



Fiscal Year 2011-12

Program Plan Review Schedule

Monday, May 2, 2011

10:00 – 10:15	Set-up
10:15 – 11:30	East Bay Paratransit
11:35 – 12:20	Berkeley
12:20 – 12:35	Break
12:35 – 1:20	Albany
1:25 – 2:25	Hayward
2:30 – 3:15	Union City
3:20 – 4:05	Newark
4:10 – 4:55	Fremont
4:55 – 5:00	Wrap-up



MEMORANDUM

To: Paratransit Advisory Planning Committee (PAPCO)

From: Staff

Date: May 2, 2011

Subject: Fiscal Year 2011/12 Program Plan Review

We look forward to your participation in the annual program plan review process. As a PAPCO member, Program Plan Review is one of your key responsibilities. This year, PAPCO will be responsible for reviewing and recommending funding for Measure B funded paratransit programs totaling over **\$8.95 million dollars**. Please see the schedule attached at the front of this binder for the times for this day. All meetings will be held at the Alameda CTC, located at 1333 Broadway, Suite 300. **Please plan to arrive 15 minutes before the first presentation to get settled and have a brief orientation.**

Each program is scheduled for a minimum 45-minute time slot on one of the two review dates. During that slot, program managers will provide a 10 minute presentation of their program, followed by a brief staff report including any dramatic changes and questions identified through the Finance Subcommittee. You will then have an opportunity to ask questions of each of the program managers before making your recommendation.

Enclosed are the program plans you are responsible for reviewing on your date. For each program, you have been provided the following:

- Staff Summary Form
- Application PDF
- Application Table 1

Please review these documents carefully before the meeting and come prepared with comments. We recommend that you review key questions developed by staff about each program (Part II, Question 6). Since the Finance Subcommittee will not be held in time to include those questions in the packet, questions are being emailed separately to program managers.

As part of your recommendation, you will have the opportunity to make comments or suggest ideas to the program managers regarding their programs. Once you make your comments or suggestions, you may simply send a program plan on to the full committee (then the Commission) for approval without comment, or you may attach comments or questions that you believe should be pursued by CTC staff.

Remember that most jurisdictions have their own citizen advisory committee that they have worked with to design their program. Your job is not to reinvent individual programs, but rather to encourage the best overall service in the County through coordination/mobility management, ensuring consumer involvement, and offering your own experiences for making programs more responsive to consumer needs. Your final recommendations will go before the full PAPCO in May for final approval before going to the Commission.

We look forward to seeing you on your program review date. If you have any further questions, please don't hesitate to call Naomi at (510) 208-7469.

Overall Fiscal Year 2011/12 Program Plan Review Schedule

Date	Schedule
4/29/11	10:00 – 10:15 Set-up
	10:15 – 11:00 Alameda
	11:05 – 12:05 San Leandro
	12:05 – 12:20 Break
	12:20 – 1:20 Oakland
	1:20 – 1:35 MSL Discussion
	1:35 – 2:20 Emeryville
	2:25 – 3:10 Pleasanton
	3:15 – 4:00 LAVTA
	4:00 – 4:10 Wrap-up

Date	Schedule
5/2/11	10:00 – 10:15 Set-up
	10:15 – 11:30 EBP
	11:35 – 12:20 Berkeley
	12:20 – 12:35 Break
	12:35 – 1:20 Albany
	1:25 – 2:25 Hayward
	2:30 – 3:15 Union City
	3:20 – 4:05 Newark
	4:10 – 4:55 Fremont
	4:55 – 5:00 Wrap-up

Background Information

Overview of Paratransit Programs in Alameda County

There are 13 different paratransit programs in Alameda County. Broadly speaking, these programs can be categorized into “Mandated” programs and “Non-Mandated” programs.

Mandated programs are a federal mandate by the Americans with Disabilities Act, which was passed in 1990, and requires that public transit systems make their services fully accessible, including providing services for people who, because of their disability, cannot ride regular buses and trains. In Alameda County, AC Transit and BART have partnered to form the East Bay Paratransit Consortium which provides the mandated service in our region.

In addition, Livermore Amador Valley Transit (LAVTA) in Livermore, and Union City Transit in the City of Union City also provide mandated services. However, LAVTA and Union City do not receive funding under the “mandated paratransit” portion of Measure B. They receive funding through the cities they serve, and offer both mandated and non-mandated services. Only AC Transit and BART receive funding from the “mandated services” portion of Measure B.

Mandated services are required by federal law to provide paratransit services to individuals who live within a 3/4 mile radius of a regular bus or rail route during the days and hours that the regular services are offered. Other requirements of the mandated services are that they provide next day service; charge fares no more than twice the undiscounted fixed route fare; accept requests for all types of trips without prioritization; operate during the same

hours as regular transit services; and allow no pattern or practice of denials. Individuals who wish to use mandated paratransit in their area are required to complete an application and an interview to determine their eligibility.

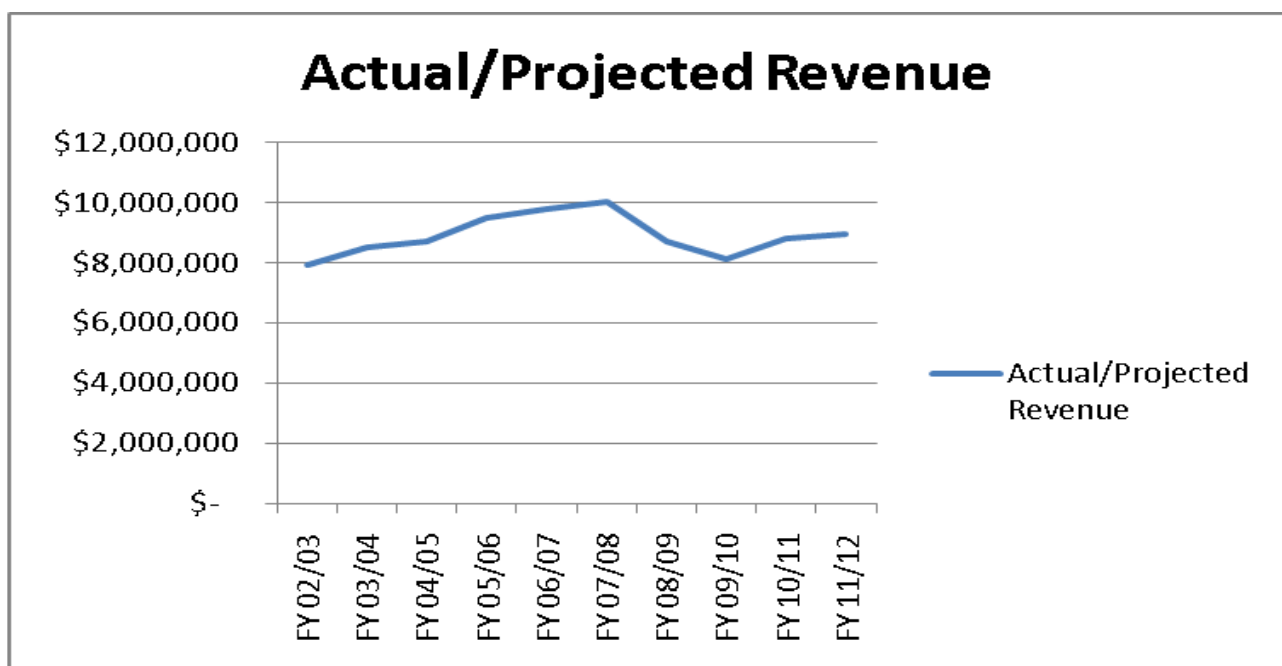
Non-mandated programs, on the other hand, have much more flexibility in how they design their programs. Each City in the County has designed their paratransit programs to meet the needs of their local jurisdiction. The major difference between the mandated and non-mandated or “City-based” programs, aside from the absence of federal regulations, are that they focus more on providing paratransit services for seniors and offer a range of different types of paratransit services, including taxi, van service, and shuttle service.

PAPCO Appointments and Vacancies

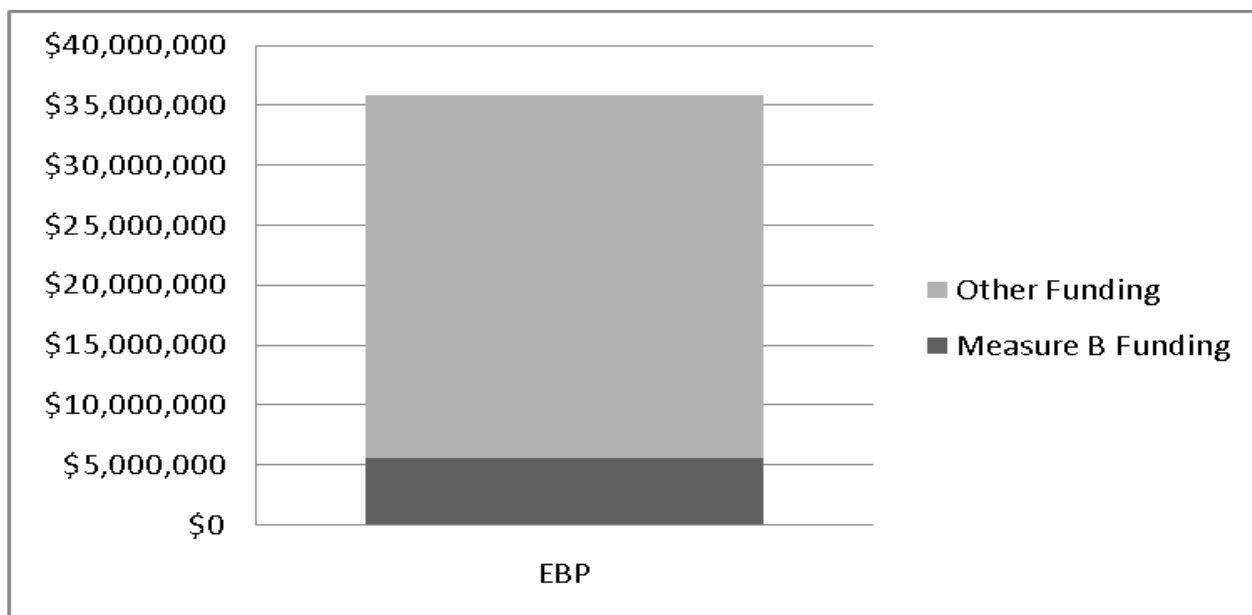
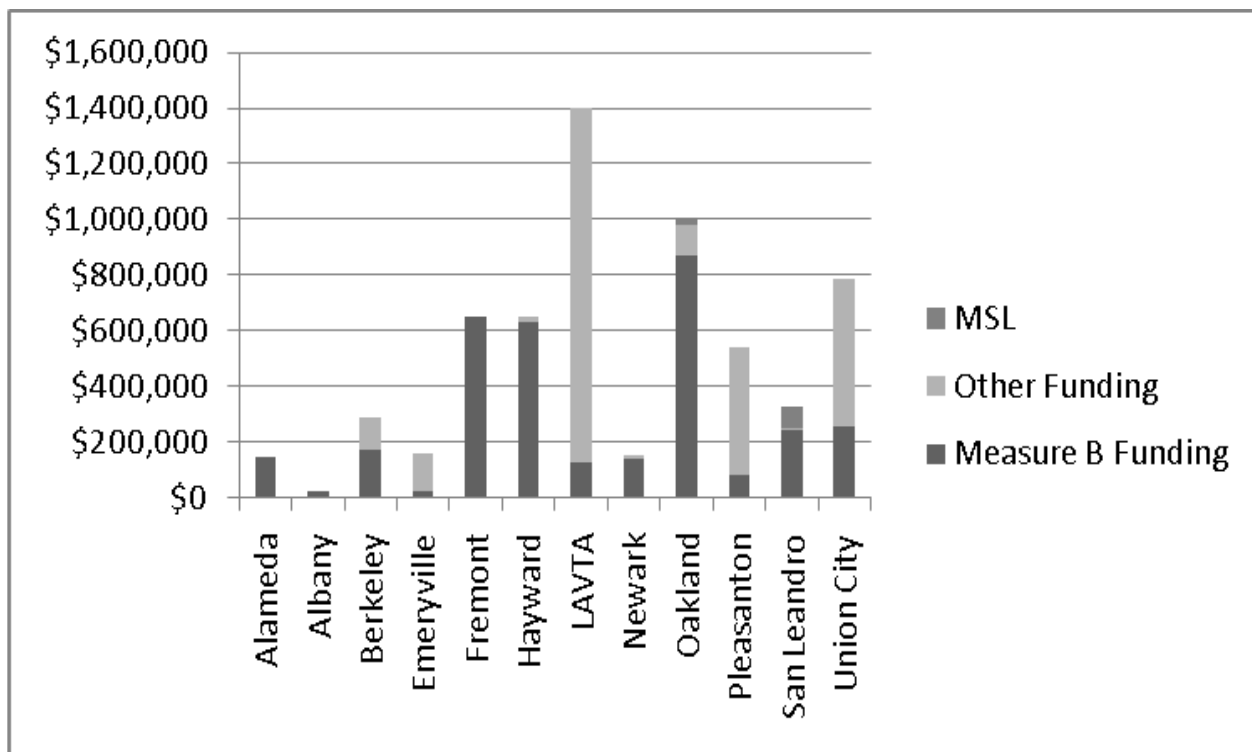
Appointer	Member
A. C. Transit	Hale Zukas
BART	Harriette Saunders
LAVTA	Esther Waltz
Union City Transit	Larry Bunn
City of Alameda	<i>Vacant</i>
City of Albany	<i>Vacant</i>
City of Berkeley	Aydan Aysoy
City of Emeryville	Joyce Jacobson
City of Dublin	Shawn Costello
City of Fremont	Sharon Powers
City of Hayward	Vanessa Proee
City of Livermore	Jane Lewis
City of Newark	<i>Vacant</i>
City of Oakland; Councilmember Rebecca Kaplan	Rev. Carolyn M. Orr
City of Piedmont	<i>Vacant</i>
City of Pleasanton	Carmen Rivera-Hendrickson
City of San Leandro	<i>Vacant</i>
City of Union City	Clara Sample
Supervisor Scott Haggerty District 1 - Cities of Pleasanton, Livermore, most of Fremont and a portion of Sunol	Herb Hastings Maryanne Tracy-Baker

Appointer	Member
Supervisor Nadia Lockyer District 2 - Cities of Hayward (incorporated portion), Newark, Union City, Fremont (Niles, Brookvale and everything North of Decoto Road), and unincorporated Sunol (everything North of Highway 84 only)	Herb Clayton Michelle Rousey
Supervisor Wilma Chan District 3 - includes San Leandro, Alameda, San Lorenzo, Ashland, Hillcrest Knolls and the Fruitvale, San Antonio, Chinatown portions of Oakland.	Sylvia Stadmire Renee Wittmeier
Supervisor Nate Miley District 4 - East Oakland, Oakland Hills, Castro Valley, Ashland, Cherryland, Fairview and Dublin	Betty Mulholland Sandra Johnson Simon
Supervisor Keith Carson District 5 - Cities of Albany, Berkeley, Emeryville, Piedmont and large portions of Oakland, namely West Oakland, North Oakland (Rockridge and Montclair), and the Fruitvale and San Antonio districts	Jonah Markowitz Will Scott

Measure B Revenue Trends



Program Proportions of Measure B Funding



**Alameda CTC Special Transportation for Seniors and People with Disabilities
Paratransit Program Plan Application Staff Summary Form
Fiscal Year 11/12**

Part I. General Program Information

- 1. Paratransit Program:** East Bay Paratransit
- 2. Program Manager/Representative:** Mallory Nestor, Laura Timothy
- 3. Program Plan Review Date and Time:** May 2, 10:15am
- 4. Measure B Amount for Base Program Funding:** \$5,591,716
(AC-\$4,111,848; BART-\$1,479,868)
- 5. Measure B Amount for Minimum Service Level Grant:** N/A
- 6. Program Base Services Overview:** Refer to Table 1
- 7. Potential Riders Projected for next Fiscal Year:** 22,000
- 8. Total Rides Projected to be Provided in next Fiscal Year:** 779,661
- 9. Meal Delivery Program?** ☐ Yes ☒ No
Measure B Funds Allocated to Meal Program: N/A
- 10. Purchasing EBP tickets?** ☐ Yes ☒ No
Total EBP Tickets to be Purchased in Next Fiscal Year: N/A
- 11. Proposed changes for next Fiscal Year?** ☐ Yes ☒ No

Changes:

Part II. General Program Analysis

- 1. Efforts related to Coordination/Mobility Management**
EBPC is one of three ADA paratransit services in Alameda County. The other two are LAVTA and Union City's services. Between the three services, travel is available for all eligible riders throughout the county and to adjoining areas. EBPC has on staff a full time regional trip coordinator to assist riders in placing reservations for travel into the service areas of adjacent operators.

**Alameda CTC Special Transportation for Seniors and People with Disabilities
Paratransit Program Plan Application Staff Summary Form
Fiscal Year 11/12**

- 2. Identified needs/priorities that will not be met by the Program**
None specified.
- 3. Status of Jurisdiction's PAPCO appointees/vacancies:** Refer to Cover Memo
- 4. Subcommittee comments from last year's program plan review**
- Those who are cognitively aware must have the responsibility to know the 600-pound limit for boarding.
 - Driver responsible for contacting dispatch when a rider gets out of hand while riding.
 - Age limit of 55 year-old minimum.
 - Trip to Orinda (not happy with trip); likes Mark W.
 - EBP does a good job, basically allows for independence. Need to work on communication.
 - Consider when other riders are mentally incapacitated with keys in the ignition and the van running.
 - In-person assessments are a valuable tool.
 - Dispatch makes changes without the authority. Need better controls, regarding scheduling.
 - Most drivers want to do a good job. Early arrivals or being threatening are not good.
 - Centralized dispatch will be valuable for better communication between dispatch and drivers. Best Management Practices (BMPs) for dispatchers.
 - Comment cards need to be available. The cards are available on some rides.
 - Clarification needed regarding no-shows and your cancellation policy.
- 5. Final recommendation after last year's program plan review**
A motion to approve East Bay Paratransit's plan was made by Sylvia Stadmire and seconded by Herb Hastings. The motion carried 11-0-1. (Abstain-Costello)
- 6. Staff identified questions for current fiscal year (PAPCO members can use these as examples during the question rounds)**
- A. Please provide further details on recent increases in requests for service?

**Alameda CTC Special Transportation for Seniors and People with Disabilities
Paratransit Program Plan Application Staff Summary Form
Fiscal Year 11/12**

B. Do you anticipate AC Transit changes that will reduce EBP service in FY 11/12?

C. How has the fare increase affected consumers?

7. Financial audit Program Compliance Report performed and compliance opinion given? X Yes _ No

8. Consumer involvement in planning process

Plan reviewed at SRAC/SRC meeting. March 1, 2011. EBPC staff works with the Rider Advisory Committee, the Service Review Advisory Committee (SRAC), along with the EBPC executive committee, the Service Review Committee or SRC, when considering any changes in the ADA paratransit plan or design. Comment and support for the changes is obtained prior to proceeding with implementation. Meetings of these committees are publicly noticed and public comment is welcome.

Part III. Financials

1. Finance Subcommittee Questions: To be provided at meeting

2. Revenue Trends: Refer to Cover Memo

3. Proportion of Measure B Funding: Refer to Cover Memo

Source(s) of other funding (if applicable): Fares: \$ 3,118,644

CCC Measure J: \$84,000

AC Transit General Funds: \$18,330,591

BART General Funds: \$8,681,445

4. Fund Reserves and Net Revenues Planned for 2011-2012

Fund balance--undesignated	\$0
Undesignated funds % of planned Meas B rev	0%
Reserve funds--designated for capital	\$0
Capital funds reserved < 4 years	N/A
Reserve funds--designated for operations	\$0
Reserve funds = or < than 3 months M B rev	N/A
Total Fund Reserves going into FY	\$0
Planned Net Revenue at end of FY	\$0

**Alameda CTC Special Transportation for Seniors and People with Disabilities
Paratransit Program Plan Application Staff Summary Form
Fiscal Year 11/12**

Part IV. Minimum Service Level Grants

1. **Applying for an MSL Grant?** _ Yes X No
Amount of Request: \$_
2. **Which other programs have applied for an MSL Grant and for how much?**
3. **MSL Gap(s) needing to be closed and application answers:** Refer to Application PDF
4. **Additional questions/comments about application for MSL Grant?**
-

Part V. Preliminary Recommendation (Committee Member Notes)

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

- ☐ Recommend **approval of base funding without MSL grant** (MSL Grant not requested or not recommended).
- ☐ Recommend **approval of base funding with MSL grant of \$_____**.
- ☐ Recommend **conditional approval with recommended actions** (for example, recommend funds continue to flow but place program on watch list and require quarterly reports to PAPCO, hold back funds until program updates plan or budget, recommend partial funding until specified actions are taken).
- _____
- _____
- _____
- ☐ Don't recommend approval.

**Alameda CTC Special Transportation for Seniors and People with Disabilities
Paratransit Program Plan Application Staff Summary Form
Fiscal Year 11/12**



Annual Paratransit Program Application for Measure B Funding

Fiscal Year 2011-2012 (July 1, 2011 through June 30, 2012)

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

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

Requirements and Instructions

Measure B paratransit fund recipients are required to submit to the Alameda CTC one electronic version of two documents for the annual program application submittal.

Paratransit Program Application Deadline: April 8, 2011

The Annual Paratransit Program Application submittal includes a PDF and Table 1 and Table 2 Attachments for each program.

1. Paratransit Program Application (PDF)
2. Paratransit Program Application Table 1 and Table 2 Attachments (one Excel workbook)

Electronic submission: Save the online PDF form to your hard drive with your agency name and date in the file name (e.g., Albany_FY11-12_Paratransit_Program_Application_040611.pdf). You can start work on the PDF and finish it later; simply save it to your hard drive. Also, complete the Table 1 and Table 2 workbook and include your agency name and date in the file name. Submit one copy of both the PDF and Table 1 and Table 2 Attachments via email by April 8, 2011. Send it to narmenta@alamedactc.org. If you have questions, you can reach Naomi Armenta via email or at (510) 208-7469.

Paratransit Program Application

Due by April 8, 2011

Agency Name:	Alameda Contra Costa Transit District (AC Transit)
Date Submitted:	04/08/11
Name and Title of Submitter:	Mallory Nestor Brush; Manager of Accessible Services
Secondary Agency Contact Name:	Mary Rowlands (paratran@aol.com)
Phone Number:	510-891-7213
Fax:	510-891-4874
E-mail:	MNestor@actransit.org

Clearly label additional attachments as needed.

1. **What amount of funds are you applying for?** Fill in the boxes below. Note: Mandated and non-mandated funds should match the projects on the website at:
http://www.actia2022.com/files/managed/Document/1900/RevDist%20FY11_12%20projection.pdf

Mandated Amount (AC Transit and BART only)	Non-mandated Amount	Minimum Service Level Gap Grant Amount
\$4,111,840.00		

2. **What type of paratransit projects and programs will Measure B fund?** To answer this question, complete the Table 1 Attachment (Table 1 tab) in the Excel workbook. Describe the projects and/or programs your agency plans to implement with Measure B funding during fiscal year 2011-2012 (FY 11-12).

Continue to the next page of this application to answer question 2A.

2A. Please provide a short narrative description for each service component listed in question 2 and describe any planned changes. (max. 1,300 characters)

The primary objective of EBPC is to deliver high quality, cost effective paratransit service that meets the six criteria of the ADA. Determination as to whether an agency has met the service criteria is made by the Federal Trade Administration (FTA) Office of Civil Rights or the U.S. Department of Justice.

The EBPC operates advance reservation service. Reservations are taken between 8:00 am and 5:00 pm, seven days a week and also up to seven days in advance. Trips are provided in sedans or accessible lift vans. Taxis are utilized occasionally for go backs or overflow. Service operates the same days and hours as the fixed route services of AC Transit and BART and is available in the combined service area of AC Transit and BART in the East Bay, with through service into San Francisco, and along AC Transit service across the San Mateo Bridge.

Recent and Planned changes to Paratransit: EBPC will continue to transition to a new interview-based certification process. One on-site interview location will be opened in Western Contra Costa County by December 2011 and one will be opened by the end of the fiscal year in Southern Alameda County. Work will begin on implementation of an Interactive Voice Response system in FY 11-12.

3. Is your program currently meeting Minimum Service Levels? See the appendix.

- ☒ Yes
☐ No
☐ Not Applicable (*Americans with Disabilities Act (ADA) mandated provider*)

3A. If no, which ones are you not meeting and how?
(max. 255 characters)

N/A

4. How many potential riders do you estimate will use this service this coming fiscal year?
Fill in the box below.

Potential Riders in FY 11-12
22,000

5. Please provide details regarding your vehicle fleet. To answer this question, complete the Table 2 Attachment (Table 2 tab) in the Excel workbook.

6. Does your program provide meal delivery?

☐ Yes

☒ No

6A. If faced with revenue shortfalls, how do you balance meal delivery with trip requests?
(max. 255 characters)

N/A

7. Describe your driver training program. (max. 500 characters)

EBPC's driver training covers the following:

- ☒ Job Function
- ☒ Operation of equipment
- ☒ Training which meets Federal and State requirements for ADA service and vehicle type
- ☒ CPR
- ☒ EBPC policies
- ☒ Disability and aging sensitivity

8. Describe your policies concerning timely pick-ups or drop-offs. Include what window your program allows, if there is a standard for the percentage of pick-ups or drop-offs that must occur within the window, the policy concerning early pick-ups, and whether there is a maximum amount of lateness after which you count a provider no-show or missed trip.
(max. 500 characters)

At the time the rider makes a reservation, whether they have requested a particular pick-up or drop-off time, they are given a 30 minute pick-up window within which to expect their vehicle. The East Bay Paratransit scheduling software and staff schedule the trip in a run to fit the specified pick-up window. Incentives/disincentives for timely on-time pick-ups are part of the Broker contract. Also, liquidated damages can be assessed against providers for late trips.

9. Describe your policies concerning the maximum time a rider may be on a vehicle. Indicate if there is a maximum time, and if there is a standard for the percentage of total trips that must fall within this maximum time. (max. 255 characters)

Given its large service area and variability in ride distance, EBPC does not have a maximum ride time limit. The expectation is that a paratransit ride will take no more than an equivalent trip by bus, including access and transfers.

- 10. What are your policies for reserving trips?** What are your policies for reserving individual trips (including subscriptions/standing orders or same-day trips) and for reserving group/program trips? What advance notice do you require or allow? Are there limits on availability? *(max. 500 characters)*

All trips are by advance reservation. The reservation telephone center is open from 8:00am to 5:00pm daily, seven days per week. Reservations can be made from 1 to 7 days in advance. Standing order reservations are made for recurring trips. However, per ADA requirements, standing orders are limited to 50% of the service during times when there may be any denials due to capacity limits. EBPC operates a very limited Group Trip program for Social Service agencies.

- 11. How far in advance is a rider required to cancel a trip before you count the trip as a no show?** Describe these for each type of trip below. What is your policy concerning riders with repeated no-shows or late cancellations? Please describe your policy for subscriptions/standing orders, same-day trips, or group/program trips as applicable. *(max. 500 characters)*

Cancellations must be made > 1 hr. prior to the pick-up window start on both individual or standing order trips. Cancellations less than 1 hr are counted as no-shows unless it is due to circumstances beyond the control of the rider. Riders canceling > 6 times per quarter may be suspended for 30 days or more. There is an established appeals process. Social service agencies canceling group trips less than 24 hrs. from the pick-up time are restricted for 60 days before requesting another one.

- 12. What is the maximum and average time between receiving an application and enrolling an applicant in the program?** *(max. 255 characters)*

The ADA requirement is that if an eligibility determination has not been made within 21 days of receipt of a completed application, the agency must provide presumptive eligibility and service for that applicant until the process is complete.

- 13. Is there a waiting list?**

☐ Yes
☒ No

- 13A. If yes, what are the policies that apply to it? How many people are on it? What is the average wait?** Describe your answer in the box below. *(max. 500 characters)*

N/A

- 14. Describe your complaint and commendation process.** Describe your process from beginning to end, including instructions you provide to customers for filing complaints or commendations, your documentation procedures, your follow up, and any changes you have made to your program as a result of customer complaints and commendations.
(max. 500 characters)

Customer complaints received by the Broker's Office by telephone, letter, or in person are responded to and tracked by the type. The number of complaints are reported to staff. Complaint statistics and details are used to determine areas of the service needing attention. Information uncovered in the complaint process is used to improve the service through specific attention to individual employees or through modification of service practices. Commendations are shared with employees.

