

PAPCO Paratransit Program Plan Review Subcommittee

MEASURE B/BB
SPECIAL TRANSPORTATION
FOR
SENIORS AND PEOPLE
WITH DISABILITIES



FY 2016 – 2017
Submitted Program Plans



SOUTH COUNTY

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Paratransit Program Plan Staff Presentation

Fiscal Year 16/17

Subcommittee: South County

Paratransit Program: Union City

- ADA-mandated paratransit, Tri-City Taxi and Volunteer Driver program
- 53% Measure B/BB, increased from 36% in 14/15; TDA and STA
- 0% Reserves
- Trends in trip provision – not expecting significant changes
- Fremont has applied for Gap Extension funding for Tri-City Mobility Management/Travel Training, Taxi and Volunteer Driver programs
- The service is offered on CNG (compressed natural gas) paratransit vans and a CNG paratransit sedan

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Annual Paratransit Program Plan Application for Measure B and Measure BB Funding Fiscal Year 2016-2017 (July 1, 2016 - June 30, 2017)

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 prior expenditures and anticipated revenues and expenditures related to delivering paratransit services to seniors and people with disabilities.

Paratransit Program Plan Application Deadline: March 25, 2016

The Annual Paratransit Program Plan Application includes the following documents:

1. Paratransit Program Plan Application (this MS Word document)
2. Paratransit Program Plan Attachments A-D (Tables A, B, C and D of the provided MS Excel workbook) *NOTE: The FY2016-17 Program Plan Excel workbook contains a new tab to report on FY 2014-15 performance (Attachment A Table). The FY 2014-15 program information entered into Table A will be used to monitor program performance and, where applicable, is to align with program information included in the FY 2014-15 compliance report.*
3. References:
 - FY 2016-17 MB & MBB Paratransit DLD Revenue Projections, (distributed to ParaTAC, January 2016)
 - Alameda CTC Special Transportation for Seniors and People with Disabilities (Paratransit) Implementation Guidelines and Performance Measures, revised 2/25/16
 - Alameda CTC Timely Use of Funds Policy, adopted 12/3/15

Submit the Word and Excel files listed above electronically via email by March 25, 2016 to Naomi Armenta: narmenta@alamedactc.org.

Be sure to include your agency name and FY 16-17 in the file name of both the Word document and the Excel workbook (e.g., Albany_FY1617_Paratransit_Program_Application.doc).

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

FY 2016-17 Paratransit Program Plan Application

Due by March 25, 2016

CONTACT INFORMATION	
Agency:	City of Union City
Contact Name:	Wilson Lee
Title:	Transit Manager
Phone Number:	510.675.5409
E-mail Address:	wilsonl@unioncity.org

Date Submitted: March 23, 2016_____

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 Attachment B (Table B 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 and performance measures, refer to the Alameda CTC's Special Transportation for Seniors and People with Disabilities (Paratransit) Implementation Guidelines, revised 2/25/16 (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.

Alameda CTC Paratransit Program Plan Application

Application Period: July 1, 2016 - June 30, 2017

- **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.
- **Note on volunteer driver programs and mobility management/training:** If your program is using DLD funds, but not Gap funds, you will be required to submit further information.

1A. Provide a short narrative description of your agency's FY 2016-17 program:

Union City Paratransit is a service of Union City Transit and the City of Union City. Union City Paratransit provides services required under the Americans with Disabilities Act (ADA). Services are partially funded by the Measures B & BB sales tax of Alameda County. Union City Paratransit offers ADA service within the city limits of Union City. Union City Paratransit also offers an additional service known as Paratransit Plus. Paratransit Plus offers limited service to southern Hayward, and northern Fremont and Newark. The service is offered on CNG (compressed natural gas) paratransit vans and a CNG paratransit sedan. Riders must be certified before using Union City Paratransit. Once certified, riders are eligible to use any other ADA Paratransit program in the Bay Area through a shared eligibility database.

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?

Union City Paratransit is provided because it is mandated by the Americans with Disabilities Act. The service is provided under strict guidelines and in essence provides service to those who cannot use our fixed-route transit service, Union City Transit.

Union City Paratransit provides equal access to all riders with the same operating hours, service area, etc. as our bus service without trip priorities.

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.

Major destinations include dialysis centers, adult day care facilities (regional centers), the Arc of Alameda County, medical offices and local shopping centers. Since Union City Paratransit is an ADA program, there are no trip priorities when scheduling reservations.

2. Will your agency's program for FY 2016-17 conform to the Paratransit Program Implementation Guidelines, as required? (FY 2016-17 Programs are *required* to conform to the Implementation Guidelines, revised February 2016)

[X] Yes [] No

2A. If "No", explain below and contact Alameda CTC staff to discuss (prior to March 25, 2016)

3. If proposing service changes in FY 2016-17 from the current year, FY 2015-16, describe the changes and explain why they are proposed. Describe how these changes will impact the

Alameda CTC Paratransit Program Plan Application

Application Period: July 1, 2016 - June 30, 2017

ability of seniors and people with disabilities in your community to meet their basic life needs.

No changes planned in Paratransit Service.

PROGRAM ELEMENTS REQUIRING ALAMEDA CTC STAFF REVIEW

4. The 2016 Paratransit Program Implementation Guidelines require Alameda CTC staff review of several program elements prior to implementation. The program elements requiring staff review are listed as items 4A – 4F below and for each item, further explanation is requested. **If your FY 2016-17 program plan includes any of the elements listed, in the box provided below, list the elements and the requested explanation for each.** Applicants must address any applicable paratransit projects and programs listed in Attachment B.
 - A. **Planned capital expenditure** (describe planned capital expenditures, such as purchase of vehicles or durable equipment, below)
 - B. **City-based Door-to-Door Service that includes trip limitations based on trip purpose** (describe the proposed trip limitations that are proposed below)
 - C. **Taxi Subsidy Program that includes incentives to drivers and/or transportation providers** (describe the proposed incentives below)
 - D. **Accessible Shuttle Service** (describe service plan and how city is coordinating with the local fixed route transit provider)
 - E. **New mobility management and/or travel training programs** (describe the well-defined set of activities below)
 - F. **Low-income requirements for any scholarship and fare subsidy programs** (describe the proposed subsidy and the means that will be used to determine and verify eligibility below)

Not Applicable

DEVELOPMENT OF PROGRAM PLAN

- 5. 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.

Union City prepares periodic Short Range Transportation Plans which are adopted by our City Council. The Plans responds to public outreach for both Paratransit and Fixed-Route users as well as input from our periodic Joint Accessibility Advisory Committee meetings with the Cities of Fremont and Newark; last meeting was January 20, 2016. Next meeting is scheduled for April 27, 2016.

The non-ADA component of Union City Paratransit, known as Paratransit Plus, was developed in 2003. Stakeholders were interviewed and focus group meetings were held; the service is a direct result of those meetings.

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

Union City Paratransit is an ADA mandated program so our service is primarily guided by the ADA. Meetings with our Advisory Committee, general public comment, periodic Short Range Transportation Plans, other service plans help us develop non-ADA components of our service.

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

Because Union City Paratransit is an ADA program, the program was designed around ADA requirements. This includes eligibility, service hours, reservation guidelines, fares, vehicle accessibility, cancellation and no-show policies, and the prohibition of trip priorities.

