



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

Nassau County Board of County Commissioner's Conference Room  
96135 Nassau Place, Yulee, FL 32097  
Teams Meeting ID: 266 066 098 404 18  
Password: Y9fm36iD

Thursday, May 21, 2026, at 1:00 p.m.  
\*Denotes Required Action Item

1. Welcome, Call to Order, Roll Call/Quorum Review – Chair Gray
2. Additions, Deletions, and Changes to the Agenda – Chair Gray
3. Approval of February 19, 2026, Meeting Minutes\* – Chair Gray (Pages 1 - 5)
4. Northeast Florida Regional Council Update – Ms. Bardge
  - a. LCB Membership\* (Page 6)
  - b. Annual CTC Evaluation\* – Ride Along Assessment (Pages 7 – 73)
5. Community Transportation Coordinator (CTC) System Update
  - a. CTC Quarterly Update (Page 74)
  - b. Grants Update\* (Approval if required)
  - c. Rate Model Review\* (Pages 75 - 83)
6. Old Business
7. New Business
8. Public Comment – LIMITED TO 3 MINUTES PER SPEAKER
9. Member and Department Reports
10. Adjournment – Chair Gray

Next LCB Meeting: September 17, 2026 at 1:00 p.m.  
Nassau County Commission Chambers, 96135 Nassau Place, Yulee FL 32097



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

**Thursday, February 19, 2026**

Northeast Florida Regional Council  
Elizabeth Payne, AICP  
Chief Executive Officer

Nassau County Commission  
Hon. Jeff Gray, Chair

State of Florida Transportation  
Disadvantaged Commission  
Monica Russell, Chair

**Meeting Minutes**

\*Denotes Required Action Item

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

A quarterly meeting of the Nassau County Transportation Disadvantaged (TD) Local Coordinating Board (LCB) was held in person and virtually via Microsoft Teams on Thursday, February 19, 2026. Chair Jeff Gray called the meeting to order at 1:00 pm with the following members present:

<b>Representing:</b>	<b>Voting Member:</b>
Elected Official/Chairperson	Jeff Gray (In-Person)
DCF/Vice-Chairperson	Donna Johnson (Virtual)
Public Education/Nassau County School District	Brad Underhill (Virtual)
Veteran Services	Bob Sullivan (Virtual)
Citizen Advocate /Non-User	Jennifer Paulk (Virtual)
Dept. of Elder Affairs	Cassandra Jackson (Virtual)
Dept. of Healthcare Admin.	Reeda Harris (Virtual)
Local Medical Community	Cara Gluck (In-Person)
FDOT, District 2	Summer Jones (Virtual)
Regional Workforce/ CareerSource Northeast Florida	Rhonda Bryant (Virtual)

Quorum confirmed.

Members Not Present

<b>Representing:</b>	<b>Voting Member:</b>
Agency for Persons with Disabilities	Sheryl Stanford
Dept. of Education Voc. Rehab	Davina Brown
Children at Risk/Nassau County School Board	Patricia Langford
Elderly	Van Dyke Walker

Staff Community Transportation Coordinator Present

Richard Clark and Thomas Caulder (In-Person)

Planning Agency Staff Present

Cassidy Taylor, Andrew Prokopiak, Jennifer Bryla (In-Person)

## Guests

None

## 2. Additions, Deletions, and Changes to the Agenda

There were no changes to the agenda.

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

There was a motion to approve the November 20, 2025, meeting minutes, as well as the Public Hearing minutes, by Ms. Harris and a second by Mr. Sullivan. The November 20, 2025, meeting minutes and Public Hearing minutes were approved unanimously.

## 4. Northeast Florida Regional Council Update

Mr. Prokopiak stated Summer Jones has left her position as the Transportation Disadvantaged Coordinator and accepted a position at the Department of Transportation. Mr. Prokopiak stated the new Coordinator has been hired and will start soon.

