

**Alameda CTC Special Transportation for Seniors and People with  
Disabilities**

**Paratransit Program Plan Application Staff Summary Form  
Fiscal Year 15/16**

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**Paratransit Program:** City of San Leandro

**1. Review Plan Application**

**2. Review Applicable References**

**3. Staff Questions (to be provided separately)**

**4. Preliminary Notes**

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**5. Preliminary Recommendation**

With respect to this application, I want to send the following recommendation to the full PAPCO (*please check one*):

- ☐ Recommend **approval of base funding**
- ☐ Recommend **conditional approval with recommended actions** (for example, work with staff to correct plan or budget, require quarterly reports to PAPCO, etc).
- ☐ Don't recommend approval.

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## **Annual Paratransit Program Plan Application for Measure B and Measure BB Funding Fiscal Year 2015-2016 (July 1, 2015 - June 30, 2016)**

### **Requirements and Instructions**

The Alameda County Transportation Commission (Alameda CTC) requires recipients of paratransit funding to participate in an Annual Paratransit Program Plan Review. Recipients are required to complete and submit a program plan application to Alameda CTC that outlines their anticipated revenues and expenditures related to delivering paratransit services to seniors and people with disabilities.

### **Paratransit Program Plan Application Deadline: April 3, 2015**

The Annual Paratransit Program Plan Application includes the following documents:

1. Paratransit Program Plan Application (this MS Word document)
2. Paratransit Program Plan Attachments (Tables A, B and C of the provided MS Excel workbook)
3. Alameda CTC Special Transportation for Seniors and People with Disabilities (Paratransit) Implementation Guidelines, revised 2/26/15

**Submit both files via email by April 3, 2015 to Naomi Armenta: [narmenta@alamedactc.org](mailto:narmenta@alamedactc.org).** **Hard copies are not required.** Clearly label both the Word document and the Excel workbook with your agency name and date in the file name (e.g., Albany\_FY15-16\_Paratransit\_Program\_Application.doc).

If you have questions, please contact Naomi Armenta via email or at (510) 208-7469.

## FY 2015-16 Paratransit Program Plan Application

### Due by April 3, 2015

CONTACT INFORMATION	
Agency:	City of San Leandro, Recreation & Human Services Dept.
Contact Name:	Jessica Cutter
Title:	Recreation Supervisor
Phone Number:	(510) 577-3463
E-mail Address:	jcuttter@sanleandro.org

Date Submitted: April 3, 2015

### TYPES OF SERVICES PROVIDED

1. **What type of paratransit projects and programs will be funded, fully or partially, with Measures B and BB Direct Local Distribution (pass-through) and Gap Grant funds?** To answer this question, complete the Table A attachment (Table A tab of the Microsoft Excel workbook).

Below is a list of the types of services/programs that are eligible for Alameda CTC funding. For detailed information about these eligible services, including minimum service requirements, refer to the Alameda CTC's Special Transportation for Seniors and People with Disabilities (Paratransit) Implementation Guidelines, revised 2/26/15 (provided with the application materials).

- **Management/Overhead:** Program oversight, planning, budgeting, participation in regional/countywide meetings. Include admin/labor even if it is paid by the City/transit agency for accurate reporting of full program expenses.
- **Customer Service/Outreach:** Activities associated with educating consumers about services that are available to them, answering questions from consumers and taking, tracking and responding to complaints and commendations. Include costs even if paid by the City/transit agency for accurate reporting of full program expenses.
- **ADA-mandated Paratransit:** Paratransit services provided by fixed-route transit operators to fulfill requirements under the American's with Disabilities Act.

## Alameda CTC Paratransit Program Plan Application

Application Period: July 1, 2015 - June 30, 2016

- **City-based Door-to-Door:** *Pre-scheduled, accessible, door-to-door service provided by city. Provides a similar level of service to mandated ADA services; designed to fill gaps not met by ADA-mandated providers and/or relieve ADA-mandated providers of some trips.*
- **Taxi Program:** *Provides a same day, curb-to-curb service intended for situations when consumers cannot make their trip on a pre-scheduled basis; allows eligible consumers to use taxis at a reduced fare.*
- **City-based Specialized Accessible Van Service:** *Specialized van service provides accessible, door-to-door trips on a pre-scheduled or same-day basis. These services are generally implemented as a supplement to a taxi program that does not meet critical needs for particular trips in accessible vehicles in certain communities.*
- **Accessible Fixed-Route Shuttle:** *Generally accessible vehicles that operate on a fixed route and schedule to serve common trip origins and destinations, e.g. senior centers, medical facilities, grocery stores, BART stations, other transit stations, community centers, commercial districts, and post offices.*
- **Group Trips Program:** *Round-trip accessible van rides for pre-planned outings or to attend specific events or go to specific destinations for fixed amounts of time, e.g. shopping trips or religious services. Trips usually originate from a senior center or housing facility.*
- **Volunteer Driver Program:** *Pre-scheduled, door-through-door services that are generally not accessible; rely on volunteers to drive eligible consumers for critical trip needs, such as medical trips. May also have an escort component.*
- **Mobility Management/Travel Training:** *Covers a wide range of activities, such as travel training, trip planning, and brokerage. Does not include provision of trips. (This is considered "non-trip provision").*
- **Scholarship/Subsidized Fare Program:** *Program to subsidize any service for customers who are low-income and can demonstrate financial need.*
- **Meal Delivery:** *Program to fund meal delivery to the homes of individuals who are transportation disadvantaged. Currently, only existing operating programs can continue to use Measure B funds for these service costs. No new meal delivery services can be established.*
- **Capital Expenditure:** *Capital purchase or other capital expenditure.*

**1A. Provide a short narrative description of your agency's FY 2015-16 program:**

Effective July 1, 2015 the City of San Leandro Paratransit Program services will continue to have a fixed-route shuttle (Flex Shuttle) and a central county taxi voucher program offered in partnership with the City of Hayward (see City of Hayward Paratransit Program Plan Application for additional information regarding the taxi voucher program).

San Leandro's Flex shuttle has continuously proven to be the most widely used, cost effective and successful paratransit service. The Flex shuttle service consists of two interconnecting loops that travel on a fixed route to locations where riders can take care of basic life needs, such as: grocery shopping, banking, restaurants, community centers, libraries, post office, BART, salons, department stores, health and fitness centers and medical offices. Each shuttle (North Route and South Route) makes a loop every hour and meets at the San Leandro Senior Community Center, which serves as a transfer point. The shuttle's hours are Monday – Friday, 9:00 a.m. – 5:00 p.m.

**1B. Explain how the suite of services offered is targeted towards the seniors and people with disabilities in your community. Why have these services been selected to meet the trip needs of your consumers over other eligible service types? How do these services enhance their quality of life and help them meet basic life needs?**

The Flex Shuttle is available for senior residents and people with disabilities in the City of San Leandro who met the age requirements. Seniors are required to be 60+ years old, young adults must be 18+ years old with a disability and a qualified participant with East Bay Paratransit. Not only does the Flex Shuttle Program provide the much needed transportation for our seniors but it provides additional benefits such as: increases independence and socialization; a sense of self-determination; and contributes to more opportunities for health and wellness. The Flex Shuttle provides a comfortable and secure way of traveling and allows the recipient to have peace of mind as they are able to manage their basic needs independently.

With the discontinuation of the Medical Shuttle (previously funded by the Minimum Service Level Grant and Program Implementation Guidelines) in June, 2014, the Taxi Voucher Program provides another option (door-to-door) for seniors and adults with disabilities. The Taxi Voucher Program allows seniors to travel to appointments that are not on the Flex Shuttle North and South Routes.