- 8. Was this program plan approved by a governing body (or is it scheduled for action)?** *This is not required by the Alameda CTC. Jurisdictions should follow their established internal process.*

Alameda CTC Paratransit Program Plan Application

Application Period: July 1, 2016 - June 30, 2017

☐ Yes☒ No

If yes, provide the name of the governing body and planned or actual approval date.

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OUTREACH

- 9. How do community members and potential users learn about the Alameda CTC-funded services provided in your community?** Specify for each of the paratransit projects and programs listed in Attachment B.

<p>UC Paratransit conducts presentations at Union City area senior housing facilities to explain the program and the benefits of using the available services for transport throughout Union City, as well as some parts of the neighboring cities of Newark, Fremont, and Hayward. UC Paratransit also takes part in local area fairs and festivals, by having available an information booth with literature and staff available for questions. Our City and Transit websites also have detailed information about our services. Many of our riders are also learn about our services through social service agencies.</p>
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ELIGIBILITY AND ENROLLMENT

- 10. What are your requirements for eligibility? (E.g., age, residency, income, ADA-certification status, or other verification of disability).**

<p>Applicants enroll in our service through an ADA certification process. They must show that they have a disability that will prevent them from using fixed-route transit services.</p>
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- 11. 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.**

<p>Union City Paratransit uses the MTC regional ADA paratransit application. Although the application review process can take up to 21 days (per ADA guidelines), most applications are reviewed within 7 days. Once enrolled in our program, riders are entered into a regional eligibility database and are immediately eligible to ride any other ADA paratransit service in the Bay Area. Consumers must re-certify every three years.</p>	
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CUSTOMER SATISFACTION

- 12. 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 12A and 12B that follow)*

Complaints/Commendations are received by UC Transit/Paratransit and are either forwarded to the Contractor, or handled by UC Transit/Paratransit staff for resolution. Customers are replied to either in writing, telephone or e-mail. All valid comments/complaints/compliments are reported in our Monthly Management Reports.

- 12A. Describe any common or recurring service complaints, commendations and/or suggestions your program has received.** Specify for each of the paratransit projects and programs listed in Attachment B. *(Complaints are defined as phone calls, letters, or emails received for the specific purpose of making a complaint.)*

The most common complaint we receive is that we do not guarantee non-ADA service (service into neighboring Cities) as easily as our ADA service. Because we are an ADA program, all intra-Union City trips (which are our ADA trips) will take priority over non-ADA trips.

- 12B. Describe any changes you have made to your program as a result of these customer complaints, commendations and suggestions.**

We have not made any significant changes to our program as a result of these complaints. We encourage our riders to use East Bay Paratransit for their trips into neighboring Cities because it is an ADA trip on East Bay Paratransit and thus, service cannot be denied. However many of our riders still prefer to use our service for these inter-City trips because they feel it is a much more reliable and comfortable service.

EXPECTED DEMAND/USE OF SERVICES

Alameda CTC Paratransit Program Plan Application

Application Period: July 1, 2016 - June 30, 2017

13. How many people are/have been/will be registered in the program during the following time periods? Fill in the boxes below.

Registrants at beginning of FY 2014-15
1,014

Registrants at end of FY 2014-15
1,062

Current Registrants for FY 2015-16
1,029

Estimated Registrants for FY 2016-17
1,050

13A. Based on the registration projection provided, explain why you expect your program registration to increase, decrease or stay the same compared to the current year.

Because we have a long standing ADA program, our client database has remained very consistent. Some clients move out into the service area, some clients move into our service area. New residents become ADA eligible while some will later become ineligible after the re-certification process.

14. 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 2015-16? Why?

Stay about the same. We are not increasing service per se and do not expect any significant changes in service demand.

15. Do the ridership numbers reported in Attachments A and B include companions and/or attendants?

☒ Yes

☐ No

If yes, and if known, what percent of total ridership are companions/attendants? *(If providing an estimate, please clearly indicate it as such.)*

12.6% of our YTD ridership through Dec. 2016 consists of companions and/or attendants

- 16. Please provide data on lift/ramp trips provided, if available.** If lift/ramp trips were provided in more than one service, please specify for each.

Lift/ramp trips provided in FY 2014-15
6,880

Lift/ramp trips to be provided in FY 2015-16
6,000

Lift/ramp trips to be provided in FY 2016-17
6,500

VEHICLE FLEET

- 17. Provide details regarding your vehicle fleet.** To answer this question, complete Attachment D (Table D tab of the Excel workbook).

SAFETY INCIDENTS

- 18. Describe any safety incidents recorded by your program in FY 2014-15, or to date in FY 2015-16.** Specify for each of the paratransit projects and programs listed in Attachment B. *(Report incidents resulting in any of the following: a fatality other than a suicide; injuries requiring immediate medical attention away from the scene for two or more persons; property damage equal to or exceeding \$7,500; an evacuation due to life safety reasons; or a collision at a grade crossing.)*

No safety incident reported that meet these thresholds.

FINANCES: PROGRAM REVENUE AND COST

- 19. Detail your FY 2016-17 program's total estimated revenue (all fund sources) and total cost by completing Attachment C (Table C tab of the Excel workbook).** For program components funded with a Measure B Gap Grant, segregate the Gap Grant funding by entering it in the "Other Measure B" column.

- 20. Describe below the "Management/Overhead" and "Customer Service and Outreach" costs included in Attachment C 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*

Alameda CTC Paratransit Program Plan Application

Application Period: July 1, 2016 - June 30, 2017

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.

20A. Management/Overhead Costs

Management and Overhead includes Program oversight, planning, budgeting, participation in regional/countywide meetings. Estimated that about \$55,000 is spent on Management/Overhead.

20B. Customer Service and Outreach Costs

Activities associated with educating consumers about services that are available, answering questions from consumers and taking, tracking and responding to complaints and commendations, and providing eligibility services. Estimated that about \$55,000 is spent on Customer Service and Outreach.

PROGRAM FUNDING RESERVES

21. If your paratransit program is anticipated to have a remaining balance of Measure B/BB DLD funding at the end of FY 2016-17, as shown in Attachment C, please explain. How do you plan to expend these funds and when?

Not applicable

MISCELLANEOUS**22. Use this space to provide any additional notes or clarifications about your program plan.**

Union City also participates in the Tri-City Taxi Voucher program. This offers discounted taxi vouchers to residents in the Tri-City area so their same-day trip needs can be met. For Union City, this program is open to all ADA eligible riders and/or residents 80 and older. The program is administered by the City of Fremont. Union City does not report any data from this program.