- 15. Describe how you will coordinate services with other Measure B paratransit services and/or mandated ADA paratransit services so that people can make trips throughout Alameda County.** Examples of coordination may include, but are not limited to, reciprocal fare agreements, reciprocal agreements to provide trips into adjoining areas, arrangements for clients to ride on other systems, and transfer arrangements. Attach copies of agreements or memoranda of understanding for coordination if available.
(max. 500 characters)

EBPC is one of three ADA paratransit services in Alameda County. The other two are LAVTA and Union City's services. Between the three services, travel is available for all eligible riders throughout the county and to adjoining areas. EBPC has on staff a full time regional trip coordinator to assist riders in placing reservations for travel into the service areas of adjacent operators.

- 16. Describe planned outreach to ensure that potential users of the services, including coordinated services, learn about them.** (max. 500 characters)

EBPC informs potential users of our service through brochures and Rider's Guides which are widely distributed to individuals and Senior Centers, social workers, dialysis centers, city program managers, adult day health centers and others. Information about EBPC is included on both BART's and AC Transit's websites and in written materials about the agencies. EBPC also has its own website. Staff conducts and meets with its Rider Committee, the Service Review Advisory Committee, every other month.

- 17. Describe your planning process.** List all activities undertaken in connection with this plan, including consumer or public meetings; meetings with other agencies; presentations to boards, commissions, or committees; and provide general dates for these activities.
(see questions 17A through 17D that follow; max. 500 characters)

EBPC staff works with the Rider Advisory Committee, the Service Review Advisory Committee (SRAC), along with the EBPC executive committee, the Service Review Committee or SRC, when considering any changes in the ADA paratransit plan or design. Comment and support for the changes is obtained prior to proceeding with implementation. Meetings of these committees are publicly noticed and public comment is welcome.

17A. Has this plan been reviewed by a local paratransit advisory committee?

- ☒ Yes
☐ No

17B. If yes, list the committee name and date of the meeting.

SRAC/SRC meeting. March 1, 2011

17C. Describe any surveys or analysis conducted and staff reports. (max. 255 characters)

The agenda and minutes for this meeting are attached. A staff report was presented at the March 1, 2011 meeting.

17D. Describe how the planning process is connected to the service plan: How do the planned services correspond to the results of the planning process? (max. 255 characters)

At the combined rider and Executive staff meeting (SRAC and SRC) both advisory committee and members of the public are welcome to comment prior to the plan submission for Board approval.

18. If proposing service changes, what identified needs or priorities will the proposed changes meet? What needs or priorities will the proposed service changes still not meet? (max. 500 characters)

No service changes are proposed in FY 11-12.

19. Describe how you will measure customer satisfaction, for example, by participating in a countywide rider survey, tracking customer comments, or other means? (max. 255 characters)

East Bay Paratransit conducts an annual satisfaction survey through a professional survey company.

- 20. How will you obtain and/or track necessary financial and operating information for program management and reporting?** If private vendors or contractors provide the information, what steps will you take to verify or check the accuracy of the information? If performance data is collected by sampling, what steps will you take to ensure that samples are representative and randomized? *(max. 500 characters)*

A variety of financial and operational information is compiled, verified, and reviewed monthly. A performance report of key data is available for public review and distribution conjunction with SRAC meetings.

- 21. During July 1, 2011 through June 30, 2012 (FY 11-12), what amount of Measure B (MB) Paratransit Funds will your agency receive and expend?** Fill in the boxes below.

Note: Interest/Other MB Income includes interest on unspent Measure B balances and other Measure B income, such as grant funds.

FY 10-11 Unspent MB Balance	MB Revenues in FY 11-12	Interest/Other MB Income	MB Expended in FY 11-12	Ending MB Balance
\$0.00	\$4,111,848.00	\$0.00	\$4,111,848.00	\$0.00

- 22. What amount of non-Measure B revenues will your agency receive during FY 11-12?** Fill in the box below if you will receive non-Measure B funds.

Non-Measure B Revenues
\$20,540,415.00

- 22A. Describe the specific types of non-Measure B funding your agency will receive.**
(max. 255 characters)

Fares: \$2,151,864
CCC Measure J: \$57,960
AC Transit General Funds: \$18,330,591

- 23. Do you intend to apply for federal Section 5310 funds, Alameda CTC gap grant funds, or other grant funds in the next fiscal year?**

☒ Yes
☐ No

- 23A. If yes, describe the types of grant funds for which you intend to apply.**

AC Transit will apply for any unused paratransit stabilization funds, as agreed to by the TAC.

24. Do you intend to apply for Minimum Service Level gap grant funding for the next fiscal year?

- ☐ Yes
☒ No

24A. If yes, please fill in the amount you intend to apply for in question 1 and complete question 32.

24B. If no, and your answer to question 3 is no, meaning you will not meet Minimum Service Levels, please explain. (max. 255 characters)

N/A

25. How do you plan to use undesignated reserve Measure B funds (FY 10-11 Unspent MB Balance from question 21)? Fill in the boxes below with any operating or capital Measure B reserves.

Operating Reserve <i>(eligible for up to three months of service funds)</i>	Capital Reserve <i>(may be held for up to three years)</i>	Date of Capital Reserve Initiation	Undesignated Funds <i>*(End MB – (operations + capital) = Undesignated)</i>

25A. Describe the use of the undesignated funds below. (max. 255 characters)

N/A

26. If applicable, why are the planned expenditures in FY 11-12 more than the amount of Measure B funds the agency expects to receive during FY 11-12? For instance, if your agency faces a funding shortage, will you use reserve Measure B funds from a previous fiscal year(s)? (max. 255 characters)

Measure B funds do not cover the costs of AC Transit's share to operate EBPC. In FY 11/12 Measure B funds will provide approximately 16.7% of the funds necessary for AC Transit's commitment to the East Bay Paratransit Consortium.

27. What are your FY 11-12 operating expenses by category? Fill in the boxes below. Provide additional information in questions 27A and 27B if you have contract and miscellaneous expenditures.

Labor, Fringe <i>(for recipient staff)</i>	Admin. Costs <i>(for printing, postage, supplies, etc.)</i>	Contracts <i>(see 27A below)</i>	Transportation <i>(expenses recipients paid, not included in contracts)</i>
		\$24,579,813.00	
Taxi Reimbursement	Meal Delivery	EBP Ticket Purchase	Miscellaneous <i>(see 27B below)</i>
			\$72,450.00
Total Operating Expenses <i>(sum of all eight categories)</i>			
\$24,652,263.00			

27A. List the contracted firms below, and if more than one, list the amount your agency will pay to each. (max. 255 characters)

CGR Management Program Coordinator Services: \$142,500
Veolia Transportation Paratransit Broker: \$24,437,313

27B. Describe any miscellaneous expenditures below; include the amounts for each item. (max. 255 characters)

Scheduling Software maintenance:\$44,850
Printing Fare Tickets: \$6,900
Customer Survey: \$10,350
MDC/AVL Lines: \$10,350

28. Of these total expenditures, what amount is allocated for the following?
Fill in the boxes below.

Management <i>(oversight, planning, budgeting, etc.)</i>	Customer Service and Outreach Activities	Trip Provision <i>(direct or contracted taxis, vans, shuttles, etc.)</i>
\$280,500.00	\$607,200.00	\$24,299,313.00

29. What are your planned Measure B capital expenditures during FY 11-12?
Fill in the box below.

Total Capital Expenditures
\$0.00

29A. Describe planned capital expenditures, such as purchase of vehicles or durable equipment, below. (max. 255 characters)

N/A

30. What are your anticipated net revenues? The box below autopopulates based on previous entries.

Net Revenues
\$0.00

31. Please provide information on the Governing Body Resolution to authorize submittal of the plan.

☒ Copy attached
☐ Pending action on: (indicated date this item is scheduled for action)

32. If requesting Minimum Service Level (MSL) funding, please complete the table and questions 32A through 32E below.

MSL Your Program Anticipates Not Meeting <i>(see appendix)</i>	Describe How Your Program Falls Below This MSL	MB Funds Requested to Meet This MSL
N/A		

32A. Please explain any community-specific issues that impact your ability to not meet MSLs.
Please describe below. (max. 500 characters)

N/A

32B. Have you explored and documented other transportation options for seniors and people with disabilities provided by nonprofit organizations in your community that might also close this service gap. Please describe below. *(max. 500 characters)*

N/A

32C. If MSL gap funding is not available to meet this need, are other funding sources available to meet this need? Please describe below. *(max. 255 characters)*

N/A

32D. If other funding is not available, how will you prioritize which MSLs to cut?
(max. 255 characters)

N/A

32E. Does your program provide ADA-equivalent service to those awaiting certification, outside the ADA service corridor or needing transportation outside of ADA-available times in your jurisdiction? *(max. 255 characters)*

N/A

Program Plan Application Appendix

PAPCO-approved Minimum Service Levels

	Minimum Service Level (MSL)	A Program <i>Exceeds</i> this MSL if ...
1.	Regarding who programs serve: <ul style="list-style-type: none"> • People 18 and above with disabilities who are unable to use fixed route services • Seniors 80 and above without proof of a disability 	<ul style="list-style-type: none"> • It serves minors with disabilities. • It serves seniors under 80 without proof of disability.
2.	Regarding the type of service programs provide: <ul style="list-style-type: none"> • Accessible individual demand-responsive service 	<ul style="list-style-type: none"> • It offers additional services for participants, such as group trips or meal delivery.
3.	Regarding the time and days service is provided: <ul style="list-style-type: none"> • At least five days per week between the hours of 8 a.m. and 5 p.m. (excluding holidays) 	<ul style="list-style-type: none"> • It offers service more than five days a week. • Its service hours begin before 8 a.m. and/or extend after 5 p.m.
4.	Regarding the service area of a program: <ul style="list-style-type: none"> • Residents using this program are able to meet life needs, including but not limited to travel to major medical facilities, full service grocery stores and other basic necessities, if ADA services, or coordination between base programs are unable to provide these trips. 	<ul style="list-style-type: none"> • It provides trips to locations beyond those which residents would travel to fulfill life needs, such as recreational trips outside city boundaries.
5.	Regarding fares: <ul style="list-style-type: none"> • Fares should be comparable to East Bay Paratransit and equated to distance for van/sedan trips • Fares for Taxi trips should not exceed 50 percent of the total cost of the trip. 	<ul style="list-style-type: none"> • Riders pay less than they would for a comparable trip on East Bay Paratransit for a van/sedan trip. • Riders pay less than 50 percent of the total cost of the taxi trip.
6.	Regarding interim service for individuals applying for or awaiting ADA certification: <ul style="list-style-type: none"> • Interim service should be provided within three business days on receipt of application. • Interim service should be provided at the request of a health care provider or ADA provider. 	<ul style="list-style-type: none"> • It provides interim service in less than three business days.
7.	Regarding reservations: <ul style="list-style-type: none"> • Programs should accept reservations between the hours of 8 a.m. and 5 p.m. Monday through Friday. 	<ul style="list-style-type: none"> • It accepts reservations before 8 a.m. and/or after 5 p.m. • It accepts reservations on weekends.

AC Transit as a part of the East Bay Paratransit Consortium

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.

*Percentage of total dollars spent to Measure B funds is relative to percentage of trips provided.
Total \$/Measure B \$) approx. = (Total trips provided/Measure B-funded trips provided).

Cell: A5

Comment: Project Category:
Disabled Services: Services primarily created for mobility for people with disabilities.
Meals on Wheels: Delivery of meals.
Senior & Disabled Services: Transportation services for seniors and people with disabilities.
Senior Services: Services primarily created for senior mobility.
Other: Use Other if none of the above apply, and define other by selecting Project Type (Column C) and providing Project Description (Column E).

Cell: B5

Comment: Project Phase:
Construction (includes PS&E): Construction of a new capital project, including development of the preliminary engineering and construction documents: the plans, specifications, and estimates.
Environmental: Preparation of environmental documents, such as those related to the California Environmental Quality Act (CEQA) or the National Environmental Policy Act (NEPA).
Maintenance: Maintenance, repairs, renovation, or upgrade of existing facility or infrastructure.
Operations: Operations such as transit, which may include routine maintenance and procurement, or lease of vehicles/equipment.
Project Completion/Closeout: Inspection/project acceptance, final invoicing, final reporting, and processes for closing out project.
Scoping, Feasibility, Planning: Early capital project phases, such as project scoping, feasibility studies, and planning.
Other: Use if none of the above apply, and define the project phase by selecting Project Type (Column C) and describe the phase under Project Description (Column E).

Cell: C5

Comment: Project Type:
Capital Purchase: Purchase of equipment, vehicles, or facilities.
Customer Service and Outreach: Staffing and benefits for customer service as well as costs associated with marketing, education, outreach, and promotional campaigns and programs.
EBP Ticket Purchase: Amounts paid to East Bay Paratransit for tickets plus associated costs, for example, distribution.
Group Trips: One-way passenger trips considered group trips. Includes vehicle operation and contracts. See Individual Demand-response Trips.
Individual Demand-response Trips: Taxi service, door-to-door trips, van trips, etc. Includes actual operation cost and contracts for vehicle operation, scheduling, dispatching, vehicle maintenance, supervision, and fare collection (including ticket or scrip printing and sales) for the purpose of carrying passengers.
Management: Staffing and benefits to manage programs, projects, and services.
Meal Delivery: Costs associated with vehicle operation, scheduling, dispatching, vehicle maintenance, and supervision for the purpose of delivering meals, whether provided in-house, through contracts, via taxicab, or by grantees.
Shuttle or Fixed-route Trips: Shuttle service or fixed-route bus service, for example. Includes vehicle operation and contracts. See Individual Demand-response Trips.
Other: Use if none of the above apply. Describe the Type under Project Description (Column E).

Cell: I5

Comment: Project Status:
Choose project status on June 30, 2012: Planning in FY 11-12, Initiated in FY 11-12, Continuing or Ongoing, or Closed Out in FY 11-12.

Cell: K5

Comment: Trip Type Description:
Lift/ramp Assisted: Trips that include lift or ramp assistance.
Taxi Trips: Any type of taxi trip.
Same-day Lift/ramp-assisted Trips: Trips that include lift or ramp assistance and are same-day service.
Same-day Trips: Same-day service.
Other: If Trip Type is not applicable to your program, choose Other and provide a description in Column K.

Alameda CTC Paratransit Program Application - July 1, 2011 through June 30, 2012

Table 2 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
				Capacity				
Make	Type of Vehicle(s) (specify bus, large van, minivan, sedan)	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 crown vic	Sedan	gas	none	4	0	58	APT / FTI / MVT	n/a
Ford E450	Van	diesel	lift	14	5	27	APT	n/a
Ford E450	Van	diesel	lift	18	7	6	MVT	n/a
Ford E450	Van	diesel	lift	16	2	1	MVT	n/a
Chevy E350	Van	diesel	lift	8	4	36	ACT	n/a
Ford E350	Van	gas	lift	6	2	23	MVT	n/a
Ford E450	Van	C-diesel	lift	14	5	6	ACT	n/a
Ford E450	Van	gas	lift	14	5	27	FTI	n/a
Ford E450	Van	gas	lift	14	5	11	MVT	n/a
APT = A-Para Transit					Sedans:	58		
ACT = AC Transit					Vans:	137		
FTI = First Transit			Total East Bay Paratransit Fleet			195		
MVT = MV Transportation								



Annual Paratransit Program Application for Measure B Funding

Fiscal Year 2011-2012 (July 1, 2011 through June 30, 2012)

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

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

Requirements and Instructions

Measure B paratransit fund recipients are required to submit to the Alameda CTC one electronic version of two documents for the annual program application submittal.

Paratransit Program Application Deadline: April 8, 2011

The Annual Paratransit Program Application submittal includes a PDF and Table 1 and Table 2 Attachments for each program.

1. Paratransit Program Application (PDF)
2. Paratransit Program Application Table 1 and Table 2 Attachments (one Excel workbook)

Electronic submission: Save the online PDF form to your hard drive with your agency name and date in the file name (e.g., Albany_FY11-12_Paratransit_Program_Application_040611.pdf). You can start work on the PDF and finish it later; simply save it to your hard drive. Also, complete the Table 1 and Table 2 workbook and include your agency name and date in the file name. Submit one copy of both the PDF and Table 1 and Table 2 Attachments via email by April 8, 2011. Send it to narmenta@alamedactc.org. If you have questions, you can reach Naomi Armenta via email or at (510) 208-7469.

Paratransit Program Application

Due by April 8, 2011

Agency Name:	Bay Area Transit District (BART)
Date Submitted:	04/08/11
Name and Title of Submitter:	Laura Timothy, Manager of Accessible Services
Secondary Agency Contact Name:	Mary Rowlands (paratran@aol.com)
Phone Number:	510-464-6446
Fax:	510-464-6143
E-mail:	ltimoth@bart.gov

Clearly label additional attachments as needed.

1. **What amount of funds are you applying for?** Fill in the boxes below. Note: Mandated and non-mandated funds should match the projects on the website at:
http://www.actia2022.com/files/managed/Document/1900/RevDist%20FY11_12%20projection.pdf

Mandated Amount (AC Transit and BART only)	Non-mandated Amount	Minimum Service Level Gap Grant Amount
\$1,479,868.00		

2. **What type of paratransit projects and programs will Measure B fund?** To answer this question, complete the Table 1 Attachment (Table 1 tab) in the Excel workbook. Describe the projects and/or programs your agency plans to implement with Measure B funding during fiscal year 2011-2012 (FY 11-12).

Continue to the next page of this application to answer question 2A.

2A. Please provide a short narrative description for each service component listed in question 2 and describe any planned changes. (max. 1,300 characters)

The EBPC operates advance reservation service. Reservations are taken between 8:00 am and 5:00 pm, seven days a week and also up to seven days in advance. Trips are provided in sedans or accessible lift vans. Taxis are utilized occasionally for go backs or overflow. Service operates the same days and hours as the fixed route services of AC Transit and BART and is available in the combined service area of AC Transit and BART in the East Bay, with through service into San Francisco, and along AC Transit service across the San Mateo Bridge.

Recent and Planned changes to Paratransit: EBPC will continue to transition to a new interview-based certification process. One on-site interview location will be opened in Western Contra Costa County by December 2011 and one will be opened by the end of the fiscal year in Southern Alameda County. Work will begin on implementation of an Interactive Voice Response system in FY 11-12.

The primary objective of EBPC is to deliver high quality, cost effective paratransit service that meets the six criteria of the ADA. Determination as to whether an agency has met the service criteria is made by the Federal Trade Administration (FTA) Office of Civil Rights or the U.S. Department of Justice.

3. Is your program currently meeting Minimum Service Levels? See the appendix.

- ☒ Yes
☐ No
☐ Not Applicable (*Americans with Disabilities Act (ADA) mandated provider*)

3A. If no, which ones are you not meeting and how?
(max. 255 characters)

N/A

4. How many potential riders do you estimate will use this service this coming fiscal year?
Fill in the box below.

Potential Riders in FY 11-12
22,000

5. Please provide details regarding your vehicle fleet. To answer this question, complete the Table 2 Attachment (Table 2 tab) in the Excel workbook.

6. Does your program provide meal delivery?

☐ Yes

☒ No

6A. If faced with revenue shortfalls, how do you balance meal delivery with trip requests?
(max. 255 characters)

N/A

7. Describe your driver training program. (max. 500 characters)

EBPC's driver training covers the following:

- ☒ Job Function
- ☒ Operation of equipment
- ☒ Training which meets Federal and State requirements for ADA service and vehicle type
- ☒ CPR
- ☒ EBPC policies
- ☒ Disability and aging sensitivity

8. Describe your policies concerning timely pick-ups or drop-offs. Include what window your program allows, if there is a standard for the percentage of pick-ups or drop-offs that must occur within the window, the policy concerning early pick-ups, and whether there is a maximum amount of lateness after which you count a provider no-show or missed trip.
(max. 500 characters)

At the time the rider makes a reservation, whether they have requested a particular pick-up or drop-off time, they are given a 30 minute pick-up window within which to expect their vehicle. The East Bay Paratransit scheduling software and staff schedule the trip in a run to fit the specified pick-up window. Incentives/disincentives for timely on-time pick-ups are part of the Broker contract. Also, liquidated damages can be assessed against providers for late trips.

9. Describe your policies concerning the maximum time a rider may be on a vehicle. Indicate if there is a maximum time, and if there is a standard for the percentage of total trips that must fall within this maximum time. (max. 255 characters)

Given its large service area and variability in ride distance, EBPC does not have a maximum ride time limit. The expectation is that a paratransit ride will take no more than an equivalent trip by bus, including access and transfers.

- 10. What are your policies for reserving trips?** What are your policies for reserving individual trips (including subscriptions/standing orders or same-day trips) and for reserving group/program trips? What advance notice do you require or allow? Are there limits on availability? *(max. 500 characters)*

All trips are by advance reservation. The reservation telephone center is open from 8:00am to 5:00pm daily, seven days per week. Reservations can be made from 1 to 7 days in advance. Standing order reservations are made for recurring trips. However, per ADA requirements, standing orders are limited to 50% of the service during times when there may be any denials due to capacity limits. EBPC operates a very limited Group Trip program for Social Service agencies.

- 11. How far in advance is a rider required to cancel a trip before you count the trip as a no show?** Describe these for each type of trip below. What is your policy concerning riders with repeated no-shows or late cancellations? Please describe your policy for subscriptions/standing orders, same-day trips, or group/program trips as applicable. *(max. 500 characters)*

Cancellations must be made > 1 hr. prior to the pick-up window start on both individual or standing order trips. Cancellations less than 1 hr are counted as no-shows unless it is due to circumstances beyond the control of the rider. Riders canceling > 6 times per quarter may be suspended for 30 days or more. There is an established appeals process. Social service agencies canceling group trips less than 24 hrs. from the pick-up time are restricted for 60 days before requesting another one.

- 12. What is the maximum and average time between receiving an application and enrolling an applicant in the program?** *(max. 255 characters)*

The ADA requirement is that if an eligibility determination has not been made within 21 days of receipt of a completed application, the agency must provide presumptive eligibility and service for that applicant until the process is complete.

- 13. Is there a waiting list?**

☐ Yes
☒ No

- 13A. If yes, what are the policies that apply to it? How many people are on it? What is the average wait?** Describe your answer in the box below. *(max. 500 characters)*

N/A

- 14. Describe your complaint and commendation process.** Describe your process from beginning to end, including instructions you provide to customers for filing complaints or commendations, your documentation procedures, your follow up, and any changes you have made to your program as a result of customer complaints and commendations.
(max. 500 characters)

Customer complaints received by the Broker's Office by telephone, letter, or in person are responded to and tracked by the type. The number of complaints are reported to staff. Complaint statistics and details are used to determine areas of the service needing attention. Information uncovered in the complaint process is used to improve the service through specific attention to individual employees or through modification of service practices. Commendations are shared with employees.

- 15. Describe how you will coordinate services with other Measure B paratransit services and/or mandated ADA paratransit services so that people can make trips throughout Alameda County.** Examples of coordination may include, but are not limited to, reciprocal fare agreements, reciprocal agreements to provide trips into adjoining areas, arrangements for clients to ride on other systems, and transfer arrangements. Attach copies of agreements or memoranda of understanding for coordination if available.
(max. 500 characters)

EBPC is one of three ADA paratransit services in Alameda County. The other two are LAVTA and Union City's services. Between the three services, travel is available for all eligible riders throughout the county and to adjoining areas. EBPC has on staff a full time regional trip coordinator to assist riders in placing reservations for travel into the service areas of adjacent operators.

- 16. Describe planned outreach to ensure that potential users of the services, including coordinated services, learn about them.** (max. 500 characters)

EBPC informs potential users of our service through brochures and Rider's Guides which are widely distributed to individuals and Senior Centers, social workers, dialysis centers, city program managers, adult day health centers and others. Information about EBPC is included on both BART's and AC Transit's websites and in written materials about the agencies. EBPC also has its own website. Staff conducts and meets with its Rider Committee, the Service Review Advisory Committee, every other month.

- 17. Describe your planning process.** List all activities undertaken in connection with this plan, including consumer or public meetings; meetings with other agencies; presentations to boards, commissions, or committees; and provide general dates for these activities.
(see questions 17A through 17D that follow; max. 500 characters)

EBPC staff works with the Rider Advisory Committee, the Service Review Advisory Committee (SRAC), along with the EBPC executive committee, the Service Review Committee or SRC, when considering any changes in the ADA paratransit plan or design. Comment and support for the changes is obtained prior to proceeding with implementation. Meetings of these committees are publicly noticed and public comment is welcome.

17A. Has this plan been reviewed by a local paratransit advisory committee?

- ☒ Yes
☐ No

17B. If yes, list the committee name and date of the meeting.

SRAC/SRC meeting. March 1, 2011

17C. Describe any surveys or analysis conducted and staff reports. (max. 255 characters)

The agenda and minutes for this meeting are attached. A staff report was presented at the March 1, 2011 meeting.

17D. Describe how the planning process is connected to the service plan: How do the planned services correspond to the results of the planning process? (max. 255 characters)

At the combined rider and Executive staff meeting (SRAC and SRC) both advisory committee and members of the public are welcome to comment prior to the plan submission for Board approval.

18. If proposing service changes, what identified needs or priorities will the proposed changes meet? What needs or priorities will the proposed service changes still not meet? (max. 500 characters)

No service changes are proposed in FY 11-12.

19. Describe how you will measure customer satisfaction, for example, by participating in a countywide rider survey, tracking customer comments, or other means? (max. 255 characters)

East Bay Paratransit conducts an annual satisfaction survey through a professional survey company.

- 20. How will you obtain and/or track necessary financial and operating information for program management and reporting?** If private vendors or contractors provide the information, what steps will you take to verify or check the accuracy of the information? If performance data is collected by sampling, what steps will you take to ensure that samples are representative and randomized? *(max. 500 characters)*

A variety of financial and operational information is compiled, verified, and reviewed monthly. A performance report of key data is available for public review and distribution conjunction with SRAC meetings.

- 21. During July 1, 2011 through June 30, 2012 (FY 11-12), what amount of Measure B (MB) Paratransit Funds will your agency receive and expend?** Fill in the boxes below.

Note: Interest/Other MB Income includes interest on unspent Measure B balances and other Measure B income, such as grant funds.

FY 10-11 Unspent MB Balance	MB Revenues in FY 11-12	Interest/Other MB Income	MB Expended in FY 11-12	Ending MB Balance
\$0.00	\$1,479,868.00	\$0.00	\$1,479,868.00	\$0.00

- 22. What amount of non-Measure B revenues will your agency receive during FY 11-12?** Fill in the box below if you will receive non-Measure B funds.

Non-Measure B Revenues
\$9,674,265.00

- 22A. Describe the specific types of non-Measure B funding your agency will receive.**
(max. 255 characters)

Fares: \$966,780
CCC Measure J: \$26,040
BART General Funds: \$8,681,445

- 23. Do you intend to apply for federal Section 5310 funds, Alameda CTC gap grant funds, or other grant funds in the next fiscal year?**

☒ Yes
☐ No

- 23A. If yes, describe the types of grant funds for which you intend to apply.**

BART will apply for any unused paratransit stabilization funds, as agreed to by the TAC.

24. Do you intend to apply for Minimum Service Level gap grant funding for the next fiscal year?

- ☐ Yes
☒ No

24A. If yes, please fill in the amount you intend to apply for in question 1 and complete question 32.

24B. If no, and your answer to question 3 is no, meaning you will not meet Minimum Service Levels, please explain. (max. 255 characters)

N/A

25. How do you plan to use undesignated reserve Measure B funds (FY 10-11 Unspent MB Balance from question 21)? Fill in the boxes below with any operating or capital Measure B reserves.

Operating Reserve <i>(eligible for up to three months of service funds)</i>	Capital Reserve <i>(may be held for up to three years)</i>	Date of Capital Reserve Initiation	Undesignated Funds <i>*(End MB – (operations + capital) = Undesignated)</i>

25A. Describe the use of the undesignated funds below. (max. 255 characters)

N/A

26. If applicable, why are the planned expenditures in FY 11-12 more than the amount of Measure B funds the agency expects to receive during FY 11-12? For instance, if your agency faces a funding shortage, will you use reserve Measure B funds from a previous fiscal year(s)? (max. 255 characters)

Measure B funds do not cover the costs of BART's share to operate EBPC. In FY 11/12 Measure B funds will provide approximately 13.3% of the funds necessary for BART's commitment to the East Bay Paratransit Consortium.

