

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

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

REVIEW CHECKLIST & SCHEDULE


COLLECT FOR REVIEW:

- APR Data Pages
- QA Section of TDSP
- Last Review (Date: _____)
- List of Ombudsman Calls
- QA Evaluation (from TDSP)
- 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). (requested from PSTA on 1/10/23) 
- MAKE ARRANGEMENTS FOR VEHICLES TO BE INSPECTED** (Only if purchased after 1992 and privately funded).

INFORMATION OR MATERIAL TO TAKE WITH YOU:

- Measuring Tape
- Stop Watch

EVALUATION INFORMATION

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

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

Notes to remember:

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

ENTRANCE INTERVIEW QUESTIONS

INTRODUCTION AND BRIEFING:

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

The LCB will be reviewing the following areas:

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

USING THE APR, COMPILER THIS INFORMATION:

1. OPERATING ENVIRONMENT:

- RURAL URBAN

2. ORGANIZATION TYPE:

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

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, resolution typically described in the comments section of complaint

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?
 Eligibility is described in the TDSP beginning on page 27 (TDSP adopted 9/20/22)

Please Verify These Passengers Have an Eligibility Application on File:

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

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



TD *Tampa Bay*

Cross-County Trips are **BACK!**

Your Intercounty Connection

FOR JUST

\$6/RIDE

Get cross-county trips between your home and work, medical services, school, and other life-sustaining needs.

This same-day service is available from **7 am – 7 pm • Monday - Saturday**

TO LEARN MORE:

Contact the Transportation Disadvantaged (TD) eligibility office in the county where you live:

• PASCO COUNTY RESIDENTS:

Pasco County Public Transit:
727-834-3322 or **SCAN QR**



• PINELLAS COUNTY RESIDENTS:

PSTA Mobility Line:
727-540-1888, option **4** or **SCAN QR**



• HILLSBOROUGH COUNTY RESIDENTS:

Sunshine Line:
813-272-7272 or **SCAN QR**



Once your county refers you to TD Tampa Bay, look for an e-mail from PSTA within one week so you can start taking cross-county trips.



If you have additional questions, please call PSTA's Mobility Department at:



727-540-1888 (option 4)



TD@psta.net

GENERAL QUESTIONS

Findings:

Recommendations:

COMPLIANCE WITH CHAPTER 427, F.S.

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

REPORTING TIMELINESS

Were the following items submitted on time?

a. Annual Operating Report Yes No

Any issues that need clarification? Yes No

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

List:

b. Memorandum of Agreement Yes No

c. Transportation Disadvantaged Service Plan Yes No

d. Grant Applications to TD Trust Fund Yes No

e. All other grant application (____%) Yes No

IS THE CTC IN COMPLIANCE WITH THIS SECTION? Yes No

Comments:

COMPLIANCE WITH CHAPTER 427, F.S.

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

“Review all transportation operator contracts annually.”

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

Is a written report issued to the operator? Yes No

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

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

Is a written report issued? Yes No

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

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

IS THE CTC IN COMPLIANCE WITH THIS SECTION? Yes No

ASK TO SEE DOCUMENTATION OF MONITORING REPORTS.

COMPLIANCE WITH CHAPTER 427, F.S.

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

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

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

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

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

N/A

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

Yes No

If YES, what is the goal?

Is the CTC accomplishing the goal? Yes No

IS THE CTC IN COMPLIANCE WITH THIS REQUIREMENT? Yes No

Comments:

COMPLIANCE WITH CHAPTER 427, F.S.

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

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

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

Yes No

If Yes, describe the application review process.

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

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

IS THE CTC IN COMPLIANCE WITH THIS SECTION? Yes No

Comments:

COMPLIANCE WITH CHAPTER 427, F.S.

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

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

WHAT ARE THE PRIORITIES FOR THE TDTF TRIPS?

HOW ARE THESE PRIORITIES CARRIED OUT?

IS THE CTC IN COMPLIANCE WITH THIS SECTION? Yes No

Comments:

COMPLIANCE WITH CHAPTER 427, F.S.

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

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

Review the Operational section of the TDSP

1. Hours of Service:

2. Hours of Intake:

3. Provisions for After Hours Reservations/Cancellations?

4. What is the minimum required notice for reservations?

5. How far in advance can reservations be place (number of days)?

IS THE CTC IN COMPLIANCE WITH THIS SECTION? Yes No

Comments:

COMPLIANCE WITH CHAPTER 427, F.S.