**1C. List the most common trip destinations for seniors and people with disabilities in your community that your services are designed to serve , e.g. dialysis centers, hospitals, major shopping complexes, senior centers.**

<p>Senior Housing Facilities</p> <ul style="list-style-type: none"> <li>○ Broadmoor Plaza Apartments</li> <li>○ Estabrook Place/Eden Housing</li> <li>○ Fargo Senior Center Apartments</li> <li>○ Mission Bay Mobile Home Community</li> </ul> <p>Community Resources</p> <ul style="list-style-type: none"> <li>○ San Leandro Main Library</li> <li>○ Marina Community Center</li> <li>○ San Leandro Senior Community Center</li> </ul> <p>Places of Worship</p> <ul style="list-style-type: none"> <li>○ Bethel Presbyterian Church</li> </ul> <p>Major Shopping Complexes</p> <ul style="list-style-type: none"> <li>○ Bay Fair Shopping Center (Target)</li> <li>○ Greenhouse Shopping Center (Safeway)</li> <li>○ Marina Faire</li> <li>○ Marina Square</li> <li>○ San Leandro's Downtown Plaza (Safeway)</li> <li>○ Walmart</li> </ul> <p>Transportation</p> <ul style="list-style-type: none"> <li>○ San Leandro BART Station</li> </ul> <p>Medical Facilities</p> <ul style="list-style-type: none"> <li>○ Davis Healthcare Center</li> <li>○ Kaiser Permanente Medical Center</li> <li>○ San Leandro Hospital</li> </ul> <p>The Flex Shuttle routes (North and South) travels in areas where other major stores are vital for the senior riders (e.g., CVS Pharmacy, US Post Office).</p>
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**2. Will your agency's program for FY 2015-16 conform to the Paratransit Program Implementation Guidelines, as required? (FY 2015-16 Programs are *required* to conform to the Implementation Guidelines, revised February 2015)**

**[ X ] Yes      [ ] No**

**2A. If "No", explain below and contact Alameda CTC staff to discuss (prior to April 3, 2015)**

<p>The Flex Shuttle Program. Yes, the service meets all of the Program Implementation Guidelines for the 2015-16 year.</p> <p>The Taxi Voucher Program. Yes, this program provides curb-to-curb service that meets all the Program Implementation Guidelines for the 2015-16 year.</p>
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- 3. If proposing service changes from the current year, FY 2014-15, describe the changes and explain why they are proposed.** Describe how these changes will impact the ability of seniors and people with disabilities in your community to meet their basic life needs.

Our goal is to improve the Flex Shuttle stops by posting more signage; installing benches at a few designated stops (e.g., Walmart, Downtown Plaza); replacing stop(s) that do not have any activity with stops that would provide services to a group of seniors and increase the ridership. Adding additional logos on the shuttle buses to aide those who are visually impaired.

The Taxi Voucher Program has a large number of riders and we anticipate increasing the ridership. However, the discrepancy for our participants is not having the ability to travel outside the Central Alameda County. Taxi cabs do not hesitate transporting the rider(s) but returning to Central Alameda County is not permitted.

## DEVELOPMENT OF PROGRAM PLAN

- 4. How was consumer input sought in development of the program and selection of the services offered?** Describe all general outreach activities undertaken in connection with this plan, including consumer or public meetings; meetings with other agencies; presentations to boards, commissions, or committees. If possible provide dates for these activities. Note below if this plan was reviewed by a local paratransit advisory committee, including the name of the committee, and the date of the meeting.

Public input for the Annual Paratransit Plan was collected through the annual survey of riders and the following public meetings:

October 13, 2014 – Flex Shuttle North Route Ride-A-Long with the Paratransit Coordinator\*  
 October 15, 2014 – Flex Shuttle South Route Ride-A-Long with the Paratransit Coordinator\*  
 November, 2014 – Annual Survey of all Flex Shuttle Registered Riders  
 January 13, 2015 – Annual Flex Focus Group Workshop  
 January 21, 2015 – Annual Flex Focus Group Workshop

\*A report was submitted outlining areas for improvement.

- 5. Describe any outreach, surveys and/or analysis conducted to develop this plan and to determine the types of services the program offers.**

The City's annual paratransit survey was sent to all registered Flex Shuttle riders at the end of December 2014. The staff received 21% response rate. We held our annual Focus Group workshops in January. We take comments and suggestions on a continual basis, verbal, written, and by contacting the Paratransit Coordinator.

January 13, 2015 – Annual Flex Focus Group Workshop  
 January 21, 2015 – Annual Flex focus Group Workshop

Through the survey critical information is gathered such as frequency of use, trip purpose, service quality and future needs. Survey respondents also provided helpful individual comments and suggestions.



**6. Describe how results from the community outreach, surveys and/or analysis described in Questions 4 and 5 were used to guide the development of the program plan.**

Our community outreach provides a platform for seniors to express their needs and make suggestions on how to improve the program. Visiting facilities provides one-on-one sessions with seniors which ensure them of the benefits using the Flex Shuttle Program (promoting confidence; independence; safety; socialization) and the Taxi Voucher Program.

We use survey answers and on-going feedback to look for trends to make effective modifications.

**7. Was this program plan approved by a governing body (or is it scheduled for action)?**

☒ Yes

☐ No

If yes, provide the planned or actual approval date.

The approval of the 2015-2016 Paratransit Program Application is scheduled for the San Leandro City Council meeting as part of the budget approval process for May, 2015.

## OUTREACH

**8. How do community members and potential users learn about the Alameda CTC-funded services provided in your community?**

Community members and potential users learn about the Flex Shuttle service in the following ways:

- City Website
- Local Access Channel
- Recreation Activity Guide (delivered to San Leandro households three time per year)
- Activity Display Screen (PowerPoint presentation that plays throughout the day at the Senior Community Center.
- Signage on Flex Shuttles and at Flex Shuttle stops
- Flex Shuttle flyers, applications and routes/map (always on display at the Senior Community Center and Marina Community Center)
- Annual Flex Focus Group Meetings
- Paratransit Educational Workshop
- Direct Outreach

Flex shuttle information is available at all City locations: Marina Community Center, Senior Community Center, Libraries and City Hall.

Direct Outreach: Staff conducts off-site outreach at neighborhood meetings and senior living facilities.

Last year we hosted a paratransit educational workshop which was successful and we will be hosting this event again in FY 2015-2016. The goal of the workshop is to inform as many people as possible about all their transportation options. Invitations will be mailed to East Bay Paratransit, AC Transit and BART to participate and talk about their programs, and the City of San Leandro staff will present information about the City of San Leandro's paratransit program.

The City of San Leandro's vast communities includes many languages that require translated materials and interrupters. Our goal is to improve communications skills with our seniors making literature (e.g., brochures, flyers, etc.) available in other languages and having translators' onsite for special events.

## ELIGIBILITY AND ENROLLMENT

**9. What are your requirements for eligibility? (E.g., age, residency, income requirements for any scholarship and fare subsidy components of the program and how qualifying income is documented/verified).**

Consumers must annually submit a program application with proof of San Leandro residency, date of birth and \$20 annual registration fee to enroll in the program.

Eligibility Requirements for the Flex Shuttle include: Seniors 60+ or Disabled Adults 18+, San Leandro resident (incorporated).

Consumers can mail in their applications, or bring it to one of our two customer service locations: Marina Community Center or Senior Community Center.

Staff also assists applicants in completing their applications when needed.

**10. How do consumers enroll in your program? Include how long the enrollment process takes, and how soon newly enrolled applicants can use the services offered.**

The maximum amount of time enrollment would take is 14 days. However, the average enrollment time is 7 days.

Interim Service is provided for individuals applying for or awaiting East Bay Paratransit Service.

Our participants submit a completed Flex Shuttle application (in person or via mail) along with a valid ID and a \$20 registration fee. Once the application has been reviewed, approved and the processed by our Customer Service staff, a Flex Shuttle membership card will be created and issue to the senior. The timeframe generally takes less than one hour. If the application is processed via mail then the timeframe usually takes 4-5 days that includes time allowed for US Postal Service.

## EXPECTED DEMAND/USE OF SERVICES

**11. How many program registrants do you anticipate for FY 2015-16? Fill in the box below.**

FY 2015-16 Estimated Registrants
350

**11A. Do you expect your program registration to increase, decrease or stay the same compared to the current year, FY 2014-15, and why?**

The number of registered riders has remained consistent over the last four years. However, we anticipate having an increase in program registration in FY 2015-2016 after a few routes have been restructured and increase in marketing.

**12. Do you expect the total number of one-way trips provided by your program to increase, decrease or stay the same compared to the current year, FY 2014-15? Why?**

The total number of one-way trips is expected to increase once modifications have been made to a few routes and by increasing the community outreach/marketing.

