	<b>P</b>	<b>a</b>	<b>P</b>
13. Dept. Of Elder Affairs	Janet Dickinson	<b>P</b>	<b>P</b>	<b>P</b>	<b>P</b>
14. Private For Profit Transportation	Vacant	-	-	-	-
15. Agency for Health Care Adm.	Reeda Harris / Pamela Hagley	<b>P</b>	<b>P</b>	<b>a</b>	<b>P</b>
16. Agency for Persons w/Disabilities	Sheryl Stanford / Diana Burgos- Garcia	<b>P</b>	<b>P</b>	<b>P</b>	<b>P</b>
17. Regional Workforce Dev. Brd.	Lou Anne Hasty/Sean Rush	<b>P</b>	<b>P</b>	<b>a</b>	<b>a</b>
18. Local Medical Community	Stephanie Bechtel / ALT	<b>a</b>	<b>P</b>	<b>a</b>	<b>P</b>

**VACANCIES**

Community Action (Econ. Disadv.)

Elderly

Disabled

Citizen Advocate / User

Private For Profit Transportation



**Transportation  
Disadvantaged**

April 9, 2026

**Ron DeSantis**  
*Governor*

**Monica Russell**  
*Chairperson*

**Melissa Smith**  
*Vice Chairperson*

**Karen Somerset**  
*Interim Executive Director*

Ms. Christina Harvey  
Baker County Council on Aging, Inc.  
9264 Buck Starling Rd.  
Macclenny, Florida 32063

RE: Baker County Community Transportation Coordinator Designation –  
Memorandum of Agreement # TD-2627

Dear Ms. Harvey:

At the April 8, 2026, Business Meeting of the Florida Commission for the Transportation Disadvantaged, the Commission approved Baker County Council on Aging, Inc. to continue to serve as the Community Transportation Coordinator for Baker County. This designation is effective July 1, 2026, through June 30, 2031.

Please find enclosed a copy of the Memorandum of Agreement for coordination with your local area boards. The Transportation Disadvantaged Service Plan is due within the 120 days of the effective date of this MOA.

The Commission for the Transportation Disadvantaged appreciates your continued support and participation in the coordinated transportation system of Baker County. If you have any questions, please contact me at (850) 410-5704.

Sincerely,

Daniel Zeruto  
Area 3 Project Manager

Enclosure: Executed Memorandum of Agreement

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 Baker County Council on Aging, Inc., 9264 Buck Starling Rd, Macclenny, Florida, 32063, 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 Baker 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.

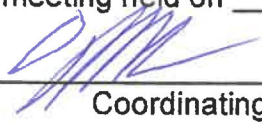
F. Notice and Contact:

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:

**Ms. Christina M. Harvey, 9264 Buck Starling Road Macclenny, FL 32063**

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 2/19/26.

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

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

COMMUNITY TRANSPORTATION  
COORDINATOR:

Baker County Council on Aging, Inc  
Agency Name

Christina M. Harvey  
Typed Name of Authorized Individual

Signature: Christina M. Harvey

Title: Executive Director

STATE OF FLORIDA, COMMISSION FOR  
THE TRANSPORTATION DISADVANTAGED:

Karen Somerset  
Typed Name of Authorized Individual

Signature: Karen Somerset

Title: Executive Director

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

**FORMATTED 2011 – 2012**

# ***LCB EVALUATION WORKBOOK***

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# REVIEW CHECKLIST & SCHEDULE

## **COLLECT FOR REVIEW:**

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

## **ITEMS TO REVIEW ON-SITE:**

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

**ITEMS TO REQUEST:**

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

**INFORMATION OR MATERIAL TO TAKE WITH YOU:**

- Measuring Tape       Stop Watch

## EVALUATION INFORMATION

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

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

**Notes to remember:**

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

## ENTRANCE INTERVIEW QUESTIONS

### INTRODUCTION AND BRIEFING:

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

The LCB will be reviewing the following areas:

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

### USING THE APR, COMPILER 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:

<b>Coordination Contract Agencies</b>				
<b>Name of Agency</b>	<b>Address</b>	<b>City, State, Zip</b>	<b>Telephone Number</b>	<b>Contact</b>

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

Name of Agency	% of Trips	Name of Contact	Telephone Number

7. REVIEW AND DISCUSS TD HELPLINE CALLS:

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

## GENERAL QUESTIONS

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

1. DESIGNATION DATE OF CTC:

2. WHAT IS THE COMPLAINT PROCESS?

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

Is the process being used?  Yes  No

3. DOES THE CTC HAVE A COMPLAINT FORM?  Yes  No  
(Make a copy and include in folder)

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

Yes  No

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

Yes  No

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

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

Yes  No

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

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

Yes  No

If no, what is done with the complaint?

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

Yes  No                      If yes, what type?

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

Yes  No

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

Yes  No

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

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

<b>TD Eligibility Verification</b>			
<b>Name of Client</b>	<b>Address of client</b>	<b>Date of Ride</b>	<b>Application on File?</b>

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



**GENERAL QUESTIONS**

Findings:

Recommendations:



**COMPLIANCE WITH CHAPTER 427, F.S.**

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

REPORTING TIMELINESS

Were the following items submitted on time?

- a. Annual Operating Report  Yes  No
- Any issues that need clarification?  Yes  No

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

List:

- b. Memorandum of Agreement  Yes  No
- c. Transportation Disadvantaged Service Plan  Yes  No
- d. Grant Applications to TD Trust Fund  Yes  No
- e. All other grant application (\_\_\_\_%)  Yes  No

IS THE CTC IN COMPLIANCE WITH THIS SECTION?  Yes  No

Comments:

**COMPLIANCE WITH CHAPTER 427, F.S.**

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

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

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

Is a written report issued to the operator?  Yes  No

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

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

Is a written report issued?  Yes  No

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

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

IS THE CTC IN COMPLIANCE WITH THIS SECTION?  Yes  No

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

**COMPLIANCE WITH CHAPTER 427, F.S.**

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

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

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

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

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

N/A

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

Yes  No

If YES, what is the goal?