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

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

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

HAVE ANY INNOVATIVE WAGES TRANSPORTATION SERVICES BEEN DEVELOPED?

IS THE CTC IN COMPLIANCE WITH THIS SECTION? Yes No

Comments:

CHAPTER 427

Findings:

Recommendations:

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

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

WHAT ARE THE MINIMUM LIABILITY INSURANCE REQUIREMENTS?

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

HOW MUCH DOES THE INSURANCE COST (per operator)?

Operator	Insurance Cost

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

Yes No

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

IS THE CTC IN COMPLIANCE WITH THIS SECTION? Yes No

Comments:

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

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

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

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

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

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



DATE OF LAST DRUG & ALCOHOL POLICY REVIEW: _____

IS THE CTC IN COMPLIANCE WITH THIS SECTION? Yes No

Comments:

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

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

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

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

Cost [CTC and Coordination Contractor (CC)]

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

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

Cost [CTC and Transportation Alternative (Alt.)]

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

IS THE CTC IN COMPLIANCE WITH THIS SECTION? Yes No

RULE 41-2



Findings:





Recommendations:




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

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

Review the TDSP for the Commission standards.

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

Adequate seating	
Driver Identification	
Passenger Assistance	
Smoking, Eating and Drinking	

Two-way Communications	
Air Conditioning/Heating	
Billing Requirements	


COMMISSION STANDARDS


Findings:

Recommendations:

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

Compliance with Local Standards
"...shall adhere to Commission approved standards..."

Review the TDSP for the Local standards. 

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



<i>Measurable Standards/Goals</i>	<i>Standard/Goal</i>	<i>Latest Figures</i>	<i>Is the CTC/Operator meeting the Standard?</i>
Public Transit Ridership	CTC	CTC	
	Operator A	Operator A	
	Operator B	Operator B	
	Operator C	Operator C	
On-time performance	CTC	CTC	
	Operator A	Operator A	
	Operator B	Operator B	
	Operator C	Operator C	
Passenger No-shows	CTC	CTC	
	Operator A	Operator A	
	Operator B	Operator B	
	Operator C	Operator C	
Accidents 6 accidents total	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	YES	YES	
Accommodating Life Support Systems (O ₂ Tanks, IV's...)	YES	YES	
Passenger Restraint Policies	YES	YES	
Standee Policies (persons standing on the lift)	YES	YES	
Driver Assistance Requirements	YES	YES	
Personal Care Attendant Policies	YES	YES	
Service Animal Policies	YES	YES	
Transfer Policies (From mobility device to a seat)	YES	YES	
Equipment Operation (Lift and securement procedures)	YES	YES	
Passenger Sensitivity/Disability Awareness Training for Drivers	YES	YES	

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

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

IS A RAMP PROVIDED? Yes No

ARE THE BATHROOMS ACCESSIBLE? Yes No

Bus and Van Specification Checklist

Name of Provider:

Vehicle Number (either VIN or provider fleet number):

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

Person Conducting Review:

Date:

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

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

Have the driver lower the lift to the ground:

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

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

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

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

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

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

While inside the vehicle:

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

Vehicles under 22 feet must have:

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

Vehicles over 22 feet must have:

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

COMPLIANCE WITH AMERICANS WITH DISABILITIES ACT

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



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:



**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:

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? _____

*placeholder pending confirmation from pcsb rep

**Level of Cost
Worksheet 1**

Cost page from AOR attached below



Home CTC Data Reports Help Contact

CTC Organization

County: Pinellas CTC Status: Submitted Date Initiated: 8/26/2022
Fiscal Year: CTD Status: Under Review
07/01/2021 – 06/30/2022

CTC Organization CTC Coordinated System CTC Trips CTC Vehicles & Drivers CTC Revenue Sources CTC Expense Sources

* CTC Organization Name:	* Transportation Operators	Number	* Local Coordinating Board (LCB) Chairperson:
Pinellas Suncoast Transit Authority	Yes	5	Chair Patti Reed
* Address:	* Coordination Contractors	Number	* CTC Contact:
3201 Scherer Dr. N	Yes	11	Patrick Murray
* City:	* State:	* Zip Code:	CTC Contact Title:
Saint Petersburg	F	33716	Manager
* Organization Type:			* CTC Contact Email:
Public Transit Authority			pmurray@psta.net
* Network Type:			* Phone:
Partial Brokerage			(727) 540-1988
* Operating Environment:			
Urban			
* Provide Out of County Trips:			
No			