**CUSTOMER SATISFACTION****13. Describe your complaint and commendation process.** Describe your process from beginning to end, including instructions you provide to customers for filing program suggestions, complaints or commendations, your documentation procedures and your follow up.

*(See questions 13A and 13B that follow)*

Complaints are handled on an individual basis, and respond to them within 24 hours. Riders typically make complaints by calling the Paratransit Coordinator or talking to the Paratransit Coordinator in person. We maintain an up-to-day complaint log. We obtain complete incident information from the rider directly, and contact our service provider immediately, if deemed appropriate. Our contract with the transportation provider requires a 24 hour response to all complaints. Our transportation provider keeps us apprised of their findings, and Senior Services typically communicates directly to the rider with that information. If requested, complaints will remain anonymous.

We also meet with our service provider in person when needed, but at a minimum we meet semi-annually to discuss the program and any service related issues.

We take commendations in the same manner. Usually paratransit riders will call the Paratransit Coordinator directly with positive feedback. They also give positive feedback to staff in person.

**13A. Describe any common or recurring service complaints, commendations and/or suggestions your program has received.**

**Flex Shuttle Program:** The most recurring service complaints are as follows:

- The substitute drivers do not know the routes
- The shuttle is late and/or off schedule
- The driver drives too fast and does not slow down for speed bumps
- Why isn't there Flex signs and or benches at designation stops

The commendations submitted are very rewarding:

- The regular drivers are very compassionate and go out of their way to help the riders

**Taxi Voucher Program:** The most recurring services complaints are as follows:

Our riders are frustrated with the program that will not allow them to travel outside Central Alameda County. Although they have been advised of the risk of travel outside the borders they tend to forget and have complication getting back to the San Leandro area. Most of them find it to daunting to get on Bart and/or AC Transit; they prefer door-to-door services.

**13B. Describe any changes you have made to your program as a result of these customer complaints, commendations and suggestions.**

We have not made any program changes based on customer complaints or commendations, but we do pass along pertinent information to our service provider on a regular basis and follow up with riders directly as needed/requested.

**VEHICLE FLEET**

**14. Provide details regarding your vehicle fleet.** To answer this question, complete the Table C Attachment (Table C tab) in the excel workbook.

N/A

**CAPITAL PURCHASES**

**15. Describe any planned capital expenditures, such as purchase of vehicles or durable equipment, below.**

N/A

## FINANCES: PROGRAM REVENUE AND COST

**16. Detail your FY 2015-16 program's total estimated revenue (all fund sources) and total cost by completing the Table B Attachment (the Table B tab of the Excel workbook).** For program components funded with a Measure B Gap Grant, in Table B, segregate the Gap Grant funding by entering it in the "Other Measure B" column.

**17. Describe below the "Management/Overhead" and "Customer Service and Outreach" costs included in the Table B Attachment and how these cost allocations were determined?** (These two categories are defined under Question 1). *The amount spent on Customer Service/Outreach and Management/Overhead is to be included as part of the total program cost, even if it is not funded with Alameda CTC funding. This includes city/agency staff time paid for by a city's general fund.*

### 17A. Management/Overhead Costs

Management includes program oversight, which specifically includes planning, budgeting, contract oversight and participation in regional meetings. Management also includes the direct supervision of the Paratransit Coordinator, any and all report writing and public presentations. The allocation is based on 35% of the Senior Services Supervisor's time.

### 17B. Customer Service and Outreach Costs

Customer Service/Outreach includes daily operational activities such as processing applications, maintaining the database and statistical information, answering consumer questions, following up on customer complaints, maintaining regular communication with our service provider, outreach and education. These activities are all conducted by a part-time Paratransit Coordinator, who is budgeted to work 850 hours per fiscal year on paratransit related activities.

**PROGRAM FUNDING RESERVES**

- 18. If your paratransit program contains a Measure B/BB Direct Local Distribution fund balance at the end of FY 2014-15, as show in Table B, please explain how you anticipating expending these funds in FY 2015-16.**

We plan on keeping these funds in the operational reserves. This amount is far less than the allowed amount.

- 18A. Of the projected FY 2015-16 revenue, how much will be identified for anticipated project expenditures in FY 15/16, and how much will be directed towards an Operational, Undesignated or Capital Fund Reserve? (Per the Master Program Funding Agreements, up to 50% of annual Measure B/BB revenue can be directed towards an Operational Reserve and up to 10% towards an Undesignated Reserve, for a maximum allowable reserve balance of 60% of annual Measure B/BB Paratransit DLD revenue).**

We are increasing our operational reserve to 20% of our expected BB revenue. This amount is far less than the allowed reserve.

- 18B. If your agency's use of the Operational and Undesignated Fund Reserves exceeds the 60% collectively allowed for FY 2015-16, please explain why your agency's is not increasing your activities/expenditures in FY 2015-16 to come under the allowable limit. Note that any reserve allocations above the 60% limit will require a Request for Exemption to the Timely Use of Funds and Reserve Policies that is approved by the Commission through the Annual Program Compliance Process.**

NA

**MISCELLANEOUS****19. Use this space to provide any additional notes or clarifications about your program plan.**

- In February, 2015 our annual Focus Meeting was held and we received a suggestion from Eden Lodge provided a proposal on to accommodate their residents. Approximately 25 residents signed the proposal requesting a change in the route so the Flex Shuttle can be available to them. We will be reviewing their proposal closely in the upcoming year, FY 2015-2016.
- For FY 2015-2016 we will be introducing a Complaint/Suggestion Box to our riders. It will be location at the San Leandro Senior Community Center and the Marina Community Center near the main entrances. We want to encourage our seniors to submit written comments and/or statements about their experience of the Flex Shuttle and Taxi Voucher Programs. Pre-printed form will be available for their convenience.

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Note: Definitions for each drop-down menu appear as Comments (scroll over the column title or in the Review mode, choose "Show All Comments"). The document is set up to print Comments at the end.

Service/Program Type and Name		Contractor	Need(s) Met	Cost to Consumer		For Trip Provision Services			
Column A	Column B	Column C	Column D	Column E	Column F	Column G	Column H	Column I	Column J
Eligible Service/Program Type  Drop-down Menu	Service/Program/Project Name	If service is contracted, provide name of contractor/service provider	Need(s) this Service Meets (E.g. medical, grocery, recreation, regional trips, etc.)	Fare/Cost to Consumer	Fare Medium (E.g. cash, voucher, reimbursement, annual fee, etc.)	Vehicle Accessibility  Drop-down Menu	Is this a same day or pre-scheduled service?  Drop-down Menu	Is this a fixed route or origin-to-destination service (e.g. door-to-door)?  Drop-down Menu	Service Area
Accessible Fixed-Route Shuttle	Flex Shuttle Operations	MV Transportation, Inc.	Accessible transportation to meet daily basic life needs, such as: grocery shopping, banking, restaurants, community centers, libraries, post office, BART, salons, department stores, health and fitness centers and medical offices.	Fare: Free Annual Registration Fee: \$20	Annual registration fee can be paid by cash, check or credit card at our customer service locations.	Accessible	Same day	Fixed Route	Two Route (Borth Bound and South Bound) run within incorporated San Leandro City Limits.
Management/Overhead	Flex Shuttle Service Management/Overhead	NA	Flex Shuttle transportation budget, report preparation, program oversight, planning and participation in regional meetings.						
Customer Service and Outreach	Flex Shuttle Service Customer Service and Outreach	NA	Coordinate day-to-day operation; answer rider questions, resolve problems, respond to complaints, data management, record-keeping, correspondence, marketing, informational consumer meetings and consumer education.						

Note: Definitions for each drop-down menu appear as Comments (scroll over the column title or in the Review mode, choose "Show All Comments"). The document is set up to print Comments at the end.