Is the CTC accomplishing the goal?  Yes  No

IS THE CTC IN COMPLIANCE WITH THIS REQUIREMENT?  Yes  No

Comments:

**COMPLIANCE WITH CHAPTER 427, F.S.**

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

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

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

Yes     No

If Yes, describe the application review process.

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

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

IS THE CTC IN COMPLIANCE WITH THIS SECTION?     Yes     No

Comments:

**COMPLIANCE WITH CHAPTER 427, F.S.**

**Review priorities listed in the TDSP, according to Chapter 427.0155(7).  
“Establish priorities with regard to the recipients of non-sponsored transportation disadvantaged services that are purchased with Transportation Disadvantaged Trust monies.”**

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

WHAT ARE THE PRIORITIES FOR THE TDTF TRIPS?

HOW ARE THESE PRIORITIES CARRIED OUT?

IS THE CTC IN COMPLIANCE WITH THIS SECTION?  Yes  No

Comments:

**COMPLIANCE WITH CHAPTER 427, F.S.**

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

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

Review the Operational section of the TDSP

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

IS THE CTC IN COMPLIANCE WITH THIS SECTION?  Yes  No

Comments:

**COMPLIANCE WITH CHAPTER 427, F.S.**

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

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

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

HAVE ANY INNOVATIVE WAGES TRANSPORTATION SERVICES BEEN DEVELOPED?

IS THE CTC IN COMPLIANCE WITH THIS SECTION?  Yes  No

Comments:

## CHAPTER 427

Findings:

Recommendations:

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

**Compliance with 41-2.006(1), Minimum Insurance Compliance**  
*“...ensure compliance with the minimum liability insurance requirement of \$100,000 per person and \$200,000 per incident...”*

WHAT ARE THE MINIMUM LIABILITY INSURANCE REQUIREMENTS?

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

HOW MUCH DOES THE INSURANCE COST (per operator)?

Operator	Insurance Cost

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

Yes    No

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

IS THE CTC IN COMPLIANCE WITH THIS SECTION?    Yes    No

Comments:





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

**Compliance with 41-2.006(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)]

	<b>CTC</b>	<b>CC #1</b>	<b>CC #2</b>	<b>CC #3</b>	<b>CC #4</b>
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.)]

	<b>CTC</b>	<b>Alt. #1</b>	<b>Alt. #2</b>	<b>Alt. #3</b>	<b>Alt. #4</b>
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.

<b>Commission Standards</b>	<b>Comments</b>
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.

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

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

## LOCAL STANDARDS

Findings:

Recommendations:

**COMPLIANCE WITH AMERICANS WITH DISABILITIES ACT**

**REVIEW COPIES OF THE PUBLIC INFORMATION PROVIDED.**

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

ARE ACCESSIBLE FORMATS ON THE SHELF?  Yes  No

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

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

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

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

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

<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

Manifest ✓

### Bus and Van Specification Checklist

Name of Provider: Baker

Vehicle Number (either VIN or provider fleet number): 25

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

Person Conducting Review:

Date: 3/31/2026

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

not visible

- 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 1/2 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 1/2 inches wide and have sufficient knuckle clearance.
- The platform must be at least 28 1/2 inches wide measured at the platform surface, and 30 inches wide and 48 inches long measured 2 inches above the platform surface.

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

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

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

**While inside the vehicle:**

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

**Vehicles under 22 feet must have:**

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

**Vehicles over 22 feet must have:**

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

# COMPLIANCE WITH AMERICANS WITH DISABILITIES ACT

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

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

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

Yes     No

## ADA COMPLIANCE

Findings:

Recommendations:

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

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

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

Yes  No

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

Yes  No

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

Yes  No

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

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

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

**CTD RECOMMENDATION:**

CTC Response:

Current Status:

**CTD RECOMMENDATION:**

CTC Response:

Current Status:

**CTD RECOMMENDATION:**

CTC Response:

Current Status:

**CTD RECOMMENDATION:**

CTC Response:

Current Status:

**CTD RECOMMENDATION:**

CTC Response:

Current Status:

**CTD RECOMMENDATION:**

CTC Response:

Current Status:

**ON-SITE OBSERVATION OF THE SYSTEM**

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

Date of Observation: 3/31/2026

Please list any special guests that were present: C Tanner, D Schmitz, ERIC ANDERSON

Location: McClenny

Number of Passengers picked up/dropped off: 3

Ambulatory

Non-Ambulatory

*Guest (C. Tanner) wheel/chair  
~~ride~~  
experience*

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

- Did the driver provide any passenger assistance?  Yes  No *Lift was use for rider w/walker*

- 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



**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: 03/31/2026

Please list any special guests that were present:

Location: Baker County CoA

Number of Passengers picked up/dropped off: 2

Ambulatory 1

Non-Ambulatory 1

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  
*(Dress attire)*

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: Baker CoA

County: Baker

Date of Ride: 03/31/2020

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: 3/31/2026

Please list any special guests that were present: Evaluation Team ← *Penny's LOR*  
*ERIC*  
*ANNETTE*

Location: Baker COA

Number of Passengers picked up/dropped off: 11

Ambulatory  

Non-Ambulatory 11

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 - *but dressed professionally*

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 - *verizon radio tested*

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: Baker COA County: Baker

Date of Ride: 3/31/2020

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:

Please list any special guests that were present:

Location:

Number of Passengers picked up/dropped off:

Ambulatory

Non-Ambulatory

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

Did the driver provide any passenger assistance?  Yes  No

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

Did the driver render an appropriate greeting?  
 Yes  No  Driver regularly transports the rider, not necessary

If CTC has a policy on seat belts, did the driver ensure the passengers were properly belted?  
 Yes  No

Was the vehicle neat and clean, and free from dirt, torn upholstery, damaged or broken seats, protruding metal or other objects?  Yes  No

Is there a sign posted on the interior of the vehicle with both a local phone number and the TD Helpline for comments/complaints/commendations?  Yes  No

Does the vehicle have working heat and air conditioning?  Yes  No

Does the vehicle have two-way communications in good working order?  Yes  No

If used, was the lift in good working order?  Yes  No



# RIDER/BENEFICIARY SURVEY

Bob  
(DRIVER)

Staff making call: A. BARDGE  
Date of Call: 3/31/2026

County: BAKER  
Funding Source: \_\_\_\_\_

1) Did you receive transportation service on 3/31/2026?  Yes or  No

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

If so, how much?

