



**FLAGLER COUNTY
TRANSPORTATION DISADVANTAGED
LOCAL COORDINATING BOARD (LCB) QUARTERLY MEETING**

MEETING AGENDA

Flagler County Government Services Building, 1769 East Moody Blvd., Building 2,
Finance & Budget Conference Room, 3rd floor Bunnell, Fl. 32110

Teams Meeting ID: 286 619 803 217 54

Password #: y237We6q

Wednesday, May 13, 2026, 10:00 a.m.

*Denotes Required Action Item

1. Welcome, Call to Order, Roll Call/Quorum Review – Chair
2. Additions, Deletions, Changes to the Agenda – Chair
3. Approval of February 11, 2026, Meeting Minutes – Chair Richardson
(Pages 1 - 6)
4. Northeast Florida Regional Council Update – Ms. Bardge
 - a. Annual CTC Evaluation* – Ride Along Assessment (Pages 7 – 70)
 - b. LCB Membership* (Page 71)
5. Community Transportation Coordinator (CTC) System Update
 - a. CTC Quarterly Update (Page 72)
 - b. Grants Update* (Approval 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 Richardson

Next LCB Meeting: September 9, 2026, at 10:00 a.m.

Flagler County Government Services Building, 1769 East Moody Blvd., Building 2,
Finance & Budget Conference Room, 3rd floor Bunnell, Fl. 32110



**Flagler County Transportation Disadvantaged
Local Coordinating Board Quarterly Meeting**

Wednesday, February 11, 2026

Northeast Florida Regional Council
Elizabeth Payne, AICP
Chief Executive Officer

Flagler County Commission
Hon. Pam Richardson, Chair

Florida Transportation
Disadvantaged Commission
Monica Russell, Chair

MINUTES

*Denotes Required Action Item

1. Welcome, Call to Order, Roll Call/Quorum Review

A quarterly meeting of the Flagler County Transportation Disadvantaged (TD) Local Coordinating Board (LCB) was held in person on Wednesday, February 11, 2026, and via Microsoft Teams virtual meeting. Chair Richardson called the meeting to order at 10:05 a.m. and the following members present:

Representing:	Voting Member:
Elected Official/Chairperson	Pam Richardson (In-person)
FDOT	Carlos Colon (In-person)
Flagler County School Board	Rshawnda Lloyd-Miller (Virtual)
Citizen Advocate/User	Jill Dempsey (Virtual)
Dept. of Elder Affairs	Janet Dickinson (Virtual)
Dept. of Health Care Admin.	Pamela Hagley (Virtual)
Agency for Persons w/ Disabilities	Sheryl Stanford (Virtual)
Florida Department of Health	Stephen Civitelli (In-Person)

Members Not Present

Department of Children and Families	Christina Gillis
Vocational Rehabilitation	Daren Carstens
Flagler NAACP	Phyllis Pearsons

Community Transportation Coordinator Staff Present

Jonathan Robinson (CUTR) (In-Person)

Planning Agency Staff Present

Eric Anderson, (In-Person), Robert Jordan (In-Person)

Guests

Jonathan Roberson (In-Person), Daniel Nicholas (In-Person)

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

2. Additions, Deletions, and Changes to the Agenda

There were no changes to the agenda.

3. Approval of November 12, 2025 Meeting Minutes*

Mr. Carlos Colon motioned for the approval of November 12, 2025 LCB meeting minutes; seconded by Ms. Jill Dempsey. The motion was approved unanimously.

Mr. Carlos Colon motioned for the approval of November 12, 2025 Public Hearing minutes; seconded by Ms. Jill Dempsey. The motion was approved unanimously.

4. Flagler County Transit Development Plan Presentation

Mr. Jonathan Roberson gave a presentation on the Flagler County Transit Development Plan (TDP).

5. Northeast Florida Regional Council Update

- Election of LCB Vice – Chair*

Mr. Anderson discussed the purpose of the LCB Vice Chair.

Ms. Dempsey motioned to approve Mr. Civitelli as Vice-Chair, seconded by Mr. Colon. The motion was unanimously approved.

- Annual CTC Evaluation – Discussion of date/time for Ride Along.