Added By: Catherine
Date Added: 8/26/2022 Morales Date Modified: Modified By:

CTC Certification

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

CTC Representative (signature): Ross Silvers

LCB Certification

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

LCB Chairperson (signature): Patti Reed



CTC Expense Sources

County: Pinellas

CTC Status: In Progress

CTC Organization:

Pinellas Suncoast Transit Authority

Fiscal Year:

07/01/2021 - 06/30/2022

CTD Status: Pending Submission

[CTC Organization](#) [CTC Coordinated System](#) [CTC Trips](#) [CTC Vehicles & Drivers](#) [CTC Revenue Sources](#) **[CTC Expense Sources](#)**

	Selected Reporting Period			Previous Reporting Period		
	CTC & Transportation Operators	Coordination Contractors	Total	CTC & Transportation Operators	Coordination Contractors	Total
Expense Sources						
Labor	\$ 4,485,151	\$ 487,751	\$ 4,972,902	\$ 4,924,110	\$ 441,533	\$ 5,365,643
Fringe Benefits	\$ 521,122	\$ 79,624	\$ 600,746	\$ 851,259	\$ 68,312	\$ 919,571
Services	\$ 194,863	\$ 150,334	\$ 345,197	\$ 1,116,735	\$ 189,942	\$ 1,306,677
Materials & Supplies Consumed	\$ 699,378	\$ 212,415	\$ 911,793	\$ 839,163	\$ 176,016	\$ 1,015,179
Utilities	\$ 529,489	\$ 20,128	\$ 549,617	\$ 114,171	\$ 17,381	\$ 131,552
Casualty & Liability	\$ 989,255	\$ 318,281	\$ 1,307,536	\$ 707,454	\$ 286,698	\$ 994,152
Taxes	\$ 266,050	\$ 1,900	\$ 267,950	\$ 9,212	\$ 2,587	\$ 11,799
Miscellaneous	\$ 790,197	\$ 20,774	\$ 810,971	\$ 322,542	\$ 10,985	\$ 333,527
Interest	\$ 537	\$ 173	\$ 710	\$ 777	\$ 1,482	\$ 2,259
Leases & Rentals	\$ 42,389	\$ 51,633	\$ 94,022	\$ 582	\$ 44,526	\$ 45,108
Capital Purchases	\$ 603,109	\$ 78,798	\$ 681,907	\$ 791,774	\$ 125,909	\$ 917,683
Contributed Services	\$ 0	\$ 0	\$ 0	\$ 13,327	\$ 0	\$ 13,327
Allocated Indirect Expenses	\$ 305,115	\$ 69,616	\$ 374,731	\$ 301,154	\$ 78,379	\$ 379,533
Purchased Transportation Services						
Bus Pass	\$ 0	N/A	\$ 0	\$ 0	N/A	\$ 0
School Board (School Bus)	\$ 0	N/A	\$ 0	\$ 0	N/A	\$ 0
Transportation Network Companies (TNC)	\$ 0	N/A	\$ 0	\$ 195,321	N/A	\$ 195,321
Taxi	\$ 0	N/A	\$ 0	\$ 137,618	N/A	\$ 137,618
Contracted Operator	\$ 0	N/A	\$ 0	\$ 0	N/A	\$ 0
Total - Expense Sources	\$ 9,426,655	\$ 1,491,427	\$ 10,918,082	\$ 10,325,199	\$ 1,443,750	\$ 11,768,949

Date Created: 09/01/2022 Created By: Catherine Morales

Date Modified:

Modified By:

Comments

* Required Field

Add

Date Created	Created By	User Role	Date Modified	Modified By	*Comment	Delete	Save
--------------	------------	-----------	---------------	-------------	----------	--------	------



CTC Revenue Sources

County: Pinellas

CTC Status: In Progress

CTC Organization:

Pinellas Suncoast Transit Authority

Fiscal Year:

07/01/2021 - 06/30/2022

CTD Status: Pending Submission

[CTC Organization](#) [CTC Coordinated System](#) [CTC Trips](#) [CTC Vehicles & Drivers](#) **[CTC Revenue Sources](#)** [CTC Expense Sources](#)

