



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

**MEETING AGENDA**

Putnam County Administration Conference Room  
2509 Crill Avenue, Suite 200, Palatka, Florida, 32177  
Teams Meeting ID: 264 315 288 424 33  
Passcode: ie3bN34G

Monday, May 18, at 10:30 a.m.

\*Denotes Required Action Item

1. Welcome, Call to Order, Roll Call/Quorum Review – Chair Wilkinson
2. Additions, Deletions, and Changes to the Agenda – Chair Wilkinson
3. Approval of February 9, 2026, Meeting Minutes – Chair Wilkinson (Pages 1-6)
4. Northeast Florida Regional Council Update – Ms. Bardge
  - a. MOA Review\* (Pages 7-15)
  - b. LCB Membership\* (Page 16)
  - c. Annual CTC Evaluation\* – Ride Along Assessment (Pages 17 – 85)
5. Community Transportation Coordinator (CTC) System Update
  - a. CTC Quarterly Update (86-99)
  - 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 Wilkinson

Next LCB Meeting: September 21, 2026, at 10:30 a.m.  
Putnam County Planning & Development Conference Room,  
2509 Crill Avenue, Suite 300, Palatka, Florida, 32177



**Transportation  
Disadvantaged**

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

**Monday, February 9, 2026**

Northeast Florida Regional Council  
Elizabeth Payne, AICP  
Chief Executive Officer

Putnam County Commission  
Hon. Leota Wilkinson, 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 Putnam County Transportation Disadvantaged (TD) Local Coordinating Board (LCB) was held in person and virtually via Microsoft Teams on Monday, February 9, 2026. Chair Wilkinson called the meeting to order at 10:30 a.m. with the following members present:

<b>Representing:</b>	<b>Voting Member:</b>
Elected Official/Chair	Leota Wilkinson (In-person)
Department of Children and Families	Christina Gillis (Virtual)
Vocational Rehabilitation	Francis Dollinger (In-person)
Veteran	Allen Buquo (In-person)
Citizen Advocate/User	Christopher Glymph (In-person)
Agency for Health Care Adm.	Pamela Hagley

Members Not Present

FDOT	Geanelly Reveron
Public Education	Sharon Spell
Citizen Advocate/User	Darlene Laibi-Crowe
Agency for Persons w/Disabilities	Sheryl Stafford
Regional Workforce Dev. Board	Rhonda Bryant
Medical Community	Nancy Russo

Community Transportation Coordinator Staff Present

Boyd Thompson, MariCarmen Beltran, Reginald Johnson (In-Person)

Planning Agency Staff Present

Eric Anderson, Leigh Wilsey (In-Person)

## Guests

None

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

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

There were no changes to the agenda.

## 3. Approval of November 17, 2025, Meeting Minutes\*

Mr. Glymph motioned for the approval of the November 17, 2025 meeting minutes; seconded by Mr. Buquo. The meeting minutes were approved unanimously.

## 4. Northeast Florida Regional Council Update

Mr. Anderson informed the Committee that Summer Jones has accepted another position with the FDOT.

- Election of Grievance and Evaluation Committee

Ms. Hagley inquired about the voting structure for new grievance and evaluation committee members. Mr. Anderson provided information on the current structure of both LCB committees. There was discussion about the current appointments and their LCB attendance.

After discussion, Mr. Boquo made a motion to maintain Ms. Laible-Crowe, Mr. Glymph, and Sheryl Stanford and remove Ms. Russo from the Governance Committee. This was seconded by Ms. Hagley. The motion carried.

- LCB Membership Review/Approval\*

Mr. Anderson provided an update on the number of membership vacancies and a request to have Mr. Chris Nelsen removed from the roster as he is currently assigned to another team.

Mr. Buquo motioned for the approval of the LCB Membership Roster as reviewed; seconded by Mr. Glymph. The motion was approved unanimously.

- Annual Review of Bylaws\*

Mr. Anderson provided an overview of the Bylaws. There were no recommended changes to the Bylaws.

Mr. Glymph motioned for the approval of the Annual Review of Bylaws; seconded by Mr. Buquo. The Annual Review of Bylaws was approved unanimously.

- LCB Recommendation for CTC\*

Mr. Anderson explained that a Request for Proposal was issued in November 2025 and received two responses – The Ride Solutions and Jacksonville Transportation Authority (JTA). A selection committee was formed to review and score each response.

After reviewing, the committee unanimously recommended that Putnam County's The Ride Solutions be CTC.

- Annual CTC Evaluation

The LCB discussed scheduling a time and date for the required annual CTC Ride Along and emphasized that it should occur before the next quarterly meeting. The new TD Coordinator will reach out to the evaluation committee with dates to schedule the evaluation.

- TDSP Annual Review (Roll Call)\*

Mr. Anderson confirmed there were updates, but no significant changes to the TDSP annual Review.

Mr. Anderson conducted the roll call vote. The TDSP passed unanimously.

5. Community Transportation Coordinator (CTC) System Update – Mr. Thompson

Mr. Thompson provided a detailed overview of the current construction project as well as future projections.

a. CTC Quarterly Update



**RIDE SOLUTION, INC.**

**FEBRUARY 2026 LOCAL COORDINATING BOARD UPDATE**

<b>A.</b>	<b>2025</b>	<b>TRIPS INVOICED</b>	<b>TOTAL NS TRIPS</b>
•	JAN.	1283	1283
•	FEB.	1265	1266
•	MAR.	1168	1168
•	APR.	1288	1288
•	MAY	1256	1256
•	JUNE	1267	1267
•	JULY	1333	1427
•	AUG.	1375	1375
•	SEPT.	1252	1420
•	OCT.	1268	1467
•	NOV.	1205	1239
•	DEC.	1331	1397

**B. FDOT VISIT TO PUTNAM – DECEMBER 17, 2025**

- Putnam County overview
- Funding strategies for Flex routes
- Putnam County Transit Study
- Bus Depot Tour

b. Grant Updates\*(Approval if required)

The committee discussed changes to the 5311 funding and agreed to delay applying any updates until 2027.

There were no grant changes.

6. Old Business

There was no old business.

7. New Business

There was no new business.

8. Public Comment

There was no public comment.

9. Member and Department Reports

There were no members and department reports.

10. Adjournment

Chair Wilkinson adjourned the meeting at 12:00 p.m.

The Annual Public Hearing and the next LCB meeting will take place on May 18, 2026, at 10:30 a.m.

DRAFT

# PLEASE SIGN IN!



## COMMISSION FOR THE TRANSPORTATION DISADVANTAGED

February 9, 2026  
10:30 a.m.

Date:  
Time:

Putnam County Government Complex, 2509 Crill Avenue, Palatka, FL 32177

Name	Address	Phone	E-Mail
Christopher Gilmanph	110 Nank + PL Palatka	352-672-2325	cbgimph@yahoo.com
Eric Anderson	Ride Solution	904	erandersonen@br.com
Marianne Jatta	Ride Solution		
Reginald Johnson	RIDE SOLUTION		
<del>David Jackson</del>	VE TEARS	3863290328	omFile
BURVO ALLEN	COMM		DNFILE
LEETA WILKINSON	on file	904-916-5533	on file-
Mary Garcia	NEFRC		lwilsey@NEFRC.org
Lepha Busby			

ATTENDANCE RECORD  
 PUTNAM COUNTY  
 LOCAL COORDINATING BOARD

Position	Name/Alt.	02/09/26	09/15/25	5/19/25	2/10/25
1. Chairperson	Commissioner Wilkinson/Commissioner- Adamczyk	P	P	P	a
2. Dept. of Transportation	Geanelly Reveron / Christina Nalsen / Lauren Adams	a	P	P	P
3. Dept. Of Children and Families	Christina Gillis / John Wisker	P	P	P	P
4. Public Education	Sharon Spell	a	P	a	a
5. Vocational Rehab. (Dept. Ed.)	Rechelle Price Francis Dollinger	P	P	a	a
6. Veteran Services	Allen Buquo	P	P	a	a
7. Community Action(Econ. Disadv)	VACANT-Cyperiannia Murray	-	-	-	a
8. Elderly	VACANT/Fran Rossano / Betty Fisher	-	-	-	-
9. Disabled	Vacant/Brenda Lang	-	-	-	-
10. Citizen Advocate/User	Darlene Laibl-Crowe	a	P	P	a
11. Citizen Advocate/Non-User	Christopher Glymph	P	a	P	P
12. Children at Risk	Vacant	-	-	-	-
13. Dept. Of Elder Affairs	Vacant	-	-	-	-
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	a	P	P	a
17. Regional Workforce Dev. Brd.	Marc Albert	a	P	P	a
18. Local Medical Community	Nancy Russo	a	a		a