To register with the Taxi Voucher program, residents must fill out a short one-pay application through the City of Fremont. <https://fremont.gov/DocumentCenter/View/29273>

Attachment A: Summary of Past Program Service, Performance and Costs (FY 2014-15)

Service/Program Type and Name		Performance FY 14-15		Total FY 2014-15 Program Costs Expended by Fund Source (Measure B, Measure BB and all other funds expended during FY 2014-15)									Notes	
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	Column N	Column O
Eligible Service/Program Type Drop-down Menu	Service/Program/Project Name	Quantity Provided FY 2014-15 Provide total number of one-way trips or units	On-Time Performance FY 14-15 Percent of passenger trips arrived within designated window (indicate if data is unavailable or non-applicable)	Amount of RESERVE Measure B Paratransit DLD funds	Amount of FY 2014-15 Measure B Paratransit DLD funds	Amount of FY 2014-15 Measure BB Paratransit DLD funds	Amount of OTHER Measure B/BB funds	What was the source of these OTHER Measure B/BB funds? (e.g. MB Gap Grant, MB LSR, etc.)	Fare Revenue received from service	Fare Revenue expended on service	Amount of all non-Alameda CTC funds (not including fares)	What was the source of these non-Alameda CTC funds? (e.g. City general fund, federal, state, etc.)	Total Funds expended (all sources) Automatically calculated	Miscellaneous Notes (If necessary, provide any notes/clarification about trip/program)
ADA-mandated Paratransit	Union City Paratransit	20,896	99	\$ -	\$ 295,308	\$ 34,647	\$ -		\$ 60,329	\$ 60,329	\$ 536,845	TDA and STA	\$ 927,129	
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Alameda CTC Paratransit Program Application - FY 2016-17 (July 1, 2016 - June 30, 2017)
Attachment B: Description of Planned Program

Note: Definitions for each drop-down menu are in the Implementation Guidelines

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[illegible]

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Alameda CTC Paratransit Program Application - FY 2016-17 (July 1, 2016 - June 30, 2017)
Attachment C: Program Revenue, Cost and Fund Sources

Total FY 2016-17 Program Revenue (Measure B, Measure BB and all other funds available for FY 2016-17)	
Estimated Measure B Paratransit DLD ending balance at the end of THIS fiscal year, FY 2015-16 (June 30, 2016)	\$0
Projected FY 2016-17 Measure B DLD Paratransit revenue (Use projections distributed by the Alameda CTC)	\$313,696
Estimated Measure BB Paratransit DLD ending balance at the end of THIS fiscal year, FY 2015-16 (as of June 30, 2016)	\$0
Projected FY 2016-17 Measure BB DLD Paratransit revenue (Use projections distributed by the Alameda CTC)	\$191,842
Total FY 2016-17 Measure B and BB Paratransit DLD Revenue (Automatically calculated)	\$505,538
Total FY 2016-17 Other Revenue (All other revenue sources, non-DLD, including Gap grant)	\$444,978
Total FY 2016-17 Program Revenue (Measure B, Measure BB and all other sources available for FY 2016-17) (Automatically calculated)	\$950,516

Service/Program Name		Total FY 2016-17 Program Costs by Fund Source (Measure B, Measure BB and all other funds planned to be expended during FY 2016-17)										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 16-17 <i>Automatically populated from prior sheet (column Q)</i>	Amount of RESERVE Measure B Paratransit DLD funds	Amount of FY 2016-17 Measure B Paratransit DLD funds	Amount of RESERVE Measure BB Paratransit DLD funds	Amount of FY 2016-17 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 Non-Alameda CTC funds (not including fares)	What is the source of these non-Alameda CTC funds? (e.g. city funds, federal, state, etc.)	Total Cost (all sources) <i>Automatically calculated</i>
Union City Paratransit	22,000	\$ -	\$ 313,696	\$ -	\$ 191,842	\$ -		\$ 63,516	\$ 63,516	\$ 381,462	TDA and STA	\$ 950,516
0	0											\$ -
0	0											\$ -
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Totals	22,000	\$ -	\$ 313,696	\$ -	\$ 191,842	\$ -		\$ 63,516	\$ 63,516	\$ 381,462		\$ 950,516

Budget check (total revenue less total cost): \$0

PARATRANSIT DLD RESERVE BALANCES	Measure B	Measure BB
Estimated Reserve Balance, June 30, 2017:	\$0	\$0
Reserve balance as percent of FY 16/17 Revenue	0%	0%

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Alameda CTC Paratransit Program Application - FY 2016-17 (July 1, 2016 - June 30, 2017)

Attachment D: Vehicle Fleet

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

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Paratransit Program Plan Staff Presentation Fiscal Year 16/17

Subcommittee: South County Paratransit Program: Newark

- City-based Door-to-Door, Meal Delivery, Tri-City Taxi and Volunteer Driver program
- 100% Measure B/BB
- 36% Reserves
- Trends in trip provision – expected to stay the same, only program not projecting an increase in rides between 14/15 and 16/17
- Transportation operated by City of Fremont, consumers enroll in the program by completing an application through City of Fremont Human Services Department
- Did not include city-paid costs for program administration
- Fremont has applied for Gap Extension funding for Tri-City Mobility Management/Travel Training, Taxi and Volunteer Driver programs

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Annual Paratransit Program Plan Application for Measure B and Measure BB Funding Fiscal Year 2016-2017 (July 1, 2016 - June 30, 2017)

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Be sure to include your agency name and FY 16-17 in the file name of both the Word document and the Excel workbook (e.g., Albany_FY1617_Paratransit_Program_Application.doc).

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

FY 2016-17 Paratransit Program Plan Application

Due by March 25, 2016

CONTACT INFORMATION	
Agency:	City of Newark
Contact Name:	David Zehnder
Title:	Recreation and Community Services Director
Phone Number:	510.578.4405
E-mail Address:	David.zehnder@newark.org

Date Submitted: March 21, 2016

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 Attachment B (Table B tab of the Microsoft Excel workbook).

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Alameda CTC Paratransit Program Plan Application

Application Period: July 1, 2016 - June 30, 2017

- **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.
- **Note on volunteer driver programs and mobility management/training:** If your program is using DLD funds, but not Gap funds, you will be required to submit further information.

1A. Provide a short narrative description of your agency's FY 2016-17 program:

The City of Newark offers prescheduled, accessible door-to-door paratransit services through a MOU agreement with the City of Fremont. The City of Fremont contracts with a local service provider to offer rides for our most vulnerable population; seniors ages 70 and older and those persons 18 and over with disabilities. The City of Newark also contributes a portion of Measure B and Measure BB funds to Life Eldercare for the delivery of Meals on Wheels to seniors.

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?

Without a door-to-door transportation service, some of our community members would not have access to travel to medical appointments, food shopping, social and recreational activities, places of worship and other important locations. In addition to these services, we also contribute Measure B and Measure BB funds towards the Life Elder Care Meals on Wheels (MOW) program. MOW provides daily hot and nutritional meals to homebound seniors. These are seniors that are typically frail and unable to prepare their own meals. This service also provides a well-check whereby Life Elder Care driver volunteers can provide referrals for those seniors in need.

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.

Recurring primary destinations within the Newark Paratransit service areas include:

- Dialysis appointments
- Medical and dental appointments
- Newark Senior Center
- Silliman Activity Center
- Grocery stores
- NewPark Mall
- Places of worship
- Medical centers such as Washington Hospital and Kaiser

2. Will your agency's program for FY 2016-17 conform to the Paratransit Program Implementation Guidelines, as required? (FY 2016-17 Programs are *required* to conform to the Implementation Guidelines, revised February 2016)

✓ ☐ **Yes** ☐ **No**

2A. If "No", explain below and contact Alameda CTC staff to discuss (prior to March 25, 2016)

3. If proposing service changes in FY 2016-17 from the current year, FY 2015-16, 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.