27. What are your FY 11-12 operating expenses by category? Fill in the boxes below. Provide additional information in questions 27A and 27B if you have contract and miscellaneous expenditures.

Labor, Fringe <i>(for recipient staff)</i>	Admin. Costs <i>(for printing, postage, supplies, etc.)</i>	Contracts <i>(see 27A below)</i>	Transportation <i>(expenses recipients paid, not included in contracts)</i>
		\$11,121,583.00	
Taxi Reimbursement	Meal Delivery	EBP Ticket Purchase	Miscellaneous <i>(see 27B below)</i>
			\$32,550.00
Total Operating Expenses <i>(sum of all eight categories)</i>			
\$11,154,133.00			

27A. List the contracted firms below, and if more than one, list the amount your agency will pay to each. (max. 255 characters)

CGR Management Program Coordinator Services: \$142,500
Veolia Transportation Paratransit Broker: \$10,979,083

27B. Describe any miscellaneous expenditures below; include the amounts for each item. (max. 255 characters)

Scheduling Software maintenance:\$20,150
Printing Fare Tickets: \$3,100
Customer Survey: \$4,650
MDC/AVL Lines: \$4,650

28. Of these total expenditures, what amount is allocated for the following?
Fill in the boxes below.

Management <i>(oversight, planning, budgeting, etc.)</i>	Customer Service and Outreach Activities	Trip Provision <i>(direct or contracted taxis, vans, shuttles, etc.)</i>
\$204,500.00	\$272,800.00	\$10,582,283.00

29. What are your planned Measure B capital expenditures during FY 11-12?
Fill in the box below.

Total Capital Expenditures
\$0.00

29A. Describe planned capital expenditures, such as purchase of vehicles or durable equipment, below. (max. 255 characters)

N/A

30. What are your anticipated net revenues? The box below autopopulates based on previous entries.

Net Revenues
\$0.00

31. Please provide information on the Governing Body Resolution to authorize submittal of the plan.

☒ Copy attached
☐ Pending action on: (indicated date this item is scheduled for action)

32. If requesting Minimum Service Level (MSL) funding, please complete the table and questions 32A through 32E below.

MSL Your Program Anticipates Not Meeting <i>(see appendix)</i>	Describe How Your Program Falls Below This MSL	MB Funds Requested to Meet This MSL
N/A		

32A. Please explain any community-specific issues that impact your ability to not meet MSLs.
Please describe below. (max. 500 characters)

N/A

32B. Have you explored and documented other transportation options for seniors and people with disabilities provided by nonprofit organizations in your community that might also close this service gap. Please describe below. *(max. 500 characters)*

N/A

32C. If MSL gap funding is not available to meet this need, are other funding sources available to meet this need? Please describe below. *(max. 255 characters)*

N/A

32D. If other funding is not available, how will you prioritize which MSLs to cut?
(max. 255 characters)

N/A

32E. Does your program provide ADA-equivalent service to those awaiting certification, outside the ADA service corridor or needing transportation outside of ADA-available times in your jurisdiction? *(max. 255 characters)*

N/A

Program Plan Application Appendix

PAPCO-approved Minimum Service Levels

	Minimum Service Level (MSL)	A Program <i>Exceeds</i> this MSL if ...
1.	Regarding who programs serve: <ul style="list-style-type: none"> • People 18 and above with disabilities who are unable to use fixed route services • Seniors 80 and above without proof of a disability 	<ul style="list-style-type: none"> • It serves minors with disabilities. • It serves seniors under 80 without proof of disability.
2.	Regarding the type of service programs provide: <ul style="list-style-type: none"> • Accessible individual demand-responsive service 	<ul style="list-style-type: none"> • It offers additional services for participants, such as group trips or meal delivery.
3.	Regarding the time and days service is provided: <ul style="list-style-type: none"> • At least five days per week between the hours of 8 a.m. and 5 p.m. (excluding holidays) 	<ul style="list-style-type: none"> • It offers service more than five days a week. • Its service hours begin before 8 a.m. and/or extend after 5 p.m.
4.	Regarding the service area of a program: <ul style="list-style-type: none"> • Residents using this program are able to meet life needs, including but not limited to travel to major medical facilities, full service grocery stores and other basic necessities, if ADA services, or coordination between base programs are unable to provide these trips. 	<ul style="list-style-type: none"> • It provides trips to locations beyond those which residents would travel to fulfill life needs, such as recreational trips outside city boundaries.
5.	Regarding fares: <ul style="list-style-type: none"> • Fares should be comparable to East Bay Paratransit and equated to distance for van/sedan trips • Fares for Taxi trips should not exceed 50 percent of the total cost of the trip. 	<ul style="list-style-type: none"> • Riders pay less than they would for a comparable trip on East Bay Paratransit for a van/sedan trip. • Riders pay less than 50 percent of the total cost of the taxi trip.
6.	Regarding interim service for individuals applying for or awaiting ADA certification: <ul style="list-style-type: none"> • Interim service should be provided within three business days on receipt of application. • Interim service should be provided at the request of a health care provider or ADA provider. 	<ul style="list-style-type: none"> • It provides interim service in less than three business days.
7.	Regarding reservations: <ul style="list-style-type: none"> • Programs should accept reservations between the hours of 8 a.m. and 5 p.m. Monday through Friday. 	<ul style="list-style-type: none"> • It accepts reservations before 8 a.m. and/or after 5 p.m. • It accepts reservations on weekends.

Table 1 Attachment: Summary of Planned Projects

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.

*Percentage of total dollars spent to Measure B funds is relative to percentage of trips provided.
Total \$/Measure B \$) approx. = (Total trips provided/Measure B-funded trips provided).

Alameda CTC Paratransit Program Application - July 1, 2011 through June 30, 2012
Table 1 Attachment: Summary of Planned Projects

Cell: A5

Comment: Project Category:
Disabled Services: Services primarily created for mobility for people with disabilities.
Meals on Wheels: Delivery of meals.
Senior & Disabled Services: Transportation services for seniors and people with disabilities.
Senior Services: Services primarily created for senior mobility.
Other: Use Other if none of the above apply, and define other by selecting Project Type (Column C) and providing Project Description (Column E).

Cell: B5

Comment: Project Phase:
Construction (includes PS&E): Construction of a new capital project, including development of the preliminary engineering and construction documents: the plans, specifications, and estimates.
Environmental: Preparation of environmental documents, such as those related to the California Environmental Quality Act (CEQA) or the National Environmental Policy Act (NEPA).
Maintenance: Maintenance, repairs, renovation, or upgrade of existing facility or infrastructure.
Operations: Operations such as transit, which may include routine maintenance and procurement, or lease of vehicles/equipment.
Project Completion/Closeout: Inspection/project acceptance, final invoicing, final reporting, and processes for closing out project.
Scoping, Feasibility, Planning: Early capital project phases, such as project scoping, feasibility studies, and planning.
Other: Use if none of the above apply, and define the project phase by selecting Project Type (Column C) and describe the phase under Project Description (Column E).

Cell: C5

Comment: Project Type:
Capital Purchase: Purchase of equipment, vehicles, or facilities.
Customer Service and Outreach: Staffing and benefits for customer service as well as costs associated with marketing, education, outreach, and promotional campaigns and programs.
EBP Ticket Purchase: Amounts paid to East Bay Paratransit for tickets plus associated costs, for example, distribution.
Group Trips: One-way passenger trips considered group trips. Includes vehicle operation and contracts. See Individual Demand-response Trips.
Individual Demand-response Trips: Taxi service, door-to-door trips, van trips, etc. Includes actual operation cost and contracts for vehicle operation, scheduling, dispatching, vehicle maintenance, supervision, and fare collection (including ticket or scrip printing and sales) for the purpose of carrying passengers.
Management: Staffing and benefits to manage programs, projects, and services.
Meal Delivery: Costs associated with vehicle operation, scheduling, dispatching, vehicle maintenance, and supervision for the purpose of delivering meals, whether provided in-house, through contracts, via taxicab, or by grantees.
Shuttle or Fixed-route Trips: Shuttle service or fixed-route bus service, for example. Includes vehicle operation and contracts. See Individual Demand-response Trips.
Other: Use if none of the above apply. Describe the Type under Project Description (Column E).

Cell: I5

Comment: Project Status:
Choose project status on June 30, 2012: Planning in FY 11-12, Initiated in FY 11-12, Continuing or Ongoing, or Closed Out in FY 11-12.

Cell: K5

Comment: Trip Type Description:
Lift/ramp Assisted: Trips that include lift or ramp assistance.
Taxi Trips: Any type of taxi trip.
Same-day Lift/ramp-assisted Trips: Trips that include lift or ramp assistance and are same-day service.
Same-day Trips: Same-day service.
Other: If Trip Type is not applicable to your program, choose Other and provide a description in Column K.

Alameda CTC Paratransit Program Application - July 1, 2011 through June 30, 2012

Table 2 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
				Capacity				
Make	Type of Vehicle(s) (specify bus, large van, minivan, sedan)	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 crown vic	Sedan	gas	none	4	0	58	APT / FTI / MVT	n/a
Ford E450	Van	diesel	lift	14	5	27	APT	n/a
Ford E450	Van	diesel	lift	18	7	6	MVT	n/a
Ford E450	Van	diesel	lift	16	2	1	MVT	n/a
Chevy E350	Van	diesel	lift	8	4	36	ACT	n/a
Ford E350	Van	gas	lift	6	2	23	MVT	n/a
Ford E450	Van	C-diesel	lift	14	5	6	ACT	n/a
Ford E450	Van	gas	lift	14	5	27	FTI	n/a
Ford E450	Van	gas	lift	14	5	11	MVT	n/a
APT = A-Para Transit					Sedans:	58		
ACT = AC Transit					Vans:	137		
FTI = First Transit			Total East Bay Paratransit Fleet:			195		
MVT = MV Transportation								

**Alameda CTC Special Transportation for Seniors and People with Disabilities
Paratransit Program Plan Application Staff Summary Form
Fiscal Year 11/12**

Part I. General Program Information

- 1. Paratransit Program:** City of Berkeley
- 2. Program Manager/Representative:** Drew King
- 3. Program Plan Review Date and Time:** May 2, 11:35am
- 4. Measure B Amount for Base Program Funding:** \$169,460
- 5. Measure B Amount for Minimum Service Level Grant:** N/A
- 6. Program Base Services Overview:** Refer to Table 1
- 7. Potential Riders Projected for next Fiscal Year:** 800
- 8. Total Rides Projected to be Provided in next Fiscal Year:** 9,540
- 9. Meal Delivery Program?** ☐ Yes ☒ No
Measure B Funds Allocated to Meal Program: N/A
- 10. Purchasing EBP tickets?** ☒ Yes ☐ No
Total EBP Tickets to be Purchased in Next Fiscal Year: \$1,500
- 11. Proposed changes for next Fiscal Year?** ☐ Yes ☒ No

Changes: No changes planned at this time. We are hoping to continue efforts to integrate the program into our Sr. Programs and increase customer hours of availability.

Part II. General Program Analysis

- 1. Efforts related to Coordination/Mobility Management**
No formal agreements between municipalities exist at this time. The City of Berkeley, however, currently has in place extensive agreements with private companies for the provision of ride services for Berkeley riders in many cities in both Alameda and Contra Costa counties, and San Francisco, too.

**Alameda CTC Special Transportation for Seniors and People with Disabilities
Paratransit Program Plan Application Staff Summary Form
Fiscal Year 11/12**

- 2. Identified needs/priorities that will not be met by the Program**
None specified.
- 3. Status of Jurisdiction's PAPCO appointees/vacancies:** Refer to Cover Memo
- 4. Subcommittee comments from last year's program plan review**
- Both Alameda and Berkeley are really taking wheelchair users into account.
 - Great program, and pace-setters.
 - Very good program.
 - Good program, and believe programs are crucial to independence and make the city unique.
 - Would like improvement in further documentation of complaint process.
 - Great program.
 - Program going well. Should consider alternatives.
 - Continue the good work.
- 5. Final recommendation after last year's program plan review**
A motion to approve City of Berkeley's plan was made by Jonah Markowitz and seconded by Sylvia Stadmire. The motion carried unanimously.
- 6. Staff identified questions for current fiscal year (PAPCO members can use these as examples during the question rounds)**
- A. Do you still have an income requirement for eligibility?
 - B. Does the City intend to continue to subsidize your program?
- 7. Financial audit Program Compliance Report performed and compliance opinion given? X Yes _ No**
- 8. Consumer involvement in planning process**
Commission on Disability - 2/9/11, Commission on Aging - 2/16/11. Meet with Commissions on Aging and Disability regularly. Leverage other work being done in the department and by providers in the community with people

**Alameda CTC Special Transportation for Seniors and People with Disabilities
Paratransit Program Plan Application Staff Summary Form
Fiscal Year 11/12**

with severe physical disabilities and "senior" population to gather information about the needs of the community. BPS consumers are very happy about the services we provide and are very concerned that they continue as other services they depend upon are threatened. We were able to maintain service availability levels.

Part III. Financials

- 1. Finance Subcommittee Questions:** To be provided at meeting
- 2. Revenue Trends:** Refer to Cover Memo
- 3. Proportion of Measure B Funding:** Refer to Cover Memo
Source(s) of other funding (if applicable): City of Berkeley-General Fund

4. Fund Reserves and Net Revenues Planned for 2011-2012

Fund balance--undesignated	\$0
Undesignated funds % of planned Meas B rev	0%
Reserve funds--designated for capital	\$0
Capital funds reserved < 4 years	N/A
Reserve funds--designated for operations	\$30,162
Reserve funds = or < than 3 months M B rev	Y
Total Fund Reserves going into FY	\$30,162
Planned Net Revenue at end of FY	\$30,162

Part IV. Minimum Service Level Grants

- 1. Applying for an MSL Grant?** _ Yes X No
Amount of Request: \$_
- 2. Which other programs have applied for an MSL Grant and for how much?**
- 3. MSL Gap(s) needing to be closed and application answers:** Refer to Application PDF
- 4. Additional questions/comments about application for MSL Grant?**

**Alameda CTC Special Transportation for Seniors and People with Disabilities
Paratransit Program Plan Application Staff Summary Form
Fiscal Year 11/12**

Part V. Preliminary Recommendation (Committee Member Notes)

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

- ☐ Recommend **approval of base funding without MSL grant** (MSL Grant not requested or not recommended).
- ☐ Recommend **approval of base funding with MSL grant of \$_____**.
- ☐ Recommend **conditional approval with recommended actions** (for example, recommend funds continue to flow but place program on watch list and require quarterly reports to PAPCO, hold back funds until program updates plan or budget, recommend partial funding until specified actions are taken).

- ☐ Don't recommend approval.



Annual Paratransit Program Application for Measure B Funding

Fiscal Year 2011-2012 (July 1, 2011 through June 30, 2012)

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

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

Requirements and Instructions

Measure B paratransit fund recipients are required to submit to the Alameda CTC one electronic version of two documents for the annual program application submittal.

Paratransit Program Application Deadline: April 8, 2011

The Annual Paratransit Program Application submittal includes a PDF and Table 1 and Table 2 Attachments for each program.

1. Paratransit Program Application (PDF)
2. Paratransit Program Application Table 1 and Table 2 Attachments (one Excel workbook)

Electronic submission: Save the online PDF form to your hard drive with your agency name and date in the file name (e.g., Albany_FY11-12_Paratransit_Program_Application_040611.pdf). You can start work on the PDF and finish it later; simply save it to your hard drive. Also, complete the Table 1 and Table 2 workbook and include your agency name and date in the file name. Submit one copy of both the PDF and Table 1 and Table 2 Attachments via email by April 8, 2011. Send it to narmenta@alamedactc.org. If you have questions, you can reach Naomi Armenta via email or at (510) 208-7469.

Paratransit Program Application

Due by April 8, 2011

Agency Name:	City of Berkeley, Berkeley Paratransit Services
Date Submitted:	04/08/11
Name and Title of Submitter:	Drew King, Community Services & Administration Manager
Secondary Agency Contact Name:	Kelly Wallace, Aging Services Manager
Phone Number:	510-981-5410
Fax:	510-981-5450
E-mail:	aking@cityofberkeley.info

Clearly label additional attachments as needed.

1. **What amount of funds are you applying for?** Fill in the boxes below. Note: Mandated and non-mandated funds should match the projects on the website at:
http://www.actia2022.com/files/managed/Document/1900/RevDist%20FY11_12%20projection.pdf

Mandated Amount (AC Transit and BART only)	Non-mandated Amount	Minimum Service Level Gap Grant Amount
	\$169,460.00	

2. **What type of paratransit projects and programs will Measure B fund?** To answer this question, complete the Table 1 Attachment (Table 1 tab) in the Excel workbook. Describe the projects and/or programs your agency plans to implement with Measure B funding during fiscal year 2011-2012 (FY 11-12).

Continue to the next page of this application to answer question 2A.

2A. Please provide a short narrative description for each service component listed in question 2 and describe any planned changes. (max. 1,300 characters)

Taxi Scrip Program – The City issues free "taxi scrip" (\$120) three times per year, which is used to pay for demand-response transportation for taxi riding residents. New applicants must (a) have incomes that are at or below 30 percent of the Area Median Income (AMI) and (b) be at least age 70 or certified by East Bay Paratransit as ADA-eligible.

Wheelchair-Van Program – The City provides a limited amount of free van-ride vouchers or taxi scrip, or both, exclusively to wheelchair users needing wheelchair-accessible van or taxi service supplemental to rides provided by East Bay Paratransit. Residents who travel by wheelchair and are certified by East Bay Paratransit as ADA-eligible and requiring wheelchair-lift service, are eligible for the program, irrespective of income level.

EBP Ticket Program – The City provides a limited amount of free East Bay Paratransit \$4 tickets (up to 18 per year) to individuals who are registered with East Bay Paratransit and who request these tickets from the City. EBP users have the option of receiving either nine tickets or 18 tickets annually, based on their personal preference.

Medical Return Trip Improvement Program (MRTIP) – The City provides limited subsidies for taxicab or van rides to those returning from a health-related appt.

3. Is your program currently meeting Minimum Service Levels? See the appendix.

☐ Yes

☒ No

☐ Not Applicable (*Americans with Disabilities Act (ADA) mandated provider*)

3A. If no, which ones are you not meeting and how?

(max. 255 characters)

No for minimum service level item #6. The City of Berkeley is unable to distribute scrip/vouchers within 3 business days of application. The City does provide interim service at the request of healthcare or ADA provider.

4. How many potential riders do you estimate will use this service this coming fiscal year?

Fill in the box below.

Potential Riders in FY 11-12
800

5. Please provide details regarding your vehicle fleet. To answer this question, complete the Table 2 Attachment (Table 2 tab) in the Excel workbook.

6. Does your program provide meal delivery?

- ☐ Yes
☒ No

6A. If faced with revenue shortfalls, how do you balance meal delivery with trip requests?
(max. 255 characters)

Not Applicable

7. Describe your driver training program. (max. 500 characters)

The City requires taxicab drivers to annually attend class called "Driver Sensitivity Training". For van drivers, training includes, but is not limited to: Sensitivity training (disabled and elderly concerns); Passenger assistance techniques; Service animal protocols; Emergency procedures; Defensive driving techniques; First Aid (CPR optional); Safety techniques (including the securement of passengers and mobility aids, operation of lifts or similar devices, and proper handling of body fluids).

8. Describe your policies concerning timely pick-ups or drop-offs. Include what window your program allows, if there is a standard for the percentage of pick-ups or drop-offs that must occur within the window, the policy concerning early pick-ups, and whether there is a maximum amount of lateness after which you count a provider no-show or missed trip.
(max. 500 characters)

For wheelchair-van companies: Pickups must be within 30 minutes of scheduled time 95 percent of the time. The BMC regulates taxi drivers in Berkeley only, and each municipality has its own taxicab regulations, which vary by jurisdiction.

9. Describe your policies concerning the maximum time a rider may be on a vehicle. Indicate if there is a maximum time, and if there is a standard for the percentage of total trips that must fall within this maximum time. (max. 255 characters)

N/A

- 10. What are your policies for reserving trips?** What are your policies for reserving individual trips (including subscriptions/standing orders or same-day trips) and for reserving group/program trips? What advance notice do you require or allow? Are there limits on availability? *(max. 500 characters)*

Individual Trip Reservation – Subscriptions (Standing Orders): Determined by companies.
Individual Trip Reservation – Same Day Trips: Determined by companies.
Group/Program Trips: n/a

- 11. How far in advance is a rider required to cancel a trip before you count the trip as a no show?** Describe these for each type of trip below. What is your policy concerning riders with repeated no-shows or late cancellations? Please describe your policy for subscriptions/standing orders, same-day trips, or group/program trips as applicable. *(max. 500 characters)*

Individual Trips– Subscriptions (Standing Orders): n/a
Individual Trips– Same Day Trips: n/a
Group/Program Trips: n/a

- 12. What is the maximum and average time between receiving an application and enrolling an applicant in the program?** *(max. 255 characters)*

The City does not have a maximum time limit to process applications. Usually, the whole process takes about two weeks by mail. Typically, the applicant needs to provide additional information after the initial application is reviewed.

- 13. Is there a waiting list?**

☐ Yes
☒ No

- 13A. If yes, what are the policies that apply to it? How many people are on it? What is the average wait?** Describe your answer in the box below. *(max. 500 characters)*

- 14. Describe your complaint and commendation process.** Describe your process from beginning to end, including instructions you provide to customers for filing complaints or commendations, your documentation procedures, your follow up, and any changes you have made to your program as a result of customer complaints and commendations.
(max. 500 characters)

Program staff members receive complaints and commendations. Serious allegations are investigated and the incidents are documented. Program staff investigate van company complaints. The consumer is called upon completion of the investigation. If the complaint concerns taxicab companies, the information is forwarded to the Codes Enforcement Unit (CEU) for resolution. The CEU enters the complaint into the City's Issues Tracking System, investigates the complaint, and contacts the customer...

- 15. Describe how you will coordinate services with other Measure B paratransit services and/or mandated ADA paratransit services so that people can make trips throughout Alameda County.** Examples of coordination may include, but are not limited to, reciprocal fare agreements, reciprocal agreements to provide trips into adjoining areas, arrangements for clients to ride on other systems, and transfer arrangements. Attach copies of agreements or memoranda of understanding for coordination if available.
(max. 500 characters)

No formal agreements between municipalities exist at this time. The City of Berkeley, however, currently has in place extensive agreements with private companies for the provision of ride services for Berkeley riders in many cities in both Alameda and Contra Costa counties, and San Francisco, too.

- 16. Describe planned outreach to ensure that potential users of the services, including coordinated services, learn about them.** (max. 500 characters)

The City will continue to use the City of Berkeley's website, advertisements, public notices, senior centers newsletter and bulletin boards, and outreach to emergency-services consumers to promote the programs and services of Berkeley Paratransit Services.

- 17. Describe your planning process.** List all activities undertaken in connection with this plan, including consumer or public meetings; meetings with other agencies; presentations to boards, commissions, or committees; and provide general dates for these activities.
(see questions 17A through 17D that follow; max. 500 characters)

Meet with Commissions on Aging and Disability regularly. Leverage other work being done in the department and by providers in the community with people with severe physical disabilities and "senior" population to gather information about the needs of the community.

17A. Has this plan been reviewed by a local paratransit advisory committee?

- ☒ Yes
☐ No

17B. If yes, list the committee name and date of the meeting.

Commission on Disability - 2/9/11, Commission on Aging - 2/16/11

17C. Describe any surveys or analysis conducted and staff reports. (max. 255 characters)

The City conducted a major Request for Proposals process for Measure E funding and participated in extensive review of the needs in the community.

17D. Describe how the planning process is connected to the service plan: How do the planned services correspond to the results of the planning process? (max. 255 characters)

Berkeley Paratransit Services consumers are very happy about the services we provide and are very concerned that they continue as other services they depend upon are threatened. We were able to maintain service availability levels.

18. If proposing service changes, what identified needs or priorities will the proposed changes meet? What needs or priorities will the proposed service changes still not meet? (max. 500 characters)

No changes planned at this time. We are hoping to continue efforts to integrate the program into our Sr. Programs and increase customer hours of availability.

19. Describe how you will measure customer satisfaction, for example, by participating in a countywide rider survey, tracking customer comments, or other means? (max. 255 characters)

Have participated in countywide rider survey and will continue to do so. Integration/coordination with our disabled services and aging service programs provides ongoing feedback.

- 20. How will you obtain and/or track necessary financial and operating information for program management and reporting?** If private vendors or contractors provide the information, what steps will you take to verify or check the accuracy of the information? If performance data is collected by sampling, what steps will you take to ensure that samples are representative and randomized? *(max. 500 characters)*

The City will continue to track financial and operating information through a combination of standard accounting procedures, database management, and reporting procedures. All data from rides is entered by City staff into either Excel spreadsheets, an Access database, or the City's accounting system, which is called FUND\$.

- 21. During July 1, 2011 through June 30, 2012 (FY 11-12), what amount of Measure B (MB) Paratransit Funds will your agency receive and expend?** Fill in the boxes below.

Note: Interest/Other MB Income includes interest on unspent Measure B balances and other Measure B income, such as grant funds.

FY 10-11 Unspent MB Balance	MB Revenues in FY 11-12	Interest/Other MB Income	MB Expended in FY 11-12	Ending MB Balance
\$30,162.00	\$169,460.00	\$0.00	\$169,460.00	\$30,162.00

- 22. What amount of non-Measure B revenues will your agency receive during FY 11-12?** Fill in the box below if you will receive non-Measure B funds.

Non-Measure B Revenues
\$120,000.00

- 22A. Describe the specific types of non-Measure B funding your agency will receive.**
(max. 255 characters)

City of Berkeley-General Fund

- 23. Do you intend to apply for federal Section 5310 funds, Alameda CTC gap grant funds, or other grant funds in the next fiscal year?**

☐ Yes
☒ No

- 23A. If yes, describe the types of grant funds for which you intend to apply.**

24. Do you intend to apply for Minimum Service Level gap grant funding for the next fiscal year?

- ☐ Yes
☒ No

24A. If yes, please fill in the amount you intend to apply for in question 1 and complete question 32.

24B. If no, and your answer to question 3 is no, meaning you will not meet Minimum Service Levels, please explain. (max. 255 characters)

25. How do you plan to use undesignated reserve Measure B funds (FY 10-11 Unspent MB Balance from question 21)? Fill in the boxes below with any operating or capital Measure B reserves.

Operating Reserve <i>(eligible for up to three months of service funds)</i>	Capital Reserve <i>(may be held for up to three years)</i>	Date of Capital Reserve Initiation	Undesignated Funds <i>*(End MB – (operations + capital) = Undesignated)</i>
\$30,162.00	\$0.00	0	\$0.00

25A. Describe the use of the undesignated funds below. (max. 255 characters)

N/A

26. If applicable, why are the planned expenditures in FY 11-12 more than the amount of Measure B funds the agency expects to receive during FY 11-12? For instance, if your agency faces a funding shortage, will you use reserve Measure B funds from a previous fiscal year(s)? (max. 255 characters)

N/A

27. What are your FY 11-12 operating expenses by category? Fill in the boxes below. Provide additional information in questions 27A and 27B if you have contract and miscellaneous expenditures.