VACANT  
 Community Action (Econ. Disadvantaged)  
 Elderly  
 Disabled  
 Children at Risk  
 Private for Profit Transportation  
 Elder Affairs



**Transportation  
Disadvantaged**

April 9, 2026

**Ron DeSantis**  
*Governor*

**Monica Russell**  
*Chairperson*

**Melissa Smith**  
*Vice Chairperson*

**Karen Somerset**  
*Interim Executive Director*

Mr. Boyd Thompson  
Rode Solution, Inc.  
220 N 11<sup>th</sup>  
Palatka, Florida 32177

RE: Putnam County Community Transportation Coordinator Designation –  
Memorandum of Agreement # TD-2676

Dear Mr. Thompson:

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

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

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

Sincerely,

Daniel Zeruto  
Area 3 Project Manager

Enclosure: Executed Memorandum of Agreement

Contract # TD2676

Effective: 7/1/2026 to 6/30/2031

STATE OF FLORIDA  
COMMISSION FOR THE TRANSPORTATION DISADVANTAGED  
**MEMORANDUM OF AGREEMENT**

This Memorandum of Agreement is between the COMMISSION FOR THE TRANSPORTATION DISADVANTAGED, hereby referred to as the "Commission," and Ride Solution, Inc., 220 N 11th, Palatka, Florida, 32177, the COMMUNITY TRANSPORTATION COORDINATOR, designated pursuant to Chapter 427, F.S., to serve the transportation disadvantaged for the community that includes the entire area of Putnam County(ies), and hereafter referred to as the "Coordinator."

This Agreement is made in consideration of the mutual benefits to both parties; said consideration acknowledged hereto by the parties as good and valuable consideration.

The Parties Agree:

- I. The Coordinator Shall:
  - A. Become and remain totally apprised of all of the Transportation Disadvantaged resources available or planned in their designated service area. This knowledge will be used to plan, coordinate, and implement the most cost effective transportation disadvantaged transit system possible under the economic and other conditions that exist in the designated service area.
  - B. Plan and work with Community Transportation Coordinators in adjacent and other areas of the state to coordinate the provision of community trips that might be handled at a lower overall cost to the community by another Coordinator. This includes honoring any Commission-approved statewide certification program that allows for intercounty transportation opportunities.
  - C. Arrange for all services in accordance with Chapter 427, Florida Statutes, and Rule 41-2, FAC, and as further required by the Commission and the local Coordinating Board approved Transportation Disadvantaged Service Plan.
  - D. Return any acquired profits or surplus funds originating through the course of business as the Coordinator that are beyond the amounts(s) specifically identified and approved in the accompanying Transportation Disadvantaged Service Plan. Such profits or funds shall be returned to the Coordinator's transportation system or to any subsequent Coordinator, as a total transportation system subsidy, to be applied to the immediate following operational year. The Coordinator will include similar language in all coordination contracts to assure that transportation disadvantaged related revenues are put back into transportation disadvantaged services.

E. Accomplish this Project by:

1. Developing a Transportation Disadvantaged Service Plan for approval by the local Coordinating Board and the Commission. Coordinators who are newly designated to a particular service area shall submit a local Coordinating Board approved Transportation Disadvantaged Service Plan, within 120 calendar days following the execution of the Coordinator's initial memorandum of agreement with the Commission, for approval by the Commission. All subsequent Transportation Disadvantaged Service Plans shall be submitted and approved with the corresponding memorandum of agreement. The approved Transportation Disadvantaged Service Plan will be implemented and monitored to provide for community-wide transportation services for purchase by non-sponsored transportation disadvantaged persons, contracting social service agencies, and other entities that use local, state, or federal government funds for the purchase of transportation for the transportation disadvantaged.
2. Maximizing the use of available public school transportation resources and public fixed route or fixed schedule transit services and assuring that private or public transit, paratransit operators, and school boards have been afforded a fair opportunity to participate to the maximum extent feasible in the planning process and in the development of the provisions of the Transportation Disadvantaged Service Plan for the transportation disadvantaged.
3. Providing or arranging 24-hour, 7-day per week transportation disadvantaged service as required in the designated service area by any Federal, State or Local Government agency sponsoring such services. The provision of said services shall be furnished in accordance with the prior notification requirements identified in the local Coordinating Board and Commission approved Transportation Disadvantaged Service Plan.
4. Complying with all local, state, and federal laws and regulations that apply to the provision of transportation disadvantaged services.
5. Submitting to the Commission an Annual Operating Report detailing demographic, operational, and financial data regarding coordination activities in the designated service area. The report shall be prepared on forms provided by the Commission and according to the instructions of said forms.

F. Comply with Audit and Record Keeping Requirements by:

1. Utilizing the Commission recognized Chart of Accounts defined in the *Transportation Accounting Consortium Model Uniform Accounting System for Rural and Specialized Transportation Providers* (uniform accounting system) for all transportation disadvantaged accounting and reporting purposes. Community Transportation Coordinators with existing and equivalent accounting systems are not required to adopt the Chart of Accounts in lieu of their existing Chart of Accounts but shall prepare all reports, invoices, and fiscal documents relating to the transportation disadvantaged functions and activities using the chart of accounts and accounting definitions as outlined in the above referenced manual.

2. Assuming the responsibility of invoicing for any transportation services arranged, unless otherwise stipulated by a purchase of service contract or coordination contract.
  3. Maintaining and filing with the Commission, local Coordinating Board, and all purchasing agencies/entities such progress, fiscal, inventory, and other reports as those entities may require during the period of this Agreement.
  4. Providing copies of finance and compliance audits to the Commission and local Coordinating Board as requested by the Commission or local Coordinating Board.
- G. Retain all financial records, supporting documents, statistical records, and any other documents pertinent to this Agreement for a period of five (5) years after termination of this Agreement. If an audit has been initiated and audit findings have not been resolved at the end of five (5) years, the records shall be retained until resolution of the audit findings. The Coordinator shall assure that these records shall be subject to inspection, review, or audit at all reasonable times by persons duly authorized by the Commission or this Agreement. They shall have full access to and the right to examine any of the said records and documents during the retention period.
- H. Comply with Safety Requirements by:
1. Complying with Section 341.061, F.S., and Rule 14-90, FAC, concerning System Safety; or complying with Chapter 234.051, F.S., regarding school bus safety requirements for those services provided through a school board; and
  2. Assuring compliance with local, state, and federal laws, and Commission policies relating to drug testing. Conduct drug and alcohol testing for safety sensitive job positions within the coordinated system regarding pre-employment, randomization, post-accident, and reasonable suspicion as required by the Federal Highway Administration and the Federal Transit Administration.
- I. Comply with Commission insurance requirements by maintaining at least minimum liability insurance coverage in the amount of \$200,000 for any one person and \$300,000 per occurrence at all times during the existence of this Agreement for all transportation services purchased or provided for the transportation disadvantaged through the Community Transportation Coordinator. Upon the execution of this Agreement, the Coordinator shall add the Commission as an additional **named insured** to all insurance policies covering vehicles transporting the transportation disadvantaged. In the event of any cancellation or changes in the limits of liability in the insurance policy, the insurance agent or broker shall notify the Commission. The Coordinator shall insure that contracting transportation operators and coordination contractors also maintain the same minimum liability insurance, or an equal governmental insurance program. Insurance coverage in excess of \$1 million per occurrence must be approved by the Commission and the local Coordinating Board before inclusion in the Transportation Disadvantaged Service Plan or in the justification of rates and fare structures. Such coverage may be provided by a self-insurance program established and operating under the laws of the State of Florida and written verification of insurance protection in accordance with Section 768.28, Florida Statutes, shall be provided to the Commission upon request.