3) How often do you normally obtain transportation?  
 Daily 7 Days/Week  Other  1-2 Times/Week  3-5 Times/Week

*Varies; not needed Regularly*

4) Have you ever been denied transportation services?

Yes

No. If no, skip to question # 4

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

- None  3-5 Times
- 1-2 Times  6-10 Times

If none, skip to question # 4.

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

- Ineligible  Space not available
- Lack of funds  Destination outside service area
- Other \_\_\_\_\_

5) What do you normally use the service for?

- Medical  Education/Training/Day Care
- Employment  Life-Sustaining/Other
- Nutritional

6) Did you have a problem with your trip on 3/31/2026

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

No. If no, skip to question # 6

What type of problem did you have with your trip?

- Advance notice  Cost
- Pick up times not convenient  Late pick up-specify time of wait
- Assistance  Accessibility
- Service Area Limits  Late return pick up - length of wait

Drivers - specify

Reservations - specify length of wait

Vehicle condition

Other

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

10

\* 8) What does transportation mean to you? (Permission granted by Barbara Manning for use in publications.)

**Additional Comments:**

Don't like to drive; the transportation is great and she appreciate the ability to transport her to her appointments.

**Baker County Council On Aging**

**Daily Rides**

**3/31/2026**

<b>Name</b>	<b>From</b>	<b>P/T</b>	<b>To</b>	<b>A/T</b>	<b>Acct</b>	<b>Mo</b>
Simons, Damie	8921 Glo Gene Rd, Macclenny, FL, 32063	09:55	159 N 3rd St, Macclenny, FL, 32063	10:20	TD Amb	A
Manning, Barbara	12055 Sands Pointe Court, Macclenny, FL, 32063	10:40	534 S 5th St, MacClenny, FL, 32063	11:00	TD WC W	
Peterson, Louann - Jeanette	480 W LOWDER ST, MACCLENNY, FL, 32063	11:05	14181 Jefferson Cir, Sanderson, FL, 32087	00:00	TD Amb	A

# Contractor Survey

\_\_\_\_\_ County

---

**Contractor name** (optional)

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

Yes     No

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

Yes     No

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

Yes     No

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

Yes     No

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

Yes     No

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

Yes     No

6. Have you experienced any problems with the CTC?

Yes     No

If yes, what type of problems?

**Comments:**

# PURCHASING AGENCY SURVEY

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

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

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

1) Do you purchase transportation from the coordinated system?

YES

NO If no, why?

2) Which transportation operator provides services to your clients?

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

Medical

Employment

Education/Training/Day Care

Nutritional

Life Sustaining/Other

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

7 Days/Week

1-3 Times/Month

1-2 Times/Week

Less than 1 Time/Month

3-5 Times/Week

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

- Yes
- No If no, skip to question 7

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

- Advance notice requirement [specify operator (s)]
- Cost [specify operator (s)]
- Service area limits [specify operator (s)]
- Pick up times not convenient [specify operator (s)]
- Vehicle condition [specify operator (s)]
- Lack of passenger assistance [specify operator (s)]
- Accessibility concerns [specify operator (s)]
- Complaints about drivers [specify operator (s)]
- Complaints about timeliness [specify operator (s)]
- Length of wait for reservations [specify operator (s)]
- Other [specify operator (s)] \_\_\_\_\_

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

- Yes
- No If no, why? \_\_\_\_\_



**Transportation  
Disadvantaged**

## CTC Expense Sources

County: Baker

CTC Status: Complete

CTC Organization: Baker County Public  
Transportation

Fiscal Year: 07/01/2025 - 04/30/2026

CTD Status: Complete

Expense Sources	Selected Reporting Period			Previous Reporting Period		
	CTC & Transportation Operators	Coordination Contractors	Total	CTC & Transportation Operators	Coordination Contractors	Total
Labor	\$ 1,182,489	\$ 0	\$ 1,182,489	\$ 875,683	\$ 0	\$ 875,683
Fringe Benefits	\$ 576,877	\$ 0	\$ 576,877	\$ 423,726	\$ 0	\$ 423,726
Services	\$ 39,584	\$ 0	\$ 39,584	\$ 89,148	\$ 0	\$ 89,148
Materials & Supplies Consumed	\$ 151,369	\$ 0	\$ 151,369	\$ 208,584	\$ 0	\$ 208,584
Utilities	\$ 19,324	\$ 0	\$ 19,324	\$ 26,820	\$ 0	\$ 26,820
Casualty & Liability	\$ 23,950	\$ 0	\$ 23,950	\$ 22,754	\$ 0	\$ 22,754
Taxes	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0
Miscellaneous	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0
Interest	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0
Leases & Rentals	\$ 10,867	\$ 0	\$ 10,867	\$ 19,275	\$ 0	\$ 19,275
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	\$ 0	N/A	\$ 0	\$ 0	N/A	\$ 0
School Board (School Bus)	\$ 0	N/A	\$ 0	\$ 0	N/A	\$ 0
Transportation Network Companies (TNC)	\$ 0	N/A	\$ 0	\$ 0	N/A	\$ 0
Taxi	\$ 0	N/A	\$ 0	\$ 0	N/A	\$ 0
Contracted Operator	\$ 0	N/A	\$ 0	\$ 0	N/A	\$ 0
<b>Total - Expense Sources</b>	<b>\$ 2,004,460</b>	<b>\$ 0</b>	<b>\$ 2,004,460</b>	<b>\$ 1,665,990</b>	<b>\$ 0</b>	<b>\$ 1,665,990</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?