Mr. Anderson discussed the purpose and need for the Annual CTC Evaluation. The evaluation committee discussed potential dates and, after consideration, they agreed to hold the Ride Along on March 11, 2026 at 9:00 am.

- LCB Membership – Review/Approval*

Mr. Anderson discussed the need to review and approve the LCB's Membership roster. Mr. Dickinson, representing Elder Source, stated moving forward, Cassandra Jackson will be the primary voting member, Anne Henry will be the alternate. Ms. Rashawnda Lloyd-Miller stated she has a new alternate, Mr. Bossardet.

Ms. Dempsey motioned to approve the LCB Membership; seconded by Mr. Civitelli. The motion was unanimously approved.

- Annual Review of Bylaws*

Mr. Anderson discussed the purpose of the annual review of the by-laws. No changes were recommended.

Mr. Colon made a motion to approve the annual review of By-Laws; seconded by Ms. Dempsey. The motion was approved unanimously.

- TDSP Annual Review (Roll Call Vote) *

Mr. Anderson discussed the purpose of the TDSP annual review. There were no changes recommended. Mr. Anderson conducted a roll-call vote, and the TDSP annual review was approved unanimously.

6. Community Transportation Coordinator (CTC) System Update

Mr. Martin presented the TD and FDOT 5311 updates for 2nd Quarter and 3rd quarter updates.

a. CTC Quarterly Update (2nd & 3rd quarter updates)

This report depicts total miles and trips per day for TD and FDOT 5311 sponsored trips.

Months	Average TD trips per day	Average 5311 trips/day	Average all trip types per day	Total trips for the month	Total miles for the month
Aug 2025	178	16	264	8,428	57,423
Sep 2025	234	22	294	8,207	60,881
Oct 2025	261	25	312	9,261	64,340

Month	Average medical trips per day	Average employment trips per day	Average educational trips per day	Average nutritional trips per day	Average other trips per day
Aug 2025	66	46	122	17	14
Sep 2025	71	48	135	20	16
Oct 2025	72	53	151	21	18

This quarter FCPT covered 182,644 miles and provided 25,896 trips, reflecting an increase of 17% over the same quarter one year prior.

Aug. Sep. Oct 2024			Aug. Sep. Oct 2025		
Total Trips	22,146		Total Trips	25,896	
Education	10,281	46%	Education	10,288	45%
Medical	4,977	22%	Medical	5,524	24%
Employment	4,295	19%	Employment	3,953	17%
Nutrition	1,273	6%	Nutrition	1,511	7%
Recreation	786	4%	Recreation	998	4%
Adult Day Care	363	2%	Adult Day Care	457	2%
Shopping	171	1%	Shopping	176	1%

3rd Quarter

This report depicts total miles and average trips per day for TD and FDOT 5311 sponsored trips.

Months	Average TD trips per day	Average 5311 trips/day	Average all trip types per day	Total trips for the month	Total miles for the month
Nov 2025	268	12	294	7,419	50,638
Dec 2025	257	7	285	6,487	48,974
Jan 2026	280	11	308	8,165	58,302

Month	Average medical trips per day	Average employment trips per day	Average educational trips per day	Average nutritional trips per day	Average other trips per day
Nov 2025	79	51	131	18	16
Dec 2025	74	52	124	16	11
Jan 2026	76	56	125	15	14

This quarter, FCPT covered 157,914 miles and provided 22,071 trips, reflecting an increase of 7% over the same period from last year.

Nov. Dec 2024 and Jan 2025			Nov. Dec 2025 and Jan 2026		
Total Trips	20,694		Total Trips	22,071	
Education	9398	45%	Education	9473	43%
Medical	4743	23%	Medical	5747	26%
Employment	4107	20%	Employment	3704	16%
Nutrition	1158	6%	Nutrition	1496	7%
Recreation	561	3%	Recreation	874	4%
Adult Day Care	465	2%	Adult Day Care	428	2%
Shopping	262	1%	Shopping	376	2%

b. Grant Updates*- There were no grant update changes.

7. Old Business

No old business at this time.

8. New Business

No new business.

9. Public Comment

No public comments.

10. Member and Department Reports

There were no member and department reports.

11. Adjournment

Chair Richardson adjourned the meeting at 10:56 am.

The next LCB meeting will be on Wednesday, May 13, 2026, at 10:00am.