### a) Election of LCB Vice Chair\*

Mr. Prokopiak stated the purpose and action needed for the Election of Vice Chair. Mr. Prokopiak clarified the duties of the Vice Chair as the designee to act as LCB Chair as needed, lead meetings, and review items presented for LCB action. Ms. Johnson volunteered to serve in the role. Ms. Paulk made the motion to approve Ms. Johnson as the Vice-Chair, and Ms. Gluck seconded the motion. The motion carried.

### b) LCB Membership\*

LCB Membership was considered next. The LCB members reviewed and discussed the primary and alternate members on the current roster. Chairperson Gray noted the four vacant positions on the LCB, and a discussion was held on how to address those vacancies. Mr. Richard Clark, Vice President of Regional Mobility for JTA, said that they would assist in filling the open positions on the LCB. There was a motion to approve the membership list by Ms. Johnson, seconded by Ms. Paulk. The TD membership roster was unanimously approved.

### c) Annual CTC Evaluation

The LCB discussed scheduling the required annual CTC Ride Along and emphasized that it should occur before the next quarterly meeting on May 21, 2026. Ms. Gluck volunteered to participate. The new TD Coordinator will reach out to the evaluation committee with dates to schedule the evaluation.

### d) Annual Review of Bylaws\*

The board conducted its required annual review of the bylaws. Jenni Bryla, Community Development Manager at NEFRC, explained that the bylaws had not changed from the previous year. Ms. Bryla offered to help process amendments if the board deemed it necessary to review and propose edits. Chairperson Gray indicated the board could approve now or revisit edits later if needed. Ms. Johnson motioned to approve the current Bylaws as presented, and Ms. Paulk seconded the motion. The Bylaws passed unanimously.

e) TDSP Annual Review (Roll Call) \*

The board conducted the annual review of the Transportation Disadvantaged Service Plan (TDSP). After review, Mr. Prokopiak conducted a roll-call vote, and the TDSP was approved.

5. Community Transportation Coordinator (CTC) System Update

a) CTC Quarterly Update

JTA staff provided the quarterly operational update, referring to the data in the table below.

	Oct-25	Nov-25	Dec-25	Jan-26	Feb-26	Mar-26	Apr-26	May-26	Jun-26	Jul-26	Aug-26	Sep-26
Trips	2011	1524	1766									
Passengers	2137	1581	1800									
Service Days	23	20	23									
On-time Performance (OTP)	93%	95%	95%									
OTP (Appointment)	97%	99%	99%									
OTP (Medical)	89%	98%	94%									
Passenger Per Hour	1.58	1.93	1.79									
Average Daily Vehicle Use	6		5									

Averages	Oct-24	Nov-24	Dec-24	Jan-25	Feb-25	Mar-25	Apr-25	May-25	Jun-25	Jul-25	Aug-25	Sep-25
Trips		1767										
Passengers		1839										
Service Days		22										
On-time Performance (OTP)		94%										
OTP (Appointment)		98%										
OTP (Medical)		94%										
Passenger Per Hour		1.77										
Average Daily Vehicle Use		6										

b) Grants Update\*

There are no grant updates.

6. Old Business

There was no old business.

7. New Business

There was no new business.

8. Public Comment

There were no public comments.

9. Member and Department Reports

There were no members and department reports.

10. Adjournment – Chairperson Gray

There being no further discussion, Chairperson Gray adjourned the meeting at 1:22 p.m. The next LCB meeting will take place on May 21, 2026, at 1:00 p.m. in the Nassau County Board of County Commissioners Meeting Room.

# PLEASE SIGN IN!



COMMISSION FOR THE  
TRANSPORTATION DISADVANTAGED

Date: February 19, 2026  
Time: 1:00 p.m.