	Selected Reporting Period			Previous Reporting Period		
	CTC & Transportation Operators	Coordination Contractors	Total	CTC & Transportation Operators	Coordination Contractors	Total
Revenue Sources						
Agency for Health Care Administration (AHCA)	\$ 0	\$ 60,083	\$ 60,083	\$ 0	\$ 135,465	\$ 135,465
Agency for Persons with Disabilities (APD)	\$ 654,748	\$ 123,570	\$ 778,318	\$ 542,952	\$ 79,745	\$ 622,697
Dept of Economic Opportunity (DEO)	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0
Dept of Children and Families (DCF)	\$ 0	\$ 655,645	\$ 655,645	\$ 0	\$ 346,262	\$ 346,262
Dept of Education (DOE)	\$ 0	\$ 0	\$ 0	\$ 21,315	\$ 0	\$ 21,315
Dept of Elder Affairs (DOEA)	\$ 711,227	\$ 0	\$ 711,227	\$ 286,746	\$ 0	\$ 286,746
Dept of Health (DOH)	\$ 0	\$ 0	\$ 0	\$ 0	\$ 234,573	\$ 234,573
Dept of Juvenile Justice (DJJ)	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0
Commission for the Transportation Disadvantaged (CTD)						
Non-Sponsored Trip Program	\$ 2,262,788	N/A	\$ 2,262,788	\$ 2,010,607	N/A	\$ 2,010,607
Non-Sponsored Capital Equipment	\$ 0	N/A	\$ 0	\$ 0	N/A	\$ 0
Rural Capital Equipment	\$ 0	N/A	\$ 0	\$ 0	N/A	\$ 0
TD Other	\$ 0	N/A	\$ 0	\$ 308,916	N/A	\$ 308,916
Department of Transportation (DOT)						
49 USC 5307	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0
49 USC 5310	\$ 1,453,269	\$ 24,311	\$ 1,477,580	\$ 492,128	\$ 63,425	\$ 555,553
49 USC 5311	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0
49 USC 5311 (f)	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0
Block Grant	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0
Service Development	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0
Commuter Assistance Program	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0
Other DOT	\$ 337,243	\$ 0	\$ 337,243	\$ 0	\$ 0	\$ 0
Local Government						
School Board (School Bus)	\$ 0	N/A	\$ 0	\$ 0	N/A	\$ 0
County Cash	\$ 7,403,441	\$ 117,752	\$ 7,521,193	\$ 0	\$ 113,093	\$ 113,093
County In-Kind	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0
City Cash	\$ 0	\$ 157,509	\$ 157,509	\$ 0	\$ 120,373	\$ 120,373
City In-Kind	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0
Other Cash	\$ 0	\$ 0	\$ 0	\$ 5,917,754	\$ 0	\$ 5,917,754
Other In-Kind	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0
Local Non-Government						
Farebox	\$ 27,819	\$ 21,025	\$ 48,844	\$ 28,506	\$ 14,116	\$ 42,622
Donations/Contributions	\$ 205	\$ 2,359	\$ 2,564	\$ 2,789	\$ 1,402	\$ 4,191
In-Kind Services	\$ 32,859	\$ 29,288	\$ 62,147	\$ 13,327	\$ 27,723	\$ 41,050

Other Non-Government	\$ 292,529	\$ 38,532	\$ 331,061	\$ 244,028	\$ 58,465	\$ 302,493
Other Federal & State Programs						
Other Federal Programs	\$ 0	\$ 175,887	\$ 175,887	\$ 115,584	\$ 153,547	\$ 269,131
Other State Programs	\$ 61,322	\$ 96,773	\$ 158,095	\$ 555,597	\$ 86,976	\$ 642,573
Total - Revenue Sources	\$ 13,237,450	\$ 1,502,734	\$ 14,740,184	\$ 10,540,249	\$ 1,435,165	\$ 11,975,414

Date Created: 09/01/2022
Created By: Catherine Morales

Date Modified: 09/09/2022

Modified By: Patrick Murray

Comments

* Required Field

Add

Date Created	Created By	User Role	Date Modified	Modified By	*Comment	Delete	Save
--------------	------------	-----------	---------------	-------------	----------	--------	------

www.MyFlorida.com

[Contact CTD for assistance](#)
[Web Policies and Notices](#)



CTC Trips

County: Pinellas

CTC Status: In Progress

CTC Organization:

Pinellas Suncoast Transit Authority

Fiscal Year:

07/01/2021 - 06/30/2022

CTD Status: Pending Submission

[CTC Organization](#) [CTC Coordinated System](#) **[CTC Trips](#)** [CTC Vehicles & Drivers](#) [CTC Revenue Sources](#) [CTC Expense Sources](#)

	Selected Reporting Period			Previous Reporting Period		
	CTC & Transportation Operators	Coordination Contractors	Total	CTC & Transportation Operators	Coordination Contractors	Total
Service Type - One Way						
Fixed Route/Fixed Schedule						
Daily Pass Trips	0	N/A	0	0	N/A	0
Weekly Pass Trips	4,754	N/A	4,754	0	N/A	0
Monthly Pass Trips	807,257	N/A	807,257	0	N/A	0
Deviated Fixed Route Service	0	N/A	0	0	N/A	0
Complementary ADA Service	158,933	N/A	158,933	230,787	N/A	230,787
Paratransit						
Ambulatory	145,740	32,334	178,074	163,705	27,692	191,397
Non-Ambulatory	28,463	837	29,300	1,717	728	2,445
Stretcher	0	0	0	0	0	0
Transportation Network Companies	0	N/A	0	12,288	N/A	12,288
Taxi	0	N/A	0	8,711	N/A	8,711
School Board (School Bus)	0	N/A	0	0	N/A	0
Volunteers	0	N/A	0	0	N/A	0
Total - Service Type	1,145,147	33,171	1,178,318	417,208	28,420	445,628

Contracted Transportation Operator						
How many of the total trips were provided by Contracted Transportation Operators? (If the CTC provides transportation services, do not include the CTC)	333,136	N/A	333,136	396,209	N/A	396,209
Total - Contracted Transportation Operator Trips	333,136	0	333,136	396,209	0	396,209

Revenue Source - One Way						
Agency for Health Care Administration (AHCA)	0	1,731	1,731	0	252	252
Agency for Persons with Disabilities (APD)	62,980	8,869	71,849	49,740	7,792	57,532
Comm for the Transportation Disadvantaged (CTD)	846,566	N/A	846,566	52,792	N/A	52,792
Dept of Economic Opportunity (DEO)	0	0	0	0	0	0
Dept of Children and Families (DCF)	0	7,882	7,882	0	7,877	7,877
Dept of Education (DOE)	0	0	0	1,108	0	1,108
Dept of Elder Affairs (DOEA)	35,563	0	35,563	35,502	0	35,502
Dept of Health (DOH)	0	0	0	0	1,727	1,727
Dept of Juvenile Justice (DJJ)	0	0	0	0	0	0

Dept of Transportation (DOT)	29,468	455	29,923	40,704	221	40,925
Local Government	126,218	9,425	135,643	197,451	6,120	203,571
Local Non-Government	38,858	1,015	39,873	33,965	1,320	35,285
Other Federal & State Programs	5,494	3,794	9,288	5,946	3,111	9,057
Total - Revenue Source	1,145,147	33,171	1,178,318	417,208	28,420	445,628

Passenger Type - One Way						
Older Adults	35,855	4,575	40,430	55,855	71	55,926
Children At Risk	0	425	425	738	0	738
Persons With Disabilities	264,692	21,428	286,120	321,252	22,208	343,460
Low Income	844,600	6,634	851,234	39,363	6,045	45,408
Other	0	109	109	0	96	96
Total - Passenger Type	1,145,147	33,171	1,178,318	417,208	28,420	445,628

Trip Purpose - One Way						
Medical	509,950	8,216	518,166	129,252	9,018	138,270
Employment	418,550	2,415	420,965	37,330	2,219	39,549
Education/Training/Daycare	99,542	10,608	110,150	82,729	8,083	90,812
Nutritional	36,242	3,695	39,937	25,327	2,782	28,109
Life-Sustaining/Other	80,863	8,237	89,100	142,570	6,318	148,888
Total - Trip Purpose	1,145,147	33,171	1,178,318	417,208	28,420	445,628

Unduplicated Passenger Head Count (UDPHC)						
UDPHC	9,224	4,482	13,706	11,319	5,616	16,935
Total - UDPHC	9,224	4,482	13,706	11,319	5,616	16,935

Unmet & No Shows						
Unmet Trip Requests	0	N/A	0	0	N/A	0
No Shows	0	N/A	0	0	N/A	0
Customer Feedback						
Complaints	0	N/A	0	0	N/A	0
Commendations	0	N/A	0	0	N/A	0