- J. Safeguard information by not using or disclosing any information concerning a user of services under this Agreement for any purpose not in conformity with the local, state and federal regulations (45 CFR, Part 205.50), except upon order of a court, written consent of the recipient, or his/her responsible parent or guardian when authorized by law.
- K. Protect Civil Rights by:
1. Complying with state and federal laws including but not limited to laws regarding discrimination on the basis of sex, race, religion, age, disability, sexual orientation, or national origin. The Coordinator gives this assurance in consideration of and for the purpose of obtaining federal grants, loans, contracts (except contracts of insurance or guaranty), property, discounts, or other federal financial assistance to programs or activities receiving or benefiting from federal financial assistance and agreeing to complete a Civil Rights Compliance Questionnaire if so requested by the Commission.
  2. Agreeing that compliance with this assurance constitutes a condition of continued receipt of or benefit from federal financial assistance, and that it is binding upon the Coordinator, its successors, subcontractors, transferee, and assignees for the period during which such assistance is provided. Assure that all operators, subcontractors, subgrantee, or others with whom the Coordinator arranges to provide services or benefits to participants or employees in connection with any of its programs and activities are not discriminating against those participants or employees in violation of the above statutes, regulations, guidelines, and standards. In the event of failure to comply, the Coordinator agrees that the Commission may, at its discretion, seek a court order requiring compliance with the terms of this assurance or seek other appropriate judicial or administrative relief, to include assistance being terminated and further assistance being denied.
- L. To the extent allowed by Section 768.28, Florida Statutes, and only to the monetary and other limitations contained therein, indemnify and hold harmless the Commission and all of the Commission's members, officers, agents, and employees; purchasing agency/entity officers, agents, and employees; and the local, state, and federal governments from any claim, loss, damage, cost, charge or expense arising out of any act, action, neglect or omission by the Coordinator during the performance of this Agreement, whether direct or indirect, and whether to any person or property to which the Commission or said parties may be subject, except that neither the Coordinator nor any of its sub-contractors will be liable under this section for damages arising out of injury or damage to persons or property directly caused or resulting from the sole negligence of the Commission or any of its members, officers, agents or employees; purchasing agency/entity, officers, agents, and employees; and local, state, or federal governments. Nothing herein is intended to serve as a waiver of sovereign immunity by any agency/entity or Coordinator to which sovereign immunity may be applicable. Nothing herein shall be construed as consent by a state agency/entity or political subdivision of the State of Florida or the federal government to be sued by third parties in any matter arising out of any Agreement or contract. Notwithstanding the foregoing, pursuant to Section 768.28, Florida Statutes, no agency or subdivision of the state shall be required to indemnify, insure, or assume any liability for the Commission's negligence.

- M. Comply with standards and performance requirements of the Commission, the local Coordinating Board approved Transportation Disadvantaged Service Plan, and any purchase of service contracting agencies/entities. Failure to meet the requirements or obligations set forth in this MOA, and performance requirements established and monitored by the local Coordinating Board in the approved Transportation Disadvantaged Service Plan, shall be due cause for non-payment of reimbursement invoices until such deficiencies have been addressed or corrected to the satisfaction of the Commission.
- N. Comply with subcontracting requirements by executing or negotiating contracts for transportation services with Transportation Operators and Coordination Contractors, and assuring that the conditions of such contracts are maintained. The requirements of Part 1, Paragraph E.5. through M are to be included in all contracts, subcontracts, coordination contracts, and assignments made by the Coordinator for services under this Agreement. Said contracts, subcontracts, coordination contracts, and assignments will be reviewed and approved annually by the Coordinator and local Coordinating Board for conformance with the requirements of this Agreement.
- O. Comply with the following requirements concerning drivers and vehicles:
1. Drivers for paratransit services, including coordination contractors, shall be required to announce and identify themselves by name and company in a manner that is conducive to communications with the specific passenger, upon pickup of each rider, group of riders, or representative, guardian, or associate of the rider, except in situations where the driver regularly transports the rider on a recurring basis. Each driver must have photo identification that is in view of the passenger. Name patches, inscriptions or badges that affix to driver clothing are acceptable. For transit services, the driver photo identification shall be in a conspicuous location in the vehicle.
  2. The paratransit driver shall provide the passenger with boarding assistance, if necessary or requested, to the seating portion of the vehicle. The boarding assistance shall include opening the vehicle door, fastening the seat belt or utilization of wheelchair securement devices, storage of mobility assistive devices, and closing the vehicle door. In certain paratransit service categories, the driver may also be required to open and close doors to buildings, except in situations in which assistance in opening/closing building doors would not be safe for passengers remaining on the vehicle. Assisted access must be in a dignified manner. Drivers may not assist wheelchair up or down more than one step, unless it can be performed safely as determined by the passenger, guardian, and driver.
  3. All vehicles shall be equipped with two-way communications in good working order and be audible to the driver at all times to the base.
  4. All vehicles providing service within the coordinated system, shall have working air conditioners and heaters in each vehicle. Vehicles that do not have a working air conditioner or heater will be scheduled for repair or replacement as soon as possible.

P. Comply with other requirements as follows:

1. Transport an escort of a passenger and dependent children as locally negotiated and identified in the local Transportation Disadvantaged Service Plan.
2. Determine locally in the Transportation Disadvantaged Service Plan, the use, responsibility, and cost of child restraint devices.
3. Transport with the passenger at no additional charge, passenger property that can be carried by the passenger and/or driver in one trip and can be safely stowed on the vehicle. Additional requirements may be negotiated for carrying and loading rider property beyond this amount. Passenger property does not include wheelchairs, child seats, stretchers, secured oxygen, personal assistive devices, or intravenous devices.
4. Provide shelter, security, and safety of passengers at vehicle transfer points.
5. Post a local or other toll-free number for complaints or grievances inside each vehicle. The local complaint process shall be outlined as a section in the local Transportation Disadvantaged Service Plan including advising the dissatisfied person about the Commission's Ombudsman Program as a step within the process as approved by the local Coordinating Board.
6. Provide out-of-service-area trips, when determined locally and approved by the local Coordinating Board, except in instances where local ordinances prohibit such trips.
7. Keep interior of all vehicles free from dirt, grime, oil, trash, torn upholstery, damaged or broken seats, protruding metal or other objects or materials which could soil items placed in the vehicle or provide discomfort for the passenger.
8. Determine locally by the local Coordinating Board and provide in the local Transportation Disadvantaged Service Plan the billing requirements of the Community Transportation Coordinator. All bills shall be paid to subcontractors within 7 calendar days after receipt of said payment by the Coordinator, in accordance with Section 287.0585, Florida Statutes.
9. Maintain or have access to a passenger/trip database on each rider being transported within the system.
10. Provide each rider and escort, child, or personal care attendant adequate seating for paratransit services. No more passengers than the registered passenger seating capacity shall be scheduled or transported in a vehicle at any time. For transit services provided by transit vehicles, adequate seating or standing space will be provided to each rider and escort, child, or personal care attendant, and no more passengers than the registered passenger seating or standing capacity shall be scheduled or transported in a vehicle at any time.
11. First Aid shall be determined locally and provided in the local Transportation Disadvantaged Service Plan.

12. Cardiopulmonary Resuscitation shall be determined locally and provided in the local Transportation Disadvantaged Service Plan.

II. The Commission Shall:

- A. Recognize the Coordinator as the entity described in Section 427.011(5), Florida Statutes, and Rule 41-2.002(4), F.A.C.
- B. Attempt to insure that all entities with transportation disadvantaged funds will purchase transportation disadvantaged services through the Coordinator's system.

III. The Coordinator and the Commission Further Agree:

- A. Nothing in this Agreement shall require the Commission to observe or enforce compliance with any provision thereof, perform any other act or do any other thing in contravention of any applicable state law. If any of the provisions of this Agreement is found by a court of law to violate any applicable state law, the purchasing agency/entity will at once notify the Commission in writing in order that appropriate changes and modifications may be made by the Commission and the Coordinator to the end that the Coordinator may proceed as soon as possible with the provision of transportation services.
- B. If any part or provision of this Agreement is held invalid, the remainder of this Agreement shall be binding on the parties hereto.
- C. Termination Conditions:
  - 1. Termination at Will - This Agreement may be terminated by either party upon no less than thirty (30) days notice, without cause. Said notice shall be delivered by certified mail, return receipt required, or in person with proof of delivery.
  - 2. Termination for Breach - Unless the Coordinator's breach is waived by the Commission in writing, the Commission may, by written notice to the Coordinator, terminate this Agreement upon no less than twenty-four (24) hours notice. Said notice shall be delivered by certified mail, return receipt requested, or in person with proof of delivery. Waiver by the Commission of breach of any provision of this Agreement shall not be deemed to be a waiver of any other breach and shall not be construed to be a modification of the terms of this Agreement, and shall not act as a waiver or estoppel to enforcement of any provision of this Agreement. The provisions herein do not limit the Commission's right to remedies at law or to damages.
- D. This agreement will expire unless an extension is granted to the Coordinator in writing by the Commission, in accordance with Chapter 287, Florida Statutes.
- E. Renegotiations or Modifications of this Agreement shall only be valid when they have been reduced to writing, duly approved by the Commission, and signed by both parties hereto.

F. Notice and Contact:

The name and address of the contract manager for the Commission for this Agreement is: **Executive Director, 605 Suwannee Street, MS-49, Tallahassee, FL 32399-0450**. The representative/position of the Coordinator responsible for administration of the program under this Agreement is: **Boyd Thompson, 220 N 11th, Palatka, Florida 32177**

In the event that either party designates different representatives after execution of this Agreement, notice of the name and address of the new representative will be rendered in writing to the other party and said notification attached to originals of this Agreement.