N/A

PROGRAM ELEMENTS REQUIRING ALAMEDA CTC STAFF REVIEW

4. The 2016 Paratransit Program Implementation Guidelines require Alameda CTC staff review of several program elements prior to implementation. The program elements requiring staff review are listed as items 4A – 4F below and for each item, further explanation is requested. **If your FY 2016-17 program plan includes any of the elements listed, in the box provided below, list the elements and the requested explanation for each.** Applicants must address any applicable paratransit projects and programs listed in Attachment B.
 - A. **Planned capital expenditure** (describe planned capital expenditures, such as purchase of vehicles or durable equipment, below)
 - B. **City-based Door-to-Door Service that includes trip limitations based on trip purpose** (describe the proposed trip limitations that are proposed below)
 - C. **Taxi Subsidy Program that includes incentives to drivers and/or transportation providers** (describe the proposed incentives below)
 - D. **Accessible Shuttle Service** (describe service plan and how city is coordinating with the local fixed route transit provider)
 - E. **New mobility management and/or travel training programs** (describe the well-defined set of activities below)
 - F. **Low-income requirements for any scholarship and fare subsidy programs** (describe the proposed subsidy and the means that will be used to determine and verify eligibility below)

N/A

DEVELOPMENT OF PROGRAM PLAN

- 5. 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.

Program updates and consumer input were solicited and received during meetings with the Newark, Fremont and Union City Paratransit Advisory Committee members on October 28, 2015 and January 20, 2016. This committee provided valuable input related to service quality and operational issues.

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

The City of Newark and City of Fremont reviewed ridership data as well as service parameters and performance to determine the type of service needed to meet the demands of our ridership.

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

Through ongoing communication and analysis of services, we have been able to affirm that current service levels continue to meet the needs of the community.

- 8. Was this program plan approved by a governing body (or is it scheduled for action)?** *This is not required by the Alameda CTC. Jurisdictions should follow their established internal process.*

✓ [] Yes

Alameda CTC Paratransit Program Plan Application

Application Period: July 1, 2016 - June 30, 2017

☐ No

If yes, provide the name of the governing body and planned or actual approval date.

City of Newark City Council April, 2016

OUTREACH

- 9. How do community members and potential users learn about the Alameda CTC-funded services provided in your community?** Specify for each of the paratransit projects and programs listed in Attachment B.

A description of the Newark Paratransit program is included in our department's Activity Guide which is distributed three times per year and is directly mailed to all Newark residences and businesses. Newark Paratransit is also promoted at our Senior Center, Silliman Activity and Family Aquatic Center, Newark Library, Newark City Hall and various local business and service organizations. Partner agency City of Fremont also provides information through their Human Services Department and the Fremont Resource Center.

ELIGIBILITY AND ENROLLMENT

- 10. What are your requirements for eligibility? (E.g., age, residency, income, ADA-certification status, or other verification of disability).**

Eligible Newark Paratransit riders must be at least 70 years of age or older or disabled and 18 years of age or older. Riders must have limitations that will not allow them to use fixed route services such as AC Transit.

- 11. 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.**

Consumers enroll the program by completing an application through service provider City of Fremont Human Services Department. Once the application is screened and approved, consumers are notified and allowed to purchase rider tickets.

CUSTOMER SATISFACTION

12. 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 12A and 12B that follow)*

Passengers may file a complaint any time that the service is not satisfactory, safe or secure. Complaints should be directed to the Fremont Paratransit Program Office. Complaints may be filed in writing or by telephone. When filing a complaint, customers need to provide the following information:

- Rider's name, address and phone number
- Date and time of incident
- Details of the incident

Staff from the City of Fremont Human Services Department will investigate each complaint and make every effort to resolve complaints in a timely manner.

12A. Describe any common or recurring service complaints, commendations and/or suggestions your program has received. Specify for each of the paratransit projects and programs listed in Attachment B. *(Complaints are defined as phone calls, letters, or emails received for the specific purpose of making a complaint.)*

We only receive a small amount of complaints throughout the year. The most common complaint is a rider unable to schedule a ride during a popular time of day because the vehicles are already booked. Staff is usually able to find an alternate appointment time for these riders.

12B. Describe any changes you have made to your program as a result of these customer complaints, commendations and suggestions.

N/A

EXPECTED DEMAND/USE OF SERVICES

13. How many people are/have been/will be registered in the program during the following time periods? Fill in the boxes below.

Alameda CTC Paratransit Program Plan Application

Application Period: July 1, 2016 - June 30, 2017

Registrants at beginning of FY 2014-15
337

Registrants at end of FY 2014-15
336

Current Registrants for FY 2015-16
314

Estimated Registrants for FY 2016-17
325

13A. Based on the registration projection provided, explain why you expect your program registration to increase, decrease or stay the same compared to the current year.

We expect our registration to remain very close to FY 2015-2016 numbers.

14. 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 2015-16? Why?

We expect our one-way trips to stay the same as last year.

15. Do the ridership numbers reported in Attachments A and B include companions and/or attendants?

☒ [] Yes

[] No

If yes, and if known, what percent of total ridership are companions/attendants? *(If providing an estimate, please clearly indicate it as such.)*

7%

16. Please provide data on lift/ramp trips provided, if available. If lift/ramp trips were provided in more than one service, please specify for each.

Lift/ramp trips provided in FY 2014-15
26%

Lift/ramp trips to be provided in FY 2015-16
19%

Lift/ramp trips to be provided in FY 2016-17
20%

VEHICLE FLEET

- 17. Provide details regarding your vehicle fleet.** To answer this question, complete Attachment D (Table D tab of the Excel workbook). **Vehicles are supplied through partnership agreement with the City of Fremont's contract service provider MV Transportation. Please refer to the City of Fremont's program application for explanation of vehicle fleet.**

SAFETY INCIDENTS

- 18. Describe any safety incidents recorded by your program in FY 2014-15, or to date in FY 2015-16.** Specify for each of the paratransit projects and programs listed in Attachment B. *(Report incidents resulting in any of the following: a fatality other than a suicide; injuries requiring immediate medical attention away from the scene for two or more persons; property damage equal to or exceeding \$7,500; an evacuation due to life safety reasons; or a collision at a grade crossing.)*

N/A

FINANCES: PROGRAM REVENUE AND COST

- 19. Detail your FY 2016-17 program's total estimated revenue (all fund sources) and total cost by completing Attachment C (Table C tab of the Excel workbook).** For program components funded with a Measure B Gap Grant, segregate the Gap Grant funding by entering it in the "Other Measure B" column.
- 20. Describe below the "Management/Overhead" and "Customer Service and Outreach" costs included in Attachment C and how these cost allocations were determined?** (These two categories are defined under Question 1). *The amount spent on Customer*

Alameda CTC Paratransit Program Plan Application

Application Period: July 1, 2016 - June 30, 2017

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.

20A. Management/Overhead Costs

N/A

20B. Customer Service and Outreach Costs

N/A

PROGRAM FUNDING RESERVES

- 21. If your paratransit program is anticipated to have a remaining balance of Measure B/BB DLD funding at the end of FY 2016-17, as shown in Attachment C, please explain. How do you plan to expend these funds and when?**

Funds will be used for operational needs as required by ridership.