Service/Program Type and Name		Limits	Schedule			Eligibility	Status	Deliverables	Notes
Column A (repeated)	Column B (repeated)	Column K	Column L	Column M	Column N	Column O	Column P	Column Q	Column R
Service/Program Type  Will automatically populate from rows above	Service/Program/Project Name  Will automatically populate from rows above	Limits on number of trips/use of service? (e.g. trip limits per month/quarter/year or a maximum expenditure per consumer)	If pre-scheduled, what days/hours are reservations accepted for trip, training, etc?	If pre-scheduled, how far in advance can/must a consumer schedule a trip, training, etc?	Days/Hours of Operation	Eligibility Requirements	Project Status  Drop-down Menu	Quantity Planned FY 15-16 Provide total number of units (one-way passenger trips, consumers trained, meals delivered, etc.)	Miscellaneous Notes (If necessary, provide any notes/clarification about trip/program)
Accessible Fixed-Route Shuttle	Flex Shuttle Operations	Na	NA	NA	Monday- Friday 9am-5pm excluding City observed holidays.	Disabled Adults 18+ who are qualitifed participants with East Bay Paratransit and Seniors 60+.	Continuing/Ongoing	21,000	
Management/Overhead	Flex Shuttle Service Management/Overhead								
Customer Service and Outreach	Flex Shuttle Service Customer Service and Outreach								
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Alameda CTC Paratransit Program Application - FY 2015-2016 (July 1, 2015 - June 30, 2016)  
Table B Attachment: Program Revenue, Cost and Fund Sources

Total FY 2015-16 Program Revenue (Measure B, Measure BB and all other funds available for FY 2015-16)	
Estimated <b>Measure B</b> Paratransit DLD ending balance at the end of THIS fiscal year, FY 2014-15 (June 30, 2015)	\$53,008
Projected FY 2015-16 <b>Measure B</b> DLD Paratransit revenue (Use projections distributed by the Alameda CTC)	\$277,565
Estimated <b>Measure BB</b> Paratransit DLD ending balance at the end of THIS fiscal year, FY 2014-15 (as of June 30, 2015, based on Q4 FY14/15 BB projections distributed by the Alameda CTC)	\$63,081
Projected FY 2015-16 <b>Measure BB</b> DLD Paratransit revenue (Use projections distributed by the Alameda CTC )	\$250,053
<b>Total FY 2015-16 Measure B and BB Paratransit DLD Revenue</b>	<b>\$643,707</b>
Total FY 2015-16 Other Revenue (All other revenue sources, non-DLD, including Gap grant)	\$6,500
<b>Total FY 2015-16 Program Revenue</b> (Measure B, Measure BB and all other sources available for FY 2015-16)	<b>\$650,207</b>

Service/Program Name		Total FY 2015-16 Program Costs by Fund Source (Measure B, Measure BB and all other funds planned to be expended during FY 2015-16)										Total Cost
Column A	Column B	Column C	Column D	Column E	Column F	Column G	Column H	Column I	Column J	Column K	Column L	Column M
Service/Program/Project Name  <i>Automatically populated from prior sheet (column B)</i>	Quantity Planned for FY 15-16  <i>Automatically populated from prior sheet (column Q)</i>	Amount of RESERVE Measure B Paratransit DLD funds	Amount of FY 2015-16 Measure B Paratransit DLD funds	Amount of Remaining FY 2014-15 Measure BB Paratransit DLD funds	Amount of FY 2015-16 Measure BB Paratransit DLD funds	Amount of OTHER Measure B/BB funds	What is the source of these OTHER Measure B/BB funds? (e.g. MB Gap Grant, LSR, MB LSR, etc.)	Fare Revenue expected from service	Fare Revenue to be expended on service	Amount of all other (Non-Alameda CTC) funds (not including fares)	What is the source of these non-Alameda CTC funds? (e.g. City general fund, federal, state, etc.)	Total Cost (all sources)  <i>Automatically calculated</i>
Flex Shuttle Operations	21,000		\$ 215,000	\$ 63,081	\$ 136,000			\$ 6,500	\$ 6,500			\$ 420,581
Flex Shuttle Service Management/Overhead	0		\$ 51,861									\$ 51,861
Flex Shuttle Service Customer Service and Outreach	0		\$ 10,704		\$ 64,053							\$ 74,757
0	0											\$ -
<b>Totals</b>	<b>21,000</b>	<b>\$ -</b>	<b>\$ 277,565</b>	<b>\$ 63,081</b>	<b>\$ 200,053</b>	<b>\$ -</b>		<b>\$ 6,500</b>	<b>\$ 6,500</b>	<b>\$ -</b>		<b>\$ 547,199</b>

Budget check (total revenue less total cost): \$103,008

PARATRANSIT DLD RESERVE BALANCES	Measure B	Measure BB
Projected Maximum Allowable Reserve Balance (60% of FY 2015-16 revenue):	\$166,539	\$150,032
Estimated Reserve Balance, June 30, 2016:	\$53,008	\$50,000
<b>Reserve check - over maximum (red)/ under (green):</b>	<b>-\$113,531</b>	<b>-\$100,032</b>

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**Alameda CTC Paratransit Program Application - FY 2015-2016 (July 1, 2015 through June 30, 2016)**

### Table C Attachment: Vehicle Fleet

**Instructions: Please complete table below. If necessary, please contact your contractors to obtain the information.**

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**Alameda CTC Special Transportation for Seniors and People with  
Disabilities**

**Paratransit Program Plan Application Staff Summary Form  
Fiscal Year 15/16**

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**Paratransit Program:** City of Hayward

**1. Review Plan Application**

**2. Review Applicable References**

**3. Staff Questions (to be provided separately)**

**4. Preliminary Notes**

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**5. Preliminary Recommendation**

With respect to this application, I want to send the following recommendation to the full PAPCO (*please check one*):

- ☐ Recommend **approval of base funding**
- ☐ Recommend **conditional approval with recommended actions** (for example, work with staff to correct plan or budget, require quarterly reports to PAPCO, etc).
- ☐ Don't recommend approval.

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## **Annual Paratransit Program Plan Application for Measure B and Measure BB Funding Fiscal Year 2015-2016 (July 1, 2015 - June 30, 2016)**

### **Requirements and Instructions**

The Alameda County Transportation Commission (Alameda CTC) requires recipients of paratransit funding to participate in an Annual Paratransit Program Plan Review. Recipients are required to complete and submit a program plan application to Alameda CTC that outlines their anticipated revenues and expenditures related to delivering paratransit services to seniors and people with disabilities.

### **Paratransit Program Plan Application Deadline: April 3, 2015**

The Annual Paratransit Program Plan Application includes the following documents:

1. Paratransit Program Plan Application (this MS Word document)
2. Paratransit Program Plan Attachments (Tables A, B and C of the provided MS Excel workbook)
3. Alameda CTC Special Transportation for Seniors and People with Disabilities (Paratransit) Implementation Guidelines, revised 2/26/15

**Submit both files via email by April 3, 2015 to Naomi Armenta: [narmenta@alamedactc.org](mailto:narmenta@alamedactc.org).** **Hard copies are not required.** Clearly label both the Word document and the Excel workbook with your agency name and date in the file name (e.g., Albany\_FY15-16\_Paratransit\_Program\_Application.doc).

If you have questions, please contact Naomi Armenta via email or at (510) 208-7469.

# FY 2015-16 Paratransit Program Plan Application

**Due by April 3, 2015**

CONTACT INFORMATION	
Agency:	City of Hayward
Contact Name:	Dana Bailey
Title:	Paratransit Coordinator
Phone Number:	510-583-4252
E-mail Address:	Dana.Bailey@Hayward-ca.gov

Date Submitted: \_\_\_\_\_

## TYPES OF SERVICES PROVIDED

1. **What type of paratransit projects and programs will be funded, fully or partially, with Measures B and BB Direct Local Distribution (pass-through) and Gap Grant funds?** To answer this question, complete the Table A attachment (Table A tab of the Microsoft Excel workbook).

Below is a list of the types of services/programs that are eligible for Alameda CTC funding. For detailed information about these eligible services, including minimum service requirements, refer to the Alameda CTC's Special Transportation for Seniors and People with Disabilities (Paratransit) Implementation Guidelines, revised 2/26/15 (provided with the application materials).