PLEASE SIGN IN!



COMMISSION FOR THE
TRANSPORTATION DISADVANTAGED

Date: February 11, 2026
Time: 10:00 a.m.

Flagler County Government Service Bldg., 1769 East Moody Blvd., Bldg. 2, Bunnell, FL

Name	Address	Phone	E-Mail
Stephen Civitelli	301 Dr. Carter Bunnell	386-274-0627	Stephen.civitelli@flhca.gov
Robert Jordan			
PAM RICHARDSON	FLAGLER COUNTY	386-276-0502	PRICHARDSON@FLAGLERCOUNTY.FL.GOV
Jill Dempsey	29 Whittington Dr Palm Coast FL 32164	386 543-0995	jdempseyarner@gmail.com
Jonathan Roberson	USF Tampa, FL		jkruberson@usf.edu
Daniel Nicholas	Flagler County	386-533-9155	danielnicholas@flaglercounty.gov
Carlos M. Colon	FDOT		
ERIC ANDERSON	NEFRAC		

ATTENDANCE RECORD
 FLAGLER COUNTY
 LOCAL COORDINATING BOARD

Position	Name/Alt.	02/11/26	11/12/25	9/10/25	5/14/25
1. Chairperson	Pam Richardson/Andy Dance	P	P	P	P
2. Dept. of Transportation	Carlos Colon / Jamie Ledgerwood	P	P	P	P
3. Dept. Of Children and Families	Christina Gillis / John Wisker	a	a	P	P
4. Public Education	Rashawnda Lloyd-Miller/ Thomas "Tom" Wooleyhan	P	a	a	P
5. Vocational Rehab. (Dept. Ed.)	Rochele Price /Daren Carstens	a	P	a	P
6. Veteran Services	Vacant	-	-	-	-
7. Community Action (Econ. Disadv.)	Vacant	-	-	-	-
8. Elderly	Vacant	-	-	-	-
9. Disabled	Vacant	-	-	-	-
10. Citizen Advocate/User	Jill Dempsey	P	a	P	a
11. Citizen Advocate/Non-User	Mike Norris /David Sullivan	a	P	P	P
12. Children at Risk	Phyllis Pearson	P	P	P	P
13. Dept. Of Elder Affairs	Janet Dickinson/Cassandra Jackson	P	P	P	P
14. Private for Profit Transportation	Vacant	-	-	-	-
15. Agency for Health Care Adm.	Pamela Hagley / Reeda Harris	P	P	P	P
16. Agency for Persons w/Disabilities	Sheryl Stanford / Diana Burgos-Garcia / Leslie Richards	P	P	P	P
17. Regional Workforce Dev. Brd.	Vacant	-	-	-	-
18. Local Medical Community	Stephen Civitelli	P	P	P	P

VACANCIES

- Veterans
- Community Action (Econ. Disadv.)
- Elderly
- Disabled
- Private for Profit Transportation
- Regional Workforce Development Board

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

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

REVIEW CHECKLIST & SCHEDULE

COLLECT FOR REVIEW:

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

ITEMS TO REVIEW ON-SITE:

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

ITEMS TO REQUEST:

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

INFORMATION OR MATERIAL TO TAKE WITH YOU:

- Measuring Tape
- Stop Watch

EVALUATION INFORMATION

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

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

Notes to remember:

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

ENTRANCE INTERVIEW QUESTIONS

INTRODUCTION AND BRIEFING:

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

The LCB will be reviewing the following areas:

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

USING THE APR, COMPILE THIS INFORMATION:

1. OPERATING ENVIRONMENT:

- RURAL URBAN

2. ORGANIZATION TYPE:

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

3. NETWORK TYPE:

- SOLE PROVIDER
- PARTIAL BROKERAGE
- COMPLETE BROKERAGE

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

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

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

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

Name of Agency	% of Trips	Name of Contact	Telephone Number

7. REVIEW AND DISCUSS TD HELPLINE CALLS:

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

GENERAL QUESTIONS

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

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

IS THIS PROCESS IN WRITTEN FORM? Yes No
(Make a copy and include in folder)
Is the process being used? Yes No
 3. DOES THE CTC HAVE A COMPLAINT FORM? Yes No
(Make a copy and include in folder)
 4. DOES THE COMPLAINT FORM INCORPORATE ALL ELEMENTS OF THE CTD'S UNIFORM SERVICE REPORTING GUIDEBOOK?
 Yes No
 5. DOES THE FORM HAVE A SECTION FOR RESOLUTION OF THE COMPLAINT?
 Yes No
- Review completed complaint forms to ensure the resolution section is being filled out and follow-up is provided to the consumer.**
6. IS A SUMMARY OF COMPLAINTS GIVEN TO THE LCB ON A REGULAR BASIS?
 Yes No
 7. WHEN IS THE DISSATISFIED PARTY REFERRED TO THE TD HELPLINE?
 8. WHEN A COMPLAINT IS FORWARDED TO YOUR OFFICE FROM THE OMBUDSMAN PROGRAM, IS THE COMPLAINT ENTERED INTO THE LOCAL COMPLAINT FILE/PROCESS?
 Yes No

If no, what is done with the complaint?

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

Yes No If yes, what type?

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

Yes No

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

Yes No

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

Please Verify These Passengers Have an Eligibility Application on File:

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

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

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)]

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

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

Cost [CTC and Transportation Alternative (Alt.)]

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

IS THE CTC IN COMPLIANCE WITH THIS SECTION? Yes No

RULE 41-2

Findings:

Recommendations:

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

Compliance with Commission Standards
“...shall adhere to Commission approved standards...”

Review the TDSP for the Commission standards.

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

Adequate seating	
Driver Identification	
Passenger Assistance	
Smoking, Eating and Drinking	

Two-way Communications	
Air Conditioning/Heating	
Billing Requirements	

COMMISSION STANDARDS

Findings:

Recommendations:

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

Compliance with Local Standards

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

Review the TDSP for the Local standards.

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

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

LOCAL STANDARDS

Findings:

Recommendations:

COMPLIANCE WITH AMERICANS WITH DISABILITIES ACT

REVIEW COPIES OF THE PUBLIC INFORMATION PROVIDED.

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

ARE ACCESSIBLE FORMATS ON THE SHELF? Yes No

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

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

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

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

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

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

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

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

IS A RAMP PROVIDED? Yes No

ARE THE BATHROOMS ACCESSIBLE? Yes No

Bus and Van Specification Checklist

Name of Provider: Flagler County Transportation

Vehicle Number (either VIN or provider fleet number): 143

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

Person Conducting Review: Annette Bardge

Date: 03/11/2026

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

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

Have the driver lower the lift to the ground:

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

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

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

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

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

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

While inside the vehicle:

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

Vehicles under 22 feet must have:

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

Vehicles over 22 feet must have:

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

COMPLIANCE WITH AMERICANS WITH DISABILITIES ACT

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

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

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

Yes No

ADA COMPLIANCE

Findings:

Recommendations:

FY _____ / _____ GRANT QUESTIONS

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

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

Yes No

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

Yes No

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

Yes No

STATUS REPORT FOLLOW-UP FROM LAST REVIEW(S)

DATE OF LAST REVIEW: _____

STATUS REPORT DATED: _____

CTD RECOMMENDATION:

CTC Response:

Current Status:

CTD RECOMMENDATION:

CTC Response:

Current Status:

CTD RECOMMENDATION:

CTC Response:

Current Status:

CTD RECOMMENDATION:

CTC Response:

Current Status:

CTD RECOMMENDATION:

CTC Response:

Current Status:

CTD RECOMMENDATION:

CTC Response:

Current Status:

ON-SITE OBSERVATION OF THE SYSTEM

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

Date of Observation:

Please list any special guests that were present:

Location:

Number of Passengers picked up/dropped off:

Ambulatory

Non-Ambulatory

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

Did the driver provide any passenger assistance? Yes No

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

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

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

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

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

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

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

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

Stephan C. Harris
Volusia-Flagler TPO

Vehicle
#143

ON-SITE OBSERVATION OF THE SYSTEM

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

Driver:
Briggs

Date of Observation: 3/11/26

Please list any special guests that were present: S. Harris, P. Richardson

Location: Flagler County Transportation

Number of Passengers picked up/dropped off: 4/4

Ambulatory 3

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

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: Flagler County Public Trans. County: Flagler
 Date of Ride: 3/11/26