Nassau County Commission Chambers, 96135 Nassau Place, Yulee FL 32097

Name	Address	Phone	E-Mail
Richard E. Wynn	JTA	904-952-0230	
Cassidy Taylor			
Andrew Prokopiak			
Cara Gluck	FLDOH - Nassau	904 753 1231	caragluck@flhealth.gov
Jenni Bryla	NEFRC		

ATTENDANCE RECORD  
 NASSAU COUNTY  
 LOCAL COORDINATING BOARD

Position	Name/Alt.	2/19/2026	11/20/25	9/18/25	5/15/25
1. Chairperson	Jeff Gray	P	P	P	a
2. Dept. of Transportation	Janell Damato / ALT	P	P	a	P
3. Dept. Of Children and Families	Donna Johnson/ ALT	P	a	a	P
4. Public Education	Brad Underhill/ ALT	P	P	P	P
5. Vocational Rehab. (Dept. Ed.)	Davina Brown/Rechelle-Price	a	a	P	P
6. Veteran Services	Bob Sullivan	P	P	P	P
7. Econo. Disadvan (Comm. Action)	Vacant	-	-	-	-
8. Elderly	Van Dyke Walker	a	a	a	a
9. Disabled	Vacant	-	-	-	-
10. Citizen Advocate/User	Vacant	-	-	-	-
11. Citizen Advocate /Non User	Jennifer Paulk/Vacant	P	P	a	P
12. Children at Risk	Patricia Langford	a	a	a	a
13. Dept. Of Elder Affairs	Cassandra Jackson	P	P	P	P
14. Private For-Profit Transportation	Vacant	-	-	-	-
15. Agency for Health Care Adm.	Reeda Harris / ALT	P	P	P	P
16. Agency for Persons w/Disabilities	Sheryl Dick-Stanford / ALT	a	P	a	P
17. Regional Workforce Dev. Brd.	<del>Sean Rush Lou Anne Hasty/</del> ALT- Rhonda Bryant/Alt.	P	P	P	P
18. Local Medical Community	Barb Baptista/ Cara Gluck	P	P	P	a

**VACANCIES**

Economically Disadvantaged  
 Disabled  
 Citizen Advocate/User  
 Private For Profit Transportation



***CTC***  
***EVALUATION WORKBOOK***

Florida Commission for the



**Transportation  
Disadvantaged**

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

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

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

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

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

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

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

# ***LCB EVALUATION WORKBOOK***

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

# 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:

<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?

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

## GENERAL QUESTIONS

Findings:

Recommendations:



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

**Review the CTC 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:

Provision of Service	Training Provided	Written Policy	Neither
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

Scott Nile Map

Manifest? ✓

### Bus and Van Specification Checklist

Lamonte (driver)

Name of Provider: Nassau Transit

Vehicle Number (either VIN or provider fleet number): 2236

005 Route #

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

#### Person Conducting Review:

Date: 3/30/2026

#### 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. *not available*
- 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: 3/30/2026

Please list any special guests that were present: Aluch, Faulk

Location: Nassau Transit

Number of Passengers picked up/dropped off: 2

Ambulatory 11

Non-Ambulatory 3

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

Did the driver provide any passenger assistance? [X] Yes [ ] No
1st passenger pickup

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

Did the driver render an appropriate greeting?
[X] 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?
[X] Yes [ ] No

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

Does the vehicle have two-way communications in good working order?
[X] 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:

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





- 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.

**RIDER/BENEFICIARY SURVEY**

Staff making call: A. Baridge  
Date of Call: 3/30/2026

County: Nassau Fernandina Bch  
Funding Source: \_\_\_\_\_

1) Did you receive transportation service on 3/30/2026?  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 3/30/2026?

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
- Vehicle condition

- Reservations - specify length of wait
- Other

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

10

Amstarst Lucius

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

**Additional Comments:**

Always been please with the service  
Really great about helping with getting from  
the <sup>front</sup> door to the transportation  
minibus and to the front door of the appt.