Labor, Fringe <i>(for recipient staff)</i>	Admin. Costs <i>(for printing, postage, supplies, etc.)</i>	Contracts <i>(see 27A below)</i>	Transportation <i>(expenses recipients paid, not included in contracts)</i>
\$85,892.00	\$13,075.00	\$35,200.00	
Taxi Reimbursement	Meal Delivery	EBP Ticket Purchase	Miscellaneous <i>(see 27B below)</i>
\$149,293.00		\$6,000.00	
Total Operating Expenses <i>(sum of all eight categories)</i>			
\$289,460.00			

27A. List the contracted firms below, and if more than one, list the amount your agency will pay to each. *(max. 255 characters)*

Easy Does It Emergency Services-\$20,200
Friendly Transportation-\$9,000
Veterans Transportation-\$6,000

27B. Describe any miscellaneous expenditures below; include the amounts for each item. *(max. 255 characters)*

N/A

28. Of these total expenditures, what amount is allocated for the following?
Fill in the boxes below.

Management <i>(oversight, planning, budgeting, etc.)</i>	Customer Service and Outreach Activities	Trip Provision <i>(direct or contracted taxis, vans, shuttles, etc.)</i>
\$27,949.00	\$71,018.00	\$70,493.00

29. What are your planned Measure B capital expenditures during FY 11-12?
Fill in the box below.

Total Capital Expenditures
\$0.00

29A. Describe planned capital expenditures, such as purchase of vehicles or durable equipment, below. (max. 255 characters)

None

30. What are your anticipated net revenues? The box below autopopulates based on previous entries.

Net Revenues
\$30,162.00

31. Please provide information on the Governing Body Resolution to authorize submittal of the plan.

☐ Copy attached

☒ Pending action on: 06/14/11 (indicated date this item is scheduled for action)

32. If requesting Minimum Service Level (MSL) funding, please complete the table and questions 32A through 32E below.

MSL Your Program Anticipates Not Meeting <i>(see appendix)</i>	Describe How Your Program Falls Below This MSL	MB Funds Requested to Meet This MSL

32A. Please explain any community-specific issues that impact your ability to not meet MSLs.
Please describe below. (max. 500 characters)

--

32B. Have you explored and documented other transportation options for seniors and people with disabilities provided by nonprofit organizations in your community that might also close this service gap. Please describe below. *(max. 500 characters)*

32C. If MSL gap funding is not available to meet this need, are other funding sources available to meet this need? Please describe below. *(max. 255 characters)*

32D. If other funding is not available, how will you prioritize which MSLs to cut?
(max. 255 characters)

32E. Does your program provide ADA-equivalent service to those awaiting certification, outside the ADA service corridor or needing transportation outside of ADA-available times in your jurisdiction? *(max. 255 characters)*

Program Plan Application Appendix

PAPCO-approved Minimum Service Levels

	Minimum Service Level (MSL)	A Program <i>Exceeds</i> this MSL if ...
1.	Regarding who programs serve: <ul style="list-style-type: none"> • People 18 and above with disabilities who are unable to use fixed route services • Seniors 80 and above without proof of a disability 	<ul style="list-style-type: none"> • It serves minors with disabilities. • It serves seniors under 80 without proof of disability.
2.	Regarding the type of service programs provide: <ul style="list-style-type: none"> • Accessible individual demand-responsive service 	<ul style="list-style-type: none"> • It offers additional services for participants, such as group trips or meal delivery.
3.	Regarding the time and days service is provided: <ul style="list-style-type: none"> • At least five days per week between the hours of 8 a.m. and 5 p.m. (excluding holidays) 	<ul style="list-style-type: none"> • It offers service more than five days a week. • Its service hours begin before 8 a.m. and/or extend after 5 p.m.
4.	Regarding the service area of a program: <ul style="list-style-type: none"> • Residents using this program are able to meet life needs, including but not limited to travel to major medical facilities, full service grocery stores and other basic necessities, if ADA services, or coordination between base programs are unable to provide these trips. 	<ul style="list-style-type: none"> • It provides trips to locations beyond those which residents would travel to fulfill life needs, such as recreational trips outside city boundaries.
5.	Regarding fares: <ul style="list-style-type: none"> • Fares should be comparable to East Bay Paratransit and equated to distance for van/sedan trips • Fares for Taxi trips should not exceed 50 percent of the total cost of the trip. 	<ul style="list-style-type: none"> • Riders pay less than they would for a comparable trip on East Bay Paratransit for a van/sedan trip. • Riders pay less than 50 percent of the total cost of the taxi trip.
6.	Regarding interim service for individuals applying for or awaiting ADA certification: <ul style="list-style-type: none"> • Interim service should be provided within three business days on receipt of application. • Interim service should be provided at the request of a health care provider or ADA provider. 	<ul style="list-style-type: none"> • It provides interim service in less than three business days.
7.	Regarding reservations: <ul style="list-style-type: none"> • Programs should accept reservations between the hours of 8 a.m. and 5 p.m. Monday through Friday. 	<ul style="list-style-type: none"> • It accepts reservations before 8 a.m. and/or after 5 p.m. • It accepts reservations on weekends.

Alameda CTC Paratransit Program Application - July 1, 2011 through June 30, 2012																
Table 1 Attachment: Summary of Planned Projects																
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.																
Project Description								Status	Deliverables				Planned Expenditures			
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	Column P	Column Q
Project Category <i>Drop-down Menu</i>	Project Phase <i>Drop-down Menu</i>	Project Type <i>Drop-down Menu</i>	Project Name	Project Description (including type of vehicle, accessibility status, and eligibility requirements)	Project Service Area, Days/Hours of Service, and Trip Limits per Year per Rider	Rider Fares	Provider Average Cost per Trip	Project Status (at the end of June 2012) <i>Drop-down Menu</i>	Quantity Planned Completed by June 2012 (total number of one-way passenger trips, tickets purchased, etc.)	Trip Type Description (other details about trip service) <i>Drop-down Menu</i>	Planned Number of Trips Funded by Measure B FY 11-12*	Miscellaneous (other details about trip or program)	Measure B Paratransit Pass-through Expenditures FY 11-12	Other Measure B Funds to Be Expended on Project in FY 11-12 (includes gap or MSL grants, stabilization)	Other Non-Measure B Funds to Be Expended on Project in FY 11-12 (includes the general fund)	Total Project Cost in FY 11-12 (columns N+O+P=Q)
Senior and Disabled Services	Operations	Individual Demand-response Trips	Taxi Scrip Program	Provides limited amoun of taxi scrip for consumers registered in the BPS Program	Assists people by offering taxi scrip or van vouchers or both for special transportation	None	\$ 17.77	Continuing or Ongoing	8,200	Taxi Trips	4,100	Distribution of free taxi scrip.	\$66,929.00		\$78,800.00	\$145,729.00
Senior and Disabled Services	Operations	Individual Demand-response Trips	Wheel Chair Van Program	Provides a limited amount of wheelchair-van vouchers to consumers registered in the BPS program.	Assists people by offering free taxi scrip or van vouchers, or both, for special transportation	None	\$ 35.20	Continuing or Ongoing	1,000	Lift/ramp-assisted Trips	0	Distribution of free wheelchair van vouchers.			\$35,200.00	\$0.00 \$35,200.00
Senior and Disabled Services	Operations	Individual Demand-response Trips	MRTRIP	Provides a limited amount of taxi scrip or wheelchair-van vouchers for taxi cab or van rides for those returning from the health related appointment to consumers registered in the BPS program.	Assists BPS participants by offering free replacement taxi scrip or van vouchers for rides home from medical appointments.	None	\$ 10.48	Continuing or Ongoing	340	Taxi Trips	334	Distribution of free taxi scrip and/or van vouchers to replace one used to return from medical trips.	\$3,564.00			\$0.00 \$3,564.00
Senior and Disabled Services	Operations	Individual Demand-response Trips	East Bay Paratransit Tickets	Provides a limited amount of East Bay Paratransit tickets to consumers registered in the BPS program and East Bay Paratransit Services.	Assists BPS participants by offering a limited number of free East Bay Paratransit tickets.	None	\$ 4.00	Continuing or Ongoing	1,500	Lift/ramp-assisted Trips	0	Distribution of free East Bay Paratransit tickets for ADA certified program participants who request it. Quantity in H represents tickets distributed, but purchased in prior year.			\$6,000.00	\$0.00 \$6,000.00
Senior and Disabled Services	Operations	Customer Service and Outreach	Customer Services	Day to day service to maintain the program, duties include client intakes, outreach, maintain client data base, distribute scrips and vouchers.	Assist people by offering free taxi scrip and van vouchers for special transportation needed.	N/A		Continuing or Ongoing					\$71,018.00			\$0.00 \$71,018.00
Senior and Disabled Services	Operations	Management	Administration	Administer the Paratransit program and maintain financial records	To over see proper procedures of the program and maintain proper accounting records for accountability.	N/A		Continuing or Ongoing					\$27,949.00			\$0.00 \$27,949.00
																\$0.00
																\$0.00
																\$0.00
								TOTALS:	11,040		4,434		\$169,460.00	\$0.00	\$120,000.00	\$289,460.00

*Percentage of total dollars spent to Measure B funds is relative to percentage of trips provided.
(Total \$/Measure B \$) approx. = (Total trips provided/Measure B-funded trips provided).

Alameda CTC Paratransit Program Application - July 1, 2011 through June 30, 2012
Table 1 Attachment: Summary of Planned Projects

Cell: A5

Comment: Project Category:
Disabled Services: Services primarily created for mobility for people with disabilities.
Meals on Wheels: Delivery of meals.
Senior & Disabled Services: Transportation services for seniors and people with disabilities.
Senior Services: Services primarily created for senior mobility.
Other: Use Other if none of the above apply, and define other by selecting Project Type (Column C) and providing Project Description (Column E).

Cell: B5

Comment: Project Phase:
Construction (includes PS&E): Construction of a new capital project, including development of the preliminary engineering and construction documents: the plans, specifications, and estimates.
Environmental: Preparation of environmental documents, such as those related to the California Environmental Quality Act (CEQA) or the National Environmental Policy Act (NEPA).
Maintenance: Maintenance, repairs, renovation, or upgrade of existing facility or infrastructure.
Operations: Operations such as transit, which may include routine maintenance and procurement, or lease of vehicles/equipment.
Project Completion/Closeout: Inspection/project acceptance, final invoicing, final reporting, and processes for closing out project.
Scoping, Feasibility, Planning: Early capital project phases, such as project scoping, feasibility studies, and planning.
Other: Use if none of the above apply, and define the project phase by selecting Project Type (Column C) and describe the phase under Project Description (Column E).

Cell: C5

Comment: Project Type:
Capital Purchase: Purchase of equipment, vehicles, or facilities.
Customer Service and Outreach: Staffing and benefits for customer service as well as costs associated with marketing, education, outreach, and promotional campaigns and programs.
EBP Ticket Purchase: Amounts paid to East Bay Paratransit for tickets plus associated costs, for example, distribution.
Group Trips: One-way passenger trips considered group trips. Includes vehicle operation and contracts. See Individual Demand-response Trips.
Individual Demand-response Trips: Taxi service, door-to-door trips, van trips, etc. Includes actual operation cost and contracts for vehicle operation, scheduling, dispatching, vehicle maintenance, supervision, and fare collection (including ticket or scrip printing and sales) for the purpose of carrying passengers.
Management: Staffing and benefits to manage programs, projects, and services.
Meal Delivery: Costs associated with vehicle operation, scheduling, dispatching, vehicle maintenance, and supervision for the purpose of delivering meals, whether provided in-house, through contracts, via taxicab, or by grantees.
Shuttle or Fixed-route Trips: Shuttle service or fixed-route bus service, for example. Includes vehicle operation and contracts. See Individual Demand-response Trips.
Other: Use if none of the above apply. Describe the Type under Project Description (Column E).

Cell: I5

Comment: Project Status:
Choose project status on June 30, 2012: Planning in FY 11-12, Initiated in FY 11-12, Continuing or Ongoing, or Closed Out in FY 11-12.

Cell: K5

Comment: Trip Type Description:
Lift/ramp Assisted: Trips that include lift or ramp assistance.
Taxi Trips: Any type of taxi trip.
Same-day Lift/ramp-assisted Trips: Trips that include lift or ramp assistance and are same-day service.
Same-day Trips: Same-day service.
Other: If Trip Type is not applicable to your program, choose Other and provide a description in Column K.

Alameda CTC Paratransit Program Application - July 1, 2011 through June 30, 2012

Table 2 Attachment: Vehicle Fleet

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

[illegible]

**Alameda CTC Special Transportation for Seniors and People with Disabilities
Paratransit Program Plan Application Staff Summary Form
Fiscal Year 11/12**

Part I. General Program Information

- 1. Paratransit Program:** City of Albany
- 2. Program Manager/Representative:** Isabelle Leduc
- 3. Program Plan Review Date and Time:** May 2, 12:35pm
- 4. Measure B Amount for Base Program Funding:** \$25,555
- 5. Measure B Amount for Minimum Service Level Grant:** N/A
- 6. Program Base Services Overview:** Refer to Table 1
- 7. Potential Riders Projected for next Fiscal Year:** 300
- 8. Total Rides Projected to be Provided in next Fiscal Year:** 4,070
- 9. Meal Delivery Program?** ☒ Yes ☐ No
Measure B Funds Allocated to Meal Program: \$1,500
- 10. Purchasing EBP tickets?** ☐ Yes ☒ No
Total EBP Tickets to be Purchased in Next Fiscal Year: N/A
- 11. Proposed changes for next Fiscal Year?** ☒ Yes ☐ No

Changes: We are not proposing to make any substantial changes because riders have rated our services as good to excellent. We do make small changes as we get feedback to make riding our bus or using the taxi program easy, efficient and convenient. For example: This year we modified sign-ups for group and walking trips, and added 2 new shopping destinations, Monday to Thrift Town and Tuesday to Farmers' market starting again in May-October. These will continue FY11-12.

Part II. General Program Analysis

- 1. Efforts related to Coordination/Mobility Management**

**Alameda CTC Special Transportation for Seniors and People with Disabilities
Paratransit Program Plan Application Staff Summary Form
Fiscal Year 11/12**

Albany refers wheelchair users to the Friendly Cab Company which owns wheelchair accessible cabs. Albany is also accepting the universal application for non-ADA transportation services. Albany works with EBP staff to determine eligibility and keep database as accurate as possible. Travel training is provided at the Senior Center by USOAC.

- 2. Identified needs/priorities that will not be met by the Program**
None specified.
- 3. Status of Jurisdiction's PAPCO appointees/vacancies:** Refer to Cover Memo
- 4. Subcommittee comments from last year's program plan review**
 - Great program and fine talks, maintain momentum.
 - Great enthusiasm; ridership expanding.
 - Like door-to-door as part of shuttle.
 - Great program and gives residents options.
 - Good program, but would like to see more survey responses.
 - Doing well. Should try different strategy for survey.
 - Concerned about the highrise building for Meals on Wheels; more outreach for program.
 - More outreach to get more dollars.
- 5. Final recommendation after last year's program plan review**
A motion to approve City of Albany's plan was made by Jonah Markowitz and seconded by Sharon Powers. The motion carried unanimously.
- 6. Staff identified questions for current fiscal year (PAPCO members can use these as examples during the question rounds)**
 - A. You have programs that have been grant-funded for the last couple of years. Do you anticipate having difficulty funding these in the future?
 - B. Is your program participation growing?
- 7. Financial audit Program Compliance Report performed and compliance opinion given? X Yes _ No**

**Alameda CTC Special Transportation for Seniors and People with Disabilities
Paratransit Program Plan Application Staff Summary Form
Fiscal Year 11/12**

8. Consumer involvement in planning process

Presentation: Neighbor-to-Neighbor meeting (public meeting) October 2010
Ridership survey January 2011 (for shopping trips & taxi subsidy programs only)

Ridership surveys ongoing for group trips & walking trips

Held Albany Paratransit Workshop (consumer public meeting) January 2011

Presentation to Friends of Albany Seniors February (public meeting) 2011

Presentation to Tri City Cafe program February (public meeting) 2011

Ridership survey for taxi riders and shopping trip riders was sent January 2011. Response rate: 25% Group & walking trip survey ongoing throughout the year. Response rate 75%. Riders rate services as good to excellent.

Part III. Financials

1. Finance Subcommittee Questions: To be provided at meeting

2. Revenue Trends: Refer to Cover Memo

3. Proportion of Measure B Funding: Refer to Cover Memo

Source(s) of other funding (if applicable): N/A

4. Fund Reserves and Net Revenues Planned for 2011-2012

Fund balance--undesignated	\$0
Undesignated funds % of planned Meas B rev	0%
Reserve funds--designated for capital	\$0
Capital funds reserved < 4 years	N/A
Reserve funds--designated for operations	\$10,000
Reserve funds = or < than 3 months M B rev	N
Total Fund Reserves going into FY	\$10,000
Planned Net Revenue at end of FY	\$9,855

Part IV. Minimum Service Level Grants

1. Applying for an MSL Grant? _ Yes X No

Amount of Request: \$ _

**Alameda CTC Special Transportation for Seniors and People with Disabilities
Paratransit Program Plan Application Staff Summary Form
Fiscal Year 11/12**

2. Which other programs have applied for an MSL Grant and for how much?
3. MSL Gap(s) needing to be closed and application answers: Refer to Application PDF
4. Additional questions/comments about application for MSL Grant?

-

Part V. Preliminary Recommendation (Committee Member Notes)

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

- ☐ Recommend **approval of base funding without MSL grant** (MSL Grant not requested or not recommended).
- ☐ Recommend **approval of base funding with MSL grant of \$_____**.
- ☐ Recommend **conditional approval with recommended actions** (for example, recommend funds continue to flow but place program on watch list and require quarterly reports to PAPCO, hold back funds until program updates plan or budget, recommend partial funding until specified actions are taken).

- ☐ Don't recommend approval.



Annual Paratransit Program Application for Measure B Funding

Fiscal Year 2011-2012 (July 1, 2011 through June 30, 2012)

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

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

Requirements and Instructions

Measure B paratransit fund recipients are required to submit to the Alameda CTC one electronic version of two documents for the annual program application submittal.

Paratransit Program Application Deadline: April 8, 2011

The Annual Paratransit Program Application submittal includes a PDF and Table 1 and Table 2 Attachments for each program.

1. Paratransit Program Application (PDF)
2. Paratransit Program Application Table 1 and Table 2 Attachments (one Excel workbook)

Electronic submission: Save the online PDF form to your hard drive with your agency name and date in the file name (e.g., Albany_FY11-12_Paratransit_Program_Application_040611.pdf). You can start work on the PDF and finish it later; simply save it to your hard drive. Also, complete the Table 1 and Table 2 workbook and include your agency name and date in the file name. Submit one copy of both the PDF and Table 1 and Table 2 Attachments via email by April 8, 2011. Send it to narmenta@alamedactc.org. If you have questions, you can reach Naomi Armenta via email or at (510) 208-7469.

Paratransit Program Application

Due by April 8, 2011

Agency Name:	City of Albany
Date Submitted:	04/11/11
Name and Title of Submitter:	Isabelle Leduc
Secondary Agency Contact Name:	Penelope Leach
Phone Number:	510-559-7226
Fax:	510-524-8940
E-mail:	ileduc@albanyca.org

Clearly label additional attachments as needed.

1. **What amount of funds are you applying for?** Fill in the boxes below. Note: Mandated and non-mandated funds should match the projects on the website at:
http://www.actia2022.com/files/managed/Document/1900/RevDist%20FY11_12%20projection.pdf

Mandated Amount (AC Transit and BART only)	Non-mandated Amount	Minimum Service Level Gap Grant Amount
	\$25,555.00	

2. **What type of paratransit projects and programs will Measure B fund?** To answer this question, complete the Table 1 Attachment (Table 1 tab) in the Excel workbook. Describe the projects and/or programs your agency plans to implement with Measure B funding during fiscal year 2011-2012 (FY 11-12).

Continue to the next page of this application to answer question 2A.

2A. Please provide a short narrative description for each service component listed in question 2 and describe any planned changes. (max. 1,300 characters)

Taxi subsidy of 70% up to \$20 which ever is least continuing/ongoing
Door-to-door accessible shopping program on Mondays (2/month), Tuesday (1/month) Thursdays and Fridays weekly continuing/ongoing
Free accessible transportation for recreational day trips throughout the bay area continuing/ongoing
Free accessible transportation for walking group trips throughout the bay area continuing/ongoing
Meal delivery to homebound seniors in Albany using the Senior Van ongoing/continuing
Free accessible transportation for group trips for Albany non-profits serving seniors and disabled and for classes held at the Senior Center.

3. Is your program currently meeting Minimum Service Levels? See the appendix.

- ☒ Yes
☐ No
☐ Not Applicable (*Americians with Disabilities Act (ADA) mandated provider*)

3A. If no, which ones are you not meeting and how?
(max. 255 characters)

4. How many potential riders do you estimate will use this service this coming fiscal year?
Fill in the box below.

Potential Riders in FY 11-12
300

5. Please provide details regarding your vehicle fleet. To answer this question, complete the Table 2 Attachment (Table 2 tab) in the Excel workbook.

6. Does your program provide meal delivery?

- ☒ Yes
☐ No

6A. If faced with revenue shortfalls, how do you balance meal delivery with trip requests?
(max. 255 characters)

The Senior Van is used when a volunteer driver cannot do a route and for daily delivery to residents living in high rise buildings on Pierce St. Trips will always have priority over meal delivery. Another vehicle would be assigned to deliver meals.

7. Describe your driver training program. (max. 500 characters)

The driver receives one-on-one hands-on training with the bus as needed.

8. Describe your policies concerning timely pick-ups or drop-offs. Include what window your program allows, if there is a standard for the percentage of pick-ups or drop-offs that must occur within the window, the policy concerning early pick-ups, and whether there is a maximum amount of lateness after which you count a provider no-show or missed trip.
(max. 500 characters)

N/A

9. Describe your policies concerning the maximum time a rider may be on a vehicle. Indicate if there is a maximum time, and if there is a standard for the percentage of total trips that must fall within this maximum time. (max. 255 characters)

N/A

- 10. What are your policies for reserving trips?** What are your policies for reserving individual trips (including subscriptions/standing orders or same-day trips) and for reserving group/program trips? What advance notice do you require or allow? Are there limits on availability? *(max. 500 characters)*

shopping trips riders are requested to call a day ahead of time.
Group day trips riders are requested to sign up for trips when they become available at the beginning of each quarter. Sign ups are accepted until trip is full then a waitlist is started.
Walking trips riders are requested to sign up for trips on the first business day of each month. Sign ups are accepted until trip is full. After a waitlist is started.
For all other group trips, advance reservation is required

- 11. How far in advance is a rider required to cancel a trip before you count the trip as a no show?** Describe these for each type of trip below. What is your policy concerning riders with repeated no-shows or late cancellations? Please describe your policy for subscriptions/standing orders, same-day trips, or group/program trips as applicable. *(max. 500 characters)*

Group & walking trips: no shows or late cancellations, no refund unless space can be filled.
Shopping trips: no shows or late cancellations rarely occurs. Not an issue.

- 12. What is the maximum and average time between receiving an application and enrolling an applicant in the program?** *(max. 255 characters)*

average is 2 days, maximum is 5 days

- 13. Is there a waiting list?**

☐ Yes
☒ No

- 13A. If yes, what are the policies that apply to it? How many people are on it? What is the average wait?** Describe your answer in the box below. *(max. 500 characters)*

- 14. Describe your complaint and commendation process.** Describe your process from beginning to end, including instructions you provide to customers for filing complaints or commendations, your documentation procedures, your follow up, and any changes you have made to your program as a result of customer complaints and commendations.
(max. 500 characters)

Riders are instructed to call, write or let the program manager know in person of any problems experienced. The program manager will listen, respond and make changes as necessary. Group and walking trips are very popular. Surveys are ongoing. To give everyone a chance to go on trips, we have designated specific days when sign ups begin to give everyone a chance to receive the information and make decisions. For walking trips, although 3 are offered monthly, riders can register for only 2.

- 15. Describe how you will coordinate services with other Measure B paratransit services and/or mandated ADA paratransit services so that people can make trips throughout Alameda County.** Examples of coordination may include, but are not limited to, reciprocal fare agreements, reciprocal agreements to provide trips into adjoining areas, arrangements for clients to ride on other systems, and transfer arrangements. Attach copies of agreements or memoranda of understanding for coordination if available.
(max. 500 characters)

Albany refers wheelchair users to the Friendly Cab Company which owns wheelchair accessible cabs. Albany is also accepting the universal application for non-ADA transportation services. Albany works with EBP staff to determine eligibility and keep database as accurate as possible. Travel training is provided at the Senior Center by USOAC.

- 16. Describe planned outreach to ensure that potential users of the services, including coordinated services, learn about them.** (max. 500 characters)

Advertising in Albany Recreation and Community Services Activity Guide, City newsletter and website, Senior Center Booster News newsletter and e-week, presentations to consumer groups, surveys and workshop.

- 17. Describe your planning process.** List all activities undertaken in connection with this plan, including consumer or public meetings; meetings with other agencies; presentations to boards, commissions, or committees; and provide general dates for these activities.
(see questions 17A through 17D that follow; max. 500 characters)

Presentation: Neighbor-to-Neighbor meeting (public meeting) October 2010
Ridership survey January 2011 (for shopping trips & taxi subsidy programs only)
Ridership surveys ongoing for group trips & walking trips
Held Albany Paratransit Workshop (consumer public meeting) January 2011
Presentation to Friends of Albany Seniors February (public meeting) 2011
Presentation to Tri City Cafe program February (public meeting) 2011

17A. Has this plan been reviewed by a local paratransit advisory committee?

- ☐ Yes
☒ No

17B. If yes, list the committee name and date of the meeting.

17C. Describe any surveys or analysis conducted and staff reports. (max. 255 characters)

Ridership survey for taxi riders and shopping trip riders was sent January 2011. Response rate: 25%
Group & walking trip survey ongoing throughout the year. Response rate 75%. Riders rate services
as good to excellent.

17D. Describe how the planning process is connected to the service plan: How do the planned services correspond to the results of the planning process? (max. 255 characters)

We are not proposing to make any substantial changes because riders have rated our services as
good to excellent. We do make small changes as we get feedback to make riding our bus or using
the taxi program easy, efficient and convenient.

18. If proposing service changes, what identified needs or priorities will the proposed changes meet? What needs or priorities will the proposed service changes still not meet? (max. 500 characters)

For example: This year we modified sign-ups for group and walking trips, and added 2 new shopping
destinations, Monday to Thrift Town and Tuesday to Farmers' market starting again in May-October.
These will continue FY11-12.

19. Describe how you will measure customer satisfaction, for example, by participating in a countywide rider survey, tracking customer comments, or other means? (max. 255 characters)

participation in county wide survey, tracking albany ridership surveys, hold yearly workshop and
make presentations to different groups.

- 20. How will you obtain and/or track necessary financial and operating information for program management and reporting?** If private vendors or contractors provide the information, what steps will you take to verify or check the accuracy of the information? If performance data is collected by sampling, what steps will you take to ensure that samples are representative and randomized? *(max. 500 characters)*

Albany Senior Center staff and the City's Finance Department keep track of operating budget. A monthly bus log lists date usage, mileage, activity and gas. Walking & Group trips riders must fill out registration forms. Shopping trip rider lists are generated each day. Taxi subsidy riders have applications on file and the subsidy is issued by city's Finance Dept. Excel spreadsheets are used to track all ridership on a monthly basis.

- 21. During July 1, 2011 through June 30, 2012 (FY 11-12), what amount of Measure B (MB) Paratransit Funds will your agency receive and expend?** Fill in the boxes below.

Note: Interest/Other MB Income includes interest on unspent Measure B balances and other Measure B income, such as grant funds.

FY 10-11 Unspent MB Balance	MB Revenues in FY 11-12	Interest/Other MB Income	MB Expended in FY 11-12	Ending MB Balance
\$10,000.00	\$25,555.00	\$13,000.00	\$38,700.00	\$9,855.00

- 22. What amount of non-Measure B revenues will your agency receive during FY 11-12?** Fill in the box below if you will receive non-Measure B funds.

Non-Measure B Revenues

- 22A. Describe the specific types of non-Measure B funding your agency will receive.**
(max. 255 characters)

--

- 23. Do you intend to apply for federal Section 5310 funds, Alameda CTC gap grant funds, or other grant funds in the next fiscal year?**

☐ Yes
☒ No

- 23A. If yes, describe the types of grant funds for which you intend to apply.**

--

24. Do you intend to apply for Minimum Service Level gap grant funding for the next fiscal year?

- ☐ Yes
☒ No

24A. If yes, please fill in the amount you intend to apply for in question 1 and complete question 32.

24B. If no, and your answer to question 3 is no, meaning you will not meet Minimum Service Levels, please explain. (max. 255 characters)

--

25. How do you plan to use undesignated reserve Measure B funds (FY 10-11 Unspent MB Balance from question 21)? Fill in the boxes below with any operating or capital Measure B reserves.

Operating Reserve <i>(eligible for up to three months of service funds)</i>	Capital Reserve <i>(may be held for up to three years)</i>	Date of Capital Reserve Initiation	Undesignated Funds <i>*(End MB – (operations + capital) = Undesignated)</i>
\$10,000.00			

25A. Describe the use of the undesignated funds below. (max. 255 characters)

--

26. If applicable, why are the planned expenditures in FY 11-12 more than the amount of Measure B funds the agency expects to receive during FY 11-12? For instance, if your agency faces a funding shortage, will you use reserve Measure B funds from a previous fiscal year(s)? (max. 255 characters)

Reserves and Gap grant extension funds will be used to cover expenses over Measure B funds received.
--

27. What are your FY 11-12 operating expenses by category? Fill in the boxes below. Provide additional information in questions 27A and 27B if you have contract and miscellaneous expenditures.