Salutation	First Name	Last Name	Organization	Representing	Voting/Non-Voting	Grievance Committee	Evaluation Committee	Comments	VC Expire
<b>BAKER COUNTY</b>									
Hon.	Jimmy	Anderson	Baker BOCC	Baker County Elected Official	Voting			Chair	
Ms.	Geanelly	Reveron	FDOT, District 2	FDOT	Voting				
Ms.	Janell	Damato	FDOT, District 2	FDOT	Alternate				
Ms.	Faith	Powell	FDOT, District 2	FDOT	Alternate				
Ms.	Lauren	Adams	FDOT, District 2	FDOT	Alternate				
Mr.	John	Wisker	Dept of Children and Families	DCFS	Voting	Feb-26			
Ms.	Ellen	Deel	Baker County School Board	Public Education	Voting				
Ms.	Yolanda	Butler	FL Dept. of Vocational Rehab/Dept of Ed.	Dept. of Education (Voc. Rehab.)	Voting				
Mr.	Tony	Esterling	Baker County Veterans Service	Veterans	Voting			Vice Chair	Nov-26
Ms.	Lydia	Mangano	Baker County Veterans Service	Veterans	Alternate				
Mr.	Patrick	Barragan	Alachua County Veterans Service	Veterans	Interested Party				
<b>VACANT</b>				Community Action (Econ. Disadv)	<b>VACANT</b>				
<b>VACANT</b>				Elderly	<b>VACANT</b>				
<b>VACANT</b>				Persons w/disabilities	<b>VACANT</b>				
Ms.	Lori	Tanner	Baker County Medical Services	Citizen Advocate/Non-User	Voting		Nov-26		
Mr.	Dennis	Schmitz	Baker County Sheriff's Office	Citizen Advocate/Non-User	Alternate		Nov-26		
<b>VACANT</b>				Citizen Advocate/User	<b>VACANT</b>				
Ms.	Kishia	Miller	Florida Dept of Health Baker County	Children at Risk	Voting				
Ms.	Cassandra	Jackson	NE Florida Area Agency on Aging	Dept of Elder Affairs	Voting				
Ms.	Abrianna	Schmidt	NE Florida Area Agency on Aging	Dept of Elder Affairs	Alternate				
Ms.	Ann	Henry	NE Florida Area Agency on Aging	Dept of Elder Affairs	Alternate				
Mr.	Robert	Lane		Private for Profit Transportation	voting				
Ms.	Reeda	Harris	Agency for Health Care Administration	AHCA / Medicaid	Voting				
Ms.	Pamela	Hagley	Agency for Health Care Administration	AHCA / Medicaid	Alternate				
Ms.	Sheryl	Stanford	Agency for Persons with Disabilities	Agency for Persons with Disabilities	Voting	Feb-26			
Ms.	Diana	Burgos-Garcia	Agency for Persons with Disabilities	Agency for Persons with Disabilities	Alternate				
Ms.	Rhonda	Bryant	CareerSource Northeast Florida	Regional Workforce Development	Voting				
Ms.	Altheia	Gillespie	CareerSource Northeast Florida	Regional Workforce Development	Alternate				
Ms.	Jordan	Duncan	Florida Dept of Health Baker County	Medical Community	Voting				
Ms.	Stephanie	Bechtel	Florida Dept of Health Baker County	Medical Community	Alternate				
Mr.	Judd	Chambers	Baker County Council on Aging	Council On Aging	Non Voting			CTC Transportation Manager	
Ms.	Christina	Harvey	Baker County Council on Aging	Council On Aging	Non Voting			Baker COA Director	
Ms.	Elizabeth	Hale	Baker County Council on Aging		Interested Party			Baker COA Receptionist	
Mr.	Dennis	Schmitz	Baker County Sheriff's Office		Interested Party				
Ms.	Robin	Keller	Agency for Persons with Disabilities		Interested Party				
Ms.	Leslie	Richards	Agency for Persons with Disabilities		Interested Party				
Ms.	Kristy	Huckeby	Baker County Medical Services		Interested Party				
			Meetings are held at:						
			Baker County COA Transit Bldg						
			9264 Buck Starling Road						
			Macclenny, FL 32063						
			904-259-2223						