This document has been reviewed in its entirety and approved by the local Coordinating Board at its official meeting held on 2-2-26.

Scott D. Wilkinson  
Coordinating Board Chairperson

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

COMMUNITY TRANSPORTATION  
COORDINATOR:

Ride Solution, Inc.  
Agency Name

Boyd Thompson  
Typed Name of Authorized Individual

Signature: [Signature]

Title: Executive Director

STATE OF FLORIDA, COMMISSION FOR  
THE TRANSPORTATION DISADVANTAGED:

Karen Somers  
Typed Name of Authorized Individual

Signature: [Signature]

Title: Executive Director

Salutation	First Name	Last Name	Organization	Representing		Grievance Committee	Evaluation Committee	Comments	VC Expire
<b>PUTNAM COUNTY</b>									
Hon.	Leota	Wilkinson	Putnam Co Board of County Commissioners	Elected Official	Voting Member			Chair	
Ms.	Geanelly	Reveron	FDOT, District 2	FDOT	Voting Member				
Ms.	Janell	Damato	FDOT, District 2	FDOT	Alternate				
Ms.	Heather	Fish	FDOT, District 2	FDOT	Alternate				
Ms.	Lauren	Adams	FDOT, District 2	FDOT	Alternate				
Ms.	Summer	Jones	FDOT, District 3	FDOT	Alternate				
Ms.	Faith	Powell	FDOT, District 2	FDOT	Alternate				904-360-5667
Ms.	Christina	Gillis	Department of Children and Families	DCF	Voting Member				
Mr.	John	Wisker	Department of Children and Families	DCF	Alternate				
Ms.	Sharon	Spell	Putnam County School District	Public Education	Voting Member				
Mr.	Francis	Dollinger	Vocational Rehabilitation	Dept. of Education	Voting Member				
Mr.	Allen	Buquo	Putnam County Veterans Services	Veterans	Voting Member				
VACANT				Community Action (Econ. Disadvantaged)	VACANT				
VACANT				Elderly	VACANT				
VACANT				Persons w/Disabilities	VACANT				
Ms.	Darlene	Laibl-Crowe		Citizen Advocate/User	Voting Member	Nov-26	Nov-26	**please send Ms. Laibl-Crowe a packet by email**	
Mr.	Christopher	Glymph	Hanley Center Foundation	Citizen Advocate/Non-User	Voting Member	Nov-26	Nov-26	Vice Chair	
VACANT				Children at Risk	VACANT				
VACANT				Elder Affairs	VACANT				
VACANT				Private for Profit Transportation	VACANT				
Ms.	Pamela	Hagley	Agency for Health Care Administration	Agency for Health Care Admin.	Voting Member				
Ms.	Reeda	Harris	Agency for Health Care Administration	Agency for Health Care Admin.	Alternate				
Ms.	Sheryl	Stanford	Agency for Persons with Disabilities	Agency for Persons with Disabilities	Voting Member	Nov-26			
Ms.	Diana	Burgos-Garcia	Agency for Persons with Disabilities	Agency for Persons with Disabilities	Alternate				
Ms.	Rhonda	Bryant	CareerSource NEFL Career Center	Workforce Development	Voting Member				
Ms.	Nancy	Russo	SMA Healthcare	Medical Community	Voting Member	Nov-26			
Mr.	Boyd	Thompson	Ride Solution, Inc.	Local Mass/Public Transit	Non-Voting Member			CTC Director	
Ms.	MariCarmen	Beltran	Ride Solution, Inc.	Local Mass/Public Transit	Non-Voting Member			Director of Operations	
Ms.	Karin	Flositz	Community Partnership for Children		Interested Party			Send November mtg invite to her	
Ms.	Laura	Berardi	Putnam Co Board of County Commissioners	Executive Assistant to County Commissioners	Interested Party			reserves BOCC room	

***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***

<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>
<b>STATUS REPORT _____</b>	<b>43</b>
<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?



## 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)?

<b>Operator</b>	<b>Insurance Cost</b>

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(2), Safety Standards.**

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

Date of last SSPP Compliance Review \_\_\_\_\_, Obtain a copy of this review.

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

IS THE CTC IN COMPLIANCE WITH THIS SECTION?  Yes  No

ARE THE CTC CONTRACTED OPERATORS IN COMPLIANCE WITH THIS SECTION?

Yes  No

**DRIVER REQUIREMENT CHART**

Driver Last Name	Driver License	Last Physical	CPR/1st Aid	Def. Driving	ADA Training	Other-

**Sample Size:** 1-20 Drivers – 50-100%    21-100 Drivers – 20-50%    100+ Drivers – 5-10%



**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

9.53A

# Bus and Van Specification Checklist

Name of Provider: *The Ride Solutions*  
Vehicle Number (either VIN or provider fleet number): *not available*

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

Person Conducting Review: *Annette Bardege*

Date: *4/1/2026*

## 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 avail*
- 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.

*no tag with wpt*

## 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: 4/1/2020

Please list any special guests that were present: Jones, G

Location: Putnam

Number of Passengers picked up/dropped off:

Ambulatory  111

Non-Ambulatory  11

Was the driver on time?  Yes  No - How many minutes late/early? 53 min. late

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

*The driver state the bus does not have a 2 way radio. A tablet is used*

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:

Notes: The driver picks up all riders at once

CTC: The Ride Solutions County: Putnam

Date of Ride: 4/1/2020

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

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

**Note: Attach the manifest**

**ON-SITE OBSERVATION OF THE SYSTEM**

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

Date of Observation:

Please list any special guests that were present:

Location:

Number of Passengers picked up/dropped off:

Ambulatory

Non-Ambulatory

Was the driver on time?  Yes  No - How many minutes late/early? *20 minutes 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: \_\_\_\_\_ County: \_\_\_\_\_

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

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

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

**Note: Attach the manifest**

Summer J. - FDOT

**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

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: Ride Solution County: Putnam

Date of Ride: 4/1/2024

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

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

**Note: Attach the manifest**

## ON-SITE OBSERVATION OF THE SYSTEM

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

Date of Observation: 4/11/2026

Please list any special guests that were present:

Location: Pc119+K9, FL

Number of Passengers picked up/dropped off: 4

Ambulatory |||

Non-Ambulatory |

Was the driver on time?  Yes  No - How many minutes late/early? 20 min

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: Ride Solution County: Putnam

Date of Ride: 4/1/2026

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**

# RIDER/BENEFICIARY SURVEY

Staff making call: A Bardsley

County: Putnam

Date of Call: 4/1/2026

Funding Source: \_\_\_\_\_

1) Did you receive transportation service on 4/1/2026?  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 4/1/2026?

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

No. If no, skip to question # 6

What type of problem did you have with your trip?

Advance notice  Cost

Pick up times not convenient  Late pick up-specify time of wait

Assistance  Accessibility

Service Area Limits  Late return pick up - length of wait

Drivers - specify

Reservations - specify length of wait

Vehicle condition

Other

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

10

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

**Additional Comments:**

Feel like I've Regained my  
independence. I don't have to ask  
anyone for a ride to the doctors office  
my appointments