Driver: PRICE, LAMONTIE  
 Date: 2026-03-30  
 Route: NC005  
 Vehicle: N080

# Reconciliation Manifest

*LAMONT*

Run Begin: 9:43A  
 Run End: 11:44Am

Ending Mileage: \_\_\_\_\_  
 Beginning Mileage: \_\_\_\_\_  
 Total Daily Mileage: \_\_\_\_\_

Sch /Appt. Time	Est Time	ArrTime Dep Time	Odometer	Address / Phone / Comments	Client Name / Phone Disability	Mobaid	Fare Type	Fare Amount	Fare Collected	Pass Type	Space Type
06:42	06:30 Start	06:30 06:38	76978.1	102 N 13TH ST, FERNANDINA BEACH, 32034 NASSAU EAST							
07:00 06:45 07:16	06:57 Pickup	06:57 07:03	76983.0	7 VINTAGE WY, ##26, FERNANDINA BEACH, 32034 7 VINTAGE WY	BUCALO, ELIZABETH		NS-NAS	\$ 2.00	\$ 0.00	CLI	AM
07:00 06:45 07:16	07:05 Pickup	07:05 07:07	76983.3	1023 S 10TH ST, FERNANDINA BEACH, 32034  POC RON (FATHER)- 904- 753-0091 **FULL MEDICAID**	NOBLE, MICHAEL 9045707760  P		NS-NAS	\$ 0.00	\$ 0.00	CLI	AM
07:30	07:12 Dropoff	07:11 07:12	76984.2	1535 S 14TH ST, FERNANDINA BEACH, 32034 STARTING POINT - DRP IN CNTR F  904-510-2648 PAUL	BUCALO, ELIZABETH 3052992983						
08:30 08:15 08:46	08:33 Pickup	08:33 08:37	76993.0	96349 SOUTHERN LILY DR, ##1304, YULEE, 32097  GATE CODE #1304 (USE THE # SIGN FIRST) AT BLACKROCK HAMMOCK DR #1304 GATE CODE	HOUSLEY, VICTORIA 6622315121  M LFT		NOFARE	\$ 0.00	\$ 0.00	CLI	WH
09:30	09:08 Dropoff	08:58 09:08	77000.9	1901 ISLAND WALK WAY, FERNANDINA BEACH, 32034 THE CLUB/ADH - NASSAU CO. COA  **do not drop off before 9am**DROP OFF AND PICKUP AT THE CLUB/ ADULT DAY HEALTH ENTRANCE**do not drop off before 9am** hours of operation are 9am-4pm #1304 GATE CODE	HOUSLEY, VICTORIA 9042610701  M LFT						
	09:15 OutOfService	09:15	77003.0	102 N 13TH ST, FERNANDINA BEACH, 32034 NASSAU TRANSIT - FERNANDINA							

Sch /Appt. Time	Est Time	ArrTime Dep Time	Odometer	Address / Phone / Comments	Client Name / Phone Disability	Mobaid	Fare Type	Fare Amount	Fare Collected	Pass Type	Space Type
	09:45 Unknown		0.0								
09:50 09:35 10:06	09:56 Pickup		0.0	96027 CAVALIER WAY, YULEE 32097 ✓  POC LINDA PETERSON dau cell 904-415-6173 wrk 321-0898 SR200 TO MT ZION TO CAVALIER WAY SR200 to MT ZION TO CAVALIER WAY	LOVETT, DOROTHY 9042778161	M	LFT	NS-NAS \$ 2.00 \$ 0.00	CLI	AM	<i>Depart 0942 Residence 0958</i>
10:25	10:12 Dropoff		0.0	960144 GATEWAY BLVD, FERNANDINA BEACH 32034 FRESENIUS FERN BCH ✓  SR200 to MT ZION TO CAVALIER WAY	LOVETT, DOROTHY 9042772511	M	LFT				
10:15 10:00 10:31	10:18 Pickup		0.0	12 VINTAGE WY, #212, FERNANDINA BEACH, 32034 THE LAKESIDE AT AMELIA  POC ROBERT (SON) 904-556-6623	SPERRY, CAROLYN 9045566623	M	LFT	NS-NAS \$ 2.00 \$ 0.00	CLI	WH	<i>Cancel @ the door 1047 Lucious - Fresenius Walker - 1100 plc</i>
11:00	10:38 Dropoff		0.0	1340 S 18TH ST, #BLDG A, FERNANDINA BEACH, 32034 BORLAND-GROOVER CLINIC - FERNA  MTWThF - 8 AM - 5 PM	SPERRY, CAROLYN 9042610878	M	LFT				
	10:38 Lunch		0.0								
12:00 11:45 12:16	11:47 Pickup		0.0	1901 ISLAND WALK WAY, FERNANDINA BEACH 32034 JANICE ANCRUM LIFE CENTER FB J  JUST FRIENDS	REHN, ILA 9042610701	M	WLK	NOFARE \$ 0.00 \$ 0.00	CLI	AM	
12:00 11:45 12:16	11:51 Pickup		0.0	1901 ISLAND WALK WAY, FERNANDINA BEACH 32034 JANICE ANCRUM LIFE CENTER FB J	REHN, FRANK 9042610701	M	LFT	NOFARE \$ 0.00 \$ 0.00 FREE \$ 0.00 \$ 0.00	CLI PCA	WH WH	