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

Vehicle: 143 Run: 21 RICH [04:30 - 15:30] Driver Name: [-] For: 3/11/2026

Stop Time	Customer Name	Stop Address	Conf. #	Request Time	Validation Information
-----------	---------------	--------------	---------	--------------	------------------------

08:40	GRAHAM, DRUKAUR D	FTI 5400 E Moody Blvd Palm Coast, FL 32164	270345	08:00 P	Stop Time <input type="text"/> Odometer <input type="text"/>
-------	-------------------	--	--------	---------	---

Attendants: 0 Guests: 0 Mobility: Ambulatory Assistance Need: Funding Source: TD

09:00	DEMPSEY, JILL	TRANSPORTATION OFFICE (BREEZE WAY) 1769 E Moody Blvd BLD #5 Bunnell, FL 32110	271060	08:00 P	Stop Time <input type="text"/> Odometer <input type="text"/>
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Attendants: 0 Guests: 0 Mobility: Ambulatory Assistance Need: Funding Source: TD

10:00	WORLEY, MICHAEL	MONDEX 1228 W BLACK POINT RD Bunnell, FL 32110	251508	10:00 P	Stop Time <input type="text"/> Odometer <input type="text"/>
-------	-----------------	--	--------	---------	---

Customer Pay: \$0.00 Attendants: 0 Guests: 0 Mobility: Ambulatory Assistance Need: Funding Source: PUB

Comments: 11:15 CHAIR TIME
Fare Type : Assorted Cash Free Med Waiver No Charge Out of County 1 Out of County 2 Token

10:15	WORLEY, MICHAEL	NEW DIALYSIS 515 Palm Coast Pkwy Sw Palm Coast, FL 32137	251508	10:00 P	Stop Time <input type="text"/> Odometer <input type="text"/>
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Attendants: 0 Guests: 0 Mobility: Ambulatory Assistance Need: Funding Source: PUB

Comments: 11:15 CHAIR TIME

Vehicle: 143 Run: 21 RICH [04:30 - 15:30] Driver Name: [-] For: 3/11/2026

Stop Time	Customer Name	Stop Address	Conf. #	Request Time	Validation Information
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10:30	SCARBOROUGH, JACQUELINE	40 Blakeport Ln Palm Coast, FL 32137	231332	10:30 P	Stop Time <input type="text"/> Cancellation <input type="checkbox"/> Odometer <input type="text"/> No Show <input type="checkbox"/> Complete <input type="checkbox"/>
-------	-------------------------	---	--------	---------	---

Customer Pay: \$0.00
 Attendants: 0 Guests: 0 Mobility: Manual Wheelchair Assistance Need:
 Funding Source: TD

Comments: 11:20 CHAIR TIME
 Fare Type: Assorted Cash Free Med Waiver No Charge Out of County 1 Out of County 2 Token

10:45	RAMSAMMY, TIMOTHY	Davita 1 13 Kingswood Dr Palm Coast, FL 32137	60591	10:45 P	Stop Time <input type="text"/> Cancellation <input type="checkbox"/> Odometer <input type="text"/> No Show <input type="checkbox"/> Complete <input type="checkbox"/>
-------	-------------------	---	-------	---------	---

Customer Pay: \$0.00
 Attendants: 0 Guests: 0 Mobility: Ambulatory Assistance Need:
 Funding Source: TD

Fare Type: Assorted Cash Free Med Waiver No Charge Out of County 1 Out of County 2 Token

11:00	SCARBOROUGH, JACQUELINE	NEW DIALYSIS 515 Palm Coast Pkwy Sw Palm Coast, FFL 32137	231332	10:30 P	Stop Time <input type="text"/> Odometer <input type="text"/>
-------	-------------------------	---	--------	---------	---

Drop Off (386) 338-7294
 Attendants: 0 Guests: 0 Mobility: Manual Wheelchair Assistance Need:
 Funding Source: TD

Comments: 11:20 CHAIR TIME

11:15	RAMSAMMY, TIMOTHY	1 Zaun Trl Palm Coast, FL 32164	60591	10:45 P	Stop Time <input type="text"/> Odometer <input type="text"/>
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Drop Off (929) 429-0788
 Attendants: 0 Guests: 0 Mobility: Ambulatory Assistance Need:
 Funding Source: TD

11:30	Break Start				Stop Time <input type="text"/> Odometer <input type="text"/>
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Run By Vehicle

Driver Initial: _____



RIDER/BENEFICIARY SURVEY

Staff making call: Annette
Date of Call: 03/11 /2026

County: Flagler
Funding Source: _____

1) Did you receive transportation service on 03/11/2026 ? 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 3-5Times/Week

4) Have you ever been denied transportation services?