Date Created: 09/01/2022 Created By: Catherine Morales



Date Modified: 09/12/2022

Modified By: Patrick Murray

Comments

* Required Field

Add

Date Created	Created By	User Role	Date Modified	Modified By	*Comment	Delete	Save
09/12/2022	Patrick Murray	CTC User			Complementary ADA Service declined due to more riders using MOD		

www.MyFlorida.com

[Contact CTD for assistance](#)
[Web Policies and Notices](#)



CTC Vehicles & Drivers

County: Pinellas

CTC Status: In Progress

CTC Organization:

Pinellas Suncoast Transit Authority

Fiscal Year:

07/01/2021 - 06/30/2022

CTD Status: Pending Submission

[CTC Organization](#) [CTC Coordinated System](#) [CTC Trips](#) **[CTC Vehicles & Drivers](#)** [CTC Revenue Sources](#) [CTC Expense Sources](#)

	Selected Reporting Period			Previous Reporting Period		
	CTC & Transportation Operators	Coordination Contractors	Total	CTC & Transportation Operators	Coordination Contractors	Total
Vehicle Miles						
Deviated Fixed Route Miles	0	N/A	0	0	N/A	0
Complementary ADA Service Miles	0	N/A	0	0	N/A	0
Paratransit Miles	1,752,142	293,722	2,045,864	912,513	243,881	1,156,394
Transportation Network Companies (TNC) Miles	0	N/A	0	96,192	N/A	96,192
Taxi Miles	0	N/A	0	56,168	N/A	56,168
School Board (School Bus) Miles	0	N/A	0	0	N/A	0
Volunteers Miles	0	N/A	0	0	N/A	0
Total - Vehicle Miles	1,752,142	293,722	2,045,864	1,064,873	243,881	1,308,754



Roadcalls & Accidents						
Roadcalls	9	4	13	225	9	234
Chargeable Accidents	6	5	11	28	1	29
Vehicle Inventory						
Total Number of Vehicles	293	73	366	229	87	316
Number of Wheelchair Accessible Vehicles	103	17	120	112	24	136
Drivers						
Number of Full Time & Part Time Drivers	404	154	558	327	168	495
Number of Volunteer Drivers	5	2	7	5	1	6

Date Created: 09/01/2022 Created By: Catherine Morales Date Modified: Modified By:

Comments

* Required Field

Add

Date Created	Created By	User Role	Date Modified	Modified By	*Comment	Delete	Save
09/12/2022	Patrick Murray	CTC User			Number of drivers is higher due to increased turn over and need to provide coverage for drivers being out due to COVID.		

Level of Competition Worksheet 2

1. Inventory of Transportation Operators in the Service Area

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

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

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

Does the CTC have the ability to expand? _____

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

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

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

	Low bid
	Requests for qualifications
	Negotiation only

	Requests for proposals
	Requests for interested parties

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

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

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

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

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

How many responded? _____

The request for bids/proposals was distributed:

_____ Locally _____ Statewide _____ Nationally

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

Level of Availability (Coordination)
Worksheet 3

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

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

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

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

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

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

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

Scheduling – How is the trip assignment to vehicles coordinated?

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

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

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

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

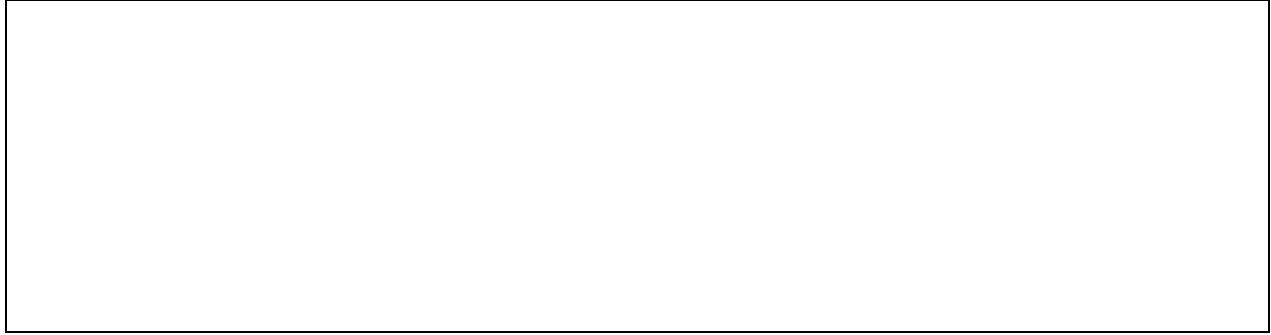
Trip Reconciliation – How is the confirmation of official trips coordinated?