Sch /Appt. Time	Est Time	ArrTime Dep Time	Odometer	Address / Phone / Comments	Client Name / Phone Disability	Mobaid	Fare Type	Fare Amount	Fare Collected	Pass Type	Space Type
12:00 11:45 12:16	12:00 Pickup		0.0	1901 ISLAND WALK WAY, FERNANDINA BEACH 32034 JANICE ANCRUM LIFE CENTER FB J  YULEE VILLAS 12D JUST FRIENDS PROGRAM	LUNA, JESUSITA 9042610701  M		NOFARE	\$ 0.00	\$ 0.00	CLI	AM
	12:18 Dropoff		0.0	96659 SWEETBRIAR LN, YULEE, 32097  NANCY JOHNSON DAUGHTER 904-655-2513	REHN, FRANK 9046552513  M	LFT					
	12:20 Dropoff		0.0	96659 SWEETBRIAR LN, YULEE, 32097  NANCY DAUGHTER 904-655-2513 JUST FRIENDS	REHN, ILA 9046552513  M	WLK					
13:00	12:30 Dropoff		0.0	463142 SR-200, YULEE, 32097 NT - YULEE TRANSFER POINT  PARKING LOT YULEE VILLAS 12D JUST FRIENDS PROGRAM	LUNA, JESUSITA   M						
	12:30 Refuel		0.0								
14:45 14:30 15:01	14:45 Pickup		0.0	463142 SR-200, YULEE, 32097 NT - YULEE TRANSFER POINT  PARKING LOT YULEE VILLAS 12D JUST FRIENDS PROGRAM	LUNA, JESUSITA   M		NOFARE	\$ 0.00	\$ 0.00	CLI	AM
	14:52 Dropoff		0.0	850774 US 17, #12D, YULEE, 32097 YULEE VILLAS  cell 620-440-0221 YULEE VILLAS 12D JUST FRIENDS PROGRAM	LUNA, JESUSITA 6204400221  M						