Labor, Fringe <i>(for recipient staff)</i>	Admin. Costs <i>(for printing, postage, supplies, etc.)</i>	Contracts <i>(see 27A below)</i>	Transportation <i>(expenses recipients paid, not included in contracts)</i>
\$22,000.00	\$200.00		\$6,000.00
Taxi Reimbursement	Meal Delivery	EBP Ticket Purchase	Miscellaneous <i>(see 27B below)</i>
\$4,000.00	\$1,500.00		\$5,000.00
Total Operating Expenses <i>(sum of all eight categories)</i>			
\$38,700.00			

27A. List the contracted firms below, and if more than one, list the amount your agency will pay to each. *(max. 255 characters)*

27B. Describe any miscellaneous expenditures below; include the amounts for each item. *(max. 255 characters)*

outreach done by coordinator

28. Of these total expenditures, what amount is allocated for the following?
Fill in the boxes below.

Management <i>(oversight, planning, budgeting, etc.)</i>	Customer Service and Outreach Activities	Trip Provision <i>(direct or contracted taxis, vans, shuttles, etc.)</i>
\$5,000.00	\$5,000.00	\$27,000.00

29. What are your planned Measure B capital expenditures during FY 11-12?
Fill in the box below.

Total Capital Expenditures
\$0.00

29A. Describe planned capital expenditures, such as purchase of vehicles or durable equipment, below. (max. 255 characters)

--

30. What are your anticipated net revenues? The box below autopopulates based on previous entries.

Net Revenues
\$9,855.00

31. Please provide information on the Governing Body Resolution to authorize submittal of the plan.

- ☐ Copy attached
- ☒ Pending action on: 05/02/11 (indicated date this item is scheduled for action)

32. If requesting Minimum Service Level (MSL) funding, please complete the table and questions 32A through 32E below.

MSL Your Program Anticipates Not Meeting <i>(see appendix)</i>	Describe How Your Program Falls Below This MSL	MB Funds Requested to Meet This MSL

32A. Please explain any community-specific issues that impact your ability to not meet MSLs.
Please describe below. (max. 500 characters)

--

32B. Have you explored and documented other transportation options for seniors and people with disabilities provided by nonprofit organizations in your community that might also close this service gap. Please describe below. *(max. 500 characters)*

32C. If MSL gap funding is not available to meet this need, are other funding sources available to meet this need? Please describe below. *(max. 255 characters)*

32D. If other funding is not available, how will you prioritize which MSLs to cut?
(max. 255 characters)

32E. Does your program provide ADA-equivalent service to those awaiting certification, outside the ADA service corridor or needing transportation outside of ADA-available times in your jurisdiction? *(max. 255 characters)*

Program Plan Application Appendix

PAPCO-approved Minimum Service Levels

	Minimum Service Level (MSL)	A Program <i>Exceeds</i> this MSL if ...
1.	Regarding who programs serve: <ul style="list-style-type: none"> • People 18 and above with disabilities who are unable to use fixed route services • Seniors 80 and above without proof of a disability 	<ul style="list-style-type: none"> • It serves minors with disabilities. • It serves seniors under 80 without proof of disability.
2.	Regarding the type of service programs provide: <ul style="list-style-type: none"> • Accessible individual demand-responsive service 	<ul style="list-style-type: none"> • It offers additional services for participants, such as group trips or meal delivery.
3.	Regarding the time and days service is provided: <ul style="list-style-type: none"> • At least five days per week between the hours of 8 a.m. and 5 p.m. (excluding holidays) 	<ul style="list-style-type: none"> • It offers service more than five days a week. • Its service hours begin before 8 a.m. and/or extend after 5 p.m.
4.	Regarding the service area of a program: <ul style="list-style-type: none"> • Residents using this program are able to meet life needs, including but not limited to travel to major medical facilities, full service grocery stores and other basic necessities, if ADA services, or coordination between base programs are unable to provide these trips. 	<ul style="list-style-type: none"> • It provides trips to locations beyond those which residents would travel to fulfill life needs, such as recreational trips outside city boundaries.
5.	Regarding fares: <ul style="list-style-type: none"> • Fares should be comparable to East Bay Paratransit and equated to distance for van/sedan trips • Fares for Taxi trips should not exceed 50 percent of the total cost of the trip. 	<ul style="list-style-type: none"> • Riders pay less than they would for a comparable trip on East Bay Paratransit for a van/sedan trip. • Riders pay less than 50 percent of the total cost of the taxi trip.
6.	Regarding interim service for individuals applying for or awaiting ADA certification: <ul style="list-style-type: none"> • Interim service should be provided within three business days on receipt of application. • Interim service should be provided at the request of a health care provider or ADA provider. 	<ul style="list-style-type: none"> • It provides interim service in less than three business days.
7.	Regarding reservations: <ul style="list-style-type: none"> • Programs should accept reservations between the hours of 8 a.m. and 5 p.m. Monday through Friday. 	<ul style="list-style-type: none"> • It accepts reservations before 8 a.m. and/or after 5 p.m. • It accepts reservations on weekends.

Alameda CTC Paratransit Program Application - July 1, 2011 through June 30, 2012
Table 1 Attachment: Summary of Planned Projects

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.

Project Description								Status	Deliverables				Planned Expenditures			
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	Column P	Column Q
Project Category <i>Drop-down Menu</i>	Project Phase <i>Drop-down Menu</i>	Project Type <i>Drop-down Menu</i>	Project Name	Project Description (including type of vehicle, accessibility status, and eligibility requirements)	Project Service Area, Days/Hours of Service, and Trip Limits per Year per Rider	Rider Fares	Provider Average Cost per Trip	Project Status <i>(at the end of June 2012)</i> <i>Drop-down Menu</i>	Quantity Planned Completed by June 2012 <i>(total number of one-way passenger trips, tickets purchased, etc.)</i>	Trip Type Description <i>(other details about trip service)</i> <i>Drop-down Menu</i>	Planned Number of Trips Funded by Measure B FY 11-12*	Miscellaneous <i>(other details about trip or program)</i>	Measure B Paratransit Pass-through Expenditures FY 11-12	Other Measure B Funds to Be Expended on Project in FY 11-12 <i>(includes gap or MSL grants, stabilization)</i>	Other Non-Measure B Funds to Be Expended on Project in FY 11-12 <i>(includes the general fund)</i>	Total Project Cost in FY 11-12 <i>(columns N+O+P=Q)</i>
Senior and Disabled Services	Other	Individual Demand-response Trips	Taxi subsidy	Taxi subsidy programs of 70% up to \$20 which ever is least for Albany residents age 80+ or EBP certified residents age 18+	provides rides 24 hours/day & 7 days a week	30% of ride and over \$20 subsidy		Continuing or Ongoing	400	Taxi Trips	400		\$4,900.00	\$0.00	\$0.00	\$4,900.00
Senior and Disabled Services	Other	Shuttle or Fixed-route Trips	Door-to-door shopping	Using the Albany Senior Center Community Shuttle, provide accessible door-to-door service to nearby grocery stores, malls and farmers' market. Must be age 60+ and Albany residents to be picked up at home.	Shopping trips are provided 2 Monday mornings a month (Hilltop Mall, Thrift Town & Dollar Store) and on Thursday (El Cerrito Plaza and Ranch 99)& Friday (safeway & target)mornings weekly. Starting again int eh spring one Tuesday morning to Farmers' market. No trip limit.	0		Continuing or Ongoing	1,200	Other (describe in Column K)	1,200	To get on a trip, riders are requested to call in by noon the day before to go on a shopping trip.	\$6,300.00	\$4,248.00		\$10,548.00
Senior and Disabled Services	Other	Group Trips		Using the Albany Senior Center Community Shuttle, provide free accessible transportation for recreational and educational trip destination within the Bay Area. Eligibility age 50+	3 times per month usually on Wednesdays throughout the Bay Area. No trip limit	0		Continuing or Ongoing	1,150	Other (describe in Column K)	1,150	riders must register for a trip ahead of time	\$6,170.00	\$4,074.00		\$10,244.00
Senior and Disabled Services	Other	Group Trips	Walk Talk and be Healthy- Walking group trips	Using the Albany Senior Center Community Shuttle, provide free accessible transportation for the walking group to go on walks throughout the Bay Area. Eligibility age 50+	3 times per month usually on Tuesdays throughout the Bay Area. 2 trip limit per month.	0		Continuing or Ongoing	1,200	Other (describe in Column K)	1,200	riders must register for a trip ahead of time	\$6,300.00	\$4,248.00		\$10,548.00
Senior and Disabled Services	Other	Group Trips	CBO & Senior Center classes	Using the Albany Senior Center Community Shuttle, provide free accessible trips to Albany non-profits that provide services to seniors and to senior center classes.	AS requested and depending on availability of vehicle	0		Continuing or Ongoing	120	Other (describe in Column K)	120	trip must be scheduled ahead of time.	\$530.00	\$430.00		\$960.00

Table 1 Attachment: Summary of Planned Projects

*Percentage of total dollars spent to Measure B funds is relative to percentage of trips provided.
(Total \$/Measure B \$) approx. = (Total trips provided/Measure B-funded trips provided).

Alameda CTC Paratransit Program Application - July 1, 2011 through June 30, 2012
Table 1 Attachment: Summary of Planned Projects

Cell: A5

Comment: Project Category:
Disabled Services: Services primarily created for mobility for people with disabilities.
Meals on Wheels: Delivery of meals.
Senior & Disabled Services: Transportation services for seniors and people with disabilities.
Senior Services: Services primarily created for senior mobility.
Other: Use Other if none of the above apply, and define other by selecting Project Type (Column C) and providing Project Description (Column E).

Cell: B5

Comment: Project Phase:
Construction (includes PS&E): Construction of a new capital project, including development of the preliminary engineering and construction documents: the plans, specifications, and estimates.
Environmental: Preparation of environmental documents, such as those related to the California Environmental Quality Act (CEQA) or the National Environmental Policy Act (NEPA).
Maintenance: Maintenance, repairs, renovation, or upgrade of existing facility or infrastructure.
Operations: Operations such as transit, which may include routine maintenance and procurement, or lease of vehicles/equipment.
Project Completion/Closeout: Inspection/project acceptance, final invoicing, final reporting, and processes for closing out project.
Scoping, Feasibility, Planning: Early capital project phases, such as project scoping, feasibility studies, and planning.
Other: Use if none of the above apply, and define the project phase by selecting Project Type (Column C) and describe the phase under Project Description (Column E).

Cell: C5

Comment: Project Type:
Capital Purchase: Purchase of equipment, vehicles, or facilities.
Customer Service and Outreach: Staffing and benefits for customer service as well as costs associated with marketing, education, outreach, and promotional campaigns and programs.
EBP Ticket Purchase: Amounts paid to East Bay Paratransit for tickets plus associated costs, for example, distribution.
Group Trips: One-way passenger trips considered group trips. Includes vehicle operation and contracts. See Individual Demand-response Trips.
Individual Demand-response Trips: Taxi service, door-to-door trips, van trips, etc. Includes actual operation cost and contracts for vehicle operation, scheduling, dispatching, vehicle maintenance, supervision, and fare collection (including ticket or scrip printing and sales) for the purpose of carrying passengers.
Management: Staffing and benefits to manage programs, projects, and services.
Meal Delivery: Costs associated with vehicle operation, scheduling, dispatching, vehicle maintenance, and supervision for the purpose of delivering meals, whether provided in-house, through contracts, via taxicab, or by grantees.
Shuttle or Fixed-route Trips: Shuttle service or fixed-route bus service, for example. Includes vehicle operation and contracts. See Individual Demand-response Trips.
Other: Use if none of the above apply. Describe the Type under Project Description (Column E).

Cell: I5

Comment: Project Status:
Choose project status on June 30, 2012: Planning in FY 11-12, Initiated in FY 11-12, Continuing or Ongoing, or Closed Out in FY 11-12.

Cell: K5

Comment: Trip Type Description:
Lift/ramp Assisted: Trips that include lift or ramp assistance.
Taxi Trips: Any type of taxi trip.
Same-day Lift/ramp-assisted Trips: Trips that include lift or ramp assistance and are same-day service.
Same-day Trips: Same-day service.
Other: If Trip Type is not applicable to your program, choose Other and provide a description in Column K.

Alameda CTC Paratransit Program Application - July 1, 2011 through June 30, 2012

Table 2 Attachment: Vehicle Fleet

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

[illegible]

**Alameda CTC Special Transportation for Seniors and People with Disabilities
Paratransit Program Plan Application Staff Summary Form
Fiscal Year 11/12**

Part I. General Program Information

- 1. Paratransit Program:** City of Hayward
- 2. Program Manager/Representative:** Anne Culver, Victoria Williams
- 3. Program Plan Review Date and Time:** May 2, 1:25pm
- 4. Measure B Amount for Base Program Funding:** \$630,950
- 5. Measure B Amount for Minimum Service Level Grant:** N/A
- 6. Program Base Services Overview:** Refer to Table 1
- 7. Potential Riders Projected for next Fiscal Year:** 1,500
- 8. Total Rides Projected to be Provided in next Fiscal Year:** 75,542
- 9. Meal Delivery Program?** X Yes _ No
Measure B Funds Allocated to Meal Program: \$32,000
- 10. Purchasing EBP tickets?** X Yes _ No
Total EBP Tickets to be Purchased in Next Fiscal Year: 625?
- 11. Proposed changes for next Fiscal Year?** X Yes _ No

Changes: The shuttle will increase ridership & decrease the cost/rider, while providing FREE, accessible, same-day service for paratransit riders & their attendants. All others will pay a fare (TBD, \$1.00), thus increasing transportation options for all & decreasing vehicles on the road. Accessible taxi service will be used to fill service gaps & lower costs. Out of area VA trips will be offered. Travel training will be initiated to support independent living, personal safety, & active lifestyles.

**Alameda CTC Special Transportation for Seniors and People with Disabilities
Paratransit Program Plan Application Staff Summary Form
Fiscal Year 11/12**

Part II. General Program Analysis

1. Efforts related to Coordination/Mobility Management

Enrolled riders of ANY paratransit program may ride the shuttle for FREE (show proof of registration, age, or disability). Hayward provides service for riders during EBP certification process, & for those who reside/travel outside of EBP's service area or hrs. Hayward & San Leandro shuttles connect & riders may transfer @ Bay Fair Mall. Hayward offers a Daly City ADA rider 1 round trip/wk from BART to his grandchild's daycare & back to BART because EBP does not serve the destination.

2. Identified needs/priorities that will not be met by the Program

None specified.

3. Status of Jurisdiction's PAPCO appointees/vacancies: Refer to Cover Memo

4. Subcommittee comments from last year's program plan review

- Need an emergency plan update.
- Does staff have specific concerns? (See binder; staff requested additional budget info; description of shuttle not specific; Hayward has not been attending TAC). Need to respond to those issues.
- Willingness to share with other providers and outreach are good.
- Why are staff not participating in TAC?
- If revive shuttle, in which areas? Please provide specifics.
- Like the program outline, but TBD is not a proper response for the budget.

5. Final recommendation after last year's program plan review

A motion to conditionally approve City of Hayward's plan was made by Harriette Saunders and seconded by Shawn Costello. The motion carried unanimously. The conditions for the City of Hayward's approval is 1) submission of a corrected Budget replacing "TBD" with actual reserve fund amounts, 2) submission of a corrected Cover describing the history and plans for the Round-About Shuttle to include specific dates, and 3) in-person quarterly reporting.

**Alameda CTC Special Transportation for Seniors and People with Disabilities
Paratransit Program Plan Application Staff Summary Form
Fiscal Year 11/12**

6. Staff identified questions for current fiscal year (PAPCO members can use these as examples during the question rounds)

- A. Why have you set aside a Capital Reserve of \$100,000 when your proposed purchases are only \$10,000?
- B. Please describe the benefit of your proposed capital purchase.
- C. Please describe how you have coordinated with AC Transit in planning your shuttle.
- D. The City proposes implementing two ambitious new projects – taxi service and travel training. There are a number of planning elements that go into these programs (vouchers, reimbursements, limits, service areas, outreach), not to mention personnel to run these. Do you have a detailed plan for these? Plans to develop one?
- E. The City proposes almost \$144,000 for Customer Service and Outreach for a number of ideas that seem only tangentially related to transportation. Please explain why these should be funded out of Measure B.

7. Financial audit Program Compliance Report performed and compliance opinion given? X Yes _ No

8. Consumer involvement in planning process

Hayward's Paratransit Advisory Committee discussed the needs of local riders & reviewed draft program plans at meetings -1/18/11, 2/15/11, & 3/15/11. Hayward staff, AC Transit staff & ACTC consultant met to coordinate shuttle routes - 3/22/11.

Staff from the Cities of Hayward, San Leandro, & Fremont, ACTC, & their consultant met to discuss accessible taxi service - 3/23/11.

The HSC/CAC strategic planning process included local transportation for special needs pops in their discussions.

Part III. Financials

1. Finance Subcommittee Questions: To be provided at meeting

2. Revenue Trends: Refer to Cover Memo

3. Proportion of Measure B Funding: Refer to Cover Memo

**Alameda CTC Special Transportation for Seniors and People with Disabilities
Paratransit Program Plan Application Staff Summary Form
Fiscal Year 11/12**

Source(s) of other funding (if applicable): Non-paratransit shuttle rider fares will increase the number and variety of vehicles available to provide service. Door-to-door fares will increase to match East Bay Paratransit's fares.

4. Fund Reserves and Net Revenues Planned for 2011-2012

Fund balance--undesignated	\$58,427
Undesignated funds % of planned Meas B rev	9.3%
Reserve funds--designated for capital	\$100,000
Capital funds reserved < 4 years	Y (9/30/10)
Reserve funds--designated for operations	\$179,684
Reserve funds = or < than 3 months M B rev	N-exceeds by \$21,946
Total Fund Reserves going into FY	\$444,846
Planned Net Revenue at end of FY	\$355,661

Part IV. Minimum Service Level Grants

- 1. Applying for an MSL Grant? _ Yes X No**
Amount of Request: \$ _
- 2. Which other programs have applied for an MSL Grant and for how much?**
- 3. MSL Gap(s) needing to be closed and application answers:** Refer to Application PDF
- 4. Additional questions/comments about application for MSL Grant?**
-

Part V. Preliminary Recommendation (Committee Member Notes)

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

- ☐ Recommend **approval of base funding without MSL grant** (MSL Grant not requested or not recommended).

**Alameda CTC Special Transportation for Seniors and People with Disabilities
Paratransit Program Plan Application Staff Summary Form
Fiscal Year 11/12**

- ☐ Recommend **approval of base funding with MSL grant of \$_____.**
- ☐ Recommend **conditional approval with recommended actions** (for example, recommend funds continue to flow but place program on watch list and require quarterly reports to PAPCO, hold back funds until program updates plan or budget, recommend partial funding until specified actions are taken).

- ☐ Don't recommend approval.



Annual Paratransit Program Application for Measure B Funding

Fiscal Year 2011-2012 (July 1, 2011 through June 30, 2012)

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

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

Requirements and Instructions

Measure B paratransit fund recipients are required to submit to the Alameda CTC one electronic version of two documents for the annual program application submittal.

Paratransit Program Application Deadline: April 8, 2011

The Annual Paratransit Program Application submittal includes a PDF and Table 1 and Table 2 Attachments for each program.

1. Paratransit Program Application (PDF)
2. Paratransit Program Application Table 1 and Table 2 Attachments (one Excel workbook)

Electronic submission: Save the online PDF form to your hard drive with your agency name and date in the file name (e.g., Albany_FY11-12_Paratransit_Program_Application_040611.pdf). You can start work on the PDF and finish it later; simply save it to your hard drive. Also, complete the Table 1 and Table 2 workbook and include your agency name and date in the file name. Submit one copy of both the PDF and Table 1 and Table 2 Attachments via email by April 8, 2011. Send it to narmenta@alamedactc.org. If you have questions, you can reach Naomi Armenta via email or at (510) 208-7469.

Paratransit Program Application

Due by April 8, 2011

Agency Name: City of Hayward

Date Submitted: 04/08/11

Name and Title of Submitter: Victoria Williams, Paratransit Coordinator

Secondary Agency Contact Name: Anne Culver, Social Services Planning Manager

Phone Number: 510-583-4230

Fax: 510-583-3650

E-mail: victoria.williams@hayward-ca.gov

Clearly label additional attachments as needed.

- 1. What amount of funds are you applying for?** Fill in the boxes below. Note: Mandated and non-mandated funds should match the projects on the website at:
http://www.actia2022.com/files/managed/Document/1900/RevDist%20FY11_12%20projection.pdf

Mandated Amount (AC Transit and BART only)	Non-mandated Amount	Minimum Service Level Gap Grant Amount
\$0.00	\$630,950.16	\$0.00

- 2. What type of paratransit projects and programs will Measure B fund?** To answer this question, complete the Table 1 Attachment (Table 1 tab) in the Excel workbook. Describe the projects and/or programs your agency plans to implement with Measure B funding during fiscal year 2011-2012 (FY 11-12).

Continue to the next page of this application to answer question 2A.

2A. Please provide a short narrative description for each service component listed in question 2 and describe any planned changes. (max. 1,300 characters)

- Hayward Paratransit promotes accessibility for all, & strives to improve the quality of life for service area residents by providing accessible transportation options w/in central Ala. Co.
- Individual Demand-Response: Driver escort, door-to-door accessible rides for enrolled riders in the EBP certification process & those who are physically unable to ride the shuttle.
- Shuttle Service: A fixed-route shuttle serving North Hayward, Castro Valley, & San Lorenzo to complement AC Transit's South Hayward Shopping shuttle. Service will be free to riders enrolled with ANY Paratransit service; all other riders pay an affordable fare.
- Group Trips: To stimulate interest & engagement within the community, for residents of SNF's, mobile home parks, & apartments.
- Meal Delivery: SOS delivers 7 nutritious meals/week, with a daily check-in, by a familiar driver.
- ASEB Demand Response trips: ASEB provides door-to-door rides for its clients to and from home so they can participate in ASEB's structured day program.
- Supplemental Taxi Trips: Same-day service for riders unable to use the shuttle service.
- EBP Tickets: To help transition riders with subscriptions as they transfer to EBP.
- Travel training to support confident, safe independence is to be initiated during FY 11-12.

3. Is your program currently meeting Minimum Service Levels? See the appendix.

- ☒ Yes
☐ No
☐ Not Applicable (*Americans with Disabilities Act (ADA) mandated provider*)

3A. If no, which ones are you not meeting and how?
(max. 255 characters)

Hayward exceeds MSL's by: enrolling riders 70 & over without a medical forms, providing service 6 days a week from 8:00a.m.-6:00p.m., offering trips for any purpose, providing recreational group trips to destinations outside of Hayward & Meals on Wheels.

4. How many potential riders do you estimate will use this service this coming fiscal year?
Fill in the box below.

Potential Riders in FY 11-12
1,500

5. Please provide details regarding your vehicle fleet. To answer this question, complete the Table 2 Attachment (Table 2 tab) in the Excel workbook.

6. Does your program provide meal delivery?

- ☒ Yes
☐ No

6A. If faced with revenue shortfalls, how do you balance meal delivery with trip requests?
(max. 255 characters)

Medical trips and treatments are the highest priority w/access to good nutrition a close second. The program provides meal delivery, transportation to congregate meal sites, food distribution programs, grocery stores, and restaurants.

7. Describe your driver training program. (max. 500 characters)

Hayward requires contractors to assure the safety of all passengers & personnel. Contractors must comply with all state, local & federal regulations, plus implement & maintain a formal safety & training program. Each driver is required to attend a minimum of 96 hours of training which consists of: DOT defensive driving, passenger & sensitivity training (including wheelchair securement), CPR, first aid, emergency prep., map reading, local geography & Hayward's policies & procedures.

8. Describe your policies concerning timely pick-ups or drop-offs. Include what window your program allows, if there is a standard for the percentage of pick-ups or drop-offs that must occur within the window, the policy concerning early pick-ups, and whether there is a maximum amount of lateness after which you count a provider no-show or missed trip.
(max. 500 characters)

Door-to-door service: Riders are to be picked up within a 20 minute window. A ride arriving 60 minutes late is considered a missed trip. Contractor is penalized for each missed trip.
Shuttle service: Vehicles are required to arrive at the shuttle stop within 10 minutes of the scheduled time & may not leave before the scheduled time.
Contractors are required to meet these pick-up & drop-off standards a minimum of 90% of the time. Penalties may be assessed for performing at a lower standard.

9. Describe your policies concerning the maximum time a rider may be on a vehicle. Indicate if there is a maximum time, and if there is a standard for the percentage of total trips that must fall within this maximum time. (max. 255 characters)

The City's policy is that riders are provided safe & efficient service. Timeliness is especially important for riders who are medically fragile & ride to & from medical treatments on the door-to-door or supplemental taxi service. Max ride time = 60 mins.

- 10. What are your policies for reserving trips?** What are your policies for reserving individual trips (including subscriptions/standing orders or same-day trips) and for reserving group/program trips? What advance notice do you require or allow? Are there limits on availability? *(max. 500 characters)*

Subscription/Standing Order trips: Door-to-door medical trips may be reserved up to 7 days in advance & will be provided as capacity allows. Subscriptions are for 3 weeks while a rider is in the EBP certification process.
Same-day trips: Most non-medical trips will be provided by the shuttle without reservations. Door-to-door & Taxi same-day trips will be provided as capacity & funding allow.
Group/Program trips: Require reservations 7 days in advance, provided as capacity & funding allow.

- 11. How far in advance is a rider required to cancel a trip before you count the trip as a no show?** Describe these for each type of trip below. What is your policy concerning riders with repeated no-shows or late cancellations? Please describe your policy for subscriptions/standing orders, same-day trips, or group/program trips as applicable. *(max. 500 characters)*

No-shows are uncommon & most often attributable to spontaneous or unexpected changes in riders' plans, often beyond riders' control. W/this in mind, the City's policies take these circumstances into account, & are intended to maintain an efficient service while allowing for occasional lapses:

Door-to-Door / Group Trip Policy: Riders are required to provide at least 2 hours advance notice.
No Show Policy: Riders with 3+ no shows in a calendar quarter may be suspended for 30 days.

- 12. What is the maximum and average time between receiving an application and enrolling an applicant in the program?** *(max. 255 characters)*

Superior customer service and prompt enrollment are the City's standards, w/most applicants enrolled w/in 3 days, and 100% enrolled in less than a week. Same day enrollment is provided in urgent situations or as appropriate.

- 13. Is there a waiting list?**

☐ Yes
☒ No

- 13A. If yes, what are the policies that apply to it? How many people are on it? What is the average wait?** Describe your answer in the box below. *(max. 500 characters)*

Hayward has no waiting list. Riders are enrolled on a first-come, first-served basis. Enrolled riders, their attendants & companions have access to services & destinations to meet daily living needs & enjoy recreational activities in central Alameda County & its environs. Hayward is strategizing for improved understanding of our ridership & its needs, to coordinate services and resources to improve health, safety, and quality of life.

- 14. Describe your complaint and commendation process.** Describe your process from beginning to end, including instructions you provide to customers for filing complaints or commendations, your documentation procedures, your follow up, and any changes you have made to your program as a result of customer complaints and commendations.
(max. 500 characters)

Complaints: Riders are instructed to document a complaint with the City any time the service is not satisfactory, safe, or secure. The City investigates complaints w/contractor within 72 hours of submission of any complaint. Contractor provides correction or disciplinary action as appropriate.

Commendations: Riders are instructed to call with commendations when staff is particularly helpful or has gone out of their way to provide assistance. City staff relays commendations promptly.

- 15. Describe how you will coordinate services with other Measure B paratransit services and/or mandated ADA paratransit services so that people can make trips throughout Alameda County.** Examples of coordination may include, but are not limited to, reciprocal fare agreements, reciprocal agreements to provide trips into adjoining areas, arrangements for clients to ride on other systems, and transfer arrangements. Attach copies of agreements or memoranda of understanding for coordination if available.
(max. 500 characters)

Enrolled riders of ANY paratransit program may ride the shuttle for FREE (show proof of registration, age, or disability). Hayward provides service for riders during EBP certification process, & for those who reside/travel outside of EBP's service area or hrs. Hayward & San Leandro shuttles connect & riders may transfer @ Bay Fair Mall. Hayward offers a Daly City ADA rider 1 round trip/wk from BART to his grandchild's daycare & back to BART because EBP does not serve the destination.