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

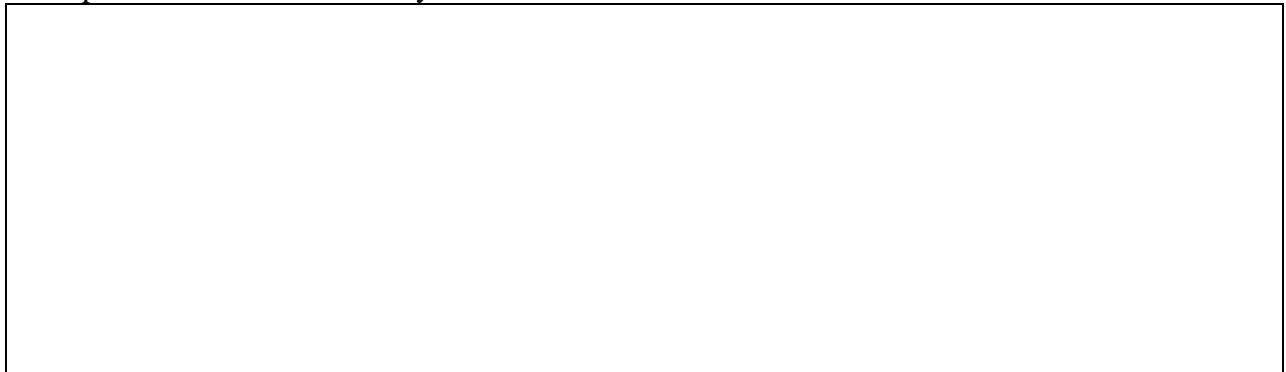
Reporting – How is operating information reported, compiled, and examined?

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

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

A large, empty rectangular box with a black border, intended for a written response to the question above.

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

A large, empty rectangular box with a black border, intended for a written response to the question above.

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	YES	YES	
Accommodating Life Support Systems (O ₂ Tanks, IV's...)	YES	YES	
Passenger Restraint Policies	YES	YES	
Standee Policies (persons standing on the lift)	YES	YES	
Driver Assistance Requirements	YES	YES	
Personal Care Attendant Policies	YES	YES	
Service Animal Policies	YES	YES	
Transfer Policies (From mobility device to a seat)	YES	YES	
Equipment Operation (Lift and securement procedures)	YES	YES	
Passenger Sensitivity/Disability Awareness Training for Drivers	YES	YES	

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

RIDER/BENFICIARY SURVEY For Aidyn Cardena

Individual making call: BLAIR HORN

County: Pinellas

Date of Call: 2 / 9 / 23

- 1) Did you receive transportation service on 2/8/23? 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 # 5

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 _____?

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.

9 Very Satisfied

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

Additional Comments: _____

RIDER/BENFICIARY SURVEY For Eli Higgins

Individual making call: BCAIR HURM

County: Pinellas

Date of Call: 2 / 8 / 23

- 1) Did you receive transportation service on _____? 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 # 5
- 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 _____?

- 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?
- | | |
|---|--|
| <input type="checkbox"/> Advance notice | <input type="checkbox"/> Cost |
| <input type="checkbox"/> Pick up times not convenient | <input type="checkbox"/> Late pick up-specify time of wait |
| <input type="checkbox"/> Assistance | <input type="checkbox"/> Accessibility |
| <input type="checkbox"/> Service Area Limits | <input type="checkbox"/> Late return pick up - length of wait |
| <input type="checkbox"/> Drivers - specify | <input type="checkbox"/> Reservations - specify length of wait |
| <input type="checkbox"/> Vehicle condition | <input type="checkbox"/> Other |

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

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

Additional Comments: MOTHER REFUSED SURVEY AND WOULD NOT ALLOW ELI TO ANSWER SURVEY
ELI HIGGINS

RIDER/BENFICIARY SURVEY For Robert Nicholson

Individual making call: Steve Krause

County: Pinellas

Date of Call: 2 / 07 / 2023

1) Did you receive transportation service on 2-7-23? Yes or No

2) Where you charged an amount in addition to the co-payment? Yes or No If so, how much?

3) How often do you normally obtain transportation?

- Daily 7 Days/Week Other
 1-2 Times/Week 3-5 Times/Week

4) Have you ever been denied transportation services?