Sch /Appt. Time	Est Time	ArrTime Dep Time	Odometer	Address / Phone / Comments	Client Name / Phone Disability Mobaid	Fare Type	Fare Amount	Fare Collected	Pass Type	Space Type
15:30 15:15 15:46	15:27 Pickup		0.0	1901 ISLAND WALK WAY, FERNANDINA BEACH 32034 THE CLUB/ADH - NASSAU CO. COA  **do not drop off before 9am**DROP OFF AND PICKUP AT THE CLUB/ ADULT DAY HEALTH ENTRANCE**do not drop off before 9am** hours of operation are 9am-4pm	DALESSIO, GREGORY 9042610701	NOFARE	\$ 0.00	\$ 0.00	CLI	AM
15:30 15:15 15:46	15:30 Pickup		0.0	1901 ISLAND WALK WAY, FERNANDINA BEACH 32034 THE CLUB/ADH - NASSAU CO. COA  **do not drop off before 9am**DROP OFF AND PICKUP AT THE CLUB/ ADULT DAY HEALTH ENTRANCE**do not drop off before 9am** hours of operation are 9am-4pm	HARRIS, MELVIN 9042610701  WLK	NOFARE	\$ 0.00	\$ 0.00	CLI	AM
	15:38 Dropoff		0.0	2736 ROBERT OLIVER AVE, FERNANDINA BEACH, 32034 FERNANDINA BEACH REHAB & NURSI	DALESSIO, GREGORY					
	15:53 Dropoff		0.0	95025 STARLING CT, FERNANDINA BEACH, 32034	HARRIS, MELVIN 9043143554  WLK					
17:05	16:06 End		0.0	102 N 13TH ST, FERNANDINA BEACH, 32034 NASSAU EAST						

Total Mileage:	DATA ERR	No Show:	0	Fare Types:	Cash Collected:	Pass Types:	Space Types:
Total Mileage from First PU Last DO:	18	Cancel at Door:	1	FREE 1	FREE \$0.00	CLI 11	AM 8
		Total	1	NOFARE 7	NOFARE \$0.00	PCA 1	WH 4
				NS-NAS 4	NS-NAS \$0.00	Total	12
				Total:	\$0.00		
				Cash Count:			

# 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: Nassau

CTC Status: Complete

CTC Organization: Nassau 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?

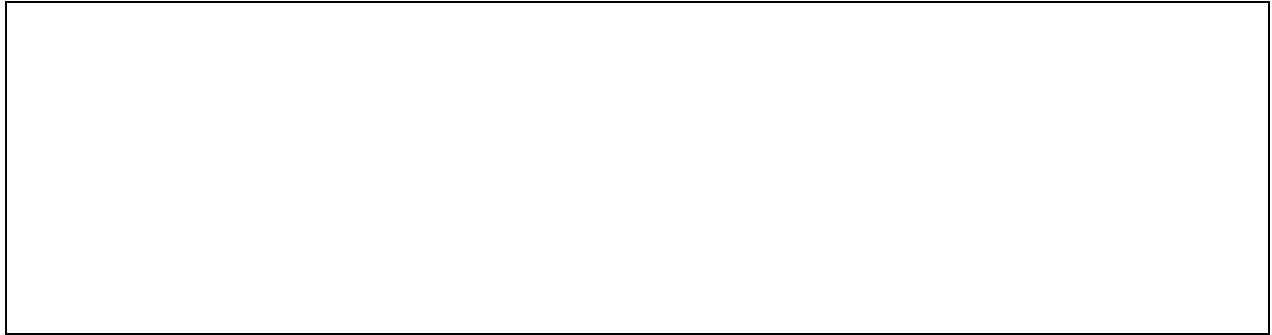
**Call Intake** – To what extent is transportation coordinated to ensure that a user can reach a Reservationist on the first call?

**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?

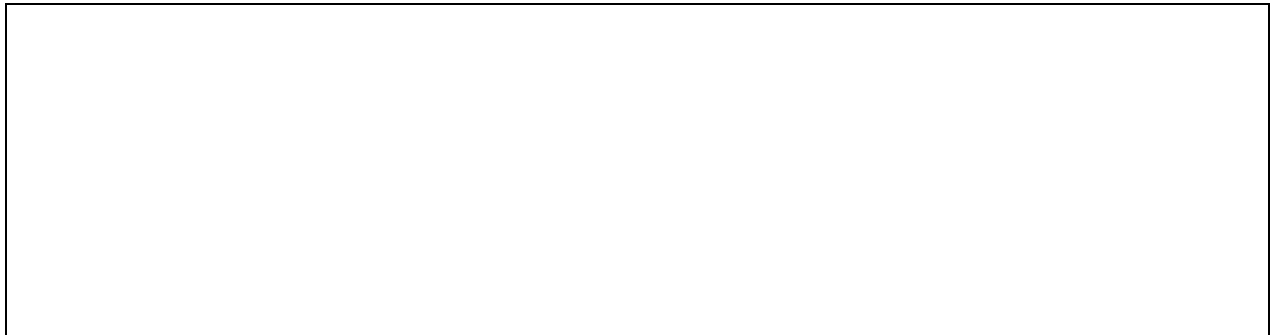
Transport – How are the actual transportation services and modes of transportation coordinated?