Yes

No. If no, skip to question # 4

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

None 3-5 Times

1-2 Times 6-10 Times

If none, skip to question # 4.

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

Ineligible Space not available

Lack of funds Destination outside service area

Other _____

5) What do you normally use the service for?

Medical Education/Training/Day Care

Employment Life-Sustaining/Other

Nutritional

6) Did you have a problem with your trip on 03/11/2026 ?

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.
8

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

Additional Comments:

Rider stated the transportation is very convenient, takes the burden off of his family, but the transportation is sometime late arriving.

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? _____



CTC Expense Sources

County: Flagler

CTC Status: Complete

CTC Organization: Flagler County Public Transportation

Fiscal Year: 07/01/2023 - 06/30/2024

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
Purchased Transportation Services						
Bus Pass	\$ 0	N/A	\$ 0	\$ 0	N/A	\$ 0
School Board (School Bus)	\$ 0	N/A	\$ 0	\$ 0	N/A	\$ 0
Transportation Network Companies (TNC)	\$ 0	N/A	\$ 0	\$ 0	N/A	\$ 0
Taxi	\$ 0	N/A	\$ 0	\$ 0	N/A	\$ 0
Contracted Operator	\$ 0	N/A	\$ 0	\$ 0	N/A	\$ 0
Total - Expense Sources	\$ 2,004,460	\$ 0	\$ 2,004,460	\$ 1,665,990	\$ 0	\$ 1,665,990

Level of Competition Worksheet 2

1. Inventory of Transportation Operators in the Service Area

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

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

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

Does the CTC have the ability to expand? _____

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

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

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

	Low bid
	Requests for qualifications
	Negotiation only

	Requests for proposals
	Requests for interested parties

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

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

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

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

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

How many responded? _____

The request for bids/proposals was distributed:

_____ Locally _____ Statewide _____ Nationally

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

Level of Availability (Coordination)
Worksheet 3

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

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

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

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

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

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

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

Scheduling – How is the trip assignment to vehicles coordinated?