**BAKER COUNTY COUNCIL ON AGING, INC. / BAKERTRANSIT  
OPERATING REPORT as of Dec 2025**

3 MONTHS ENDING Dec 31 2025				6 MONTHS ENDING Jun. 30th					
2025	2024	Difference	% Difference		2025	2024	Difference	% Difference	
0	122	(122)	(100.0)%	MEDICAID	42	429	(387)	(90.2)%	1
1,346	1,497	(151)	(10.1)%	TRANSPORTATION DISADVANTAGED - TD	2,897	2,595	302	11.6%	2
1,026	1,033	(7)	(0.7)%	5311	2,189	2,113	76	3.6%	3
2,343	1,962	381	19.4%	5310	4,225	3,937	288	7.3%	4
607	351	256	72.9%	MNR/FWNH	1,115	794	321	40.4%	5
<b>5,322</b>	<b>4,965</b>	<b>357</b>	<b>7.2%</b>	<b>TOTAL PARATRANSIT TRIPS</b>	<b>10,468</b>	<b>9,868</b>	<b>600</b>	<b>6.1%</b>	<b>6</b>
64	65	(1)	(1.5)%	OPERATING DAYS (excl. holidays, Sun )	129	137	(8)	(5.8)%	7
249	230	19.4	8.4%	<b>TOTAL PARATRANSIT TRIPS PER DAY</b>	487	435	51.86	11.9%	8
0	0				0	0			
6,454	6,399	55	0.9%	BUS OPERATOR HOURS WORKED	12,985	13,015	(30)	(0.2)%	9
2	2	0.14	6.1%	<b>TOTAL PARATRANSIT TRIPS PER HOUR WORKED</b>	5	5	0.27	5.9%	10
0	0				0	0			
338	263	75	28.5%	WILDCAT SHUTTLE	586	624	(38)	(6.1)%	11
189	164	25	15.2%	BOBCAT SHUTTLE	435	401	34	8.5%	12
527	427	100	23.4%	<b>TOTAL PUBLIC TRANSIT TRIPS</b>	1,021	1,025	(4)	(0.4)%	13
						0			
<b>8.2</b>	<b>6.6</b>	<b>1.7</b>	<b>25.3%</b>	<b>TOTAL PUBLIC TRANSIT TRIPS PER DAY</b>	<b>7.9</b>	<b>7.5</b>	<b>0.4</b>	<b>5.8%</b>	<b>14</b>
5,849	5,392	457	8.5%	<b>TOTAL TRIPS</b>	11,489	10,893	596	5.5%	15
6,454	6,399	55	0.9%	BUS OPERATOR HOURS WORKED	12,985	13,015	(30)	(0.2)%	16
<b>0.91</b>	<b>0.84</b>	<b>0.1</b>	<b>7.6%</b>	<b>TOTAL TRIPS PER HOUR WORKED</b>	<b>0.88</b>	<b>0.84</b>	<b>0.0</b>	<b>5.7%</b>	<b>17</b>
64	65	(1.0)	(1.5)%	OPERATING DAYS (excl. holidays, Sat & Sun)	129	137	(8)	(5.8)%	18
<b>91.4</b>	<b>83.0</b>	<b>8.4</b>	<b>10.2%</b>	<b>TOTAL TRIPS PER OPERATING DAY</b>	<b>89.1</b>	<b>79.5</b>	<b>9.6</b>	<b>12.0%</b>	<b>19</b>
101	98	2.40	2.4%	HOURS WORKED PER OPERATING DAY	101	572	(471.61)	(82.4)%	20
<b>0.91</b>	<b>0.84</b>	<b>0.06</b>	<b>7.6%</b>	<b>TOTAL TRIPS PER HOUR WORKED</b>	<b>0.88</b>	<b>0.84</b>	<b>0.05</b>	<b>5.7%</b>	<b>21</b>
89,565	87,844	1,721	2.0%	TOTAL VEHICLE MILES	184,563	179,952	4,611	2.6%	22
<b>16.8</b>	<b>17.7</b>	<b>(0.9)</b>	<b>(4.9)%</b>	TOTAL MILES / PARATRANSIT TRIP	18	18	(0.6)	(3.3)%	23
<b>1,399.5</b>	<b>1,351.4</b>	<b>48.0</b>	<b>3.6%</b>	<b>TOTAL MILES / OPERATING DAY</b>	<b>1,430.7</b>	<b>1,313.5</b>	<b>117.2</b>	<b>8.9%</b>	<b>24</b>
<b>13.9</b>	<b>13.7</b>	<b>0.1</b>	<b>1.1%</b>	<b>AVERAGE TOTAL MILES / HOUR WORKED</b>	<b>14.2</b>	<b>13.8</b>	<b>0.4</b>	<b>2.8%</b>	<b>25</b>
11,166	11,475	(309)	(2.7)%	<b>TOTAL FUEL GALLONS</b>	23,835	24,195	(360)	(1.5)%	26
<b>8.0</b>	<b>7.7</b>	<b>0.4</b>	<b>4.8%</b>	<b>AVERAGE MILES / GALLON</b>	<b>7.7</b>	<b>7.4</b>	<b>0.31</b>	<b>4.1%</b>	<b>28</b>
<b>174.5</b>	<b>176.5</b>	<b>(2.1)</b>	<b>(1.2)%</b>	<b>AVERAGE GALLONS / OPERATING DAY</b>	<b>184.8</b>	<b>176.6</b>	<b>8.16</b>	<b>4.6%</b>	<b>29</b>
<b>1.7</b>	<b>1.8</b>	<b>(0.1)</b>	<b>(3.5)%</b>	<b>AVERAGE GALLONS / HOUR WORKED</b>	<b>1.8</b>	<b>1.9</b>	<b>(0.02)</b>	<b>(1.3)%</b>	<b>29</b>
9	9	(\$0.24)	(2.7)%	AVG FUEL COST / GALLON	18	18	(\$0.70)	(3.8)%	30
<b>\$ 1.07</b>	<b>\$ 1.16</b>	<b>(\$0.08)</b>	<b>(7.1)%</b>	<b>AVG FUEL COST / MILE</b>	<b>\$ 2.28</b>	<b>\$ 2.47</b>	<b>(\$0.19)</b>	<b>(7.6)%</b>	<b>31</b>
				<b>ROADCALLS</b>					

# Preliminary Information Worksheet

Version 1.4

<b>CTC Name:</b>	Baker County Council on Aging, Inc.
<b>County</b> (Service Area):	Baker
<b>Contact Person:</b>	Ginny Braddock
<b>Phone #</b>	904-259-9315 Ext 226

Check Applicable Characteristic:

<b>ORGANIZATIONAL TYPE:</b>	<b>NETWORK TYPE:</b>
<input type="radio"/> Governmental	<input type="radio"/> Fully Brokered
<input checked="" type="radio"/> Private Non-Profit	<input type="radio"/> Partially Brokered
<input type="radio"/> Private For Profit	<input checked="" type="radio"/> Sole Source

***Once completed, proceed to the Worksheet entitled "Comprehensive Budget"***

# Comprehensive Budget Worksheet

Version 1.4

CTC: Baker County Council on Aging, Inc.  
County: Baker

1. Complete applicable GREEN cells in columns 2, 3, 4, and 7

	Prior Year's <b>ACTUALS</b> from July 1st of <b>2024</b> to June 30th of <b>2025</b>	Current Year's <b>APPROVED</b> Budget, as amended from July 1st of <b>2025</b> to June 30th of <b>2026</b>	Upcoming Year's <b>PROPOSED</b> Budget from July 1st of <b>2026</b> to June 30th of <b>2027</b>	% Change from Prior Year to Current Year	Proposed % Change from Current Year to Upcoming Year	Confirm whether revenues are collected as a system subsidy VS a purchase of service at a unit price.  Explain Changes in Column 6 That Are > ± 10% and Also > ± \$50,000
1	2	3	4	5	6	7