Alameda CTC Paratransit Program Plan Application
Application Period: July 1, 2016 - June 30, 2017

MISCELLANEOUS

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

Attachment A: Summary of Past Program Service, Performance and Costs (FY 2014-15)

Service/Program Type and Name		Performance FY 14-15		Total FY 2014-15 Program Costs Expended by Fund Source (Measure B, Measure BB and all other funds expended during FY 2014-15)									Notes	
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	Column N	Column O
Eligible Service/Program Type Drop-down Menu	Service/Program/Project Name	Quantity Provided FY 2014-15 Provide total number of one-way trips or units	On-Time Performance FY 14-15 Percent of passenger trips arrived within designated window (indicate if data is unavailable or non-applicable)	Amount of RESERVE Measure B Paratransit DLD funds	Amount of FY 2014-15 Measure B Paratransit DLD funds	Amount of FY 2014-15 Measure BB Paratransit DLD funds	Amount of OTHER Measure B/BB funds	What was the source of these OTHER Measure B/BB funds? (e.g. MB Gap Grant, MB LSR, etc.)	Fare Revenue received from service	Fare Revenue expended on service	Amount of all non-Alameda CTC funds (not including fares)	What was the source of these non-Alameda CTC funds? (e.g. City general fund, federal, state, etc.)	Total Funds expended (all sources) Automatically calculated	Miscellaneous Notes (If necessary, provide any notes/clarification about trip/program)
City-based Door-to-Door	Newark Paratransit	4,377		\$ -	\$ 174,000	\$ -			\$ 10,544				\$ 174,000	
Meal Delivery (existing program)	Meals on Wheels	13,474		\$ -	\$ 7,000								\$ 7,000	
													\$ -	
													\$ -	
													\$ -	
													\$ -	
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													\$ -	
				\$ -	\$ 181,000	\$ -	\$ -		\$ 10,544	\$ -	\$ -		\$ 181,000	

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Attachment B: Description of Planned Program

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Alameda CTC Paratransit Program Application - FY 2016-17 (July 1, 2016 - June 30, 2017)
Attachment C: Program Revenue, Cost and Fund Sources

Total FY 2016-17 Program Revenue (Measure B, Measure BB and all other funds available for FY 2016-17)	
Estimated Measure B Paratransit DLD ending balance at the end of THIS fiscal year, FY 2015-16 (June 30, 2016)	\$65,100
Projected FY 2016-17 Measure B DLD Paratransit revenue (Use projections distributed by the Alameda CTC)	\$185,155
Estimated Measure BB Paratransit DLD ending balance at the end of THIS fiscal year, FY 2015-16 (as of June 30, 2016)	\$101,954
Projected FY 2016-17 Measure BB DLD Paratransit revenue (Use projections distributed by the Alameda CTC)	\$113,232
Total FY 2016-17 Measure B and BB Paratransit DLD Revenue (Automatically calculated)	\$465,440
Total FY 2016-17 Other Revenue (All other revenue sources, non-DLD, including Gap grant)	
Total FY 2016-17 Program Revenue (Measure B, Measure BB and all other sources available for FY 2016-17) (Automatically calculated)	\$465,440

Service/Program Name		Total FY 2016-17 Program Costs by Fund Source (Measure B, Measure BB and all other funds planned to be expended during FY 2016-17)										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 16-17 <i>Automatically populated from prior sheet (column Q)</i>	Amount of RESERVE Measure B Paratransit DLD funds	Amount of FY 2016-17 Measure B Paratransit DLD funds	Amount of RESERVE Measure BB Paratransit DLD funds	Amount of FY 2016-17 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 Non-Alameda CTC funds (not including fares)	What is the source of these non-Alameda CTC funds? (e.g. city funds, federal, state, etc.)	Total Cost (all sources) <i>Automatically calculated</i>
Newark Paratransit	4,350		\$ 92,500		\$ 92,500			\$ 8,000				\$ 185,000
Meals on Wheels	13,500		\$ 7,000									\$ 7,000
0	0											\$ -
0	0											\$ -
0	0											\$ -
0	0											\$ -
0	0											\$ -
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0	0											\$ -
0	0											\$ -
Totals	17,850	\$ -	\$ 99,500	\$ -	\$ 92,500	\$ -		\$ 8,000	\$ -	\$ -		\$ 192,000

Budget check (total revenue less total cost): \$273,440

PARATRANSIT DLD RESERVE BALANCES	Measure B	Measure BB
Estimated Reserve Balance, June 30, 2017:	\$150,755	\$122,686
Reserve balance as percent of FY 16/17 Revenue	81%	108%

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Alameda CTC Paratransit Program Application - FY 2016-17 (July 1, 2016 - June 30, 2017)

Attachment D: Vehicle Fleet

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

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Paratransit Program Plan Staff Presentation Fiscal Year 16/17

Subcommittee: South County Paratransit Program: Fremont

- City-based Door-to-Door; Group Trips; Meal Delivery
- 100% Measure B/BB
- 24% Reserves
- Trends in trip provision – expected to increase, though Door-to-Door may be offset by Taxi
- Taxi and volunteer driver programs are grant-funded and cover whole planning area
- Has applied for Gap Extension funding for Mobility Management/Travel Training, Taxi and Volunteer Driver programs
- Has been working collaboratively with other programs on taxi card feasibility study

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Annual Paratransit Program Plan Application for Measure B and Measure BB Funding Fiscal Year 2016-2017 (July 1, 2016 - June 30, 2017)

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 prior expenditures and anticipated revenues and expenditures related to delivering paratransit services to seniors and people with disabilities.

Paratransit Program Plan Application Deadline: March 25, 2016

The Annual Paratransit Program Plan Application includes the following documents:

1. Paratransit Program Plan Application (this MS Word document)
2. Paratransit Program Plan Attachments A-D (Tables A, B, C and D of the provided MS Excel workbook) *NOTE: The FY2016-17 Program Plan Excel workbook contains a new tab to report on FY 2014-15 performance (Attachment A Table). The FY 2014-15 program information entered into Table A will be used to monitor program performance and, where applicable, is to align with program information included in the FY 2014-15 compliance report.*
3. References:
 - FY 2016-17 MB & MBB Paratransit DLD Revenue Projections, (distributed to ParaTAC, January 2016)
 - Alameda CTC Special Transportation for Seniors and People with Disabilities (Paratransit) Implementation Guidelines and Performance Measures, revised 2/25/16
 - Alameda CTC Timely Use of Funds Policy, adopted 12/3/15

Submit the Word and Excel files listed above electronically via email by March 25, 2016 to Naomi Armenta: narmenta@alamedactc.org.

Be sure to include your agency name and FY 16-17 in the file name of both the Word document and the Excel workbook (e.g., Albany_FY1617_Paratransit_Program_Application.doc).

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

FY 2016-17 Paratransit Program Plan Application

Due by March 25, 2016

CONTACT INFORMATION	
Agency:	City of Fremont
Contact Name:	Shawn Fong
Title:	Program Manager
Phone Number:	510/574-2033
E-mail Address:	sfong@fremont.gov

Date Submitted: March 25, 2016

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 Attachment B (Table B 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 and performance measures, refer to the Alameda CTC's Special Transportation for Seniors and People with Disabilities (Paratransit) Implementation Guidelines, revised 2/25/16 (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.

Alameda CTC Paratransit Program Plan Application

Application Period: July 1, 2016 - June 30, 2017

- **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.
- **Note on volunteer driver programs and mobility management/training:** If your program is using DLD funds, but not Gap funds, you will be required to submit further information.

1A. Provide a short narrative description of your agency's FY 2016-17 program:

Alameda CTC Paratransit Program Plan Application

Application Period: July 1, 2016 - June 30, 2017

The City of Fremont provides a wide array of services for seniors and people with disabilities in the Tri-City area (Fremont, Newark and Union City). Services are provided through the City's base program and through gap-grant funded projects.