- 16. Describe planned outreach to ensure that potential users of the services, including coordinated services, learn about them.** (max. 500 characters)

Hayward has: 14 apartment complexes for seniors & people who have disabilities = 531 potential riders, over 30 SNF's = hundreds more, + colleges, nonprofit agencies, senior meal sites, hospitals, medical offices, & local businesses = even more potential riders. We will use a monthly marketing strategy to distribute info. about local transportation options through: electronic & direct mail, mass media, community newsletters, free coupons, & tabling at local events to reach these future riders.

- 17. Describe your planning process.** List all activities undertaken in connection with this plan, including consumer or public meetings; meetings with other agencies; presentations to boards, commissions, or committees; and provide general dates for these activities.
(see questions 17A through 17D that follow; max. 500 characters)

Hayward's Paratransit Advisory Committee discussed the needs of local riders & reviewed draft program plans at meetings - 1/18/11, 2/15/11, & 3/15/11.
Hayward staff, AC Transit staff & ACTC consultant met to coordinate shuttle routes - 3/22/11.
Staff from the Cities of Hayward, San Leandro, & Fremont, ACTC, & their consultant met to discuss accessible taxi service - 3/23/11.
The HSC/CAC strategic planning process included local transportation for special needs pops in their discussions.

17A. Has this plan been reviewed by a local paratransit advisory committee?

- ☒ Yes
☐ No

17B. If yes, list the committee name and date of the meeting.

Hayward's Paratransit Advisory Committee (PAC) - 1/18/11, 2/15/11, & 3/15/11.

17C. Describe any surveys or analysis conducted and staff reports. (max. 255 characters)

The 2011-12 Program Plan reflects information gathered from past program needs & data, communications with local non-profit agency staff & riders, SNF, MV, PAC members, surveys, and broad research into effective models in effect elsewhere.

17D. Describe how the planning process is connected to the service plan: How do the planned services correspond to the results of the planning process? (max. 255 characters)

Riders wanted same day service in Hayward, Castro Valley, & San Lorenzo, & the shuttle will do so. PAC wanted Hayward & San Leandro shuttles to connect w/out BART, & the eligibility age limit to be lowered. SNF staffers wanted more group trips. All added.

18. If proposing service changes, what identified needs or priorities will the proposed changes meet? What needs or priorities will the proposed service changes still not meet? (max. 500 characters)

The shuttle will increase ridership & decrease the cost/rider, while providing FREE, accessible, same-day service for paratransit riders & their attendants. All others will pay a fare (TBD, \$1.00), thus increasing transportation options for all & decreasing vehicles on the road. Accessible taxi service will be used to fill service gaps & lower costs. Out of area VA trips will be offered. Travel training will be initiated to support independent living, personal safety, & active lifestyles.

19. Describe how you will measure customer satisfaction, for example, by participating in a countywide rider survey, tracking customer comments, or other means? (max. 255 characters)

Surveys will be distributed electronically and by mail in FY 11-12. PAC will meet monthly instead of quarterly. Sampling of riders and non riders will take place w/increased frequency. Hayward will participate in ACTC sponsored county-wide surveys.

- 20. How will you obtain and/or track necessary financial and operating information for program management and reporting?** If private vendors or contractors provide the information, what steps will you take to verify or check the accuracy of the information? If performance data is collected by sampling, what steps will you take to ensure that samples are representative and randomized? *(max. 500 characters)*

Hayward contracts with MV Transportation. MV utilizes a customized database to collect data as requested by ACTC, manage client needs & oversee service utilization.
Staff monitors: a sampling of the month's daily trip manifests, all completed monthly trip detail & on-time performance reports, vehicle inspection reports & on-site record-keeping.
Staff or volunteers tests a sampling of riders each month for trip reviews in order to maintain the quality of service.

- 21. During July 1, 2011 through June 30, 2012 (FY 11-12), what amount of Measure B (MB) Paratransit Funds will your agency receive and expend?** Fill in the boxes below.

Note: Interest/Other MB Income includes interest on unspent Measure B balances and other Measure B income, such as grant funds.

FY 10-11 Unspent MB Balance	MB Revenues in FY 11-12	Interest/Other MB Income	MB Expended in FY 11-12	Ending MB Balance
\$444,845.70	\$630,950.16	\$3,000.00	\$740,684.40	\$338,111.46

- 22. What amount of non-Measure B revenues will your agency receive during FY 11-12?** Fill in the box below if you will receive non-Measure B funds.

Non-Measure B Revenues
\$17,500.00

- 22A. Describe the specific types of non-Measure B funding your agency will receive.**
(max. 255 characters)

Non-paratransit shuttle rider fares will increase the number and variety of vehicles available to provide service. Door-to-door fares will increase to match East Bay Paratransit's fares.

- 23. Do you intend to apply for federal Section 5310 funds, Alameda CTC gap grant funds, or other grant funds in the next fiscal year?**

- ☐ Yes
☒ No

- 23A. If yes, describe the types of grant funds for which you intend to apply.**

--

24. Do you intend to apply for Minimum Service Level gap grant funding for the next fiscal year?

- ☐ Yes
☒ No

24A. If yes, please fill in the amount you intend to apply for in question 1 and complete question 32.

24B. If no, and your answer to question 3 is no, meaning you will not meet Minimum Service Levels, please explain. (max. 255 characters)

Hayward currently exceeds MSL's by: enrolling riders 70 & over without a medical forms, providing service 6 days a week from 8:00am - 6:00pm, offering trips for any purpose, providing group trips to destinations outside of Hayward, and Meals on Wheels.

25. How do you plan to use undesignated reserve Measure B funds (FY 10-11 Unspent MB Balance from question 21)? Fill in the boxes below with any operating or capital Measure B reserves.

Operating Reserve <i>(eligible for up to three months of service funds)</i>	Capital Reserve <i>(may be held for up to three years)</i>	Date of Capital Reserve Initiation	Undesignated Funds <i>*(End MB – (operations + capital) = Undesignated)</i>
\$179,684.29	\$100,000.00	09/03/10	\$58,427.17

25A. Describe the use of the undesignated funds below. (max. 255 characters)

Undesignated funds would be used to gradually increase service: a combination of door-to-door service, group trips, & as ridership expands, & in consultation w/other transportation providers, to add vehicles, routes, & hrs/days to shuttle service.

26. If applicable, why are the planned expenditures in FY 11-12 more than the amount of Measure B funds the agency expects to receive during FY 11-12? For instance, if your agency faces a funding shortage, will you use reserve Measure B funds from a previous fiscal year(s)? (max. 255 characters)

We are planning to expend a measure of undesignated funds that accumulated in FY 09-10 and were largely unspent in FY 10-11 as the implementation of the City's shuttle was delayed.

27. What are your FY 11-12 operating expenses by category? Fill in the boxes below. Provide additional information in questions 27A and 27B if you have contract and miscellaneous expenditures.

Labor, Fringe <i>(for recipient staff)</i>	Admin. Costs <i>(for printing, postage, supplies, etc.)</i>	Contracts <i>(see 27A below)</i>	Transportation <i>(expenses recipients paid, not included in contracts)</i>
\$143,747.62	\$43,436.78	\$510,500.00	\$0.00
Taxi Reimbursement	Meal Delivery	EBP Ticket Purchase	Miscellaneous <i>(see 27B below)</i>
\$8,500.00	\$32,000.00	\$2,500.00	\$0.00
Total Operating Expenses <i>(sum of all eight categories)</i>			
\$740,684.40			

27A. List the contracted firms below, and if more than one, list the amount your agency will pay to each. *(max. 255 characters)*

MV Transportation	\$435,500
Alzheimer's Services of the East Bay,	50,000
Travel Training	25,000

27B. Describe any miscellaneous expenditures below; include the amounts for each item. *(max. 255 characters)*

28. Of these total expenditures, what amount is allocated for the following?
Fill in the boxes below.

Management <i>(oversight, planning, budgeting, etc.)</i>	Customer Service and Outreach Activities	Trip Provision <i>(direct or contracted taxis, vans, shuttles, etc.)</i>
\$35,936.88	\$143,747.52	\$494,000.00

29. What are your planned Measure B capital expenditures during FY 11-12?
Fill in the box below.

Total Capital Expenditures
\$10,000.00

29A. Describe planned capital expenditures, such as purchase of vehicles or durable equipment, below. (max. 255 characters)

In FY 11-12, LED-scrolling signs will be purchased to promote the availability of paratransit and ancillary services that support independent living, personal safety, civic engagement, and healthy lifestyles.

30. What are your anticipated net revenues? The box below autopopulates based on previous entries.

Net Revenues
\$355,611.46

31. Please provide information on the Governing Body Resolution to authorize submittal of the plan.

- ☐ Copy attached
- ☒ Pending action on: 06/21/11 (indicated date this item is scheduled for action)

32. If requesting Minimum Service Level (MSL) funding, please complete the table and questions 32A through 32E below.

MSL Your Program Anticipates Not Meeting (see appendix)	Describe How Your Program Falls Below This MSL	MB Funds Requested to Meet This MSL

32A. Please explain any community-specific issues that impact your ability to not meet MSLs.
Please describe below. (max. 500 characters)

32B. Have you explored and documented other transportation options for seniors and people with disabilities provided by nonprofit organizations in your community that might also close this service gap. Please describe below. *(max. 500 characters)*

Our service currently meets/exceeds the MSL's however, mobility management is a high priority. ASEB provides rides for program participants but is not available for other riders. CRIL offers a referral service for In Home Supportive Service & an IHSS worker may provide transportation, if approved by Ala Co. SSF sponsors a Friendly Visiting Program, & some volunteers provide transportation. This year we intend to initiate a travel training program and establish a volunteer speakers bureau.

32C. If MSL gap funding is not available to meet this need, are other funding sources available to meet this need? Please describe below. *(max. 255 characters)*

NA

32D. If other funding is not available, how will you prioritize which MSLs to cut?
(max. 255 characters)

NA

32E. Does your program provide ADA-equivalent service to those awaiting certification, outside the ADA service corridor or needing transportation outside of ADA-available times in your jurisdiction? *(max. 255 characters)*

Yes. Hayward Paratransit provides prompt enrollment & service for riders in process of ADA certification. Hayward also provides rides to ADA certified riders living in the service area who travel outside of the ADA service hours & ADA service area.

Program Plan Application Appendix

PAPCO-approved Minimum Service Levels

	Minimum Service Level (MSL)	A Program <i>Exceeds</i> this MSL if ...
1.	Regarding who programs serve: <ul style="list-style-type: none"> • People 18 and above with disabilities who are unable to use fixed route services • Seniors 80 and above without proof of a disability 	<ul style="list-style-type: none"> • It serves minors with disabilities. • It serves seniors under 80 without proof of disability.
2.	Regarding the type of service programs provide: <ul style="list-style-type: none"> • Accessible individual demand-responsive service 	<ul style="list-style-type: none"> • It offers additional services for participants, such as group trips or meal delivery.
3.	Regarding the time and days service is provided: <ul style="list-style-type: none"> • At least five days per week between the hours of 8 a.m. and 5 p.m. (excluding holidays) 	<ul style="list-style-type: none"> • It offers service more than five days a week. • Its service hours begin before 8 a.m. and/or extend after 5 p.m.
4.	Regarding the service area of a program: <ul style="list-style-type: none"> • Residents using this program are able to meet life needs, including but not limited to travel to major medical facilities, full service grocery stores and other basic necessities, if ADA services, or coordination between base programs are unable to provide these trips. 	<ul style="list-style-type: none"> • It provides trips to locations beyond those which residents would travel to fulfill life needs, such as recreational trips outside city boundaries.
5.	Regarding fares: <ul style="list-style-type: none"> • Fares should be comparable to East Bay Paratransit and equated to distance for van/sedan trips • Fares for Taxi trips should not exceed 50 percent of the total cost of the trip. 	<ul style="list-style-type: none"> • Riders pay less than they would for a comparable trip on East Bay Paratransit for a van/sedan trip. • Riders pay less than 50 percent of the total cost of the taxi trip.
6.	Regarding interim service for individuals applying for or awaiting ADA certification: <ul style="list-style-type: none"> • Interim service should be provided within three business days on receipt of application. • Interim service should be provided at the request of a health care provider or ADA provider. 	<ul style="list-style-type: none"> • It provides interim service in less than three business days.
7.	Regarding reservations: <ul style="list-style-type: none"> • Programs should accept reservations between the hours of 8 a.m. and 5 p.m. Monday through Friday. 	<ul style="list-style-type: none"> • It accepts reservations before 8 a.m. and/or after 5 p.m. • It accepts reservations on weekends.

Alameda CTC Paratransit Program Application - July 1, 2011 through June 30, 2012																
Table 1 Attachment: Summary of Planned Projects																
Project Description								Status	Deliverables				Planned Expenditures			
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	Column P	Column Q
Project Category <i>Drop-down Menu</i>	Project Phase <i>Drop-down Menu</i>	Project Type <i>Drop-down Menu</i>	Project Name	Project Description (including type of vehicle, accessibility status, and eligibility requirements)	Project Service Area, Days/Hours of Service, and Trip Limits per Year per Rider	Rider Fares	Provider Average Cost per Trip	Project Status <i>(at the end of June 2012)</i> <i>Drop-down Menu</i>	Quantity Planned Completed by June 2012 <i>(total number of one-way passenger trips, tickets purchased, etc.)</i>	Trip Type Description <i>(other details about trip service)</i> <i>Drop-down Menu</i>	Planned Number of Trips Funded by Measure B FY 11-12*	Miscellaneous <i>(other details about trip or program)</i>	Measure B Paratransit Pass-through Expenditures FY 11-12	Other Measure B Funds to Be Expended on Project in FY 11-12 <i>(includes gap or MSL grants, stabilization)</i>	Other Non-Measure B Funds to Be Expended on Project in FY 11-12 <i>(includes the general fund)</i>	Total Project Cost in FY 11-12 <i>(columns N+O+P=Q)</i>
Senior and Disabled Services	Operations	Individual Demand-response Trips	Door-to-Door Service	Project description: The City of Hayward's non-ADA demand response paratransit service, provides on lift-equipped vans for registered riders who live in Hayward, Castro Valley, San Lorenzo and the unincorporated areas of San Leandro. Eligibility requirements: Service is provided to those in the process of acquiring East Bay Paratransit (EBP) certification or who are unable to use the ADA service due to a medical or disabling condition (as verified by a physician's statement), and to anyone over 70 years old.	The door-to-door service area includes: Hayward & adjacent unincorporated areas of Castro Valley, San Lorenzo, San Leandro & Union City. Out-of-county trips to the Veterans Hospitals are also provided. Service days/hours are: 8:00 am - 6:00 pm Monday through Saturday. There are no trip limits for riders who are unable to use EBP. There is a three week limit for all others, although exceptions may be made on a case-by-case basis.	Fares will match EBP's fares, currently \$4.00 each way for up to 12 miles. \$6.00 for 12-20 miles. Attendants or a companion may ride free-of-charge.	TBD - The City's contract with MV is to be re-priced as the Work Program will be revised for FY 11-12.	Continuing or Ongoing	4,000	Lift/ramp-assisted Trips	4,000	Column P lists income from fares with includes discounts for riders with on-going medical treatments.	\$260,000.00	\$0.00	\$13,000.00	\$273,000.00
Senior and Disabled Services	Operations	Shuttle or Fixed-Route Trips	Fixed-Route Shuttle Service	Project description: The shuttle program provides a resource in response to a set of characteristics that are unique to Hayward: (1) Hayward is home to more mobile homes than the rest of the county combined, most of which are occupied by seniors and low-income residents, located in outlying areas of the City, far from retail centers and services. For these residents, costs associated with transportation to meet their most basic needs represent a larger proportion of their monthly income than for those whose resources are greater or have less distance to travel. (2) The shuttle offers "cultural competency" for our paratransit riders, who report feeling safer and more comfortable on vehicles driven by trained professionals who are patient and knowledgeable about the needs and mechanics associated with advanced age, disabilities, and assistive technology. (3) Hayward's paratransit service area includes the 580/238 junction, the 238/880 junction, the 880/San Mateo Bridge junction, the Mission Boulevard/238 bypass project, Cal State East Bay, and three BART stations – all of which contribute to the east bay area's most intense	The shuttle's service area includes Hayward and adjacent unincorporated areas of Castro Valley, San Lorenzo, and San Leandro. (1) The shuttle service will be FREE to all enrolled paratransit riders – regardless of where they live or are enrolled. (2) The shuttle will provide service and stops in the unincorporated areas of the City's service area – San Lorenzo and Castro Valley – for the first time. (3) The shuttle will extend to the City of San Leandro's stop near Bayfair Mall, so riders can access San Leandro's shuttle. (4) The shuttle will make stops at the AC Transit stop on Hesperian Boulevard across from Southland Mall, and then extend over to the mall itself, and then back out to Hesperian Boulevard, so that paratransit riders won't need to cover the half-mile to and from the Hesperian Boulevard AC Transit stop in order to visit the mall. This will also allow riders of the AC Transit's 391 "Senior Shopping Shuttle," which follows a route in South Hayward, to access the north Hayward shuttle. (5) Initially in FY 11-12, the shuttle will follow a mid-and-north Hayward route, complementing AC Transit's "Senior Shopping Shuttle" service, on Tuesdays and Thursdays. Hayward's shuttle will also	The shuttle will be FREE for registered riders and their attendants. Nonregistered riders will pay a fare (TBD).	TBD - The City's contract with MV is to be re-priced as the Work Program will be revised for FY 11-12.	Continuing or Ongoing	7,000	Lift/ramp-assisted Trips	7,000	Column P lists income from fares for non-paratransit eligible riders. Paratransit eligible riders ride for free.	\$125,000.00	\$0.00	\$3,500.00	\$128,500.00
Senior and Disabled Services	Operations	Group Trips	Group Trips	Program Description: Hayward has the highest concentration of skilled nursing facilities in Alameda County, and consequently, offering an easy-to-access Group Trip option is especially important to this clientele's quality of life. Hayward also has more mobile homes than the rest of the county combined. Our mobile home residents are primarily seniors and low-income people for whom accessible, affordable transportation is essential. Group trips provide residents of over thirty skilled nursing facilities, mobile home parks, and senior housing developments opportunities to affordably engage with and explore local resources with their friends and families.	The Group Trips Service area includes Hayward & adjacent unincorporated areas of Castro Valley, San Lorenzo, and San Leandro. Exceptions to be made as resources permit. Service days/hours run concurrent with and complement the shuttle service, subject to the availability of vehicles. Group trips (4+ riders) are a high programmatic priority and there are no limits to the number of trips to be made available, subject to the availability of funding and vehicles.	Individuals who are enrolled in the City's paratransit program, as well as service coordinators at skilled nursing facilities, mobile home parks, and senior apartment developments are encouraged to take advantage of this service. Attendants ride for free; friends and family members of enrolled riders may ride for the price of the shuttle fare (TBD).	TBD - The City's contract with MV is to be re-priced as the Work Program will be revised for FY 11-12.	Continuing or Ongoing	350	Lift/ramp-assisted Trips	350	Column P lists fares from Paratransit riders (\$2.00 each way). Attendants ride free. During the December holidays, riders take one-way trips to see holiday lights and decorations.	\$33,000.00	\$0.00	\$1,000.00	\$34,000.00

Alameda CTC Paratransit Program Application - July 1, 2011 through June 30, 2012																
Table 1 Attachment: Summary of Planned Projects																
Project Description						Status	Deliverables				Planned Expenditures					
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	Column P	Column Q
Project Category <i>Drop-down Menu</i>	Project Phase <i>Drop-down Menu</i>	Project Type <i>Drop-down Menu</i>	Project Name	Project Description (including type of vehicle, accessibility status, and eligibility requirements)	Project Service Area, Days/Hours of Service, and Trip Limits per Year per Rider	Rider Fares	Provider Average Cost per Trip	Project Status <i>(at the end of June 2012)</i> <i>Drop-down Menu</i>	Quantity Planned Completed by June 2012 <i>(total number of one-way passenger trips, tickets purchased, etc.)</i>	Trip Type Description <i>(other details about trip service)</i> <i>Drop-down Menu</i>	Planned Number of Trips Funded by Measure B FY 11-12*	Miscellaneous <i>(other details about trip or program)</i>	Measure B Paratransit Pass-through Expenditures FY 11-12	Other Measure B Funds to Be Expended on Project in FY 11-12 <i>(includes gap or MSL grants, stabilization)</i>	Other Non-Measure B Funds to Be Expended on Project in FY 11-12 <i>(includes the general fund)</i>	Total Project Cost in FY 11-12 <i>(columns N+O+P=Q)</i>
Meals on Wheels	Operations	Meal Delivery	SOS Meals on Wheels	According to the Alameda County Community Food Bank's 2010 report, <i>Hunger: the Faces and the Facts</i> , 67% of Alameda County seniors face low- or very-low food security, with many struggling to subsist on SSI-level incomes, currently less than \$850 per month. Nearly 40% of all food pantry visitors are seniors. The Meals On Wheels component of the City's paratransit program delivers over 8,000 meals each year to seniors who are physically incapable of accessing a food pantry. Extremely low-income seniors, who are demographically already at-risk for preventable diseases, lack of access to nutritious food can trigger depression and other illnesses. Food insecurity in seniors also correlates with lack of medical insurance, unpaid medical or hospital bills, and lack of access to prescription medicines. In another recent study, 50% of Oakland seniors coping with food insecurity also have a disability.	Meals On Wheels' Service Area includes: Hayward & adjacent unincorporated areas of Castro Valley, San Lorenzo, and San Leandro. Service Days/Hours: Monday - Friday delivery of 7 meals per participant .	NA	NA	Continuing or Ongoing	55,629	Other (describe in Column K)	55,629	NA	\$32,000.00	\$0.00	\$0.00	\$32,000.00
Senior and Disabled Services	Operations	Other (describe in Column E)	ASEB	Program Description: Alzheimers Services of the East Bay (ASEB) is a nonprofit community organization that provides services for individuals who have dementia, and for their families and caregivers. ASEB utilizes paratransit funding to provide non-ADA prescheduled service, provided by specially trained drivers on lift-equipped vans for ASEB program participants living throughout the Hayward service area, between clients' homes and the ASEB Adult Day Care program.	Service Area includes: Hayward & adjacent unincorporated areas of Castro Valley, San Lorenzo, and San Leandro. Days/Hours: Monday - Friday 9:00 am - 3:30 pm	NA	7.5	Continuing or Ongoing	8,333	Lift/ramp-assisted Trips	8,333	NA	\$50,000.00	\$0.00	\$0.00	\$50,000.00
Senior and Disabled Services	Operations	Other (describe in Column E)	Taxi trips	Program description: Non-accessible taxis may provide back-up transportation for ambulatory riders until the South County (accessible) Taxi Program expands into Central County. Taxi trips will be provided to extend service, bridge service gaps, and as needed when other sources of transit are not available, or are cost-prohibitive. Eligibility requirements: ADA-enrollment criteria.	Service area includes: Hayward & adjacent unincorporated areas of Castro Valley, San Lorenzo, San Leandro & Union City. Day/Hours: 8:00 am - 6:00 pm , Monday through Saturday as capacity allows.	TBD	TBD	Continuing or Ongoing	230	Taxi Trips	230	NA	\$6,000.00	\$0.00	\$0.00	\$6,000.00
Senior and Disabled Services	Operations	EBP Ticket Purchase	Hayward-funded East Bay Paratransit	Program description: Hayward will offer free EBP trip coupons to subscription riders as they transfer their subscriptions to EBP in order to ease the transition for hesitant riders, and to bridge service gaps as identified and/or as needed throughout the year. Eligibility requirements: ADA enrollment criteria.	Service area includes: ADA service area. Days/Hours: ADA days/hours	Free to riders moving a subscription to EBP.	NA	Continuing or Ongoing	228	Lift/ramp-assisted Trips	228	NA	\$2,500.00	\$0.00	\$0.00	\$2,500.00

Alameda CTC Paratransit Program Application - July 1, 2011 through June 30, 2012																
Table 1 Attachment: Summary of Planned Projects																
Project Description						Status	Deliverables				Planned Expenditures					
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	Column P	Column Q
Project Category <i>Drop-down Menu</i>	Project Phase <i>Drop-down Menu</i>	Project Type <i>Drop-down Menu</i>	Project Name	Project Description (including type of vehicle, accessibility status, and eligibility requirements)	Project Service Area, Days/Hours of Service, and Trip Limits per Year per Rider	Rider Fares	Provider Average Cost per Trip	Project Status <i>(at the end of June 2012)</i> <i>Drop-down Menu</i>	Quantity Planned Completed by June 2012 <i>(total number of one-way passenger trips, tickets purchased, etc.)</i>	Trip Type Description <i>(other details about trip service)</i> <i>Drop-down Menu</i>	Planned Number of Trips Funded by Measure B FY 11-12*	Miscellaneous <i>(other details about trip or program)</i>	Measure B Paratransit Pass-through Expenditures FY 11-12	Other Measure B Funds to Be Expended on Project in FY 11-12 <i>(includes gap or MSL grants, stabilization)</i>	Other Non-Measure B Funds to Be Expended on Project in FY 11-12 <i>(includes the general fund)</i>	Total Project Cost in FY 11-12 <i>(columns N+O+P=Q)</i>
Senior and Disabled Services	Operations	Other (describe in Column E)	Travel Training	Program Description: Effective travel training can bring increased independence, support active lifestyles and health, reduce traffic congestion, protect the environment, and provide greater access to the community's resources. In FY 11-12, it is intended that travel training be initiated in Hayward. It is hoped that existing models (e.g., the Fremont model) can be expanded or replicated in Hayward, tailored as necessary to meet the needs of Hayward's residents. This program component would complement our program's "door-to-door" and "group trip" components to increase the use of the City's shuttle, AC Transit, and BART transportation systems.	TBD, in consultation with adjacent jurisdictions, providers of existing travel training programs, and ACTC.	It's intended that travel training be provided free of charge to program participants. NOTE: Amounts budgeted in columns N and Q are "Not to Exceed" amounts; it is intended that travel training be initiated when an appropriated model has been established, and expanded as interest and participation expand.	N/A			Other (describe in Column K)			\$25,000.00			\$25,000.00
Senior and Disabled Services	Operations	Customer Service and Outreach	Paratransit	The 2011 Hayward City Council 2011 Priorities emphasize public safety, disaster preparedness, and citizen participation. Thus, our FY 11-12 customer service and outreach activities intend to involve and engage our local community, and to coordinate programs and services for seniors and people who have disabilities, especially with regard to disaster preparedness. In addition to handling day-to-day activities (i.e., responding to inquiries and enrolling new riders), the City will emphasize service coordination , including services provided by other transportation systems (i.e., AC Transit, BART, etc.), but also social services to enhance riders' quality of life and wellness . Examples include coordination with the City's housing rehabilitation grant program to make accessibility modifications to riders' homes, conduct disaster preparedness workshops, distribute preparedness tools and supplies , and encourage volunteerism and civic engagement. The City's FY 11-12 marketing strategies include the establishment of a volunteer speakers bureau to quadruple the number of neighborhood presentations delivered, promotions utilizing signage, frequent tv/radio public service announcements, "silent	NA	NA	NA	Continuing or Ongoing	0	Other (describe in Column K)	0	Column N represents customer service, outreach activities, and administratrion costs.	\$143,747.52	\$0.00	\$0.00	\$143,747.52
Senior and Disabled Services	Operations	Management	Paratransit	Management and program oversight will support programmatic improvements achieved using strategies described above (in "Customer Service").	NA	NA	NA	Continuing or Ongoing	0	Other (describe in Column K)	0	NA	\$35,936.88	\$0.00	\$0.00	\$35,936.88
Senior and Disabled Services	Operations	Capital Purchase	Scrolling Signs (aka "Silent Radios")	Product Description: Funds would be used to acquire LED-light scrolling signs to promote the availability of transportation resources and programs and services that support independent living. A combination of outdoor and indoor units would be purchased, some for permanent, high-traffic installation, some for temporary (i.e., event) use. The City would be happy to lend these units out to ACTC and/or other jurisdictions to promote accessibility awareness and transportation resources.	N/A	N/A	N/A						\$10,000.00			\$10,000.00
								TOTALS:	75,770		75,770		\$723,184.40	\$0.00	\$17,500.00	\$740,684.40
										*Percentage of total dollars spent to Measure B funds is relative to percentage of trips provided.						