## REVENUES (CTC/Operators ONLY / Do NOT include coordination contractors!)

### Local Non-Govt

Farebox	\$ 18	\$ -		-100.0%		We are unable to collect copays due to our Vehicle / Liability Insurance provider
Medicaid Co-Pay Received		\$ -				
Donations/ Contributions		\$ -				
In-Kind, Contributed Services		\$ -				
Other		\$ -				
<b>Bus Pass Program Revenue</b>		\$ -				

### Local Government

District School Board		\$ -				The City of Macclenny gave us a increase in our City Donations
Compl. ADA Services		\$ -				
County Cash	\$ 63,450	\$ 63,450	\$ 63,450	0.0%	0.0%	
County In-Kind, Contributed Services	\$ 20,000	\$ 20,000	\$ 20,000	0.0%	0.0%	
City Cash	\$ 25,850	\$ 27,613	\$ 27,613	6.8%	0.0%	
City In-kind, Contributed Services	\$ 2,858	\$ 5,000	\$ 5,000	74.9%	0.0%	
Other Cash		\$ -				
Other In-Kind, Contributed Services	\$ 129,540	\$ 129,540	\$ 129,540	0.0%	0.0%	
<b>Bus Pass Program Revenue</b>		\$ -				

### CTD

Non-Spons. Trip Program	\$ 240,191	\$ 223,692	\$ 240,000	-6.9%	7.3%	Received a decrease in TD Funding from prior year. Shirley Conroy increased due to we received a vehicle this year. We are asking for new Tablets this year which is less funding
Non-Spons. Capital Equipment		\$ -				
Rural Capital Equipment	\$ 3,360	\$ 135,423	\$ 10,000	3930.5%	-92.6%	
Other TD (specify in explanation)		\$ -				
<b>Bus Pass Program Revenue</b>		\$ -				

### USDOT & FDOT

49 USC 5307		\$ -				5310 Increased due to able to use more of our expenses in the billing. We continue to bill 5311 around same amount at 50% match.
49 USC 5310	\$ 104,991	\$ 233,230	\$ 258,000	122.1%	10.6%	
49 USC 5311 (Operating)	\$ 348,624	\$ 314,955	\$ 312,000	-9.7%	-0.9%	
49 USC 5311 (Capital)		\$ -				
Block Grant		\$ -				
Service Development		\$ -				
Commuter Assistance		\$ -				
Other DOT (specify in explanation)		\$ -				
<b>Bus Pass Program Revenue</b>		\$ -				

### AHCA

Medicaid	\$ 17,797	\$ -		-100.0%		We are no longer the Medicaid Provider for Medicaid Trips
Other AHCA (specify in explanation)		\$ -				
<b>Bus Pass Program Revenue</b>		\$ -				

### DCF

Alcohol, Drug & Mental Health		\$ -				
Family Safety & Preservation		\$ -				
Comm. Care Dis./Aging & Adult Serv.		\$ -				
Other DCF (specify in explanation)		\$ -				
<b>Bus Pass Program Revenue</b>		\$ -				

### DOH

Children Medical Services		\$ -				
County Public Health		\$ -				
Other DOH (specify in explanation)		\$ -				
<b>Bus Pass Program Revenue</b>		\$ -				

### DOE (state)

Carl Perkins		\$ -				
Div of Blind Services		\$ -				
Vocational Rehabilitation		\$ -				
Day Care Programs		\$ -				
Other DOE (specify in explanation)		\$ -				
<b>Bus Pass Program Revenue</b>		\$ -				

### AWI

WAGES/Workforce Board		\$ -				
Other AWI (specify in explanation)		\$ -				
<b>Bus Pass Program Revenue</b>		\$ -				

### DOEA

Older Americans Act		\$ -				
Community Care for Elderly		\$ -				
Other DOEA (specify in explanation)		\$ -				
<b>Bus Pass Program Revenue</b>		\$ -				

### DCA

Community Services		\$ -				
Other DCA (specify in explanation)		\$ -				
<b>Bus Pass Admin. Revenue</b>		\$ -				

# Comprehensive Budget Worksheet

Version 1.4

CTC: Baker County Council on Aging, Inc.  
County: Baker

1. Complete applicable GREEN cells in columns 2, 3, 4, and 7

	Prior Year's <b>ACTUALS</b> from July 1st of <b>2024</b> to June 30th of <b>2025</b>	Current Year's <b>APPROVED</b> Budget, as amended from July 1st of <b>2025</b> to June 30th of <b>2026</b>	Upcoming Year's <b>PROPOSED</b> Budget from July 1st of <b>2026</b> to June 30th of <b>2027</b>	% Change from Prior Year to Current Year	Proposed % Change from Current Year to Upcoming Year	Confirm whether revenues are collected as a system subsidy VS a purchase of service at a unit price.  Explain Changes in Column 6 That Are > ± 10% and Also > ± \$50,000
1	2	3	4	5	6	7

## APD

Office of Disability Determination		\$ -				
Developmental Services		\$ -				
Other APD (specify in explanation)		\$ -				
<b>Bus Pass Program Revenue</b>		\$ -				

## DJJ

(specify in explanation)		\$ -				
<b>Bus Pass Program Revenue</b>		\$ -				

## Other Fed or State

Fuel Tax	\$ 15,777	\$ 2,999	\$ 18,000	-81.0%	500.1%	We are having issues with receiving our fuel taxes working with the state to get this corrected. We did not receive any 5339 Vehicles in the prior year. We are projecting to receive a bus this year.
5339 Capital	\$ -	\$ 104,956	\$ 151,000		43.9%	
xxx						
<b>Bus Pass Program Revenue</b>						