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?

## Nassau County Transportation Disadvantage Operational Report

### October 2025 - September 2026

	Oct-25	Nov-25	Dec-25	Jan-26	Feb-26	Mar-26	Apr-26	May-26	Jun-26	Jul-26	Aug-26	Sep-26
Trips	2011	1524	1766	1435	1549	1724						
Passengers	2137	1581	1800	1483	1594	1774						
Service Days	23	20	23	21	20	22						
On-time Performance (OTP)	93%	95%	95%	95%	97%	98%						
OTP (Appointment)	97%	99%	99%	99%	97%	99%						
OTP (Medical)	89%	98%	94%	96%	97%	97%						
Passenger Per Hour	1.58	1.93	1.79	1.29	1.35	1.30						
Average Daily Vehicle Use	6	6	5	6	6	7						

Averages	Oct-25	Nov-25	Dec-25	Jan-26	Feb-26	Mar-26	Apr-26	May-26	Jun-26	Jul-26	Aug-26	Sep-26
Trips		1767			1569							
Passengers		1839			1617							
Service Days		22			21							
On-time Performance (OTP)		94%			97%							
OTP (Appointment)		98%			98%							
OTP (Medical)		94%			97%							
Passenger Per Hour		1.77			1.31							
Average Daily Vehicle Use		6			6							

# Preliminary Information Worksheet

Version 1.4

<b>CTC Name:</b>	Jacksonville Transportation Authority Connexion Services
<b>County (Service Area):</b>	Nassau
<b>Contact Person:</b>	Angela Brown
<b>Phone #:</b>	(904) 633-5260

## Check Applicable Characteristic:

### ORGANIZATIONAL TYPE:

- Governmental
- Private Non-Profit
- Private For Profit

### NETWORK TYPE:

- Fully Brokered
- Partially Brokered
- Sole Source

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

# Comprehensive Budget Worksheet

Version 1.4

CTC: Jacksonville Transportation Authority Connexion Services  
 County: Nassau

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

	Prior Year's ACTUALS	Current Year's APPROVED Budget, as amended	Upcoming Year's PROPOSED Budget	% 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
	from July 1st of 2024 to June 30th of 2025	from July 1st of 2025 to June 30th of 2026	from July 1st of 2026 to June 30th of 2027			
1	2	3	4	5	6	7

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

### Local Non-Govt

Farebox	\$ 11,186			-100.0%		No budget allocated for Farebox due to new service.
Medicaid Co-Pay Received						
Donations/ Contributions						
In-Kind, Contributed Services						
Other						
Bus Pass Program Revenue						

### Local Government

District School Board						10% local match of issued grant (Nassau County Council of Aging)
Compl. ADA Services						
County Cash						
County In-Kind, Contributed Services						
City Cash	\$ 55,860	\$ 76,924	\$ 90,257	37.7%	17.3%	
City In-kind, Contributed Services						
Other Cash						
Other In-Kind, Contributed Services						
Bus Pass Program Revenue						

### CTD

Non-Spons. Trip Program	\$ 502,740	\$ 769,238	\$ 812,315	53.0%	5.6%	Higher dollar amount approved in 25/26 year.
Non-Spons. Capital Equipment						
Rural Capital Equipment						
Other TD (specify in explanation)						
Bus Pass Program Revenue						