- **Management/Overhead:** Program oversight, planning, budgeting, participation in regional/countywide meetings. Include admin/labor even if it is paid by the City/transit agency for accurate reporting of full program expenses.
- **Customer Service/Outreach:** Activities associated with educating consumers about services that are available to them, answering questions from consumers and taking, tracking and responding to complaints and commendations. Include costs even if paid by the City/transit agency for accurate reporting of full program expenses.
- **ADA-mandated Paratransit:** Paratransit services provided by fixed-route transit operators to fulfill requirements under the American's with Disabilities Act.
- **City-based Door-to-Door:** Pre-scheduled, accessible, door-to-door service provided by city. Provides a similar level of service to mandated ADA services; designed to fill gaps not met by ADA-mandated providers and/or relieve ADA-mandated providers of some trips.
- **Taxi Program:** Provides a same day, curb-to-curb service intended for situations when consumers cannot make their trip on a pre-scheduled basis; allows eligible consumers to use taxis at a reduced fare.
- **City-based Specialized Accessible Van Service:** Specialized van service provides accessible, door-to-door trips on a pre-scheduled or same-day basis. These services are generally implemented as a supplement to a taxi program that does not meet critical needs for particular trips in accessible vehicles in certain communities.

## Alameda CTC Paratransit Program Plan Application

Application Period: July 1, 2015 - June 30, 2016

- **Accessible Fixed-Route Shuttle:** Generally accessible vehicles that operate on a fixed route and schedule to serve common trip origins and destinations, e.g. senior centers, medical facilities, grocery stores, BART stations, other transit stations, community centers, commercial districts, and post offices.
- **Group Trips Program:** Round-trip accessible van rides for pre-planned outings or to attend specific events or go to specific destinations for fixed amounts of time, e.g. shopping trips or religious services. Trips usually originate from a senior center or housing facility.
- **Volunteer Driver Program:** Pre-scheduled, door-through-door services that are generally not accessible; rely on volunteers to drive eligible consumers for critical trip needs, such as medical trips. May also have an escort component.
- **Mobility Management/Travel Training:** Covers a wide range of activities, such as travel training, trip planning, and brokerage. Does not include provision of trips. (This is considered "non-trip provision").
- **Scholarship/Subsidized Fare Program:** Program to subsidize any service for customers who are low-income and can demonstrate financial need.
- **Meal Delivery:** Program to fund meal delivery to the homes of individuals who are transportation disadvantaged. Currently, only existing operating programs can continue to use Measure B funds for these service costs. No new meal delivery services can be established.
- **Capital Expenditure:** Capital purchase or other capital expenditure.

**1A. Provide a short narrative description of your agency's FY 2015-16 program:**

The **Hayward Operated Paratransit (The HOP)** program is provided to eligible seniors (70+) or disabled riders who are residents of Hayward, Castro Valley, San Lorenzo and unincorporated areas of San Leandro. The service is offered as a supplement to the county-provided East Bay Paratransit (EBP) service. The HOP proposes to offer the following transportation options;

**Taxi Service:** curb-to-curb, same day service available 24 hours a day/7days a week via contracted taxi providers for spontaneous travel. Mobility device accessible vehicles are available upon request.

**Group trip transportation:** pre-scheduled, accessible trips for a minimum group of four are offered to enrolled Hayward paratransit riders. Group trips are available primarily to senior housing complexes, skilled nursing facilities, and various community organizations serving seniors and disabled adults.

**Travel Training:** Mobility management workshops and classes available to groups or individuals and conducted by a Travel Training Coordinator from Community Resources for Independent Living (CRIL).

**Alzheimer's Services of the East Bay:** Alzheimer's Services of the Bay Area provides door-to-door transportation through specially trained drivers in lift equipped vans to individuals with dementia attending their local day program.

**Meal Delivery:** Meals on Wheels program provides nutritionally balanced meals to homebound seniors and persons with disabilities residing in the Hayward service area through a network of trained volunteer drivers.

**Volunteer Driver Program (New):** Volunteer driver-based mobility program for seniors and people with disabilities who would benefit from a door-through-door service experience. Pilot program is scheduled for implementation in FY 15-16.

**City-based specialized accessible car-sharing program (New):** Pilot program to offer disabled consumers access to a membership based car-sharing service with wheelchair/mobility device accessible vehicles available for short term reservation. Serves as a supplement to taxi service.

**1B. Explain how the suite of services offered is targeted towards the seniors and people with disabilities in your community. Why have these services been selected to meet the trip needs of your consumers over other eligible service types? How do these services enhance their quality of life and help them meet basic life needs?**

The HOP program is offered as a supplemental service to the ADA mandated county-wide paratransit program, East Bay Paratransit. The program serves seniors and people with disabilities who a) do not live within ¼ mile of standard public transportation b) live in an area inaccessible to EBP c) are unable to certify with EBP, or d) have conditions which make utilizing regular transit physically demanding. Taxi service use in the Hayward – San Leandro service area has grown as program eligible riders have opted for the service more frequently over D2D. Riders cite reliability, availability and flexibility of travel as the greatest asset of the taxi program. Most report their quality of life is enhanced as they are able to schedule travel independently and spontaneously and rely less on family and friends for travel needs. A car sharing service is proposed to enhance consumer's ability to travel independently.

**1C. List the most common trip destinations for seniors and people with disabilities in your community that your services are designed to serve , e.g. dialysis centers, hospitals, major shopping complexes, senior centers.**

Surveys of rider travel reveal enrolled clients access the service primarily to medical and pharmacy appointments, benefits offices and banking, classes, other social services programs and shopping. Requests for standing orders to recurring medical appointments (i.e. dialysis) through the door-to-door service have increased over 15% since 2014. Travel via taxi to recurring medical appointments has increased by 9 %.

**2. Will your agency's program for FY 2015-16 conform to the Paratransit Program Implementation Guidelines, as required? (FY 2015-16 Programs are *required* to conform to the Implementation Guidelines, revised February 2015)**

☒ Yes      ☐ No

**2A. If "No", explain below and contact Alameda CTC staff to discuss** (prior to April 3, 2015)

**3. If proposing service changes from the current year, FY 2014-15 describe the changes and explain why they are proposed.** Describe how these changes will impact the ability of seniors and people with disabilities in your community to meet their basic life needs.

Taxi service has proven successful as a less expensive to operate and more reliably scheduled alternative for paratransit service. The HOP program is proposing to offer the Central County Same Day Taxi Program (CCSDTP) as the primary City-based travel option for consumers after the EBP paratransit door-to-door service. A policy revision requiring applicants to apply for certification with EBP for out-of-area and door-to-door travel as a condition of enrollment is also planned for FY 15-16. The addition of a volunteer driver program is planned in FY 15-16 for enrolled clients in need of door-through-door service beyond what is available via D2D or taxi. The Cities of Hayward, Fremont, Berkeley and Oakland are collaboratively exploring electronic id/debit card options for taxi provision. The HOP is also partnering with the City of Hayward Environmental Services Department to potentially include access to wheelchair accessible vehicles in a planned car sharing program.

In addition, in FY 15-16 the HOP will commission a Hayward-area needs assessment to

ensure the planning and delivery of services over the next five years is closely aligned with the needs of seniors (age 60+) and people with disabilities. Alameda County has experienced a 54% increase in seniors age 60+ since 1980. Current projections forecast a 108% increase in the senior population. The goal of the assessment is to provide a more complete picture of the needs of eligible current and anticipated eligible Hayward residents to ensure funds are being targeted fairly and effectively.

## DEVELOPMENT OF PROGRAM PLAN

- 4. How was consumer input sought in development of the program and selection of the services offered?** Describe all general outreach activities undertaken in connection with this plan, including consumer or public meetings; meetings with other agencies; presentations to boards, commissions, or committees. If possible provide dates for these activities. Note below if this plan was reviewed by a local paratransit advisory committee, including the name of the committee, and the date of the meeting.

Public input regarding the Annual Paratransit Program Plan and proposed changes was obtained through quarterly meetings of the Hayward Paratransit Advisory Committee (PAC). In addition, comments and input were sought from agencies serving eligible consumers such as CRIL, the Hayward and Castro Valley Senior Centers, Spectrum and consumer input from presentations at the five senior-only mobile home parks in Hayward. Comments and suggestions were also sought about the use of anticipated funding from the passage of Measure BB.

- 5. Describe any outreach, surveys and/or analysis conducted to develop this plan and to determine the types of services the program offers.**

The Paratransit Advisory Committee (PAC) and the Community Services Commission (CSC) were polled on two respective occasions for approvals to forego the annual Paratransit Survey in FY 14-15 in order to conduct a more comprehensive needs assessment in FY 15-16. In consultation with both bodies, the community organizations listed above, and following authorization from the department director the program will move forward in FY 15-16 with a service area wide needs assessment. The assessment will be conducted by a third party and employ a variety of different methods to capture information regarding paratransit, housing and health needs from potential and eligible consumers. The assessment will include a consumer survey, a provider/agency survey and focus groups.