Alameda CTC Paratransit Program Application - July 1, 2011 through June 30, 2012
Table 1 Attachment: Summary of Planned Projects

Project Description								Status	Deliverables				Planned Expenditures			
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	Column P	Column Q
Project Category <i>Drop-down Menu</i>	Project Phase <i>Drop-down Menu</i>	Project Type <i>Drop-down Menu</i>	Project Name	Project Description (including type of vehicle, accessibility status, and eligibility requirements)	Project Service Area, Days/Hours of Service, and Trip Limits per Year per Rider	Rider Fares	Provider Average Cost per Trip	Project Status <i>(at the end of June 2012)</i> <i>Drop-down Menu</i>	Quantity Planned Completed by June 2012 <i>(total number of one-way passenger trips, tickets purchased, etc.)</i>	Trip Type Description <i>(other details about trip service)</i> <i>Drop-down Menu</i>	Planned Number of Trips Funded by Measure B FY 11-12*	Miscellaneous <i>(other details about trip or program)</i>	Measure B Paratransit Pass-through Expenditures FY 11-12	Other Measure B Funds to Be Expended on Project in FY 11-12 <i>(includes gap or MSL grants, stabilization)</i>	Other Non-Measure B Funds to Be Expended on Project in FY 11-12 <i>(includes the general fund)</i>	Total Project Cost in FY 11-12 <i>(columns N+O+P=Q)</i>
										(Total \$/Measure B \$) approx. = (Total trips provided/Measure B-funded trips provided).						

Alameda CTC Paratransit Program Application - July 1, 2011 through June 30, 2012
Table 1 Attachment: Summary of Planned Projects

Cell: A3	
Comment: Project Category:	
	Disabled Services: Services primarily created for mobility for people with disabilities.
	Meals on Wheels: Delivery of meals.
	Senior & Disabled Services: Transportation services for seniors and people with disabilities.
	Senior Services: Services primarily created for senior mobility.
	Other: Use Other if none of the above apply, and define other by selecting Project Type (Column C) and providing Project Description (Column E).
Cell: B3	
Comment: Project Phase:	
	Construction (includes PS&E): Construction of a new capital project, including development of the preliminary engineering and construction documents: the plans, specifications, and estimates.
	Environmental: Preparation of environmental documents, such as those related to the California Environmental Quality Act (CEQA) or the National Environmental Policy Act (NEPA).
	Maintenance: Maintenance, repairs, renovation, or upgrade of existing facility or infrastructure.
	Operations: Operations such as transit, which may include routine maintenance and procurement, or lease of vehicles/equipment.
	Project Completion/Closeout: Inspection/project acceptance, final invoicing, final reporting, and processes for closing out project.
	Scoping, Feasibility, Planning: Early capital project phases, such as project scoping, feasibility studies, and planning.
	Other: Use if none of the above apply, and define the project phase by selecting Project Type (Column C) and describe the phase under Project Description (Column E).
Cell: C3	
Comment: Project Type:	
	Capital Purchase: Purchase of equipment, vehicles, or facilities.
	Customer Service and Outreach: Staffing and benefits for customer service as well as costs associated with marketing, education, outreach, and promotional campaigns and programs.
	EBP Ticket Purchase: Amounts paid to East Bay Paratransit for tickets plus associated costs, for example, distribution.
	Group Trips: One-way passenger trips considered group trips. Includes vehicle operation and contracts. See Individual Demand-response Trips.
	Individual Demand-response Trips: Taxi service, door-to-door trips, van trips, etc. Includes actual operation cost and contracts for vehicle operation, scheduling, dispatching, vehicle maintenance, supervision, and fare collection (including ticket or scrip printing and sales) for the purpose of carrying passengers.
	Management: Staffing and benefits to manage programs, projects, and services.
	Meal Delivery: Costs associated with vehicle operation, scheduling, dispatching, vehicle maintenance, and supervision for the purpose of delivering meals, whether provided in-house, through contracts, via taxicab, or by grantees.
	Shuttle or Fixed-route Trips: Shuttle service or fixed-route bus service, for example. Includes vehicle operation and contracts. See Individual Demand-response Trips.
	Other: Use if none of the above apply. Describe the Type under Project Description (Column E).
Cell: I3	
Comment: Project Status:	
	Choose project status on June 30, 2012: Planning in FY 11-12, Initiated in FY 11-12, Continuing or Ongoing, or Closed Out in FY 11-12.
Cell: K3	
Comment: Trip Type Description:	
	Lift/ramp Assisted: Trips that include lift or ramp assistance.
	Taxi Trips: Any type of taxi trip.
	Same-day Lift/ramp-assisted Trips: Trips that include lift or ramp assistance and are same-day service.
	Same-day Trips: Same-day service.
	Other: If Trip Type is not applicable to your program, choose Other and provide a description in Column K.

Alameda CTC Paratransit Program Application - July 1, 2011 through June 30, 2012

Table 2 Attachment: Vehicle Fleet

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

[illegible]

**Alameda CTC Special Transportation for Seniors and People with Disabilities
Paratransit Program Plan Application Staff Summary Form
Fiscal Year 11/12**

Part I. General Program Information

- 1. Paratransit Program:** City of Union City
- 2. Program Manager/Representative:** Wilson Lee
- 3. Program Plan Review Date and Time:** May 2, 2:30pm
- 4. Measure B Amount for Base Program Funding:** \$258,510
- 5. Measure B Amount for Minimum Service Level Grant:** N/A
- 6. Program Base Services Overview:** Refer to Table 1
- 7. Potential Riders Projected for next Fiscal Year:** Not provided
- 8. Total Rides Projected to be Provided in next Fiscal Year:** 20,000
- 9. Meal Delivery Program?** _ Yes ☒ No
Measure B Funds Allocated to Meal Program: N/A
- 10. Purchasing EBP tickets?** _ Yes ☒ No
Total EBP Tickets to be Purchased in Next Fiscal Year: N/A
- 11. Proposed changes for next Fiscal Year?** _ Yes ☒ No

Changes: _

Part II. General Program Analysis

- 1. Efforts related to Coordination/Mobility Management**
Union City Paratransit trip reservation coordinates with the East Bay Paratransit Consortium reservation staff for ADA trips outside of Union City. There is a coordinated transfer point in Union City and the fare on the Union City Paratransit ride is free for these transfers. Union City Paratransit will also arrange for transfers with VTA Outreach. The Paratransit Plus service provides supplemental service to parts of Hayward, Newark and Fremont covered by East Bay Paratransit.

**Alameda CTC Special Transportation for Seniors and People with Disabilities
Paratransit Program Plan Application Staff Summary Form
Fiscal Year 11/12**

- 2. Identified needs/priorities that will not be met by the Program**
None specified.
- 3. Status of Jurisdiction's PAPCO appointees/vacancies:** Refer to Cover Memo
- 4. Subcommittee comments from last year's program plan review**
 - Like the way they consider people being served.
 - So pleased, nothing but good things to say.
 - Concerned about the management dollars.
 - Would like more detailed outreach plan and process of complaints. In program plan, clarify complaint procedure, etc.
 - Approve of communication with other cities plus flexibility.
- 5. Final recommendation after last year's program plan review**
A motion to approve City of Union City's plan was made by Sylvia Stadmire and seconded by Sharon Powers. The motion carried unanimously.
- 6. Staff identified questions for current fiscal year (PAPCO members can use these as examples during the question rounds)**
 - A. Do you expect AC Transit reductions to affect your fixed-route service and thus your paratransit program?
 - B. Do you have any ideas to make your Paratransit Plus riders less resistant to EBP?
- 7. Financial audit Program Compliance Report performed and compliance opinion given? X Yes _ No**
- 8. Consumer involvement in planning process**
Fremont, Newark and Union City Joint Paratransit Advisory Committee (12-1-10 and 3-2-11). Union City prepared a Transit Service Plan in 2010. There was public outreach (on-board and telephone survey) from both fixed-route and paratransit users and non-users. Paratransit Plus Program was developed in 2003 based on an extensive outreach effort.

Part III. Financials

**Alameda CTC Special Transportation for Seniors and People with Disabilities
Paratransit Program Plan Application Staff Summary Form
Fiscal Year 11/12**

- 1. Finance Subcommittee Questions:** To be provided at meeting
- 2. Revenue Trends:** Refer to Cover Memo
- 3. Proportion of Measure B Funding:** Refer to Cover Memo
Source(s) of other funding (if applicable): TDA 4.0 and 4.5 Operating
State Transit Assistance (Regional Paratransit)
Passenger Fares

4. Fund Reserves and Net Revenues Planned for 2011-2012

Fund balance--undesignated	\$0
Undesignated funds % of planned Meas B rev	0%
Reserve funds--designated for capital	\$0
Capital funds reserved < 4 years	N/A
Reserve funds--designated for operations	\$0
Reserve funds = or < than 3 months M B rev	N/A
Total Fund Reserves going into FY	\$0
Planned Net Revenue at end of FY	\$0

Part IV. Minimum Service Level Grants

- 1. Applying for an MSL Grant? _ Yes X No**
Amount of Request: \$_
- 2. Which other programs have applied for an MSL Grant and for how much?**
- 3. MSL Gap(s) needing to be closed and application answers:** Refer to Application PDF
- 4. Additional questions/comments about application for MSL Grant?**
-

Part V. Preliminary Recommendation (Committee Member Notes)

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

**Alameda CTC Special Transportation for Seniors and People with Disabilities
Paratransit Program Plan Application Staff Summary Form
Fiscal Year 11/12**

- ☐ Recommend **approval of base funding without MSL grant** (MSL Grant not requested or not recommended).
- ☐ Recommend **approval of base funding with MSL grant of \$_____**.
- ☐ Recommend **conditional approval with recommended actions** (for example, recommend funds continue to flow but place program on watch list and require quarterly reports to PAPCO, hold back funds until program updates plan or budget, recommend partial funding until specified actions are taken).

- ☐ Don't recommend approval.



Annual Paratransit Program Application for Measure B Funding

Fiscal Year 2011-2012 (July 1, 2011 through June 30, 2012)

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

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

Requirements and Instructions

Measure B paratransit fund recipients are required to submit to the Alameda CTC one electronic version of two documents for the annual program application submittal.

Paratransit Program Application Deadline: April 8, 2011

The Annual Paratransit Program Application submittal includes a PDF and Table 1 and Table 2 Attachments for each program.

1. Paratransit Program Application (PDF)
2. Paratransit Program Application Table 1 and Table 2 Attachments (one Excel workbook)

Electronic submission: Save the online PDF form to your hard drive with your agency name and date in the file name (e.g., Albany_FY11-12_Paratransit_Program_Application_040611.pdf). You can start work on the PDF and finish it later; simply save it to your hard drive. Also, complete the Table 1 and Table 2 workbook and include your agency name and date in the file name. Submit one copy of both the PDF and Table 1 and Table 2 Attachments via email by April 8, 2011. Send it to narmenta@alamedactc.org. If you have questions, you can reach Naomi Armenta via email or at (510) 208-7469.

Paratransit Program Application

Due by April 8, 2011

Agency Name:	City of Union City
Date Submitted:	04/04/11
Name and Title of Submitter:	Wilson Lee
Secondary Agency Contact Name:	Gayle Okada
Phone Number:	510-675-5409
Fax:	510-675-9885
E-mail:	wilsonl@unioncity.org

Clearly label additional attachments as needed.

1. **What amount of funds are you applying for?** Fill in the boxes below. Note: Mandated and non-mandated funds should match the projects on the website at:
http://www.actia2022.com/files/managed/Document/1900/RevDist%20FY11_12%20projection.pdf

Mandated Amount (AC Transit and BART only)	Non-mandated Amount	Minimum Service Level Gap Grant Amount
\$258,510.10		

2. **What type of paratransit projects and programs will Measure B fund?** To answer this question, complete the Table 1 Attachment (Table 1 tab) in the Excel workbook. Describe the projects and/or programs your agency plans to implement with Measure B funding during fiscal year 2011-2012 (FY 11-12).

Continue to the next page of this application to answer question 2A.

2A. Please provide a short narrative description for each service component listed in question 2 and describe any planned changes. (max. 1,300 characters)

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 Measure B 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 large cutaways paratransit vans and a paratransit sedan. Riders must be certified as eligible to use Union City Paratransit.

There are no planned service changes from the previous FY 2010-11.

3. Is your program currently meeting Minimum Service Levels? See the appendix.

- ☐ Yes
☐ No
☒ Not Applicable (*Americians with Disabilities Act (ADA) mandated provider*)

3A. If no, which ones are you not meeting and how?
(max. 255 characters)

--

4. How many potential riders do you estimate will use this service this coming fiscal year?
Fill in the box below.

Potential Riders in FY 11-12

5. Please provide details regarding your vehicle fleet. To answer this question, complete the Table 2 Attachment (Table 2 tab) in the Excel workbook.

6. Does your program provide meal delivery?

☐ Yes

☒ No

6A. If faced with revenue shortfalls, how do you balance meal delivery with trip requests?
(max. 255 characters)

Not Applicable

7. Describe your driver training program. (max. 500 characters)

25 hours of classroom training including operator orientation, company policies, defensive driving, California driving laws, sensitivity and disability training, including stress management and passenger relations, mobility device management, radio procedures, map reading, emergency/accident procedures, blood-borne pathogens, fare collection procedures, and sexual harrassment. 20 hours of behind the wheel training. Minimum of 8 hours of annual retraining.

8. Describe your policies concerning timely pick-ups or drop-offs. Include what window your program allows, if there is a standard for the percentage of pick-ups or drop-offs that must occur within the window, the policy concerning early pick-ups, and whether there is a maximum amount of lateness after which you count a provider no-show or missed trip.
(max. 500 characters)

The pickup window is zero (0) minutes and up to twenty (20) minutes after the scheduled pickup time. Our goal is for 90% or more of all pickups and drop-offs to occur within the window.

9. Describe your policies concerning the maximum time a rider may be on a vehicle. Indicate if there is a maximum time, and if there is a standard for the percentage of total trips that must fall within this maximum time. (max. 255 characters)

Union City Paratransit does not have a ride-time policy. Our goal is to have a paratransit ride last no longer than twice the time it would take for a comparable trip on Union City Transit's fixed-route buses.

- 10. What are your policies for reserving trips?** What are your policies for reserving individual trips (including subscriptions/standing orders or same-day trips) and for reserving group/program trips? What advance notice do you require or allow? Are there limits on availability? *(max. 500 characters)*

Union City Paratransit takes reservations for individual trips up to three days in advance. Standing Orders are allowed; Union City Paratransit reserves the right to cancel standing orders for those who excessively cancel trips or no-show. Group Trips are accepted and are open to social clubs, housing centers, or other organizations in Union City who serve the disabled or persons over 60-years of age; they do not need to be ADA certified.

- 11. How far in advance is a rider required to cancel a trip before you count the trip as a no show?** Describe these for each type of trip below. What is your policy concerning riders with repeated no-shows or late cancellations? Please describe your policy for subscriptions/standing orders, same-day trips, or group/program trips as applicable. *(max. 500 characters)*

Individual Trips– Subscriptions (Standing Orders): Up to two (2) hours before the trip.
Individual Trips– Same Day Trips: Up to two (2) hours before the trip.
Group/Program Trips: Up to two (2) hours before the trip.

- 12. What is the maximum and average time between receiving an application and enrolling an applicant in the program?** *(max. 255 characters)*

The maximum time between receiving an application and enrolling an applicant in the program is twenty-one (21) days; however, UC Paratransit typically processes an application within ten (10) days.

- 13. Is there a waiting list?**

☐ Yes
☒ No

- 13A. If yes, what are the policies that apply to it? How many people are on it? What is the average wait?** Describe your answer in the box below. *(max. 500 characters)*

- 14. Describe your complaint and commendation process.** Describe your process from beginning to end, including instructions you provide to customers for filing complaints or commendations, your documentation procedures, your follow up, and any changes you have made to your program as a result of customer complaints and commendations.
(max. 500 characters)

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.

- 15. Describe how you will coordinate services with other Measure B paratransit services and/or mandated ADA paratransit services so that people can make trips throughout Alameda County.** Examples of coordination may include, but are not limited to, reciprocal fare agreements, reciprocal agreements to provide trips into adjoining areas, arrangements for clients to ride on other systems, and transfer arrangements. Attach copies of agreements or memoranda of understanding for coordination if available.
(max. 500 characters)

Union City Paratransit trip reservation coordinates with the East Bay Paratransit Consortium reservation staff for ADA trips outside of Union City. There is a coordinated transfer point in Union City and the fare on the Union City Paratransit ride is free for these transfers. Union City Paratransit will also arrange for transfers with VTA Outreach. The Paratransit Plus service provides supplemental service to parts of Hayward, Newark and Fremont covered by East Bay Paratransit.

- 16. Describe planned outreach to ensure that potential users of the services, including coordinated services, learn about them.** *(max. 500 characters)*

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.

- 17. Describe your planning process.** List all activities undertaken in connection with this plan, including consumer or public meetings; meetings with other agencies; presentations to boards, commissions, or committees; and provide general dates for these activities.
(see questions 17A through 17D that follow; max. 500 characters)

The approval to submit the Measure B application is tentatively scheduled for an April 26, 2011 City Council meeting.

17A. Has this plan been reviewed by a local paratransit advisory committee?

- ☒ Yes
☐ No

17B. If yes, list the committee name and date of the meeting.

Fremont, Newark and Union City Joint Paratransit Advisory Committee (12-1-10 and 3-2-11) +

17C. Describe any surveys or analysis conducted and staff reports. (max. 255 characters)

Our periodic Short Range Transportation Planning Process includes surveys and system analysis.

17D. Describe how the planning process is connected to the service plan: How do the planned services correspond to the results of the planning process? (max. 255 characters)

Union City prepared a Transit Service Plan in 2010. There was public outreach (on-board and telephone survey) from both fixed-route and paratransit users and non-users. Paratransit Plus Program was developed in 2003 based on an extensive outreach effort

18. If proposing service changes, what identified needs or priorities will the proposed changes meet? What needs or priorities will the proposed service changes still not meet? (max. 500 characters)

No service changes proposed.

19. Describe how you will measure customer satisfaction, for example, by participating in a countywide rider survey, tracking customer comments, or other means? (max. 255 characters)

Track complaints and commendations. Conduct periodic surveys as part of our Short Range Transportation Planning Process.

- 20. How will you obtain and/or track necessary financial and operating information for program management and reporting?** If private vendors or contractors provide the information, what steps will you take to verify or check the accuracy of the information? If performance data is collected by sampling, what steps will you take to ensure that samples are representative and randomized? *(max. 500 characters)*

A Monthly Paratransit Management Report submitted by our contractor contains data needed to complete various MTC and FTA reporting requirements. Virtually all of the data requirements in the proposed Measure B reporting forms are currently collected. The City reviews the monthly reports for accuracy. Unlike other City-based programs, Union City is subject to a Triennial Performance Audit from MTC and a Triennial Review from the FTA..

- 21. During July 1, 2011 through June 30, 2012 (FY 11-12), what amount of Measure B (MB) Paratransit Funds will your agency receive and expend?** Fill in the boxes below.

Note: Interest/Other MB Income includes interest on unspent Measure B balances and other Measure B income, such as grant funds.

FY 10-11 Unspent MB Balance	MB Revenues in FY 11-12	Interest/Other MB Income	MB Expended in FY 11-12	Ending MB Balance
	\$258,510.00		\$258,510.10	\$0.00

- 22. What amount of non-Measure B revenues will your agency receive during FY 11-12?** Fill in the box below if you will receive non-Measure B funds.

Non-Measure B Revenues
\$527,266.00

- 22A. Describe the specific types of non-Measure B funding your agency will receive.**
(max. 255 characters)

TDA 4.0 and 4.5 Operating
State Transit Assistance (Regional Paratransit)
Passenger Fares

- 23. Do you intend to apply for federal Section 5310 funds, Alameda CTC gap grant funds, or other grant funds in the next fiscal year?**

- ☐ Yes
☒ No

- 23A. If yes, describe the types of grant funds for which you intend to apply.**

--

24. Do you intend to apply for Minimum Service Level gap grant funding for the next fiscal year?

- ☐ Yes
☒ No

24A. If yes, please fill in the amount you intend to apply for in question 1 and complete question 32.

24B. If no, and your answer to question 3 is no, meaning you will not meet Minimum Service Levels, please explain. (max. 255 characters)

Not Applicable

25. How do you plan to use undesignated reserve Measure B funds (FY 10-11 Unspent MB Balance from question 21)? Fill in the boxes below with any operating or capital Measure B reserves.

Operating Reserve <i>(eligible for up to three months of service funds)</i>	Capital Reserve <i>(may be held for up to three years)</i>	Date of Capital Reserve Initiation	Undesignated Funds <i>*(End MB – (operations + capital) = Undesignated)</i>

25A. Describe the use of the undesignated funds below. (max. 255 characters)

Not applicable

26. If applicable, why are the planned expenditures in FY 11-12 more than the amount of Measure B funds the agency expects to receive during FY 11-12? For instance, if your agency faces a funding shortage, will you use reserve Measure B funds from a previous fiscal year(s)? (max. 255 characters)

Not Applicable

27. What are your FY 11-12 operating expenses by category? Fill in the boxes below. Provide additional information in questions 27A and 27B if you have contract and miscellaneous expenditures.

Labor, Fringe <i>(for recipient staff)</i>	Admin. Costs <i>(for printing, postage, supplies, etc.)</i>	Contracts <i>(see 27A below)</i>	Transportation <i>(expenses recipients paid, not included in contracts)</i>
\$157,155.00	\$62,862.00	\$487,279.00	\$78,480.00
Taxi Reimbursement	Meal Delivery	EBP Ticket Purchase	Miscellaneous <i>(see 27B below)</i>
Total Operating Expenses <i>(sum of all eight categories)</i>			
\$785,776.00			

27A. List the contracted firms below, and if more than one, list the amount your agency will pay to each. *(max. 255 characters)*

MV Transportation

27B. Describe any miscellaneous expenditures below; include the amounts for each item. *(max. 255 characters)*

28. Of these total expenditures, what amount is allocated for the following?
Fill in the boxes below.

Management <i>(oversight, planning, budgeting, etc.)</i>	Customer Service and Outreach Activities	Trip Provision <i>(direct or contracted taxis, vans, shuttles, etc.)</i>
\$157,155.00	\$8,531.00	\$620,090.00

29. What are your planned Measure B capital expenditures during FY 11-12?
Fill in the box below.

Total Capital Expenditures
\$0.00

29A. Describe planned capital expenditures, such as purchase of vehicles or durable equipment, below. (max. 255 characters)

Not Applicable

30. What are your anticipated net revenues? The box below autopopulates based on previous entries.

Net Revenues
\$0.00

31. Please provide information on the Governing Body Resolution to authorize submittal of the plan.

☐ Copy attached

☒ Pending action on: (indicated date this item is scheduled for action)

32. If requesting Minimum Service Level (MSL) funding, please complete the table and questions 32A through 32E below.

MSL Your Program Anticipates Not Meeting <i>(see appendix)</i>	Describe How Your Program Falls Below This MSL	MB Funds Requested to Meet This MSL

32A. Please explain any community-specific issues that impact your ability to not meet MSLs.
Please describe below. (max. 500 characters)

Not Applicable

32B. Have you explored and documented other transportation options for seniors and people with disabilities provided by nonprofit organizations in your community that might also close this service gap. Please describe below. *(max. 500 characters)*

Not Applicable

32C. If MSL gap funding is not available to meet this need, are other funding sources available to meet this need? Please describe below. *(max. 255 characters)*

Not Applicable

32D. If other funding is not available, how will you prioritize which MSLs to cut?
(max. 255 characters)

Not Applicable

32E. Does your program provide ADA-equivalent service to those awaiting certification, outside the ADA service corridor or needing transportation outside of ADA-available times in your jurisdiction? *(max. 255 characters)*

Not Applicable

Program Plan Application Appendix

PAPCO-approved Minimum Service Levels

	Minimum Service Level (MSL)	A Program <i>Exceeds</i> this MSL if ...
1.	Regarding who programs serve: <ul style="list-style-type: none"> • People 18 and above with disabilities who are unable to use fixed route services • Seniors 80 and above without proof of a disability 	<ul style="list-style-type: none"> • It serves minors with disabilities. • It serves seniors under 80 without proof of disability.
2.	Regarding the type of service programs provide: <ul style="list-style-type: none"> • Accessible individual demand-responsive service 	<ul style="list-style-type: none"> • It offers additional services for participants, such as group trips or meal delivery.
3.	Regarding the time and days service is provided: <ul style="list-style-type: none"> • At least five days per week between the hours of 8 a.m. and 5 p.m. (excluding holidays) 	<ul style="list-style-type: none"> • It offers service more than five days a week. • Its service hours begin before 8 a.m. and/or extend after 5 p.m.
4.	Regarding the service area of a program: <ul style="list-style-type: none"> • Residents using this program are able to meet life needs, including but not limited to travel to major medical facilities, full service grocery stores and other basic necessities, if ADA services, or coordination between base programs are unable to provide these trips. 	<ul style="list-style-type: none"> • It provides trips to locations beyond those which residents would travel to fulfill life needs, such as recreational trips outside city boundaries.
5.	Regarding fares: <ul style="list-style-type: none"> • Fares should be comparable to East Bay Paratransit and equated to distance for van/sedan trips • Fares for Taxi trips should not exceed 50 percent of the total cost of the trip. 	<ul style="list-style-type: none"> • Riders pay less than they would for a comparable trip on East Bay Paratransit for a van/sedan trip. • Riders pay less than 50 percent of the total cost of the taxi trip.
6.	Regarding interim service for individuals applying for or awaiting ADA certification: <ul style="list-style-type: none"> • Interim service should be provided within three business days on receipt of application. • Interim service should be provided at the request of a health care provider or ADA provider. 	<ul style="list-style-type: none"> • It provides interim service in less than three business days.
7.	Regarding reservations: <ul style="list-style-type: none"> • Programs should accept reservations between the hours of 8 a.m. and 5 p.m. Monday through Friday. 	<ul style="list-style-type: none"> • It accepts reservations before 8 a.m. and/or after 5 p.m. • It accepts reservations on weekends.

Alameda CTC Paratransit Program Application - July 1, 2011 through June 30, 2012
Table 1 Attachment: Summary of Planned Projects

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.

[illegible]

*Percentage of total dollars spent to Measure B funds is relative to percentage of trips provided.
(Total \$/Measure B \$) approx. = (Total trips provided/Measure B-funded trips provided).

Alameda CTC Paratransit Program Application - July 1, 2011 through June 30, 2012
Table 1 Attachment: Summary of Planned Projects

Cell: A5	
Comment: Project Category:	
	Disabled Services: Services primarily created for mobility for people with disabilities.
	Meals on Wheels: Delivery of meals.
	Senior & Disabled Services: Transportation services for seniors and people with disabilities.
	Senior Services: Services primarily created for senior mobility.
	Other: Use Other if none of the above apply, and define other by selecting Project Type (Column C) and providing Project Description (Column E).
Cell: B5	
Comment: Project Phase:	
	Construction (includes PS&E): Construction of a new capital project, including development of the preliminary engineering and construction documents: the plans, specifications, and estimates.
	Environmental: Preparation of environmental documents, such as those related to the California Environmental Quality Act (CEQA) or the National Environmental Policy Act (NEPA).
	Maintenance: Maintenance, repairs, renovation, or upgrade of existing facility or infrastructure.
	Operations: Operations such as transit, which may include routine maintenance and procurement, or lease of vehicles/equipment.
	Project Completion/Closeout: Inspection/project acceptance, final invoicing, final reporting, and processes for closing out project.
	Scoping, Feasibility, Planning: Early capital project phases, such as project scoping, feasibility studies, and planning.
	Other: Use if none of the above apply, and define the project phase by selecting Project Type (Column C) and describe the phase under Project Description (Column E).
Cell: C5	
Comment: Project Type:	
	Capital Purchase: Purchase of equipment, vehicles, or facilities.
	Customer Service and Outreach: Staffing and benefits for customer service as well as costs associated with marketing, education, outreach, and promotional campaigns and programs.
	EBP Ticket Purchase: Amounts paid to East Bay Paratransit for tickets plus associated costs, for example, distribution.
	Group Trips: One-way passenger trips considered group trips. Includes vehicle operation and contracts. See Individual Demand-response Trips.
	Individual Demand-response Trips: Taxi service, door-to-door trips, van trips, etc. Includes actual operation cost and contracts for vehicle operation, scheduling, dispatching, vehicle maintenance, supervision, and fare collection (including ticket or scrip printing and sales) for the purpose of carrying passengers.
	Management: Staffing and benefits to manage programs, projects, and services.
	Meal Delivery: Costs associated with vehicle operation, scheduling, dispatching, vehicle maintenance, and supervision for the purpose of delivering meals, whether provided in-house, through contracts, via taxicab, or by grantees.
	Shuttle or Fixed-route Trips: Shuttle service or fixed-route bus service, for example. Includes vehicle operation and contracts. See Individual Demand-response Trips.
	Other: Use if none of the above apply. Describe the Type under Project Description (Column E).
Cell: I5	
Comment: Project Status:	
	Choose project status on June 30, 2012: Planning in FY 11-12, Initiated in FY 11-12, Continuing or Ongoing, or Closed Out in FY 11-12.
Cell: K5	
Comment: Trip Type Description:	
	Lift/ramp Assisted: Trips that include lift or ramp assistance.
	Taxi Trips: Any type of taxi trip.
	Same-day Lift/ramp-assisted Trips: Trips that include lift or ramp assistance and are same-day service.
	Same-day Trips: Same-day service.
	Other: If Trip Type is not applicable to your program, choose Other and provide a description in Column K.