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

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

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

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

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

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

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

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

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

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

Salutation	First Name	Last Name	Organization	Representing	Voting/Non-Voting	Grievance Committee	Evaluation Committee	Comments
FLAGLER COUNTY								
Hon.	Pam	Richardson	Flagler County Commission	Elected Official	Voting		Nov-26	Chair
<i>Hon.</i>	<i>Andy</i>	<i>Dance</i>	<i>Flagler County Commission</i>	<i>Elected Official</i>	<i>Alternate</i>	<i>Nov-26</i>		
Mr.	Carlos	Colon	FDOT, District V	FDOT	Voting	Nov-26	Nov-26	
<i>Ms.</i>	<i>Jamie</i>	<i>Ledgerwood</i>	<i>FDOT, District V</i>	<i>FDOT</i>	<i>Alternate</i>			
Ms.	Christina	Gillis	Department of Children and Families	DCF	Voting			
<i>Mr.</i>	<i>John</i>	<i>Wisker</i>	<i>Department of Children and Families</i>	<i>DCF</i>	<i>Alternate</i>			
Ms.	Rashawnda	Lloyd-Miller	Flagler County School Board	Public Education	Voting			
<i>Mr.</i>	<i>David</i>	<i>Bassardet</i>	<i>Flagler County School Board</i>	<i>Public Education</i>	<i>Alternate</i>			
<i>Mr.</i>	<i>Thomas "Tom"</i>	<i>Wooleyhan</i>	<i>Flagler County School Board</i>	<i>Public Education</i>	<i>Alternate</i>			
Mr.	Daren	Carstens	Vocational Rehabilitation	Dept. of Education (Voc. Rehab.)	Voting			
VACANT				Veterans	VACANT			
VACANT				Community Action (Econ. Disadvantaged)	VACANT			
VACANT				Elderly	VACANT			
VACANT				Disabled	VACANT			
Ms.	Jill	Dempsey		Citizen Advocate/User	Voting			
Mr.	David	Sullivan	Palm Coast City Council	Citizen Advocate/Non-User	Voting			
Ms.	Phyllis	Pearson	Flagler NAACP	Children at Risk	Voting			
Ms.	Cassandra	Jackson	NE Florida Area Agency on Aging / Elder Source	Elder Affairs	Voting			
Ms.	Janet	Dickinson	NE Florida Area Agency on Aging / Elder Source	Elder Affairs	Voting			Vice Chair
<i>Ms.</i>	<i>Anne</i>	<i>Henry</i>	<i>NE Florida Area Agency on Aging / Elder Source</i>	<i>Elder Affairs</i>	<i>Alternate</i>			
VACANT				Private for Profit Transportation	VACANT			
Ms.	Pamela	Hagley	Agency for Health Care Administration	AHCA / Medicaid	Voting			
<i>Ms.</i>	<i>Reeda</i>	<i>Harris</i>	<i>Agency for Health Care Administration</i>	<i>AHCA / Medicaid</i>	<i>Alternate</i>			
Ms.	Sheryl	Stanford	Agency for Persons with Disabilities	Agency for Persons with Disabilities	Voting			
<i>Ms.</i>	<i>Diana</i>	<i>Burgos-Garcia</i>	<i>Agency for Persons with Disabilities</i>	<i>Agency for Persons with Disabilities</i>	<i>Alternate</i>			
VACANT				Workforce Development	VACANT			
Mr.	Stephen	Civitelli	Florida Department of Health	Medical Community	Voting			
Mr.	Trevor	Martin	Flagler County Transportation	CTC	Non-Voting			
Mr.	Stephan	Harris	Volusia-Flagler Transportation Planning Organization		Non-Voting			will be participating
Mr.	Martin	Catala	Center for Urban Transportation Research	Transit Development Plan	Interested Party			
Ms.	Tia	Boyd	Center for Urban Transportation Research	Transit Development Plan	Interested Party			
Mr.	Adam	Mengel	Flagler Planning & Zoning Interested party during TDSP update		Interested Party			
Ms.	Rose	Keirnan	Flagler County Commission	Chair's Contact (primary)	Interested Party			
Ms.	Luci	Dance	Flagler County Commission	<i>Chair's Contact (alternate)</i>				
		Meetings at:						
		Flagler County Government Services Building						
		1769 East Moody Blvd., Bldg. 2						
		Bunnell, Florida 32110						
		F.C. General Services Director: Heidi Petito						
		Email Rose Keirnan to reserve meeting room						

Flagler County Public Transportation

Transportation Disadvantaged Local Coordinating Board
May 2026



Quarterly FCPT Trip Report

This report depicts total miles as well as the average trips per day for TD and FDOT 5311 sponsored trips.

Months	Average TD trips per day	Average Non-TD trips per day	Total Trips	Total Miles
January 2026	280	29	8,165	58,302
February 2026	262	28	6,955	52,787
March 2026	286	31	8,240	59,284

Month	Average medical trips per day	Average employment trips per day	Average educational trips per day	Average nutritional trips per day	Average other trips per day	New rider applications per month
Jan 2026	78	48	132	22	19	30
Feb 2026	74	52	142	19	23	41
Mar 2026	78	54	139	21	22	23

This quarter FCPT covered 170,373 miles and provided 23,019 trips, reflecting an increase of 2,180 (10%) trips over the same quarter in 2025.

Jan, Feb, March 2025			Jan, Feb, March 2026		
Total Trips	20,839		Total Trips	23,019	
Education	8,836	42%	Education	9,986	43%
Medical	5,097	24%	Medical	5,663	25%
Employment	3,255	16%	Employment	3,929	17%
Nutrition	1,224	6%	Nutrition	1,355	7%
Recreation	911	4%	Recreation	887	4%
Shopping	265	1%	Shopping	416	2%
Adult Day Care	174	1%	Adult Day Care	357	1%