# Operator Manifest

Driver: GREEN, ANN

Date: 2026-04-01

Route: D03LOCAL

Vehicle: 46

Run Begin: \_\_\_\_\_

Run End: \_\_\_\_\_

Ending Mileage: \_\_\_\_\_

Beginning Mileage: \_\_\_\_\_

Total Daily Mileage: \_\_\_\_\_

Est Time	Sch /Appt. Time	Address / Comments	Est Time	Address	Client Name / ID / Disability	Pass Type	Space Type	Pass Num	Fare Type	Fare Amount
Route Begin 08:45	08:45	Route Begin								
Pickup 09:05	09:04	1000 HUSSON AVE, #322 PALATKA BARRY MANOR APTS TD MAILED FREE FEB PASS 1/26/2024	Dropoff 09:57	800 ZEAGLER DR, #STE 510 PALATKA FIRST COAST PHYSICAL THERAPY	MELENDEZ, VIOLA 204845	CLI	WH	1	NS	\$ 1.00
						Later Trips:	11:10		Route: D03LOCAL	
Pickup 09:22	09:21	1000 HUSSON AVE, #111 PALATKA TD-- MAILED FREE JULY PASS 6/28/2024	Dropoff 09:43	6121 ST JOHNS AVE PALATKA PUTNAM RADIOLOGY	BARTON, BARBARA 211939	CLI	WH	1	NS	\$ 1.00
						Later Trips:	11:25		Route: D03LOCAL	
Dropoff 09:43	10:30	6121 ST JOHNS AVE PALATKA PUTNAM RADIOLOGY	Pickup 09:22	1000 HUSSON AVE, #111 PALATKA	BARTON, BARBARA 211939					
Dropoff 09:57	10:00	800 ZEAGLER DR, #STE 510 PALATKA FIRST COAST PHYSICAL THER.	Pickup 09:05	1000 HUSSON AVE, #322 PALATKA BARRY MANOR APTS	MELENDEZ, VIOLA 204845					
Pickup 10:04	10:00	106 LEMON LN PALATKA TD MAILED FREE APRIL PASS 3/19/2024	Dropoff 10:15	511 W TOWLES AVE PALATKA	JOPKO, DALE 479813	CLI	AM	1	NS	\$ 1.00
						Later Trips:	12:19		Route: D03LOCAL	
Dropoff 10:15	11:00	511 W TOWLES AVE PALATKA	Pickup 10:04	106 LEMON LN PALATKA	JOPKO, DALE 479813					
Pickup 10:22	10:20	1718 OAK ST PALATKA TD-ADDRESS CHANGE 5/2/25 ADDRESS CHANED 4/2/25 CHANGES ADDRESS 8/19/24 MAILED FREE APRIL PASS 4/3/2024/MAILED RETURNED WITH FREE PASS 4/15/2024	Dropoff 11:09	6541 ST JOHNS AVE PALATKA FRESENIUS DIALYSIS CENTER	WILLIAMS, JIMMIE 479986	CLI	AM	1	NS	\$ 1.00
						Later Trips:	15:55		Route: D03LOCAL	
Pickup 10:30	10:28	520 OLIVE ST PALATKA <i>got here at 10:08 am</i>	Dropoff 11:09	6541 ST JOHNS AVE PALATKA FRESENIUS DIALYSIS CENTER	WILLIAMS, SHIRLEY 484783	CLI	AM	1	NS	\$ 1.00
						Later Trips:	15:32		Route: D03LOCAL	
Pickup 10:39	10:39 10:32	501 S PALM AVE PALATKA RADIANT NURSING HOME	Dropoff 11:05 10:44	326 ZEAGLER DR PALATKA DAVITA DIALYSIS - PALATKA	BASTIAN, TAMMY 486983	CLI	WH	1	FRE	\$ 0.00
						Later Trips:	14:30		Route: D03LOCAL	
Dropoff 11:05	11:00	326 ZEAGLER DR PALATKA DAVITA DIALYSIS - PALATKA	Pickup 10:39	501 S PALM AVE PALATKA RADIANT NURSING HOME	BASTIAN, TAMMY 486983					
Dropoff 11:08	11:20 10:50	6541 ST JOHNS AVE PALATKA FRESENIUS DIALYSIS CENTER	Pickup 10:30	520 OLIVE ST PALATKA	WILLIAMS, SHIRLEY 484783					

# Operator Manifest

Driver: GREEN, ANN  
 Date: 2026-04-01  
 Route: D03LOCAL  
 Vehicle: 46

Run Begin: \_\_\_\_\_  
 Run End: \_\_\_\_\_

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

Est Time	Sch /Apt. Time	Address / Comments	Est Time	Address	Client Name / ID / Disability	Pass Type	Space Type	Pass Num	Fare Type	Fare Amount
Route Begin 08:45	08:45	Route Begin								
Pickup 09:05	09:04	1000 HUSSON AVE, #322 PALATKA BARRY MANOR APTS TD MAILED FREE FEB PASS 1/26/2024	Dropoff 09:57	800 ZEAGLER DR, #STE 510 PALATKA FIRST COAST PHYSICAL THERAPY	MELENDEZ, VIOLA 204845	CLI	WH	1	NS	\$ 1.00
						Later Trips:		11:10	Route:	D03LOCAL
Pickup 09:22	09:21	1000 HUSSON AVE, #111 PALATKA TD-- MAILED FREE JULY PASS 6/28/2024	Dropoff 09:43	6121 ST JOHNS AVE PALATKA PUTNAM RADIOLOGY	BARTON, BARBARA 211939	CLI	WH	1	NS	\$ 1.00
						Later Trips:		11:25	Route:	D03LOCAL
Dropoff 09:43	10:30	6121 ST JOHNS AVE PALATKA PUTNAM RADIOLOGY	Pickup 09:22	1000 HUSSON AVE, #111 PALATKA	BARTON, BARBARA 211939					
Dropoff 09:57	10:00	800 ZEAGLER DR, #STE 510 PALATKA FIRST COAST PHYSICAL THER.	Pickup 09:05	1000 HUSSON AVE, #322 PALATKA BARRY MANOR APTS	MELENDEZ, VIOLA 204845					
Pickup 10:04	10:00	106 LEMON LN PALATKA TD MAILED FREE APRIL PASS 3/19/2024	Dropoff 10:15	511 W TOWLES AVE PALATKA	JOPKO, DALE 479813	CLI	AM	1	NS	\$ 1.00
						Later Trips:		12:19	Route:	D03LOCAL
Dropoff 10:15	11:00	511 W TOWLES AVE PALATKA	Pickup 10:04	106 LEMON LN PALATKA	JOPKO, DALE 479813					
Pickup 10:22	10:20	1718 OAK ST PALATKA TD-ADDRESS CHANGE 5/2/25 ADDRESS CHANED 4/2/25 CHANGES ADDRESS 8/19/24 MAILED FREE APRIL PASS 4/3/2024/MAILED RETURNED WITH FREE PASS 4/15/2024	Dropoff 11:09	6541 ST JOHNS AVE PALATKA FRESENIUS DIALYSIS CENTER	WILLIAMS, JIMMIE 479986	CLI	AM	1	NS	\$ 1.00
						Later Trips:		15:55	Route:	D03LOCAL
Pickup 10:30	10:28	520 OLIVE ST PALATKA	Dropoff 11:09	6541 ST JOHNS AVE PALATKA FRESENIUS DIALYSIS CENTER	WILLIAMS, SHIRLEY 484783	CLI	AM	1	NS	\$ 1.00
						Later Trips:		15:32	Route:	D03LOCAL
Pickup 10:39	10:39	501 S PALM AVE PALATKA RADIANT NURSING HOME	Dropoff 11:05	326 ZEAGLER DR PALATKA DAVITA DIALYSIS - PALATKA	BASTIAN, TAMMY 486983	CLI	WH	1	FRE	\$ 0.00
						Later Trips:		14:30	Route:	D03LOCAL
Dropoff 11:05	11:00	326 ZEAGLER DR PALATKA DAVITA DIALYSIS - PALATKA	Pickup 10:39	501 S PALM AVE PALATKA RADIANT NURSING HOME	BASTIAN, TAMMY 486983					
Dropoff 11:08	11:20	6541 ST JOHNS AVE PALATKA FRESENIUS DIALYSIS CENTER	Pickup 10:30	520 OLIVE ST PALATKA	WILLIAMS, SHIRLEY 484783					