### USDOT & FDOT

49 USC 5307						
49 USC 5310						
49 USC 5311 (Operating)						
49 USC 5311(Capital)						
Block Grant						
Service Development						
Commuter Assistance						
Other DOT (specify in explanation)						
Bus Pass Program Revenue						

### AHCA

Medicaid						
Other AHCA (specify in explanation)						
Bus Pass Program Revenue						

### DCF

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

### DOH

Children Medical Services						
County Public Health						
Other DOH (specify in explanation)						
Bus Pass Program Revenue						

### DOE (state)

Carl Perkins						
Div of Blind Services						
Vocational Rehabilitation						
Day Care Programs						
Other DOE (specify in explanation)						
Bus Pass Program Revenue						

### AWI

WAGES/Workforce Board						
Other AWI (specify in explanation)						
Bus Pass Program Revenue						

# Comprehensive Budget Worksheet

Version 1.4

CTC: Jacksonville Transportation Authority Connexion Services  
 County: Nassau

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

1	Prior Year's ACTUALS	Current Year's APPROVED Budget, as amended	Upcoming Year's PROPOSED Budget	% Change from Prior Year to Current Year	Proposed % Change from Current Year to Upcoming Year	7
	from July 1st of 2024 to June 30th of 2025	from July 1st of 2025 to June 30th of 2026	from July 1st of 2026 to June 30th of 2027			

**DOEA**

Older Americans Act						
Community Care for Elderly						
Other DOEA (specify in explanation)						
Bus Pass Program Revenue						

**DCA**

Community Services						
Other DCA (specify in explanation)						
Bus Pass Admin. Revenue						

# Comprehensive Budget Worksheet

Version 1.4

CTC: Jacksonville Transportation Authority Connexion Services  
County: Nassau

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

	Prior Year's ACTUALS from July 1st of 2024 to June 30th of 2025	Current Year's APPROVED Budget, as amended from July 1st of 2025 to June 30th of 2026	Upcoming Year's PROPOSED Budget from July 1st of 2026 to June 30th of 2027	% 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)						
Bus Pass Program Revenue						

**DJJ**

(specify in explanation)						
Bus Pass Program Revenue						

**Other Fed or State**

xxx						
xxx						
xxx						
Bus Pass Program Revenue						

**Other Revenues**

Interest Earnings						
xxxx						
xxxx						
Bus Pass Program Revenue						

**Balancing Revenue to Prevent Deficit**

Actual or Planned Use of Cash Reserve						
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Balancing Revenue is Short By =		None	\$	0		
Total Revenues =	\$569,786	\$846,162	\$902,572	48.5%	6.7%	

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

Operating Expenditures						
Labor						
Fringe Benefits						
Services	\$ 159,851	\$ 133,875	\$ 141,372	-16.3%	5.6%	First year of having actuals. There was no history of expense to base budget on.
Materials and Supplies	\$ 9,710	\$ 65,400	\$ 69,062	573.5%	5.6%	
Utilities	\$ 9,922			-100.0%		
Casualty and Liability						
Taxes						
Purchased Transportation:						
Purchased Bus Pass Expenses						
School Bus Utilization Expenses						
Contracted Transportation Services	\$ 709,978	\$ 694,133	\$ 733,004	-2.2%	5.6%	
Other						
Miscellaneous	\$ 5,600	\$ 4,500	\$ 4,752	-19.6%	5.6%	
Operating Debt Service - Principal & Interest						
Leases and Rentals						
Contrib. to Capital Equip. Replacement Fund						
In-Kind, Contributed Services	\$ -	\$ -	\$ -			
Allocated Indirect	\$ (325,275)	\$ (51,746)	\$ (45,619)	-84.1%	-11.8%	
<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						

Total Expenditures =	\$0	\$846,162	\$902,572	48.5%	6.7%
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See NOTES Below.

# Comprehensive Budget Worksheet

Version 1.4

CTC: Jacksonville Transportation Authority Connexion Services  
 County: Nassau

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

1	2	3	4	5	6	7

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.