The Fremont Paratransit Program is the City's base program and includes the following service components:

Door-to-Door Transportation:

Wheelchair accessible, shared ride transportation is provided to Fremont residents who are unable to access public transportation independently due to a disabling condition or to seniors 80 years of age and older. The service is available 7 days a week, from 8 am – 6 pm on weekdays and from 9 am – 3pm on weekends. Trip requests are accommodated based on vehicle availability and can be reserved up to 7 days in advance. The program serves all destinations within Fremont, Newark and Union City which enables riders comprehensive transportation access for their medical, shopping, errands, social/recreational, spiritual and educational needs. The vast majority of paratransit service hours are provided during the weekday, daytime hours when program participants have few alternative transportation resources (i.e. family and friends) available.

Group Trips:

The purpose of the group trip program is to promote socialization and decrease isolation for seniors and people with disabilities. Wheelchair-accessible group trips are provided to housing complexes, skilled nursing facilities, social clubs, or other community organizations that serve persons with disabilities and/or seniors within Fremont. The program has a special emphasis on providing group transportation to individuals who are frail, homebound, linguistically isolated or unable to use public transportation for socialization, recreational and shopping activities. Transportation is available weekdays by arrangement. Destinations must be within a 25-mile radius of the Fremont City Hall.

Meal Delivery:

The Meals on Wheels Program provides nutritionally balanced meals for homebound seniors and persons with disabilities residing in Fremont. The various mobility and cognitive impairments of Meals on Wheels clients make it difficult to travel to congregate meal sites or to grocery shop and prepare meals. The program provides a critical life need by coordinating cost effective and efficient meal delivery services.

The City of Fremont provides an array of additional transportation support services to seniors and persons with disabilities in the Tri-City area (Newark, Union City and Fremont). These supplemental services are funded through the Measure B Gap Grant Program and include:

- Tri-City Mobility Management and Travel Training Program
- Tri-City Volunteer Driver Programs
- Tri-City Taxi Voucher Program

Descriptions of these programs were included in the Gap Grant Cycle 5 Extension Application.

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 goal of the City of Fremont's transportation and mobility programs is to provide safe and reliable transportation for seniors and people with disabilities in order to:

- improved their access to health care, community services and activities, and other needs;
- decrease the experience of social isolation;
- prevent unnecessary institutionalization; and,
- improve the overall quality of life by enhancing consumer's abilities to remain living independently in their chosen communities.

In 2006, the City of Fremont completed an extensive 18-month long community needs assessment for the Tri-City community that was funded through the Robert Wood Johnson Foundation. This community needs assessment specifically called out increasing and sustaining mobility for seniors and people with disabilities as a goal within the action plan. The plan included specific objectives, including:

- Providing affordable and accessible door-to-door transportation (including same-day transportation)
- Implementing volunteer driver programs for seniors and people with disabilities who need destination assistance but don't have family, friends or others to help them
- Teaching seniors and people with disabilities how to ride transit
- Ensuring that community members have ease of access to services that they need to meet daily life needs.

The City of Fremont has provided the continuum of transportation services and supports outlined in Question 1A for the past several years and these services have been successful at meeting the service gaps in our Tri-City community.

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.

The Fremont Paratransit Program serves any destination within Fremont, Newark and Union City, including: Washington Hospital, Kaiser Permanente, Palo Alto Medical Clinic, doctor's offices, dialysis centers, physical therapy clinics, Fremont, Newark & Union City Senior Centers, Fremont Family Resource Center, BACS Adult Day Center, Fremont Adult School, skilled nursing facilities, California School for the Blind and Deaf, Friends of Children with Special Needs, Fremont Hub, Pacific Commons, Union Landing, NewPark Mall, Walmart, Costco, Lido Faire Shopping Center, grocery stores (large chain & ethnic markets), places of worship (i.e. churches, Hindu temple, Sikh gurdwara, mosques), pharmacies (i.e. Walgreens, CVS, Rite Aid), BART stations, Social Security Administration, libraries.

- 2. Will your agency's program for FY 2016-17 conform to the Paratransit Program Implementation Guidelines, as required?** (FY 2016-17 Programs are *required* to conform to the Implementation Guidelines, revised February 2016)

☒ **Yes** ☐ **No**

2A. If "No", explain below and contact Alameda CTC staff to discuss (prior to March 25, 2016)

- 3. If proposing service changes in FY 2016-17 from the current year, FY 2015-16, 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.

There are no proposed changes to the Fremont Paratransit Program.

PROGRAM ELEMENTS REQUIRING ALAMEDA CTC STAFF REVIEW

- 4.** The 2016 Paratransit Program Implementation Guidelines require Alameda CTC staff review of several program elements prior to implementation. The program elements requiring staff review are listed as items 4A – 4F below and for each item, further explanation is requested. **If your FY 2016-17 program plan includes any of the elements listed, in the box provided below, list the elements and the requested explanation for each.** Applicants must address any applicable paratransit projects and programs listed in Attachment B.
- A. **Planned capital expenditure** (describe planned capital expenditures, such as purchase of vehicles or durable equipment, below)
 - B. **City-based Door-to-Door Service that includes trip limitations based on trip purpose** (describe the proposed trip limitations that are proposed below)
 - C. **Taxi Subsidy Program that includes incentives to drivers and/or transportation providers** (describe the proposed incentives below)
 - D. **Accessible Shuttle Service** (describe service plan and how city is coordinating with the local fixed route transit provider)

- E. **New mobility management and/or travel training programs** (describe the well-defined set of activities below)
- F. **Low-income requirements for any scholarship and fare subsidy programs** (describe the proposed subsidy and the means that will be used to determine and verify eligibility below)

There are no new elements in the FY 2016-17 program plan requiring Alameda CTC review.

DEVELOPMENT OF PROGRAM PLAN

5. **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.

Consumer input gathered using the following strategies:

- Program outreach activities (throughout the year) – At outreach meetings, feedback on service needs and transportation barriers was gathered directly from consumers and social service professionals.
- Paratransit Advisory Committee meetings (PAC met quarterly) - feedback on service needs and transportation barriers was gathered directly from consumers.
- Fremont Senior Commission (commission met monthly) - feedback on service needs and transportation barriers was gathered directly from commissioners.
- Paratransit rider survey – last one conducted in December 2014 in anticipation of new Measure BB funding.

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

Development of plan included analysis of:

- Current program service data - number of trips performed, on-time performance, productivity, cost per trip, etc.

Feedback from consumer (through outreach meetings and yearly survey) and service providers as well as input from the Paratransit Advisory Committee and the Fremont Senior Commission.

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

Feedback from program outreach and the paratransit rider survey shows a high degree of satisfaction with the current programs' parameters.

Given the consumer feedback received and the success of the current programs, the City decided to continue offering its current suite of transportation and mobility management services. Although there was some feedback from our program participants to expand our paratransit service area or hours, staff determined that this was not plausible as it was not cost-effective and would diminish our ability to provide services in the local area and at times when the vast majority of seniors and persons with disabilities require transportation assistance.

8. Was this program plan approved by a governing body (or is it scheduled for action)? *This is not required by the Alameda CTC. Jurisdictions should follow their established internal process.*

☒ Yes

☐ No

If yes, provide the name of the governing body and planned or actual approval date.

City Council action to maintain 100% of local distribution funds for the City-based paratransit program is scheduled for May 2016.

OUTREACH

9. How do community members and potential users learn about the Alameda CTC-funded services provided in your community? Specify for each of the paratransit projects and programs listed in Attachment B.

Outreach presentations are regularly conducted with consumer groups, social service agencies, health care providers, senior centers, community and faith-based organizations, housing complexes for seniors and persons with disabilities, and caregivers groups. Additionally, the program publishes a newsletter and posts flyers at locations that seniors and people with disabilities frequent.