Route: D03LOCAL

Est Time	Sch /Appt. Time	Address / Comments	Est Time	Address	Client Name / ID / Disability	Pass Type	Space Type	Pass Num	Fare Type	Fare Amount
Dropoff 11:09	11:30	6541 ST JOHNS AVE PALATKA FRESENIUS DIALYSIS CENTER	Pickup 10:22	1718 OAK ST PALATKA	WILLIAMS, JIMMIE 479986					
Pickup 11:10	11:10	800 ZEAGLER DR, #STE 510 PALATKA FIRST COAST PHYSICAL THER.	Dropoff 12:05	1000 HUSSON AVE, #322 PALATKA BARRY MANOR APTS	MELENDEZ, VIOLA 204845	CLI	WH	1	NS	\$ 1.00
Pickup 11:25	11:24	6121 ST JOHNS AVE PALATKA PUTNAM RADIOLOGY	Dropoff 12:12	1000 HUSSON AVE, #111 PALATKA	BARTON, BARBARA 211939	CLI	WH	1	NS	\$ 1.00
Pickup 11:34	11:33	5001 ST JOHNS AVE PALATKA ST JOHNS RIVER COM COLLEG	Dropoff 11:43	1100 N 19TH ST PALATKA JENKINS MIDDLE SCHOOL	LANCASTER, MARILYN 474128	CLI	AM	1	NS	\$ 1.00
Dropoff 11:43		1100 N 19TH ST PALATKA JENKINS MIDDLE SCHOOL	Pickup 11:34	5001 ST JOHNS AVE PALATKA ST JOHNS RIVER COM COLLEGE PAL	LANCASTER, MARILYN 474128					
Dropoff 12:05		1000 HUSSON AVE, #322 PALATKA BARRY MANOR APTS TD MAILED FREE FEB PASS 1/26/2024	Pickup 11:10	800 ZEAGLER DR, #STE 510 PALATKA FIRST COAST PHYSICAL TH	MELENDEZ, VIOLA 204845					
Dropoff 12:12		1000 HUSSON AVE, #111 PALATKA TD-- MAILED FREE JULY PASS 6/28/2024	Pickup 11:25	6121 ST JOHNS AVE PALATKA PUTNAM RADIOLOGY	BARTON, BARBARA 211939					
Pickup 12:19	12:18	511 W TOWLES AVE PALATKA	Dropoff 12:30	106 LEMON LN PALATKA	JOPKO, DALE 479813	CLI	AM	1	NS	\$ 1.00
Dropoff 12:30		106 LEMON LN PALATKA TD MAILED FREE APRIL PASS 3/19/2024	Pickup 12:19	511 W TOWLES AVE PALATKA	JOPKO, DALE 479813					
Pickup 12:55	13:10	4909 ST JOHNS AVE PALATKA	Dropoff 13:18	904 N 19TH STREET PALATKA HOME	LEWIS, THOMAS 201774	CLI	SC	1	NS	\$ 1.00
Dropoff 13:18		904 N 19TH STREET PALATKA HOME TD - FREE JAN PASS 2023-- GAVE IN OFFICE(CYNTHIA)	Pickup 12:55	4909 ST JOHNS AVE PALATKA	LEWIS, THOMAS 201774					
Pickup 13:26	13:25	326 ZEAGLER DR PALATKA DAVITA DIALYSIS - PALATKA	Dropoff 13:51	110 KAY LARKIN DR PALATKA PALATKA REHAB	MOYE, ANDREW 483185	CLI	WH	1		\$ 0.00
Dropoff 13:51		110 KAY LARKIN DR PALATKA PALATKA REHAB	Pickup 13:26	326 ZEAGLER DR PALATKA DAVITA DIALYSIS - PALATKA	MOYE, ANDREW 483185					
Pickup 13:58	14:00	276 US 17 N PALATKA	Dropoff 14:22	2201 HUSSON AVE PALATKA TYRRELL OAKS APARTMENTS	WASHINGTON, RUSSELL 213510	CLI	AM	1	NS	\$ 1.00
Pickup 14:05	14:00	103 S SR-19 PALATKA GOODWILL-PALATKA	Dropoff 14:14	422 MADISON ST, ##3 PALATKA	HURT, JONATHAN 470057	CLI	AM	1	NS	\$ 1.00

Route: D03LOCAL

Est Time	Sch /Appt. Time	Address / Comments	Est Time	Address	Client Name / ID / Disability	Pass Type	Space Type	Pass Num	Fare Type	Fare Amount
Dropoff 14:14		422 MADISON ST, ##3 PALATKA TD --MAILED FREE JULY PASS+ AND LETTER 7/11/2024	Pickup 14:05	103 S SR-19 PALATKA GOODWILL-PALATKA	HURT, JONATHAN 470057					
Dropoff 14:22		2201 HUSSON AVE PALATKA TYRRELL OAKS APARTMENTS	Pickup 13:58	276 US 17 N PALATKA	WASHINGTON, RUSSELL 213510					
Pickup 14:30	14:30	326 ZEAGLER DR PALATKA DAVITA DIALYSIS - PALATKA	Dropoff 14:57	501 S PALM AVE PALATKA RADIANT NURSING HOME	BASTIAN, TAMMY 486983	CLI	WH	1	FRE	\$ 0.00
Dropoff 14:57		501 S PALM AVE PALATKA RADIANT NURSING HOME	Pickup 14:30	326 ZEAGLER DR PALATKA DAVITA DIALYSIS - PALATKA	BASTIAN, TAMMY 486983					
Pickup 15:03	15:00	6541 ST JOHNS AVE PALATKA FRESENIUS DIALYSIS CENTER	Dropoff 15:11	2209 GILLIS ST PALATKA	HALL, KEVIN 486077	CLI	WH	1	NS	\$ 1.00
Dropoff 15:11		2209 GILLIS ST PALATKA TD MAILED LETTER AND FREE DEC PASS 12/2/2025	Pickup 15:03	6541 ST JOHNS AVE PALATKA FRESENIUS DIALYSIS CENTER	HALL, KEVIN 486077					
Pickup 15:32	15:40	6541 ST JOHNS AVE PALATKA FRESENIUS DIALYSIS CENTER	Dropoff 15:46	520 OLIVE ST PALATKA	WILLIAMS, SHIRLEY 484783	CLI	AM	1	NS	\$ 1.00
Dropoff 15:46		520 OLIVE ST PALATKA	Pickup 15:32	6541 ST JOHNS AVE PALATKA FRESENIUS DIALYSIS CENTER	WILLIAMS, SHIRLEY 484783					
Pickup 15:55	16:10	6541 ST JOHNS AVE PALATKA FRESENIUS DIALYSIS CENTER	Dropoff 16:17	1718 OAK ST PALATKA	WILLIAMS, JIMMIE 479986	CLI	AM	1	NS	\$ 1.00
Pickup 16:01	16:00	135 TOWN AND COUNTRY DR PALATKA PUBLIX PALATKA	Dropoff 16:11	3505 WOODLAND ST PALATKA	GREEN, ISSAC 471971	CLI	AM	1	NS	\$ 1.00
Dropoff 16:11		3505 WOODLAND ST PALATKA TD-NON MEDICAL TRIPS(FULL MC) MAILED FREE JUNE PASS+8 AND LETTER 6/6/25	Pickup 16:01	135 TOWN AND COUNTRY DR PALATKA PUBLIX PALATKA	GREEN, ISSAC 471971					
Dropoff 16:17		1718 OAK ST PALATKA TD-ADDRESS CHANGE 5/2/25 ADDRESS CHANED 4/2/25 CHANGES ADDRESS 8/19/24 MAILED FREE APRIL PASS 4/3/2024//MAILED RETURNED WITH FREE PASS 4/15/2024	Pickup 15:55	6541 ST JOHNS AVE PALATKA FRESENIUS DIALYSIS CENTER	WILLIAMS, JIMMIE 479986					
Route End 16:39	16:49	Route End								

# 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
<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?

**RIDE SOLUTION, INC.**  
**MAY 2026 LOCAL COORDINATING BOARD**

- **Operational Data**
  - **Summary**
  - **Total Trips by Month**
  - **NS Trips invoice – NS Qualifying Trips**
  - **FY 2026 Trips by Funding Source**
    - **Total and month breakdown**
  - **FY 2026 Trips by Purpose**
    - **Total and month breakdown**
- **January 2026 – March 2026 Invoices**