## Other Revenues

Interest Earnings	\$ 1,464	\$ 1,449	\$ 1,500	-1.0%	3.5%	Trips have increased at Frank Wells Nursing Home
Frank Wells Private Pay	\$ 15,744	\$ 20,638	\$ 21,000	31.1%	1.8%	
Macclenny Nursing & Rehab	\$ 30,511	\$ 30,492	\$ 31,000	-0.1%	1.7%	
<b>Bus Pass Program Revenue</b>						

## Balancing Revenue to Prevent Deficit

Actual or Planned Use of Cash Reserve	\$ 217,822	\$ 21,836	\$ 68,468			
---------------------------------------	------------	-----------	-----------	--	--	--

Balancing Revenue is Short By =		None	None			
<b>Total Revenues =</b>	<b>\$1,237,998</b>	<b>\$1,335,273</b>	<b>\$1,356,571</b>	<b>7.9%</b>	<b>1.6%</b>	

## EXPENDITURES (CTC/Operators ONLY / Do NOT include Coordination Contractors!)

### Operating Expenditures

Labor	\$ 587,593	\$ 633,990	\$ 640,330	7.9%	1.0%	Labor: will remain the same. We have a new system in place to help with the phone and scheduling of call ins. Which should cut Labor cost a little. Fringe: went up a bit due to Health Insurance increasing. Services - Material & Supplies: Has decreased a small portion this year but with fuel prices rising and Material & Labor we may see a slight increase in prior year. Casualty & Liability and Workers Comp Insurance has increased from prior year. We are hoping to retire a few of our vehicles which lowered our premium.
Fringe Benefits	\$ 123,766	\$ 166,171	\$ 169,495	34.3%	2.0%	
Services	\$ 74,565	\$ 70,089	\$ 72,219	-6.0%	3.0%	
Materials and Supplies	\$ 182,007	\$ 180,652	\$ 186,072	-0.7%	3.0%	
Utilities	\$ 17,925	\$ 17,602	\$ 18,130	-1.8%	3.0%	
Casualty and Liability	\$ 89,910	\$ 102,912	\$ 105,999	14.5%	3.0%	
Taxes	\$ 1,227	\$ 1,265	\$ 1,328	3.1%	5.0%	
Purchased Transportation:						
Purchased Bus Pass Expenses						
School Bus Utilization Expenses						
Contracted Transportation Services						
Other						
Miscellaneous	\$ 3,163	\$ 2,117	\$ 2,223	-33.1%	5.0%	
Operating Debt Service - Principal & Interest						
Leases and Rentals	\$ 5,443	\$ 5,935	\$ 6,235	9.0%	5.1%	
Contrib. to Capital Equip. Replacement Fund						
In-Kind, Contributed Services	\$ 152,398	\$ 154,540	\$ 154,540	1.4%	0.0%	
Allocated Indirect						
<b>Capital Expenditures</b>						
Equip. Purchases with Grant Funds			\$ -			
Equip. Purchases with Local Revenue						
Equip. Purchases with Rate Generated Rev.						
Capital Debt Service - Principal & Interest						
	\$ -					
	\$ -					
<b>Total Expenditures =</b>	<b>\$1,237,998</b>	<b>\$1,335,273</b>	<b>\$1,356,571</b>	<b>7.9%</b>	<b>1.6%</b>	

See NOTES Below.

Once completed, proceed to the Worksheet entitled "Budgeted Rate Base"

**ACTUAL year GAIN (program revenue) MUST be reinvested as a trip or system subsidy. Adjustments must be identified and explained in a following year, or applied as a Rate Base Adjustment to proposed year's rates on the next sheet.**





# Worksheet for Program-wide Rates

CTC: Baker County Coui Version 1.4  
 County: Baker

1. Complete Total Projected Passenger Miles and ONE-WAY Passenger Trips (**GREEN** cells) below

- Do **NOT** include trips or miles related to Coordination Contractors!
- Do **NOT** include School Board trips or miles UNLESS.....
- INCLUDE** all ONE-WAY passenger trips and passenger miles related to services you purchased from your transportation operators!
- Do **NOT** include trips or miles for services provided to the general public/private pay UNLESS..
- Do **NOT** include escort activity as passenger trips or passenger miles unless charged the full rate for service!
- Do **NOT** include fixed route bus program trips or passenger miles!

PROGRAM-WIDE RATES	
Total <u>Projected</u> Passenger Miles =	172,000
Rate Per Passenger Mile = \$ 2.23	
Total <u>Projected</u> Passenger Trips =	15,150
Rate Per Passenger Trip = \$ 25.28	

Fiscal Year

2026 - 2027

Avg. Passenger Trip Length =	11.4 Miles
------------------------------	------------

Rates If No Revenue Funds Were Identified As Subsidy Funds	
Rate Per Passenger Mile = \$ 7.89	
Rate Per Passenger Trip = \$ 89.54	

**Once Completed, Proceed to the Worksheet entitled "Multiple Service Rates"**

### Vehicle Miles

The miles that a vehicle is scheduled to or actually travels from the time it pulls out from its garage to go into revenue service to the time it pulls in from revenue service.

### Vehicle Revenue Miles (VRM)

The miles that vehicles are scheduled to or actually travel while in revenue service. Vehicle revenue miles exclude:

- Deadhead
- Operator training, and
- Vehicle maintenance testing, as well as
- School bus and charter services.

### Passenger Miles (PM)

The cumulative sum of the distances ridden by each passenger.

## Worksheet for Multiple Service Rates

CTC: Baker County Ct  
 County: Baker

Version 1.4

1. Answer the questions by completing the GREEN cells starting in Section I for all services
2. Follow the DARK RED prompts directing you to skip or go to certain questions and sections based on previous answers

### SECTION I: Services Provided

1. Will the CTC be providing any of these Services to transportation disadvantaged passengers in the upcoming budget year?.....