- 6. Describe how results from the community outreach, surveys and/or analysis described in Questions 4 and 5 were used to guide the development of the program plan.**

Comparative analysis of taxi, door-to-door, group trip and travel training program data and the input received from the PAC and other sources were used to guide plan development.

**7. Was this program plan approved by a governing body (or is it scheduled for action)?**☒ Yes☐ No

If yes, provide the planned or actual approval date.

Program plan review by City Council May 2015.
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**OUTREACH****8. How do community members and potential users learn about the Alameda CTC-funded services provided in your community?**

<p>Potential users primarily access information about The HOP through direct contact with the paratransit program. Vehicle wraps advertising the program have also been added to participating vehicles. New marketing materials introducing the new brand (The HOP) are also scheduled for distribution in early May. Ongoing outreach is conducted by the Paratransit Coordinator and the Travel Trainer. Services are also advertised through the following:</p> <p>City website;  Community Access Channel 15;  Mobile home park newsletters;  The Hayward Public Library;  The Hayward Senior Center;  The Castro Valley Senior Center;  The Matt Jimenez Community Center;  CRIL  Various dialysis and medical treatment centers;  Kaiser Hospital  St. Rose Hospital</p>
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**ELIGIBILITY AND ENROLLMENT****9. What are your requirements for eligibility? (E.g., age, residency, income requirements for any scholarship and fare subsidy components of the program and how qualifying income is documented/verified).**

<p>Hayward service area residents who are senior (70+) or disabled adults (18+) who are unable to use public transportation because of infirmity or disability or for whom East Bay Paratransit is not an option are eligible to enroll. An application must be submitted and approved in order to enroll, and all applicants are encouraged to enroll concurrently with EBP. Applicants under the age of 70 must submit a medical certification form signed by a physician or social worker. To qualify for scholarship, applicants must qualify by income (50% of AMI) and provide supporting documentation (proof of SSI/SDI, bank statements, most recent tax return, etc.)</p>
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<p>Beginning in FY 15-16, all applicants will be required to apply concurrently with EBP in order to enroll with The HOP.</p>
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**10. How do consumers enroll in your program? Include how long the enrollment process takes, and how soon newly enrolled applicants can use the services offered.**

Applications are accepted year-round and reviewed within 24 hours of receipt. Applicants determined eligible are mailed an enrollment packet and travel vouchers within 3 business days of processing. Enrollment packets can be expedited within a few hours of receipt for those with urgent travel needs.

**EXPECTED DEMAND/USE OF SERVICES****11. How many program registrants do you anticipate for FY 2015-16? Fill in the box below.**

<b>FY 2015-16 Estimated Registrants</b>
525

**11A. Do you expect your program registration to increase, decrease or stay the same compared to the current year, FY 2014-15, and why?**

Enrollment is expected to increase at a steady rate. Year to date ridership is up 38% from FY 14-15, primarily due to the implementation of taxi service. The HOP program marketing campaign is expected to launch in early May 2015 and an increase in consumer awareness is expected to also boost enrollment. Campaigns targeted to non-English speaking communities is planned, and the program is exploring additional partnerships with community organizations serving culturally specific residents based on the success of a current partnership with the Afghan Elderly Association.

**12. Do you expect the total number of one-way trips provided by your program to increase, decrease or stay the same compared to the current year, FY 2014-15? Why?**

Overall one way trips increased in FY 14-15 due primarily to taxi service. The program expects to see this trend continue in FY 15-16. Trip analysis confirms clients are increasingly choosing to schedule trips utilizing taxi rather than the door-to-door service. Consumers are often scheduling trips to multiple destinations in one day using taxi service as well. After additional training to drivers and consumers was provided, fewer incidents of out-of-area trips have been reported as well. The program is also experiencing a growing increase in request for service from consumers with recurring medical appointments to geographically wide spread hospitals, medical and treatment centers. The impact to service delivery is under review.

**CUSTOMER SATISFACTION****13. Describe your complaint and commendation process.** Describe your process from beginning to end, including instructions you provide to customers for filing program

suggestions, complaints or commendations, your documentation procedures and your follow up.

*(See questions 13A and 13B that follow)*

The HOP program Rider's Guide is being updated with the new brand and additional information is included detailing the service communication process. Enrolled riders, their attendants-caregivers, and others serving seniors and the disabled can provide feedback to City staff in writing, via telephone, email or through the city website at any time. Complaints and commendations are documented by City staff and shared with the appropriate vendor. All complaints are investigated by the paratransit staff and a response is typically provided with 48 hours of receipt.

**13A. Describe any common or recurring service complaints, commendations and/or suggestions your program has received.**

The most common complaints involve the following;

- 1) Scheduling difficulty with the door-to-door service – hard to reach dispatch and appointment slots are often full;
- 2) Delays or missed appointments through the door-to-door service;
- 3) Inability to travel outside the designated service area utilizing taxi;

The most common commendations involve the following;

- 1) Kudos to specific drivers (D2D and taxi) for excellent customer service;
- 2) Reliable and efficient scheduling of taxi rides.

**13B. Describe any changes you have made to your program as a result of these customer complaints, commendations and suggestions.**

- 1) Posters were distributed to high profile locations informing clients/drivers that taxi vouchers remain valid despite a posted expiration date;
- 2) Additional training regarding the service area limits was provided and there was a reduction in one-way trips using more than two taxi vouchers;
- 3) Travel and other trainings encouraging consumers to plan travel through multiple means (D2D, taxi, etc.) resulted in a reduction of missed trips and no shows.

## **VEHICLE FLEET**

**14. Provide details regarding your vehicle fleet.** To answer this question, complete the Table C Attachment (Table C tab) in the excel workbook.



## CAPITAL PURCHASES

### 15. Describe any planned capital expenditures, such as purchase of vehicles or durable equipment, below.

Planned purchases FY 15-17;

- 1) New consumer database software;
- 2) New id/debit card system for taxi program;
- 3) Purchase of wheelchair accessible vehicles for use in city car share program and any accompanying operational costs;
- 4) New curb-side signage at high traffic paratransit stop locations

## FINANCES: PROGRAM REVENUE AND COST

### 16. Detail your FY 2015-16 program's total estimated revenue (all fund sources) and total cost by completing the Table B Attachment (the Table B tab of the Excel workbook). For program components funded with a Measure B Gap Grant, in Table B, segregate the Gap Grant funding by entering it in the "Other Measure B" column.

### 17. Describe below the "Management/Overhead" and "Customer Service and Outreach" costs included in the Table B Attachment and how these cost allocations were determined? (These two categories are defined under Question 1). *The amount spent on Customer Service/Outreach and Management/Overhead is to be included as part of the total program cost, even if it is not funded with Alameda CTC funding. This includes city/agency staff time paid for by a city's general fund.*

#### 17A. Management/Overhead Costs

Funds;

- 1) Direct staff costs (salaries/benefits) based on program oversight, planning, budgeting, customer service and outreach (Measure B/BB and City of Hayward CDBG (10%) shared costs);
- 2) Insurance costs (Measure B- 100%);
- 3) Direct program costs including printing, supplies, computer/IT support, travel, etc. (Measure B and Hayward CDBG (10%) shared costs).

#### 17B. Customer Service and Outreach Costs

Customer outreach includes daily operational activities such as fielding customer inquiries, application distribution and processing, database maintenance, group trip scheduling and monitoring, PAC administration, etc.

Other related activities include community presentations, and identification of potential partnerships.

Marketing materials, vehicle signage and potentially street signage.

In FY 15-16 the HOP will commission a Hayward-area needs assessment to ensure the planning and delivery of services over the next five years is aligned with the needs of seniors (age 60+) and people with disabilities.