**Ride Solution, Inc.**  
**March YTD Ridership**

UDHC YTD March 2026	1,638
Total Trips March YTD	27,739

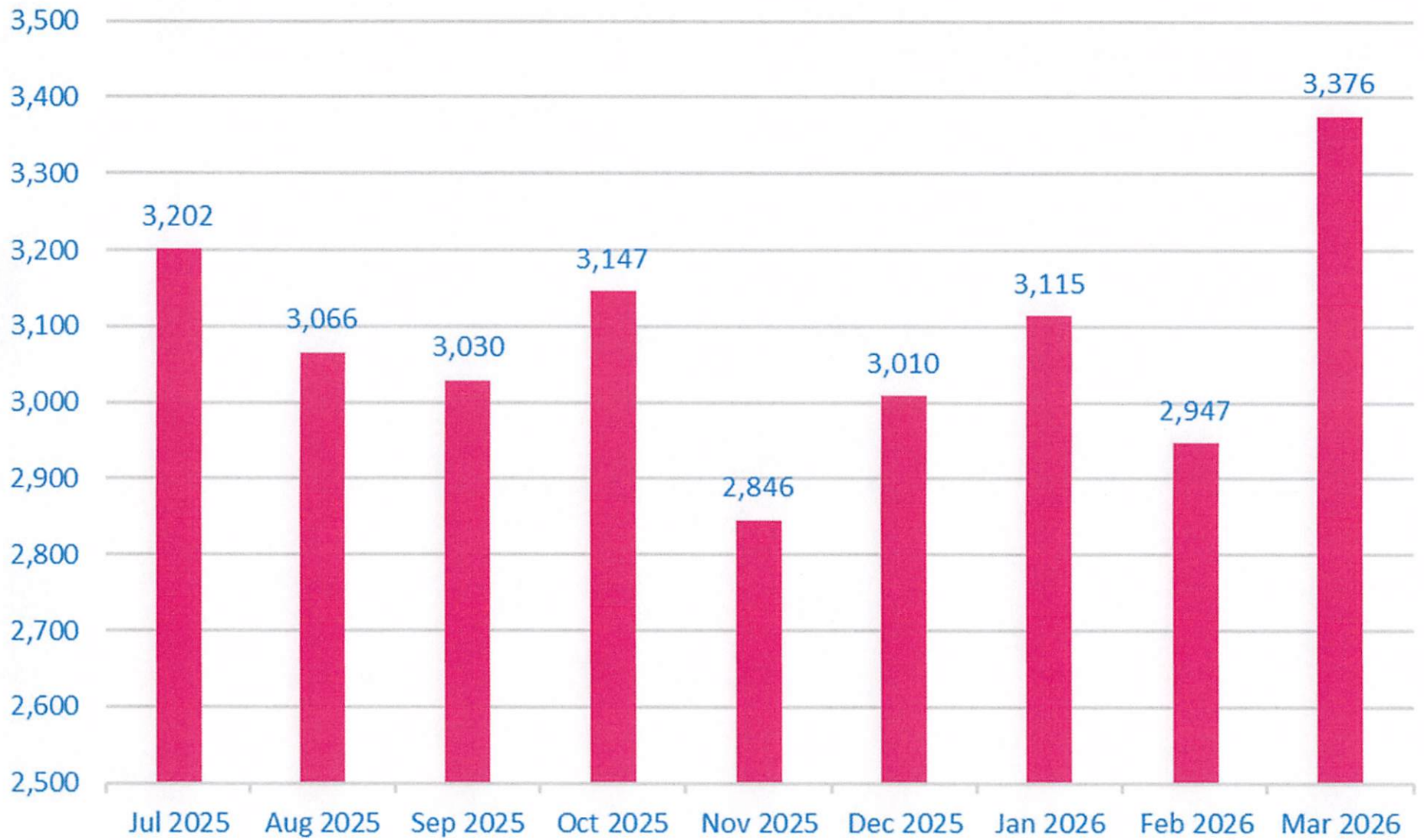
**Trips by Funding Source**

Funding Source	Trips	% of Total
NS/TD	13,279	48%
ALV/Medicaid	944	3%
ARC/Medwaiver	3,940	14%
RS_PCG/General Public	9,576	35%

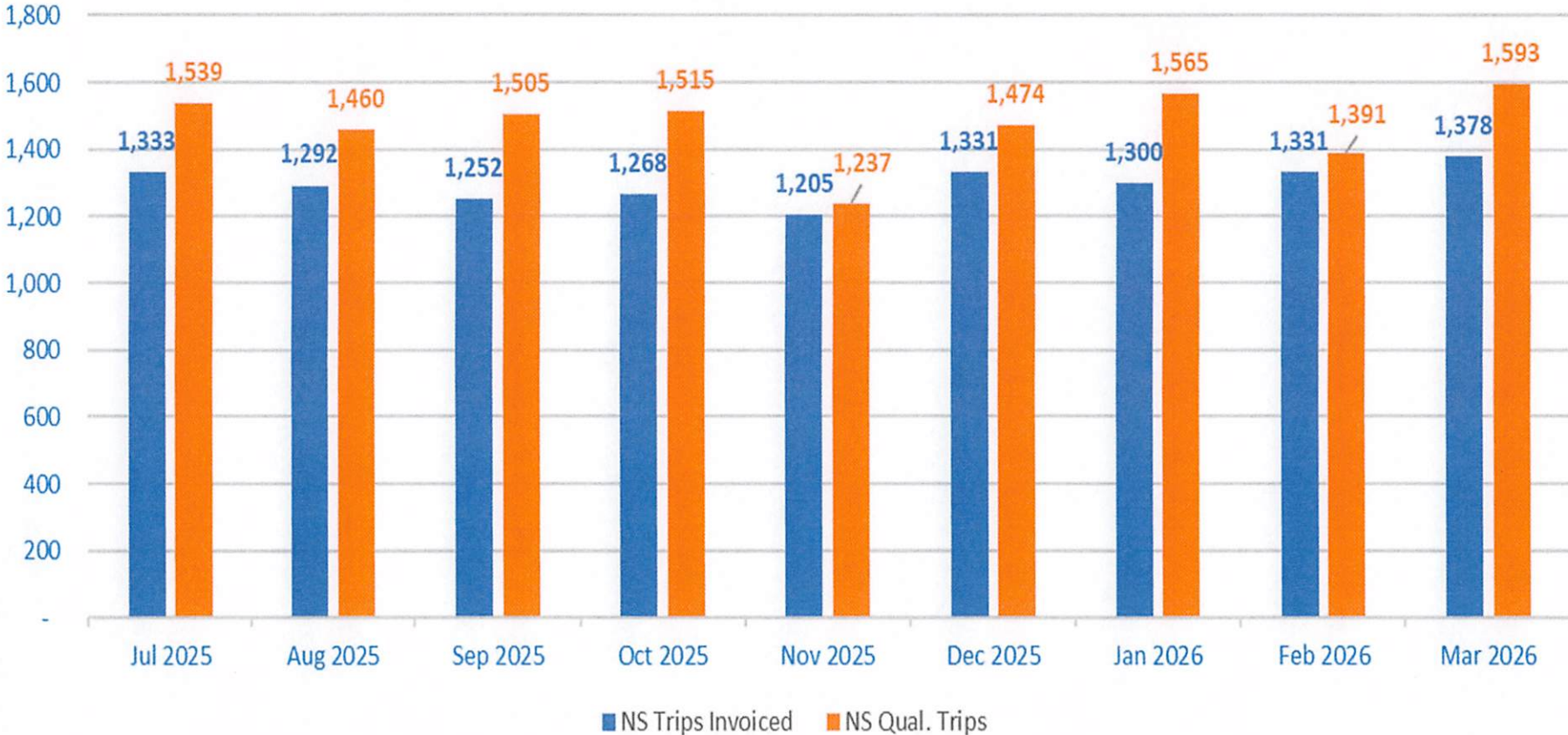
**Trips by Purpose**

DIALYSIS	5,991	22%
MEDICAL	3,880	14%
WORK	3,597	13%
ETD/ARC	3,552	13%
SHOPPING	2,238	8%
OTHER	8,481	31%

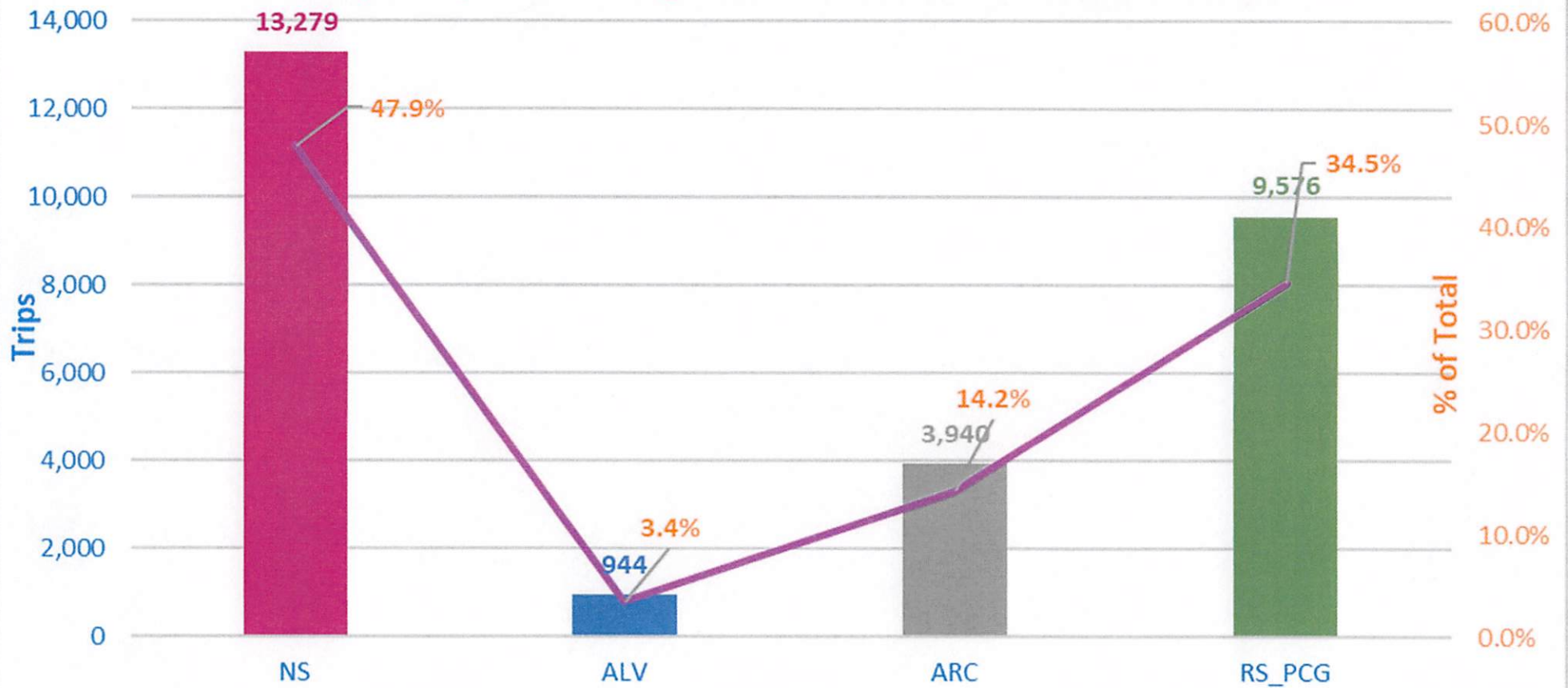
### Total Trips by Month (FY 2026 YTD)



