

## **Midyear Paratransit Program Reporting**

**Reporting Period July 1, 2011 through December 31, 2011**

**Note:** In July 2010, the Alameda County Transportation Improvement Authority (ACTIA) merged with the Alameda County Congestion Management Agency to become the Alameda County Transportation Commission (Alameda CTC). Agencies and jurisdictions that have pass-through fund and grant agreements with ACTIA must continue to submit mid-year program compliance reports. See below for submittal instructions.

This document includes the PDF report form and instructions for submittal.

### **Requirements and Instructions**

Measure B paratransit fund recipients are required to submit to the Alameda CTC one electronic version of the report for mid-year reporting.

### **Midyear Paratransit Program Report Deadline: February 1, 2012**

The Mid-year Paratransit Program Report includes a PDF Mid-year Paratransit Program Report.

**Electronic submission:** Save the online PDF form to your hard drive with your agency name and date in the file name (e.g., Albany\_FY11-12\_Paratransit\_Program\_Midyear\_Report\_020112.pdf). You can start work on the PDF and finish it later; simply save it to your hard drive. Submit one copy of the PDF via email by February 1, 2012. Send it to narmenta@alamedactc.org. If you have questions, you can reach Naomi Armenta via email or at (510) 208-7469.

Alameda CTC Mid-year Paratransit Program Report  
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**Midyear Paratransit Program Report  
Due by February 1, 2012**

Agency Name:  
Date Submitted:  
Name and Title of Submitter:  
Secondary Agency Contact Name:  
Phone Number:  
Fax:  
E-mail:

Clearly label additional attachments as needed.

1. Describe the specific types of non-Measure B funding your agency received, if any. (max. 255 characters)
2. Did your agency receive additional Measure B revenues during 7/1/11–12/31/11 to support your base paratransit program such as Minimum Service Level Funds or Stabilization Funds? (max. 255 characters)
3. List any contracted firms below. (max. 255 characters)
4. Did you use any undesignated reserve funds during 7/1/11–12/31/11? Describe below. (max. 255 characters)
5. Did you make any Measure B capital expenditures during 7/1/10–12/31/10, such as purchase of vehicles or durable equipment? Describe below. (max. 255 characters)
6. Describe any miscellaneous expenditures below. (max. 255 characters)
7. Describe any changes to planned services below.  
Referring to your annual submittal, please describe any service changes since you submitted your plan, including service availability, reservation time period,

days/hours of serve, eligibility requirements, service area limits, fares, trip limits, etc. (max. 550 characters)

8. Describe any changes to planned performance below. (max. 550 characters)

9. What changes in program enrollment occurred during the reporting period? (max. 255 characters)

10. Is there a waiting list? If so, what changes occurred during this reporting period? (max. 255 characters)

11. Describe any changes to your driver training program in this reporting period. (max. 255 characters)

12. Describe any changes to your customer satisfaction measures during this reporting period. (max. 255 characters)

13. Is your program currently meeting Minimum Service Levels (see appendix)?

Yes

No

N/A – ADA-Mandated Provider

If no, which ones are you not meeting and how? (max. 255 characters)

14. Describe any issues that may have impacted your program during this reporting period. (max. 255 characters)

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15. What type of Paratransit projects and programs did Measure B fund? Describe the projects and/or programs implemented with Measure B Paratransit Funds during 7/1/11–12/31/11.

**Project Type Options:** Capital Purchase, Customer Service and Outreach, EBP Ticket Purchase, Group Trips, Individual Demand-response Trips, Management, Meal Delivery, Shuttle or Fixed-route Trips, or Other

Project Type	Project Name	Project Description	Project Status (at the end of Dec. 2011)
12 rows			

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16. What future Paratransit projects and programs does your agency plan to use Measure B funds to implement?

Describe the planned projects and/or programs using Measure B Paratransit Pass-through Program Funds and the projected schedule. Do not include grant-funded projects, unless your agency uses both pass-through and grant funds for the project (max. 1,300 characters).

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**Midyear Report Appendix**  
**PAPCO-approved Minimum Service Levels**

<b>Minimum Service Level</b>	<b>A Program <i>Exceeds</i> this MSL if...</b>
1. Regarding who programs serve: <ul style="list-style-type: none"> <li>• People 18 and above with disabilities who are unable to use fixed route services.</li> <li>• Seniors 80 and above without proof of a disability</li> </ul>	<ul style="list-style-type: none"> <li>• It serves minors with disabilities.</li> <li>• Seniors under 80 without proof of disability.</li> </ul>
2. Regarding the type of service programs provide: <ul style="list-style-type: none"> <li>• Accessible individual demand-responsive service</li> </ul>	<ul style="list-style-type: none"> <li>• It offers additional services for participants, such as group trips or meal delivery.</li> </ul>
3. Regarding the time and days service is provided: <ul style="list-style-type: none"> <li>• At least five days per week between the hours of 8 am and 5 pm (excluding holidays)</li> </ul>	<ul style="list-style-type: none"> <li>• It offers service more than five days a week.</li> <li>• Its service hours begin before 8 am and/or extend after 5pm.</li> </ul>
4. Regarding the service area of a program: <ul style="list-style-type: none"> <li>• Residents using this program are able to meet life needs, including but not limited to travel to major medical facilities, full service grocery stores and other basic necessities, if ADA services, or coordination between base programs are unable to provide these trips.</li> </ul>	<ul style="list-style-type: none"> <li>• It provides trips to locations beyond those which residents would travel to fulfill life needs, such as recreational trips outside city boundaries.</li> </ul>

	<b>Minimum Service Level</b>	<b>A Program <i>Exceeds</i> this MSL if...</b>
5.	<p>Regarding fares:</p> <ul style="list-style-type: none"> <li>• Fares should be comparable to East Bay Paratransit and equated to distance for van/sedan trips</li> <li>• Fares for Taxi trips should not exceed 50% of the total cost of the trip</li> </ul>	<ul style="list-style-type: none"> <li>• If a rider pays less than they would for a comparable trip on East Bay Paratransit for a van/sedan trip.</li> <li>• If a rider pays less than 50% of the total cost of the trip for a taxi trip.</li> </ul>
6.	<p>Regarding interim service for individuals applying for or awaiting ADA certification</p> <ul style="list-style-type: none"> <li>• Interim service should be provided within three business days upon receipt of application</li> <li>• Interim service should be provided at the request of a health care provider or ADA provider.</li> </ul>	<ul style="list-style-type: none"> <li>• It provides interim service in less than three business days.</li> </ul>
7.	<p>Regarding reservations:</p> <ul style="list-style-type: none"> <li>• Programs should accept reservations between the hours of 8 am and 5 pm Monday – Friday.</li> </ul>	<ul style="list-style-type: none"> <li>• It accepts reservations before 8 am and/or after 5 pm.</li> <li>• It accepts reservations on weekends.</li> </ul>

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