## PROGRAM FUNDING RESERVES

**18. If your paratransit program contains a Measure B/BB Direct Local Distribution fund balance at the end of FY 2014-15, as show in Table B, please explain how you anticipating expending these funds in FY 2015-16.**

Fund reserves are expected to be reduced by the following capital purchases;

- 1) New consumer database software program;
- 2) New id/debit card system for taxi program;
- 3) Purchase of two wheelchair accessible vehicles for use in proposed city car share program;
- 4) New volunteer driver program;
- 5) New city car-share program including accessible vehicles;
- 6) Service area wide needs assessment of seniors and people with disabilities;
- 7) New curb-side signage at high traffic paratransit stop locations;

**18A. Of the projected FY 2015-16 revenue, how much will be identified for anticipated project expenditures in FY 15/16, and how much will be directed towards an Operational, Undesignated or Capital Fund Reserve?** (Per the Master Program Funding Agreements, up to 50% of annual Measure B/BB revenue can be directed towards an Operational Reserve and up to 10% towards an Undesignated Reserve, for a maximum allowable reserve balance of 60% of annual Measure B/BB Paratransit DLD revenue).

The HOP will direct up to 40% of the current Measure B reserve balance to capital purchases and operational costs in FY 15-16.

**18B. If your agency's use of the Operational and Undesignated Fund Reserves exceeds the 60% collectively allowed for FY 2015-16, please explain why your agency's is not increasing your activities/expenditures in FY 2015-16 to come under the allowable limit.**

Note that any reserve allocations above the 60% limit will require a Request for Exemption to the Timely Use of Funds and Reserve Policies that is approved by the Commission through the Annual Program Compliance Process.

Measure BB reserves will remain undesignated in anticipation of the completion of the needs assessment at which time a plan for the funds will be developed.

## MISCELLANEOUS

**19. Use this space to provide any additional notes or clarifications about your program plan.**

The HOP is deeply appreciative to the voters of Alameda County for the passage of Measure BB. As a measure of responsible stewardship the program will undertake the FY 15-16 comprehensive needs assessment of eligible Hayward residents to gather and use real world data to proactively plan and implement programming with effective outcomes. Measure B funds will be drawn down in FY 15-16 to allowable levels to fund the assessment, and Measure BB funds will be accessed in subsequent years to fund programming with achievable outcomes based on identified needs.

Note: Definitions for each drop-down menu appear as Comments (scroll over the column title or in the Review mode, choose "Show All Comments"). The document is set up to print Comments at the end.

Service/Program Type and Name		Contractor	Need(s) Met	Cost to Consumer		For Trip Provision Services			
Column A	Column B	Column C	Column D	Column E	Column F	Column G	Column H	Column I	Column J
Eligible Service/Program Type  Drop-down Menu	Service/Program/Project Name	If service is contracted, provide name of contractor/service provider	Need(s) this Service Meets (E.g. medical, grocery, recreation, regional trips, etc.)	Fare/Cost to Consumer	Fare Medium (E.g. cash, voucher, reimbursement, annual fee, etc.)	Vehicle Accessibility  Drop-down Menu	Is this a same day or pre-scheduled service?  Drop-down Menu	Is this a fixed route or origin-to-destination service (e.g. door-to-door)?  Drop-down Menu	Service Area
Taxi Program	Central County Same Day Taxi Program	St. Mini Cab	Medical, shopping,educational and social services needs.	\$3.50 / per taxi voucher	Voucher	Accessible	Same day	curb-to-curb	Hayward, San Leandro, Castro Valley, and Unincorporated Hayward-SL
Group Trips	Enrolled consumer group trips	MV Transportation	Educational, recreational, social services.	n/a	n/a	Accessible	Pre-scheduled	curb-to-curb	Hayward, San Leandro, Castro Valley, and Unincorporated Hayward-SL, and pre-approved long distance up to 26miles
Mobility Mngmt/Travel Training	Travel Training	Community Resources for Independent Living (CRIL)	Consumer paratransit mobiitty training services	n/a	n/a	Accessible	Pre-scheduled	door-through-door	Hayward, San Leandro, Castro Valley and Unincorporated Hayward-SL.
City-based Specialized Van	Alzheimer's Services of the East Bay (ASEB)	Alzheimer's Services of the East Bay (ASEB)	Transportation to adult day program for consumer's with Alzheimer's.	n/a	n/a	Accessible	Pre-scheduled	door-to-door	Hayward, San Leandro, Castro Valley and Unincorporated Hayward-SL.
Meal Delivery (existing program)	Meals on Wheels	SOS Meals on Wheels	Meal service to homebound Hayward service area seniors	n/a	n/a	Not Accessible	Pre-scheduled	door-through-door	Hayward, San Leandro, Castro Valley and Unincorporated Hayward-SL.
Volunteer Driver Program	Volunteer Driver Program for Seniors and the Disabled	TBD	Door-through-Door service for consumers with wraparound travel needs	n/a	n/a	Accessible	Pre-scheduled	door-through-door	Hayward, San Leandro, Castro Valley and Unincorporated Hayward-SL.
City-based Specialized Van	City Specialty Car Share Program	TBD	Accessible vehicle reservation program for multi-stop trips.	TBD	TBD	Accessible	Pre-scheduled	door-through-door	TBD
Management/Overhead	Administrative Costs	City of Hayward HOP	Contract Administration	n/a	n/a				
Customer Service and Outreach	Marketing and Outreach; Needs Assessment	City of Hayward HOP	Education and communications to potential and eligible consumers	n/a	n/a				
Capital Purchase	Consumer Database, ID / Debit Cards, Vehicle Purchase (3)	City of Hayward HOP	Data management, administration, program support	n/a	n/a				

Note: Definitions for each drop-down menu appear as Comments (scroll over the column title or in the Review mode, choose "Show All Comments"). The document is set up to print Comments at the end.

Service/Program Type and Name		Limits	Schedule			Eligibility	Status	Deliverables	Notes
Column A (repeated)	Column B (repeated)	Column K	Column L	Column M	Column N	Column O	Column P	Column Q	Column R
Service/Program Type  Will automatically populate from rows above	Service/Program/Project Name  Will automatically populate from rows above	Limits on number of trips/use of service? (e.g. trip limits per month/quarter/year or a maximum expenditure per consumer)	If pre-scheduled, what days/hours are reservations accepted for trip, training, etc?	If pre-scheduled, how far in advance can/must a consumer schedule a trip, training, etc?	Days/Hours of Operation	Eligibility Requirements	Project Status  Drop-down Menu	Quantity Planned FY 15-16 Provide total number of units (one-way passenger trips, consumers trained, meals delivered, etc.)	Miscellaneous Notes (If necessary, provide any notes/clarification about trip/program)
Taxi Program	Central County Same Day Taxi Program	Voucher purchase limited to 40 per month - trips confined to service area.		Service request accepted up to 20 minutes in advance / 24 hours for accessible taxi.	24 hours a day / 7 days a week	senior(70+) or medically certified disabled.	Continuing/Ongoing	12,000	
Group Trips	MV Transportation	Two trips per org per month. Long distance trips (up to 26miles) available by advance reservation and limited to four per month 1st come 1st serve	8:00am to 5pm Mon - Sat	Reservations calendared one month in advance.	8:00am to 5pm Mon - Sat	At least one HOP enrolled consumer: minimum four participants (not including attendants).	Continuing/Ongoing	4,000	
Mobility Mngmt/Travel Training	Travel Training	Four presentations per month/one field trip monthly.	10:00am - 4:00pm Mon - Fri	By appointment	9:00am - 5:00pm Mon - Fri	senior(70+) or medically certified disabled.	Continuing/Ongoing	500	
City-based Specialized Van	Alzheimer's Services of the East Bay (ASEB)		9:00am - 5:00pm Mon - Fri	By appointment	9:00am - 5:00pm Mon - Fri	Alzheimer's sufferers	Continuing/Ongoing	12,000	
Meal Delivery (existing program)	Meals on Wheels		9:00am - 5:00pm Mon - Fri	By appointment	9:00am - 5:00pm Mon - Fri	Homebound seniors or disabled consumers.	Continuing/Ongoing	13,000	
Volunteer Driver Program	Volunteer Driver Program	TBD	TBD	TBD	TBD	senior(70+) or medically certified disabled.	To be initiated in FY 15/16	50	Pilot Program
City-based Specialized Van	City Specialty Car Share Program	TBD	TBD	TBD	TBD	senior(70+) or medically certified disabled.	To be initiated in FY 15/16	50	Pilot Program
Management/Overhead	Administrative Costs								
Customer Service and Outreach	Marketing and Outreach; Needs Assessment								