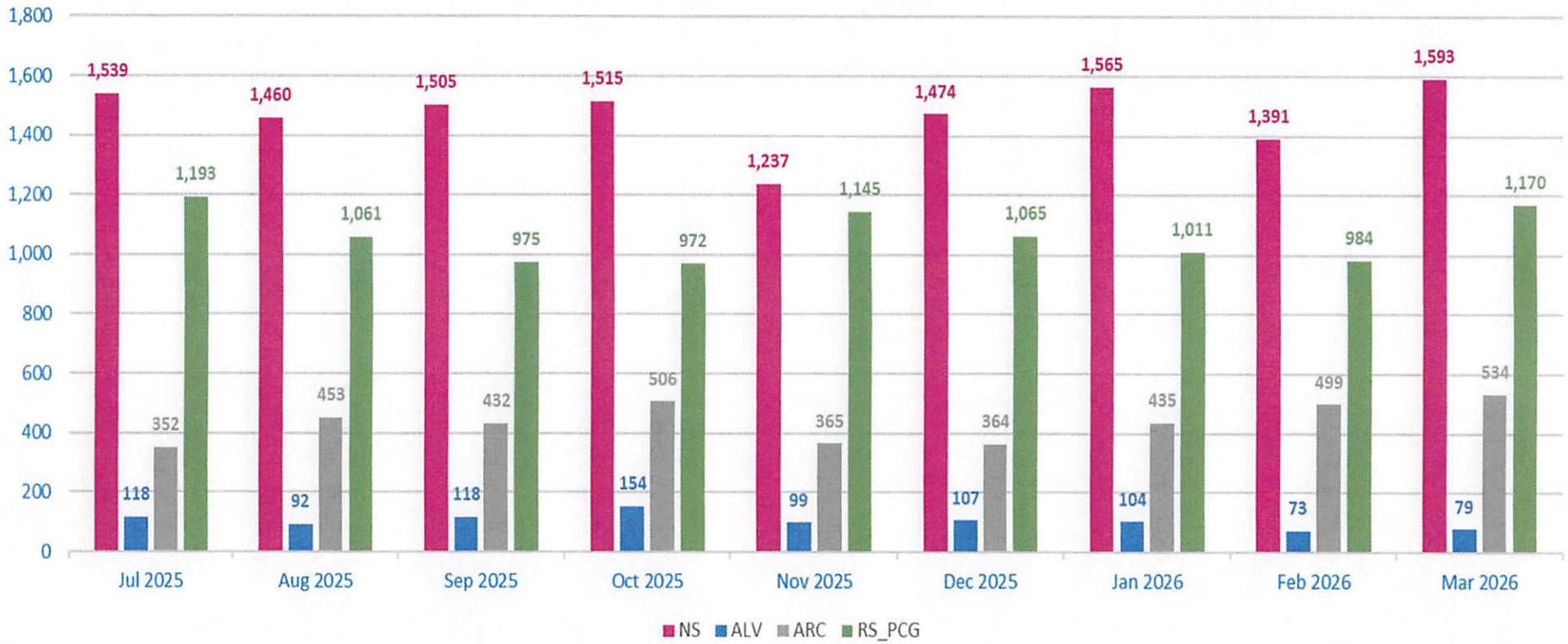
### NS Trips Invoiced vs NS Qual. Trips by Month



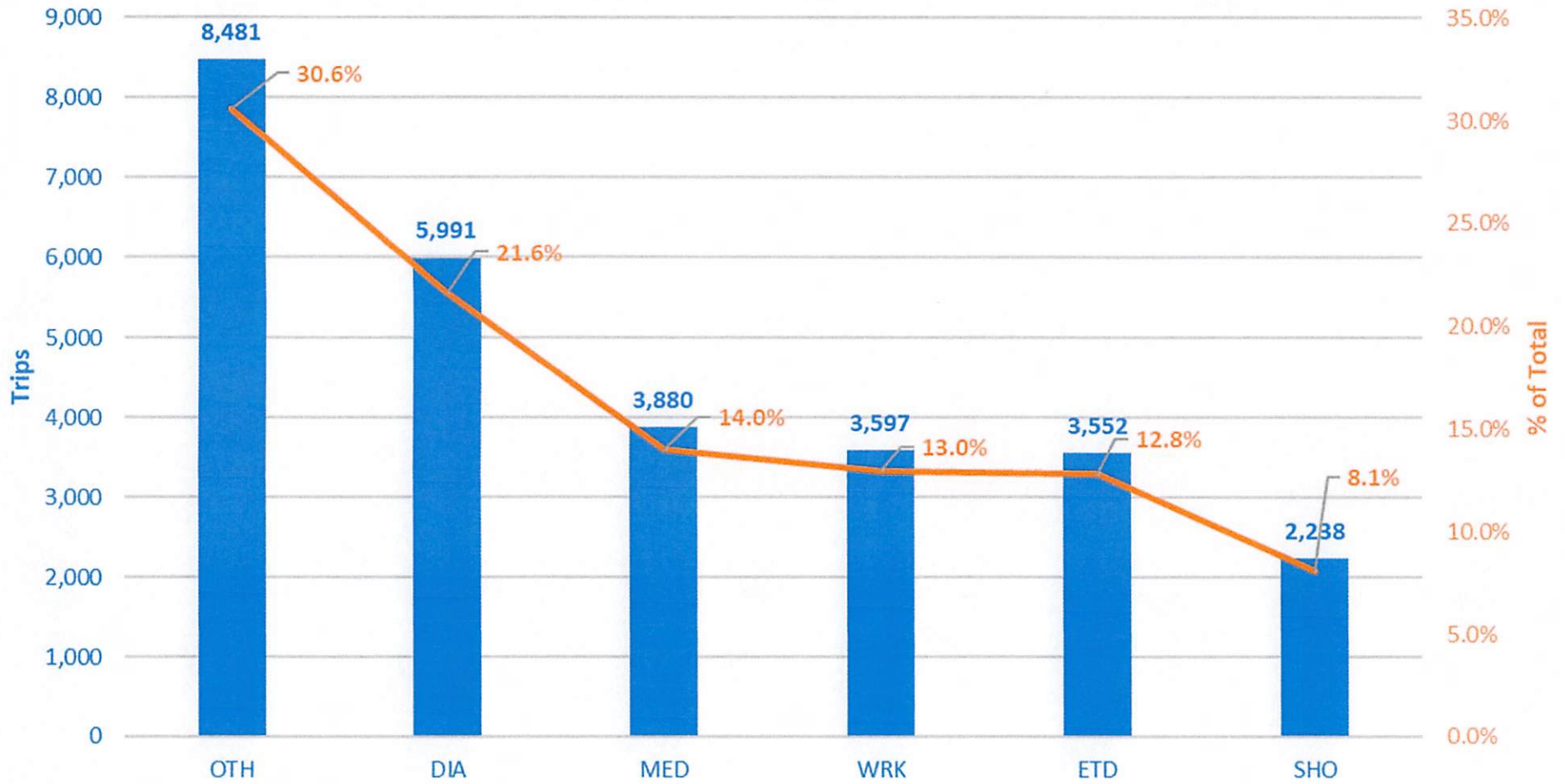
## Trips by Funding Source YTD March 2026



### Trips by Funding Source by Month



### Trips by Purpose — Count and % of Grand Total



### Trips by Purpose by Month (FY 2026 YTD)