Ambulatory	Wheelchair	Stretcher	Group
<input checked="" type="radio"/> Yes <input type="radio"/> No	<input checked="" type="radio"/> Yes <input type="radio"/> No	<input checked="" type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input checked="" type="radio"/> No
Go to Section II for Ambulatory Service	Go to Section II for Wheelchair Service	Go to Section II for Stretcher Service	STOP! Do NOT Complete Sections II - V for Group Service

### SECTION II: Contracted Services

1. Will the CTC be contracting out any of these Services TOTALLY in the upcoming budget year?....

Ambulatory	Wheelchair	Stretcher	Group
<input checked="" type="radio"/> Yes <input type="radio"/> No	<input checked="" type="radio"/> Yes <input type="radio"/> No	<input checked="" type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input checked="" type="radio"/> No
Answer # 2 for Ambulatory Service	Answer # 2 for Wheelchair Service	Answer # 2 for Stretcher Service	Do Not Complete Section II for Group Service

2. If you answered YES to #1 above, do you want to arrive at the billing rate by simply dividing the proposed contract amount by the projected Passenger Miles / passenger trips?.....

Ambulatory	Wheelchair	Stretcher	Group
<input type="radio"/> Yes <input checked="" type="radio"/> No	<input type="radio"/> Yes <input checked="" type="radio"/> No	<input type="radio"/> Yes <input checked="" type="radio"/> No	<input type="radio"/> Yes <input checked="" type="radio"/> No

3. If you answered YES to #1 & #2 above, how much is the proposed contract amount for the service?  
 How many of the total projected Passenger Miles relate to the contracted service?  
 How many of the total projected passenger trips relate to the contracted service?

Ambulatory	Wheelchair	Stretcher	Group
Leave Blank	Leave Blank	Leave Blank	Do NOT Complete Section II for Group Service

Effective Rate for Contracted Services:  
 per Passenger Mile =  
 per Passenger Trip =

Ambulatory	Wheelchair	Stretcher	Group
Go to Section III for Ambulatory Service	Go to Section III for Wheelchair Service	Go to Section III for Stretcher Service	Do NOT Complete Section II for Group Service

4. If you answered # 3 & want a Combined Rate per Trip PLUS a per Mile add-on for 1 or more services, INPUT the Desired per Trip Rate (but must be less than per trip rate in #3 above =  
 Rate per Passenger Mile for Balance =

Combination Trip and Mile Rate			
Leave Blank and Go to Section III for Ambulatory Service	Leave Blank and Go to Section III for Wheelchair Service	Leave Blank and Go to Section III for Stretcher Service	Do NOT Complete Section II for Group Service

**Worksheet for Multiple Service Rates**

CTC: Baker County Ct Version 1.4  
 County: Baker

1. Answer the questions by completing the GREEN cells starting in Section I for all services
2. Follow the DARK RED prompts directing you to skip or go to certain questions and sections based on previous answers

**SECTION III: Escort Service**

1. Do you want to charge all escorts a fee?.....

Yes  
 No

Skip #2 - 4 and Section IV and Go to Section V

2. If you answered Yes to #1, do you want to charge the fee per passenger trip OR .....  
 per passenger mile?.....

Pass. Trip **Leave Blank**  
 Pass. Mile

3. If you answered Yes to # 1 and completed # 2, for how many of the projected  
 Passenger Trips / Passenger Miles will a passenger be accompanied by an escort?  Leave Blank

4. How much will you charge each escort?.....  Leave Blank

**SECTION IV: Group Service Loading**

1. If the message "You Must Complete This Section" appears to the right, what is the projected total  
 number of Group Service Passenger Miles? (otherwise leave blank).....

..... And what is the projected total number of Group Vehicle Revenue Miles?  Loading Rate 0.00 to 1.00

Do NOT Complete Section IV

**SECTION V: Rate Calculations for Multiple Services:**

1. Input Projected Passenger Miles and Passenger Trips for each Service in the GREEN cells and the Rates for each Service will be calculated automatically
  - \* Miles and Trips you input must sum to the total for all Services entered on the "Program-wide Rates" Worksheet, MINUS miles and trips for contracted services IF the rates were calculated in the Section II above
  - \* Be sure to leave the service BLANK if you answered NO in Section I or YES to question #2 in Section II

		RATES FOR FY: 2026 - 2027			
		Ambul	Wheel Chair	Stretcher	Group
Projected Passenger Miles (excluding totally contracted services addressed in Section II) =	172,000	= 156,360	+ 15,640	+ <input type="text"/>	+ <input type="text"/> <b>Leave Blank</b>
Rate per Passenger Mile =		\$2.09	\$3.59	\$0.00	\$0.00 <b>\$0.00</b>
		per passenger per group			

		Ambul	Wheel Chair	Stretcher	Group
Projected Passenger Trips (excluding totally contracted services addressed in Section II) =	15,150	= 12,650	+ 2,500	+ <input type="text"/>	+ <input type="text"/> <b>Leave Blank</b>
Rate per Passenger Trip =		\$22.62	\$38.77	\$0.00	\$0.00 <b>\$0.00</b>
		per passenger per group			

2. If you answered # 1 above and want a COMBINED Rate per Trip PLUS a per Mile add-on for 1 or more services,...

		Combination Trip and Mile Rate			
		Ambul	Wheel Chair	Stretcher	Group
...INPUT the Desired Rate per Trip (but must be less than per trip rate above) =		<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/> <b>Leave Blank</b>
Rate per Passenger Mile for Balance =		\$2.09	\$3.59	\$0.00	\$0.00 <b>\$0.00</b>
		per passenger per group			

		Rates If No Revenue Funds Were Identified As Subsidy Funds			
		Ambul	Wheel Chair	Stretcher	Group
Rate per Passenger Mile =		\$7.41	\$12.70	\$0.00	\$0.00 <b>\$0.00</b>
		per passenger per group			
Rate per Passenger Trip =		\$80.10	\$137.32	\$0.00	\$0.00 <b>\$0.00</b>
		per passenger per group			

Program These Rates Into Your Medicaid Encounter Data