The program maintains collaborative partnerships with key service providers (i.e. Aging and Family Services case management team, Life ElderCare, Drivers for Survivors, Community Ambassadors Program for Seniors, Fremont Family Resource Center, and Tri-City Elder Coalition). These organizations disseminate service information to the larger community and provide a large number of referrals to our program.

The City of Fremont also coordinates with East Bay Paratransit extensively. Our staff meets with all interested EBP applicants who come into the Fremont satellite office for their certification appointments.

All of our current paratransit vehicles have signage about our program, which includes the phone number for paratransit as well as mobility management services that the City provides to the wider community. Our Tri-City Mobility Management and Travel Training program's primary goal is to

ensure that seniors and people with disabilities, their caregivers and service providers have a one-stop location/number to call to receive information about services, get linked with particular programs and connect with staff who can advocate for their particular transportation service needs.

ELIGIBILITY AND ENROLLMENT

10. What are your requirements for eligibility? (E.g., age, residency, income, ADA-certification status, or other verification of disability).

Door-to-door service: Fremont residents who are unable to use public transit because of a disability or who are 80 years or older are eligible for Door-to-Door Services. An application must be submitted prior to accessing service. Clients submit a paratransit program application.

Group Transportation: Service is available to community organizations that serve persons with disabilities and/or seniors living in Fremont. Organizations submit a group trip services application.

In-Home Meal Delivery: Service available to homebound seniors and people with disabilities living in Fremont. Clients contact Life Eldercare and complete an over the phone application.

11. 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.

Door-to-door service: Applications are reviewed to determine eligibility. Enrollment packets are sent out to consumers within 1-2 days of receipt of a completed application. Applications can be expedited within a few hours for consumers with critical medical/social service needs.

Group Transportation: Organizations submit an application form & schedules outings based on service/vehicle availability.

In-Home Meal Delivery: Clients contact Life Eldercare and complete an over the phone application. A comprehensive in-home assessment is completed within 2 weeks of the client's call and then meal delivery is started after the assessment. In cases of urgent need, meal delivery can start within 2-3 days of the client's call and the in-home assessment is completed within two weeks of the start of meal delivery.

CUSTOMER SATISFACTION

12. 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 12A and 12B that follow)

Alameda CTC Paratransit Program Plan Application

Application Period: July 1, 2016 - June 30, 2017

The Riders' Guide provided to each enrolled participant details the procedures for submitting complaints, commendations or suggestions. Customers can provide feedback to City staff in writing or by telephone. Complaints and commendations are documented by City staff. Service compliments are relayed to named parties. All complaints are investigated by program staff and a response is typically provided to the consumer within 7 days of receipt of the complaint.

12A. Describe any common or recurring service complaints, commendations and/or suggestions your program has received. Specify for each of the paratransit projects and programs listed in Attachment B. *(Complaints are defined as phone calls, letters, or emails received for the specific purpose of making a complaint.)*

The most common feedback we receive from consumers is that they typically have to schedule rides with more than 3 days' notice. Our service vehicles get booked up quickly with rides once the 7 day reservation window opens. Our strategies to remedy ride availability issues next year include limiting standing order requests and increasing the number of vehicles that are in service during the weekdays.

12B. Describe any changes you have made to your program as a result of these customer complaints, commendations and suggestions.

We try to schedule rides effectively on each of our routes. If we see a sustained increase in demand (especially during the busier months of the year) we will add service routes to accommodate these needs. Additionally, we maintain the flexibility to restrict standing orders to medical appointments and review standing orders on a case-by-case basis to ensure that subscription trips do not seriously impact other riders from accessing needed transportation.

EXPECTED DEMAND/USE OF SERVICES

13. How many people are/have been/will be registered in the program during the following time periods? Fill in the boxes below.

Registrants at beginning of FY 2014-15

2,088

Registrants at end of FY 2014-15

Alameda CTC Paratransit Program Plan Application
Application Period: July 1, 2016 - June 30, 2017

2,341

Current Registrants for FY 2015-16

2,018

Estimated Registrants for FY 2016-17

2,300

13A. Based on the registration projection provided, explain why you expect your program registration to increase, decrease or stay the same compared to the current year.

<p>We expect program registration to increase because of the trends we are seeing with the number of new applications we receive monthly. The increase in registrations is offset by the number of clients who are discharged from the program due to death, geographic relocation or no longer needing the services.</p>

14. 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 2015-16? Why?

<p>We expect the total number of trips for FY 16/17 to increase given the trends that we are seeing in our Fremont Paratransit enrollment numbers. Although it is unclear how much of an increase there will be given that clients may choose to use our Taxi Voucher Program over paratransit services. We are planning to increase the amount of our paratransit services contract for next year to accommodate the projected increase in service demand.</p>

15. Do the ridership numbers reported in Attachments A and B include companions and/or attendants?

☒ Yes

☐ No

If yes, and if known, what percent of total ridership are companions/attendants? *(If providing an estimate, please clearly indicate it as such.)*

Approximately 10% of total ridership

16. Please provide data on lift/ramp trips provided, if available. If lift/ramp trips were provided in more than one service, please specify for each.

Lift/ramp trips provided in FY 2014-15

3,636 (only tracked for DTD service)

Lift/ramp trips to be provided in FY 2015-16

Alameda CTC Paratransit Program Plan Application

Application Period: July 1, 2016 - June 30, 2017

3,596 (only tracked for DTD service)

Lift/ramp trips to be provided in FY 2016-17

3,500 (only tracked for DTD service)

VEHICLE FLEET

17. Provide details regarding your vehicle fleet. To answer this question, complete Attachment D (Table D tab of the Excel workbook).

SAFETY INCIDENTS

18. Describe any safety incidents recorded by your program in FY 2014-15, or to date in FY 2015-16. Specify for each of the paratransit projects and programs listed in Attachment B. *(Report incidents resulting in any of the following: a fatality other than a suicide; injuries requiring immediate medical attention away from the scene for two or more persons; property damage equal to or exceeding \$7,500; an evacuation due to life safety reasons; or a collision at a grade crossing.)*

There have been no reported safety incidents in FY 2014-15 or FY 2015-16.

FINANCES: PROGRAM REVENUE AND COST

19. Detail your FY 2016-17 program's total estimated revenue (all fund sources) and total cost by completing Attachment C (Table C tab of the Excel workbook). For program components funded with a Measure B Gap Grant, segregate the Gap Grant funding by entering it in the "Other Measure B" column.

20. Describe below the "Management/Overhead" and "Customer Service and Outreach" costs included in Attachment C 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.*

20A. Management/Overhead Costs

Alameda CTC Paratransit Program Plan Application

Application Period: July 1, 2016 - June 30, 2017

Covers:

- Portion of staff salary/benefit costs: based on percentage of time spent on program oversight, planning, budgeting, etc.
- Overhead allocation for services received from Finance, Human Resources, and Legal departments. (Designated percentage for overhead allocation is approved in the City's OMB A-87 cost allocation plan).

20B. Customer Service and Outreach Costs**Covers:**

- Portion of staff salary/benefit costs based on percentage of time spent on the following types of customer service and outreach activities: providing paratransit program information in-person or over the phone to individual clients, caregivers/support persons and service providers, assisting clients/caregivers with applications, eligibility determinations, sending out enrollment packets and additional correspondence for riders that facilitate their ongoing use of the service, providing follow-up counseling and education to riders, caregivers and service providers, problem solving difficult transportation scenarios, assistance with trip planning and scheduling, and handling customer complaints and commendations.
- Direct program costs: printing, supplies, computers/IT support, travel, etc.