Yes

No. If no, skip to question # 5

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 Some times?

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.

7

8) What does transportation mean to you? (Permission granted by [Signature] for use in publications.)

Additional Comments: Save from riding a bus - saves time

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:

Contractor Survey

Pinellas County

BAY AREA METRO, LLC

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:

RIDER/BENFICIARY SURVEY For Aidyn Cardena

Individual making call: BLAIR HORN

County: Pinellas

Date of Call: 2 / 9 / 23

- 1) Did you receive transportation service on 2/8/23? 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 # 5

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 _____?

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.

9 Very Satisfied

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

Additional Comments: _____

RIDER/BENFICIARY SURVEY For Eli Higgins

Individual making call: BCAIR HURM

County: Pinellas

Date of Call: 2 / 8 / 23

- 1) Did you receive transportation service on _____? 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 # 5
- 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 _____?

- 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?
- | | |
|---|--|
| <input type="checkbox"/> Advance notice | <input type="checkbox"/> Cost |
| <input type="checkbox"/> Pick up times not convenient | <input type="checkbox"/> Late pick up-specify time of wait |
| <input type="checkbox"/> Assistance | <input type="checkbox"/> Accessibility |
| <input type="checkbox"/> Service Area Limits | <input type="checkbox"/> Late return pick up - length of wait |
| <input type="checkbox"/> Drivers - specify | <input type="checkbox"/> Reservations - specify length of wait |
| <input type="checkbox"/> Vehicle condition | <input type="checkbox"/> Other |

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

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

Additional Comments: MOTHER REFUSED SURVEY AND WOULD NOT ALLOW ELI TO ANSWER SURVEY
ELI HIGGINS

RIDER/BENFICIARY SURVEY For Robert Nicholson

Individual making call: Steve Krause

County: Pinellas

Date of Call: 2 / 07 / 2023

1) Did you receive transportation service on 2-7-23? Yes or No

2) Where you charged an amount in addition to the co-payment? Yes or No If so, how much?

3) How often do you normally obtain transportation?

- Daily 7 Days/Week Other
 1-2 Times/Week 3-5 Times/Week

4) Have you ever been denied transportation services?

Yes

No. If no, skip to question # 5

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 Some times?

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.

7

8) What does transportation mean to you? (Permission granted by [Signature] for use in publications.)

Additional Comments: Save from riding a bus - saves time

RIDER/BENFICIARY SURVEY For Aidyn Cardena

Individual making call: BLAIR HORN

County: Pinellas

Date of Call: 2 / 9 / 23

- 1) Did you receive transportation service on 2/8/23? 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 # 5

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 _____?

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.

9 Very Satisfied

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

Additional Comments: _____

RIDER/BENFICIARY SURVEY For Eli Higgins

Individual making call: BCAIR HURM

County: Pinellas

Date of Call: 2 / 8 / 23

- 1) Did you receive transportation service on _____? 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 # 5
- 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 _____?

- 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?
- | | |
|---|--|
| <input type="checkbox"/> Advance notice | <input type="checkbox"/> Cost |
| <input type="checkbox"/> Pick up times not convenient | <input type="checkbox"/> Late pick up-specify time of wait |
| <input type="checkbox"/> Assistance | <input type="checkbox"/> Accessibility |
| <input type="checkbox"/> Service Area Limits | <input type="checkbox"/> Late return pick up - length of wait |
| <input type="checkbox"/> Drivers - specify | <input type="checkbox"/> Reservations - specify length of wait |
| <input type="checkbox"/> Vehicle condition | <input type="checkbox"/> Other |

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

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

Additional Comments: MOTHER REFUSED SURVEY AND WOULD NOT ALLOW ELI TO ANSWER SURVEY
ELI HIGGINS

RIDER/BENFICIARY SURVEY For Robert Nicholson

Individual making call: Steve Krause

County: Pinellas

Date of Call: 2 / 07 / 2023

1) Did you receive transportation service on 2-7-23? Yes or No

2) Where you charged an amount in addition to the co-payment? Yes or No If so, how much?

3) How often do you normally obtain transportation?

- Daily 7 Days/Week Other
 1-2 Times/Week 3-5 Times/Week

4) Have you ever been denied transportation services?

Yes

No. If no, skip to question # 5

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 Some times?

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.

7

8) What does transportation mean to you? (Permission granted by [Signature] for use in publications.)

Additional Comments: Save from riding a bus - saves time