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Alameda CTC Paratransit Program Application - FY 2015-2016 (July 1, 2015 - June 30, 2016)  
Table B Attachment: Program Revenue, Cost and Fund Sources

Total FY 2015-16 Program Revenue (Measure B, Measure BB and all other funds available for FY 2015-16)	
Estimated <b>Measure B</b> Paratransit DLD ending balance at the end of THIS fiscal year, FY 2014-15 (June 30, 2015)	\$982,404
Projected FY 2015-16 <b>Measure B</b> DLD Paratransit revenue (Use projections distributed by the Alameda CTC)	\$828,611
Estimated <b>Measure BB</b> Paratransit DLD ending balance at the end of THIS fiscal year, FY 2014-15 (as of June 30, 2015, based on Q4 FY14/15 BB projections distributed by the Alameda CTC)	\$162,155
Projected FY 2015-16 <b>Measure BB</b> DLD Paratransit revenue (Use projections distributed by the Alameda CTC )	\$731,166
<b>Total FY 2015-16 Measure B and BB Paratransit DLD Revenue</b>	<b>\$2,704,336</b>
Total FY 2015-16 Other Revenue (All other revenue sources, non-DLD, including Gap grant)	\$25,000
<b>Total FY 2015-16 Program Revenue</b> (Measure B, Measure BB and all other sources available for FY 2015-16)	<b>\$2,729,336</b>

Service/Program Name		Total FY 2015-16 Program Costs by Fund Source (Measure B, Measure BB and all other funds planned to be expended during FY 2015-16)										Total Cost
Column A	Column B	Column C	Column D	Column E	Column F	Column G	Column H	Column I	Column J	Column K	Column L	Column M
Service/Program/Project Name  <i>Automatically populated from prior sheet (column B)</i>	Quantity Planned for FY 15-16  <i>Automatically populated from prior sheet (column Q)</i>	Amount of RESERVE Measure B Paratransit DLD funds	Amount of FY 2015-16 Measure B Paratransit DLD funds	Amount of Remaining FY 2014-15 Measure BB Paratransit DLD funds	Amount of FY 2015-16 Measure BB Paratransit DLD funds	Amount of OTHER Measure B/BB funds	What is the source of these OTHER Measure B/BB funds? (e.g. MB Gap Grant, LSR, MB LSR, etc.)	Fare Revenue expected from service	Fare Revenue to be expended on service	Amount of all other (Non-Alameda CTC) funds (not including fares)	What is the source of these non-Alameda CTC funds? (e.g. City general fund, federal, state, etc.)	Total Cost (all sources)  <i>Automatically calculated</i>
Central County Same Day Taxi Program	12,000		\$ 225,000					\$ 25,000				\$ 225,000
Group Trip Program	4,000	\$ 30,237	\$ 50,000									\$ 80,237
Travel Training	500	\$ 30,000	\$ 50,000									\$ 80,000
Alzheimer's Services of the East Bay (ASEB)	12,000		\$ 75,000									\$ 75,000
Meals on Wheels	13,000		\$ 50,000									\$ 50,000
Volunteer Driver Program	50	\$ 25,000	\$ 75,000									\$ 100,000
City Specialty Car Share Program	50	\$ 50,000	\$ 50,000									\$ 100,000
Management and Overhead	0		\$ 355,409									\$ 355,409
Marketing and Outreach	0	\$ 100,000										\$ 100,000
Capital Purchases	0	\$ 250,000										\$ 250,000
<b>Totals</b>	<b>41,600</b>	<b>\$ 485,237</b>	<b>\$ 930,409</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>		<b>\$ 25,000</b>	<b>\$ -</b>	<b>\$ -</b>		<b>\$ 1,415,646</b>

Budget check (total revenue less total cost): \$1,313,690

PARATRANSIT DLD RESERVE BALANCES	Measure B	Measure BB
Projected Maximum Allowable Reserve Balance (60% of FY 2015-16 revenue):	\$497,167	\$438,700
Estimated Reserve Balance, June 30, 2016:	\$395,369	\$893,321
<b>Reserve check - over maximum (red)/ under (green):</b>	<b>-\$101,798</b>	<b>\$454,622</b>

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**Alameda CTC Paratransit Program Application - FY 2015-2016 (July 1, 2015 through June 30, 2016)**

**Table C Attachment: Vehicle Fleet**

**Instructions: Please complete table below. If necessary, please contact your contractors to obtain the information.**

Vehicle Fleet									
Column A	Column B	Column C	Column D	Column E	Column F	Column G	Column H	Column I	Column J
					Vehicle Capacity				
Make	Type of Vehicle(s) (specify bus, large van, minivan, sedan)	Year of Vehicle	Fuel Type	Lift/Ramp Equipment (specify lift, ramp, or none)	Ambulatory	Wheelchair	Number of Vehicles	Owner (specify if contractor)	City that vehicle(s) are garaged in
Ford E450	Bus/1145	2007	Unleaded	Lift/Ramp Equipment	10	2	1	MV Transporation	San Leandro
TOYT	Mini Van	2014	Unleaded	Lift/Ramp	4	1	1	St. Mini Cab	San Leandro
TOYT	Mini Van	2013	Unleaded	Lift/Ramp	4	1	1	St. Mini Cab	San Leandro
FORD	sedan	2007	Unleaded	N	4	0	1	St. Mini Cab	San Leandro
FORD	sedan	2000	Unleaded	N	4	0	1	St. Mini Cab	San Leandro
FORD	sedan	2002	Unleaded	N	4	0	1	St. Mini Cab	San Leandro
FORD	sedan	2009	Unleaded	N	4	0	1	St. Mini Cab	San Leandro
FORD	sedan	2007	Unleaded	N	4	0	1	St. Mini Cab	San Leandro
FORD	sedan	2013	Unleaded	N	4	0	1	St. Mini Cab	San Leandro
FORD	sedan	2002	Unleaded	N	4	0	1	St. Mini Cab	San Leandro
FORD	sedan	2008	Unleaded	N	4	0	1	St. Mini Cab	San Leandro
FORD	sedan	2002	Unleaded	N	4	0	1	St. Mini Cab	San Leandro
FORD	sedan	2003	Unleaded	N	4	0	1	St. Mini Cab	San Leandro
FORD	sedan	1996	Unleaded	N	4	0	1	St. Mini Cab	San Leandro
FORD	sedan	2002	Unleaded	N	4	0	1	St. Mini Cab	San Leandro
FORD	sedan	2009	Unleaded	N	4	0	1	St. Mini Cab	San Leandro
FORD	sedan	2002	Unleaded	N	4	0	1	St. Mini Cab	San Leandro
FORD	sedan	2007	Unleaded	N	4	0	1	St. Mini Cab	San Leandro

**Alameda CTC Paratransit Program Application - FY 2015-2016 (July 1, 2015 through June 30, 2016)****Table C Attachment: Vehicle Fleet**

FORD	sedan	2001	Unleaded	N	4	0	1	St. Mini Cab	San Leandro
FORD	sedan	1996	Unleaded	N	4	0	1	St. Mini Cab	San Leandro
FORD	sedan	2008	Unleaded	N	4	0	1	St. Mini Cab	San Leandro
FORD	sedan	2003	Unleaded	N	4	0	1	St. Mini Cab	San Leandro
FORD	sedan	2009	Unleaded	N	4	0	1	St. Mini Cab	San Leandro
FORD	sedan	1995	Unleaded	N	4	0	1	St. Mini Cab	San Leandro
FORD	sedan	2006	Unleaded	N	4	0	1	St. Mini Cab	San Leandro
FORD	sedan	1997	Unleaded	N	4	0	1	St. Mini Cab	San Leandro
FORD	sedan	2003	Unleaded	N	4	0	1	St. Mini Cab	San Leandro
FORD	sedan	1997	Unleaded	N	4	0	1	St. Mini Cab	San Leandro
FORD	sedan	1996	Unleaded	N	4	0	1	St. Mini Cab	San Leandro
FORD	sedan	1999	Unleaded	N	4	0	1	St. Mini Cab	San Leandro
FORD	sedan	1996	Unleaded	N	4	0	1	St. Mini Cab	San Leandro