PROGRAM FUNDING RESERVES

21. If your paratransit program is anticipated to have a remaining balance of Measure B/BB DLD funding at the end of FY 2016-17, as shown in Attachment C, please explain. How do you plan to expend these funds and when?

The City's Measure B/BB Direct Local Distribution fund balance will be maintained as an operations reserve during FY16/17. The fund balance amount is well within the Alameda CTC guidelines for an operations reserve.

Alameda CTC Paratransit Program Plan Application
Application Period: July 1, 2016 - June 30, 2017

MISCELLANEOUS

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

Alameda CTC Paratransit Program Application - FY 2016-17 (July 1, 2016 - June 30, 2017)

Attachment A: Summary of Past Program Service, Performance and Costs (FY 2014-15)

Service/Program Type and Name		Performance FY 14-15		Total FY 2014-15 Program Costs Expended by Fund Source (Measure B, Measure BB and all other funds expended during FY 2014-15)										Notes
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	Column N	Column O
Eligible Service/Program Type Drop-down Menu	Service/Program/Project Name	Quantity Provided FY 2014-15 Provide total number of one-way trips or units	On-Time Performance FY 14-15 Percent of passenger trips arrived within designated window (indicate if data is unavailable or non-applicable)	Amount of RESERVE Measure B Paratransit DLD funds	Amount of FY 2014-15 Measure B Paratransit DLD funds	Amount of FY 2014-15 Measure BB Paratransit DLD funds	Amount of OTHER Measure B/BB funds	What was the source of these OTHER Measure B/BB funds? (e.g. MB Gap Grant, MB LSR, etc.)	Fare Revenue received from service	Fare Revenue expended on service	Amount of all non-Alameda CTC funds (not including fares)	What was the source of these non-Alameda CTC funds? (e.g. City general fund, federal, state, etc.)	Total Funds expended (all sources) Automatically calculated	Miscellaneous Notes (If necessary, provide any notes/clarification about trip/program)
City-based Door-to-Door	Fremont Paratransit - DTD Rides	16,819	95%	\$ 248,664	\$ 292,036	\$ -	\$ -		\$ 32,678	\$ -	\$ -		\$ 540,700	
Group Trips	Fremont Paratransit - GRP Trips	4,179	unavailable		\$ 39,929	\$ -	\$ -			\$ -	\$ -		\$ 39,929	
Customer Service and Outreach	Fremont Paratransit - CS & O		not applicable		\$ 117,253	\$ -	\$ -			\$ -	\$ -		\$ 117,253	
Management/Overhead	Fremont Paratransit - M/O		not applicable	\$ 81,173	\$ 81,120	\$ -	\$ -			\$ -	\$ -		\$ 162,293	
Meal Delivery (existing program)	Meals On Wheels	57,074	not applicable		\$ 68,794	\$ -	\$ -			\$ -	\$ -		\$ 68,794	
Volunteer Driver	VIP Rides Program & Drivers for Survivors	7,907	unavailable		\$ 20,849	\$ -	\$ 125,000	MB Gap Grant		\$ -	\$ -		\$ 145,849	
Taxi Program	Tri-City Taxi Voucher Program	7,486	unavailable		\$ 53,984	\$ -	\$ 115,456	MB Gap Grant	\$ 20,740	\$ -	\$ -		\$ 169,440	
													\$ -	
													\$ -	
													\$ -	
													\$ -	
													\$ -	
													\$ -	
													\$ -	
				\$ 329,837	\$ 673,965	\$ -	\$ 240,456		\$ 53,418	\$ -	\$ -		\$ 1,244,258	

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Note: Definitions for each drop-down menu are in the Implementation Guidelines

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Alameda CTC Paratransit Program Application - FY 2016-17 (July 1, 2016 - June 30, 2017)
Attachment C: Program Revenue, Cost and Fund Sources

Total FY 2016-17 Program Revenue (Measure B, Measure BB and all other funds available for FY 2016-17)	
Estimated Measure B Paratransit DLD ending balance at the end of THIS fiscal year, FY 2015-16 (June 30, 2016)	\$211,400
Projected FY 2016-17 Measure B DLD Paratransit revenue (Use projections distributed by the Alameda CTC)	\$860,238
Estimated Measure BB Paratransit DLD ending balance at the end of THIS fiscal year, FY 2015-16 (as of June 30, 2016)	\$220,100
Projected FY 2016-17 Measure BB DLD Paratransit revenue (Use projections distributed by the Alameda CTC)	\$526,082
Total FY 2016-17 Measure B and BB Paratransit DLD Revenue (Automatically calculated)	\$1,817,820
Total FY 2016-17 Other Revenue (All other revenue sources, non-DLD, including Gap grant)	\$490,000
Total FY 2016-17 Program Revenue (Measure B, Measure BB and all other sources available for FY 2016-17) (Automatically calculated)	\$2,307,820

Service/Program Name		Total FY 2016-17 Program Costs by Fund Source (Measure B, Measure BB and all other funds planned to be expended during FY 2016-17)										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 16-17 <i>Automatically populated from prior sheet (column Q)</i>	Amount of RESERVE Measure B Paratransit DLD funds	Amount of FY 2016-17 Measure B Paratransit DLD funds	Amount of RESERVE Measure BB Paratransit DLD funds	Amount of FY 2016-17 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 Non-Alameda CTC funds (not including fares)	What is the source of these non-Alameda CTC funds? (e.g. city funds, federal, state, etc.)	Total Cost (all sources) <i>Automatically calculated</i>
Fremont Paratransit - DTD Rides	19,200		\$ 358,000		\$ 304,500			\$ 35,000	\$ -			\$ 662,500
Fremont Paratransit - GRP Trips	4,000		\$ 16,604		\$ 45,500							\$ 62,104
Fremont Paratransit - CS & O	0		\$ 190,322		\$ 10,000							\$ 200,322
Fremont Paratransit - M/O	0		\$ 200,227		\$ 45,076							\$ 245,303
Meals On Wheels	50,000		\$ 75,000									\$ 75,000
Tri-City Mobility Mngmt. & Travel Training Program	0					\$ 125,000	MB Gap Grant					\$ 125,000
VIP Rides Program & Drivers for Survivors	8,000					\$ 150,000	MB Gap Grant					\$ 150,000
Tri-City Taxi Voucher Program	7,800					\$ 150,000	MB Gap Grant	\$ 30,000	\$ -			\$ 150,000
0	0											\$ -
0	0											\$ -
0	0											\$ -
0	0											\$ -
0	0											\$ -
0	0											\$ -
Totals	89,000	\$ -	\$ 840,153	\$ -	\$ 405,076	\$ 425,000		\$ 65,000	\$ -	\$ -		\$ 1,670,229

Budget check (total revenue less total cost): \$637,591

PARATRANSIT DLD RESERVE BALANCES	Measure B	Measure BB
Estimated Reserve Balance, June 30, 2017:	\$231,485	\$341,106
Reserve balance as percent of FY 16/17 Revenue	27%	65%

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Alameda CTC Paratransit Program Application - FY 2016-17 (July 1, 2016 - June 30, 2017)

Attachment D: Vehicle Fleet

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

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