Alameda CTC Paratransit Program Application - July 1, 2011 through June 30, 2012

Table 2 Attachment: Vehicle Fleet

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

[illegible]

**Alameda CTC Special Transportation for Seniors and People with Disabilities
Paratransit Program Plan Application Staff Summary Form
Fiscal Year 11/12**

Part I. General Program Information

- 1. Paratransit Program:** City of Newark
- 2. Program Manager/Representative:** David Zehnder
- 3. Program Plan Review Date and Time:** May 2, 3:20pm
- 4. Measure B Amount for Base Program Funding:** \$141,789
- 5. Measure B Amount for Minimum Service Level Grant:** N/A
- 6. Program Base Services Overview:** Refer to Table 1
- 7. Potential Riders Projected for next Fiscal Year:** 245
- 8. Total Rides Projected to be Provided in next Fiscal Year:** 4,200
- 9. Meal Delivery Program?** ☒ Yes ☐ No
Measure B Funds Allocated to Meal Program: \$7,000
- 10. Purchasing EBP tickets?** ☐ Yes ☒ No
Total EBP Tickets to be Purchased in Next Fiscal Year: N/A
- 11. Proposed changes for next Fiscal Year?** ☐ Yes ☒ No

Changes: _

Part II. General Program Analysis

- 1. Efforts related to Coordination/Mobility Management**
Newark Paratransit meets regularly with a Joint Technical Advisory Committee staffed by Fremont and Union City transit managers to exchange best practices and respond to rider feedback.
- 2. Identified needs/priorities that will not be met by the Program**
None specified.

**Alameda CTC Special Transportation for Seniors and People with Disabilities
Paratransit Program Plan Application Staff Summary Form
Fiscal Year 11/12**

3. Status of Jurisdiction's PAPCO appointees/vacancies: Refer to Cover Memo

4. Subcommittee comments from last year's program plan review

- There should be an emergency plan for people with disabilities.
- Keep up the good work. Hope the program restores weekend service.
- Want to commend the program.
- Be sure to track reserves carefully.
- Great job with resources available, and also due to the new to new staff on program.
- Please find a way to survey seniors in relation to ridership and report in the future.
- Would like a Newark appointee to PAPCO.

5. Final recommendation after last year's program plan review

A motion to approve City of Newark's plan was made by Jonah Markowitz and seconded by Betty Mulholland. The motion carried unanimously.

6. Staff identified questions for current fiscal year (PAPCO members can use these as examples during the question rounds)

- A. Please describe how the reopening of your Senior Center will affect your paratransit program?
- B. If you receive your 5310 vehicle, how will it be an improvement over your current vehicle?

7. Financial audit Program Compliance Report performed and compliance opinion given? X Yes _ No

8. Consumer involvement in planning process

While planning for fiscal year 2011/2012 Paratransit services, City of Newark staff met with Paratransit Advisory Committee and Transit Accessibility Advisory Committee members from Union City and Fremont. In addition, preliminary plans were shared with the City of Newark Senior Citizens Advisory Committee on Wednesday, March 30, 2011.

Part III. Financials

1. Finance Subcommittee Questions: To be provided at meeting

**Alameda CTC Special Transportation for Seniors and People with Disabilities
Paratransit Program Plan Application Staff Summary Form
Fiscal Year 11/12**

2. Revenue Trends: Refer to Cover Memo

3. Proportion of Measure B Funding: Refer to Cover Memo

Source(s) of other funding (if applicable): Rider ticket fare revenue

4. Fund Reserves and Net Revenues Planned for 2011-2012

Fund balance--undesignated	\$0
Undesignated funds % of planned Meas B rev	0%
Reserve funds--designated for capital	\$5,000
Capital funds reserved < 4 years	Y-July 11
Reserve funds--designated for operations	\$8,736
Reserve funds = or < than 3 months M B rev	Y
Total Fund Reserves going into FY	\$13,736
Planned Net Revenue at end of FY	\$20,525

Part IV. Minimum Service Level Grants

1. Applying for an MSL Grant? _ Yes X No

Amount of Request: \$ _

2. Which other programs have applied for an MSL Grant and for how much?

3. MSL Gap(s) needing to be closed and application answers: Refer to Application PDF

4. Additional questions/comments about application for MSL Grant?

-

Part V. Preliminary Recommendation (Committee Member Notes)

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

☐

Recommend **approval of base funding without MSL grant** (MSL Grant not requested or not recommended).

**Alameda CTC Special Transportation for Seniors and People with Disabilities
Paratransit Program Plan Application Staff Summary Form
Fiscal Year 11/12**

- ☐ Recommend **approval of base funding with MSL grant of \$_____**.
- ☐ Recommend **conditional approval with recommended actions** (for example, recommend funds continue to flow but place program on watch list and require quarterly reports to PAPCO, hold back funds until program updates plan or budget, recommend partial funding until specified actions are taken).

- ☐ Don't recommend approval.



Annual Paratransit Program Application for Measure B Funding

Fiscal Year 2011-2012 (July 1, 2011 through June 30, 2012)

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

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

Requirements and Instructions

Measure B paratransit fund recipients are required to submit to the Alameda CTC one electronic version of two documents for the annual program application submittal.

Paratransit Program Application Deadline: April 8, 2011

The Annual Paratransit Program Application submittal includes a PDF and Table 1 and Table 2 Attachments for each program.

1. Paratransit Program Application (PDF)
2. Paratransit Program Application Table 1 and Table 2 Attachments (one Excel workbook)

Electronic submission: Save the online PDF form to your hard drive with your agency name and date in the file name (e.g., Albany_FY11-12_Paratransit_Program_Application_040611.pdf). You can start work on the PDF and finish it later; simply save it to your hard drive. Also, complete the Table 1 and Table 2 workbook and include your agency name and date in the file name. Submit one copy of both the PDF and Table 1 and Table 2 Attachments via email by April 8, 2011. Send it to narmenta@alamedactc.org. If you have questions, you can reach Naomi Armenta via email or at (510) 208-7469.

Paratransit Program Application

Due by April 8, 2011

Agency Name:	City of Newark
Date Submitted:	04/01/11
Name and Title of Submitter:	David Zehnder/Recreation and Community Services Director
Secondary Agency Contact Name:	Kelly Hess
Phone Number:	510-578-4405
Fax:	510-578-4622
E-mail:	david.zehnder@newark.org

Clearly label additional attachments as needed.

1. **What amount of funds are you applying for?** Fill in the boxes below. Note: Mandated and non-mandated funds should match the projects on the website at:
http://www.actia2022.com/files/managed/Document/1900/RevDist%20FY11_12%20projection.pdf

Mandated Amount (AC Transit and BART only)	Non-mandated Amount	Minimum Service Level Gap Grant Amount
	\$141,789.23	

2. **What type of paratransit projects and programs will Measure B fund?** To answer this question, complete the Table 1 Attachment (Table 1 tab) in the Excel workbook. Describe the projects and/or programs your agency plans to implement with Measure B funding during fiscal year 2011-2012 (FY 11-12).

Continue to the next page of this application to answer question 2A.

2A. Please provide a short narrative description for each service component listed in question 2 and describe any planned changes. (max. 1,300 characters)

Newark Paratransit provides pre-scheduled door-to-door shared ride transportation utilizing wheelchair accessible buses. It can also offer same day ride requests as available.

There will be no service changes for fiscal year 2011-2012.

Life Elder Care Meals on Wheels provides daily nutritional lunches to elderly Newark residents. The contribution amount funded through Measure B will remain the same as last fiscal year.

3. Is your program currently meeting Minimum Service Levels? See the appendix.

- ☒ Yes
☐ No
☐ Not Applicable (*Americans with Disabilities Act (ADA) mandated provider*)

3A. If no, which ones are you not meeting and how?
(max. 255 characters)

n/a

4. How many potential riders do you estimate will use this service this coming fiscal year?
Fill in the box below.

Potential Riders in FY 11-12
245

5. Please provide details regarding your vehicle fleet. To answer this question, complete the Table 2 Attachment (Table 2 tab) in the Excel workbook.

6. Does your program provide meal delivery?

- ☐ Yes
☒ No

6A. If faced with revenue shortfalls, how do you balance meal delivery with trip requests?
(max. 255 characters)

N/A- no meal delivery

7. Describe your driver training program. (max. 500 characters)

New drivers -orientation on operation procedures & documentation. Then placed with driver trainer for several days of ride-along route familiarization followed by a behind-the-wheel test covering all maneuvers. Ongoing training covers safe lift operation, senior/disabled sensitivity and customer service, emergency preparedness, pre-trip inspections, and defensive driving. All drivers maintain current CPR and First Aid certifications.

8. Describe your policies concerning timely pick-ups or drop-offs. Include what window your program allows, if there is a standard for the percentage of pick-ups or drop-offs that must occur within the window, the policy concerning early pick-ups, and whether there is a maximum amount of lateness after which you count a provider no-show or missed trip.
(max. 500 characters)

Safety, punctuality, and courtesy are key. Our Riders Guide specifies a 30-minute window of on-time performance (15 minutes before pick-up time and 15 minutes after pick-up time). The rider also is asked to call the office or a designated driver if a pick-up is going to be earlier than expected, delayed or missed. Efficient teamwork facilitated by radio communication allow for effective pick-up & drop-off services. Historically, early/late pick-ups have been kept to less than 5%

9. Describe your policies concerning the maximum time a rider may be on a vehicle. Indicate if there is a maximum time, and if there is a standard for the percentage of total trips that must fall within this maximum time. (max. 255 characters)

In general, most rides are completed within a 30 minutes of pick-up or drop-off, often less. The Transportation Coordinator maximizes scheduling of various ride times. There is no maximum rider time allotment and nor do we track this statistic.

- 10. What are your policies for reserving trips?** What are your policies for reserving individual trips (including subscriptions/standing orders or same-day trips) and for reserving group/program trips? What advance notice do you require or allow? Are there limits on availability? *(max. 500 characters)*

Individual Trip Reservation – Subscriptions (Standing Orders): Trips may be scheduled up to 2 weeks in advance and up to 24 hours before the scheduled pick-up time. All trips are accommodated on a space available basis.

Individual Trip Reservation – Same Day Trips: Newark Paratransit operates as a pre-scheduled service with same day trips permitted only if there is space available on the schedule.

Group/Program Trips: N/A

- 11. How far in advance is a rider required to cancel a trip before you count the trip as a no show?** Describe these for each type of trip below. What is your policy concerning riders with repeated no-shows or late cancellations? Please describe your policy for subscriptions/standing orders, same-day trips, or group/program trips as applicable. *(max. 500 characters)*

Individual Trips– Subscriptions (Standing Orders): Cancellations must be communicated two hours before the scheduled reservations before a no show is counted.

Individual Trips– Same Day Trips: Same as above

Group/Program Trips: N/A. Three no-shows in a month rider receives warning letter that service may be revoked for up to 1 month upon 4th occurrence.

- 12. What is the maximum and average time between receiving an application and enrolling an applicant in the program?** *(max. 255 characters)*

On average, verified new riders may make reservations within 2 days of service provider receiving a completed application. Occasional delays may result when a physician's letter is required to verify a disability or certify a personal care attendant.

- 13. Is there a waiting list?**

☐ Yes

☒ No

- 13A. If yes, what are the policies that apply to it? How many people are on it? What is the average wait?** Describe your answer in the box below. *(max. 500 characters)*

n/a

- 14. Describe your complaint and commendation process.** Describe your process from beginning to end, including instructions you provide to customers for filing complaints or commendations, your documentation procedures, your follow up, and any changes you have made to your program as a result of customer complaints and commendations.
(max. 500 characters)

The Transportation Coordinator and Supervisor log all customer comments and provide follow-up as needed with customers and drivers. We have a flyer on the bus in English and Chinese instructing rider where to go with their compliments or complaint. Each rider gets a clear set of grievance and appeal procedures.

- 15. Describe how you will coordinate services with other Measure B paratransit services and/or mandated ADA paratransit services so that people can make trips throughout Alameda County.** Examples of coordination may include, but are not limited to, reciprocal fare agreements, reciprocal agreements to provide trips into adjoining areas, arrangements for clients to ride on other systems, and transfer arrangements. Attach copies of agreements or memoranda of understanding for coordination if available.
(max. 500 characters)

Newark Paratransit meets regularly with a Joint Technical Advisory Committee staffed by Fremont and Union City transit managers to exchange best practices and respond to rider feedback.

- 16. Describe planned outreach to ensure that potential users of the services, including coordinated services, learn about them.** *(max. 500 characters)*

Newark Paratransit services are listed in our Activities Guide which is distributed 3 times per year to all Newark residences. Information is available at the Silliman Activity Center, Newark Senior Center (after July 1, 2011), Newark Library and Newark City Hall. Periodic news releases are prepared for publication in the Argus Newspaper, Tri-City Voice and the Newark Patch, an online publication. We will also utilize our registered rider list to mail program updates.

- 17. Describe your planning process.** List all activities undertaken in connection with this plan, including consumer or public meetings; meetings with other agencies; presentations to boards, commissions, or committees; and provide general dates for these activities.
(see questions 17A through 17D that follow; max. 500 characters)

While planning for fiscal year 2011/2012 Paratransit services, City of Newark staff met with Paratransit Advisory Committee and Transit Accessibility Advisory Committee members from Union City and Fremont. In addition, preliminary plans were shared with the City of Newark Senior Citizens Advisory Committee on Wednesday, March 30, 2011.

17A. Has this plan been reviewed by a local paratransit advisory committee?

- ☒ Yes
☐ No

17B. If yes, list the committee name and date of the meeting.

Newark Senior Citizens Advisory Committee/Wednesday, March 30, 2011

17C. Describe any surveys or analysis conducted and staff reports. (max. 255 characters)

Monthly paratransit staff reports were provided during Senior Citizens Advisory Committee meetings. Staff also received important customer feedback through contract provider Satellite Senior Housing.

17D. Describe how the planning process is connected to the service plan: How do the planned services correspond to the results of the planning process? (max. 255 characters)

Planned services are based on realistic expectations of cost and revenue estimates obtained during the planning process.

18. If proposing service changes, what identified needs or priorities will the proposed changes meet? What needs or priorities will the proposed service changes still not meet? (max. 500 characters)

n/a

19. Describe how you will measure customer satisfaction, for example, by participating in a countywide rider survey, tracking customer comments, or other means? (max. 255 characters)

Newark Paratransit will participate in county-wide rider surveys. Newark will also work closely with our service provider to track customer comments, both positive and negative.

- 20. How will you obtain and/or track necessary financial and operating information for program management and reporting?** If private vendors or contractors provide the information, what steps will you take to verify or check the accuracy of the information? If performance data is collected by sampling, what steps will you take to ensure that samples are representative and randomized? *(max. 500 characters)*

Newark Paratransit receives monthly statements from our service provider. These statements record information such as total number of ambulatory and wheelchair assisted trips, fares collected, personal care attendant trips, number of cancelled trips, miles traveled per vehicle as well as driver hours. All information is verified by a staff audit of monthly statements and invoice.

- 21. During July 1, 2011 through June 30, 2012 (FY 11-12), what amount of Measure B (MB) Paratransit Funds will your agency receive and expend?** Fill in the boxes below.

Note: Interest/Other MB Income includes interest on unspent Measure B balances and other Measure B income, such as grant funds.

FY 10-11 Unspent MB Balance	MB Revenues in FY 11-12	Interest/Other MB Income	MB Expended in FY 11-12	Ending MB Balance
\$13,735.52	\$141,789.23	\$0.00	\$146,000.00	\$9,524.75

- 22. What amount of non-Measure B revenues will your agency receive during FY 11-12?** Fill in the box below if you will receive non-Measure B funds.

Non-Measure B Revenues
\$11,000.00

- 22A. Describe the specific types of non-Measure B funding your agency will receive.**
(max. 255 characters)

Rider ticket fare revenue

- 23. Do you intend to apply for federal Section 5310 funds, Alameda CTC gap grant funds, or other grant funds in the next fiscal year?**

- ☐ Yes
☒ No

- 23A. If yes, describe the types of grant funds for which you intend to apply.**

24. Do you intend to apply for Minimum Service Level gap grant funding for the next fiscal year?

- ☐ Yes
☒ No

24A. If yes, please fill in the amount you intend to apply for in question 1 and complete question 32.

24B. If no, and your answer to question 3 is no, meaning you will not meet Minimum Service Levels, please explain. (max. 255 characters)

25. How do you plan to use undesignated reserve Measure B funds (FY 10-11 Unspent MB Balance from question 21)? Fill in the boxes below with any operating or capital Measure B reserves.

Operating Reserve <i>(eligible for up to three months of service funds)</i>	Capital Reserve <i>(may be held for up to three years)</i>	Date of Capital Reserve Initiation	Undesignated Funds <i>*(End MB – (operations + capital) = Undesignated)</i>
\$8,735.52	\$5,000.00	07/01/11	\$0.00

25A. Describe the use of the undesignated funds below. (max. 255 characters)

26. If applicable, why are the planned expenditures in FY 11-12 more than the amount of Measure B funds the agency expects to receive during FY 11-12? For instance, if your agency faces a funding shortage, will you use reserve Measure B funds from a previous fiscal year(s)? (max. 255 characters)

Planned expenditures will once again exceed Measure B sales projections for fiscal year 2010/2011. Newark Paratransit will use reserve Measure B funds from fiscal year 2010/2011 as well as rider fares to cover anticipated funding shortages.

27. What are your FY 11-12 operating expenses by category? Fill in the boxes below. Provide additional information in questions 27A and 27B if you have contract and miscellaneous expenditures.

Labor, Fringe <i>(for recipient staff)</i>	Admin. Costs <i>(for printing, postage, supplies, etc.)</i>	Contracts <i>(see 27A below)</i>	Transportation <i>(expenses recipients paid, not included in contracts)</i>
\$0.00	\$0.00	\$139,000.00	\$0.00
Taxi Reimbursement	Meal Delivery	EBP Ticket Purchase	Miscellaneous <i>(see 27B below)</i>
\$0.00	\$7,000.00	\$0.00	\$0.00
Total Operating Expenses <i>(sum of all eight categories)</i>			
\$146,000.00			

27A. List the contracted firms below, and if more than one, list the amount your agency will pay to each. *(max. 255 characters)*

Satellite Senior Housing Inc.

27B. Describe any miscellaneous expenditures below; include the amounts for each item. *(max. 255 characters)*

n/a

28. Of these total expenditures, what amount is allocated for the following?
Fill in the boxes below.

Management <i>(oversight, planning, budgeting, etc.)</i>	Customer Service and Outreach Activities	Trip Provision <i>(direct or contracted taxis, vans, shuttles, etc.)</i>
\$0.00	\$0.00	\$139,000.00

29. What are your planned Measure B capital expenditures during FY 11-12?
Fill in the box below.

Total Capital Expenditures

\$0.00

29A. Describe planned capital expenditures, such as purchase of vehicles or durable equipment, below. (max. 255 characters)

n/a

30. What are your anticipated net revenues? The box below autopopulates based on previous entries.

Net Revenues
\$20,524.75

31. Please provide information on the Governing Body Resolution to authorize submittal of the plan.

- ☐ Copy attached
- ☒ Pending action on: 05/12/11 (indicated date this item is scheduled for action)

32. If requesting Minimum Service Level (MSL) funding, please complete the table and questions 32A through 32E below.

MSL Your Program Anticipates Not Meeting <i>(see appendix)</i>	Describe How Your Program Falls Below This MSL	MB Funds Requested to Meet This MSL

32A. Please explain any community-specific issues that impact your ability to not meet MSLs.
Please describe below. (max. 500 characters)

32B. Have you explored and documented other transportation options for seniors and people with disabilities provided by nonprofit organizations in your community that might also close this service gap. Please describe below. *(max. 500 characters)*

32C. If MSL gap funding is not available to meet this need, are other funding sources available to meet this need? Please describe below. *(max. 255 characters)*

32D. If other funding is not available, how will you prioritize which MSLs to cut?
(max. 255 characters)

32E. Does your program provide ADA-equivalent service to those awaiting certification, outside the ADA service corridor or needing transportation outside of ADA-available times in your jurisdiction? *(max. 255 characters)*

Yes, Newark Paratransit can provided ADA-equivalent service to those riders awaiting certification by East Bay Paratransit.

Program Plan Application Appendix

PAPCO-approved Minimum Service Levels

	Minimum Service Level (MSL)	A Program <i>Exceeds</i> this MSL if ...
1.	Regarding who programs serve: <ul style="list-style-type: none"> • People 18 and above with disabilities who are unable to use fixed route services • Seniors 80 and above without proof of a disability 	<ul style="list-style-type: none"> • It serves minors with disabilities. • It serves seniors under 80 without proof of disability.
2.	Regarding the type of service programs provide: <ul style="list-style-type: none"> • Accessible individual demand-responsive service 	<ul style="list-style-type: none"> • It offers additional services for participants, such as group trips or meal delivery.
3.	Regarding the time and days service is provided: <ul style="list-style-type: none"> • At least five days per week between the hours of 8 a.m. and 5 p.m. (excluding holidays) 	<ul style="list-style-type: none"> • It offers service more than five days a week. • Its service hours begin before 8 a.m. and/or extend after 5 p.m.
4.	Regarding the service area of a program: <ul style="list-style-type: none"> • Residents using this program are able to meet life needs, including but not limited to travel to major medical facilities, full service grocery stores and other basic necessities, if ADA services, or coordination between base programs are unable to provide these trips. 	<ul style="list-style-type: none"> • It provides trips to locations beyond those which residents would travel to fulfill life needs, such as recreational trips outside city boundaries.
5.	Regarding fares: <ul style="list-style-type: none"> • Fares should be comparable to East Bay Paratransit and equated to distance for van/sedan trips • Fares for Taxi trips should not exceed 50 percent of the total cost of the trip. 	<ul style="list-style-type: none"> • Riders pay less than they would for a comparable trip on East Bay Paratransit for a van/sedan trip. • Riders pay less than 50 percent of the total cost of the taxi trip.
6.	Regarding interim service for individuals applying for or awaiting ADA certification: <ul style="list-style-type: none"> • Interim service should be provided within three business days on receipt of application. • Interim service should be provided at the request of a health care provider or ADA provider. 	<ul style="list-style-type: none"> • It provides interim service in less than three business days.
7.	Regarding reservations: <ul style="list-style-type: none"> • Programs should accept reservations between the hours of 8 a.m. and 5 p.m. Monday through Friday. 	<ul style="list-style-type: none"> • It accepts reservations before 8 a.m. and/or after 5 p.m. • It accepts reservations on weekends.

Alameda CTC Paratransit Program Application - July 1, 2011 through June 30, 2012
Table 1 Attachment: Summary of Planned Projects

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.

[illegible]

*Percentage of total dollars spent to Measure B funds is relative to percentage of trips provided.
(Total \$/Measure B \$) approx. = (Total trips provided/Measure B-funded trips provided).

Alameda CTC Paratransit Program Application - July 1, 2011 through June 30, 2012
Table 1 Attachment: Summary of Planned Projects

Cell: A5

Comment: Project Category:
Disabled Services: Services primarily created for mobility for people with disabilities.
Meals on Wheels: Delivery of meals.
Senior & Disabled Services: Transportation services for seniors and people with disabilities.
Senior Services: Services primarily created for senior mobility.
Other: Use Other if none of the above apply, and define other by selecting Project Type (Column C) and providing Project Description (Column E).

Cell: B5

Comment: Project Phase:
Construction (includes PS&E): Construction of a new capital project, including development of the preliminary engineering and construction documents: the plans, specifications, and estimates.
Environmental: Preparation of environmental documents, such as those related to the California Environmental Quality Act (CEQA) or the National Environmental Policy Act (NEPA).
Maintenance: Maintenance, repairs, renovation, or upgrade of existing facility or infrastructure.
Operations: Operations such as transit, which may include routine maintenance and procurement, or lease of vehicles/equipment.
Project Completion/Closeout: Inspection/project acceptance, final invoicing, final reporting, and processes for closing out project.
Scoping, Feasibility, Planning: Early capital project phases, such as project scoping, feasibility studies, and planning.
Other: Use if none of the above apply, and define the project phase by selecting Project Type (Column C) and describe the phase under Project Description (Column E).

Cell: C5

Comment: Project Type:
Capital Purchase: Purchase of equipment, vehicles, or facilities.
Customer Service and Outreach: Staffing and benefits for customer service as well as costs associated with marketing, education, outreach, and promotional campaigns and programs.
EBP Ticket Purchase: Amounts paid to East Bay Paratransit for tickets plus associated costs, for example, distribution.
Group Trips: One-way passenger trips considered group trips. Includes vehicle operation and contracts. See Individual Demand-response Trips.
Individual Demand-response Trips: Taxi service, door-to-door trips, van trips, etc. Includes actual operation cost and contracts for vehicle operation, scheduling, dispatching, vehicle maintenance, supervision, and fare collection (including ticket or scrip printing and sales) for the purpose of carrying passengers.
Management: Staffing and benefits to manage programs, projects, and services.
Meal Delivery: Costs associated with vehicle operation, scheduling, dispatching, vehicle maintenance, and supervision for the purpose of delivering meals, whether provided in-house, through contracts, via taxicab, or by grantees.
Shuttle or Fixed-route Trips: Shuttle service or fixed-route bus service, for example. Includes vehicle operation and contracts. See Individual Demand-response Trips.
Other: Use if none of the above apply. Describe the Type under Project Description (Column E).

Cell: I5

Comment: Project Status:
Choose project status on June 30, 2012: Planning in FY 11-12, Initiated in FY 11-12, Continuing or Ongoing, or Closed Out in FY 11-12.

Cell: K5

Comment: Trip Type Description:
Lift/ramp Assisted: Trips that include lift or ramp assistance.
Taxi Trips: Any type of taxi trip.
Same-day Lift/ramp-assisted Trips: Trips that include lift or ramp assistance and are same-day service.
Same-day Trips: Same-day service.
Other: If Trip Type is not applicable to your program, choose Other and provide a description in Column K.

Alameda CTC Paratransit Program Application - July 1, 2011 through June 30, 2012

Table 2 Attachment: Vehicle Fleet

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

[illegible]

**Alameda CTC Special Transportation for Seniors and People with Disabilities
Paratransit Program Plan Application Staff Summary Form
Fiscal Year 11/12**

Part I. General Program Information

- 1. Paratransit Program:** City of Fremont
- 2. Program Manager/Representative:** Shawn Fong
- 3. Program Plan Review Date and Time:** May 2, 4:10pm
- 4. Measure B Amount for Base Program Funding:** \$652,493
- 5. Measure B Amount for Minimum Service Level Grant:** N/A
- 6. Program Base Services Overview:** Refer to Table 1
- 7. Potential Riders Projected for next Fiscal Year:** 1,600
- 8. Total Rides Projected to be Provided in next Fiscal Year:** 18,500
- 9. Meal Delivery Program?** ☒ Yes ☐ No
Measure B Funds Allocated to Meal Program: \$47,460
- 10. Purchasing EBP tickets?** ☐ Yes ☒ No
Total EBP Tickets to be Purchased in Next Fiscal Year: N/A
- 11. Proposed changes for next Fiscal Year?** ☐ Yes ☒ No

Changes: _

Part II. General Program Analysis

- 1. Efforts related to Coordination/Mobility Management**
Fremont provides assistance to consumers, where appropriate, to connect with East Bay Paratransit and other programs for transportation needed beyond the program's service area. Fremont paratransit services are also available to riders who wish to connect with BART, bus or other paratransit services at the Fremont BART station. Fremont's paratransit service is available to non-residents who are recuperating at any of Fremont's skilled nursing facilities.

**Alameda CTC Special Transportation for Seniors and People with Disabilities
Paratransit Program Plan Application Staff Summary Form
Fiscal Year 11/12**

2. **Identified needs/priorities that will not be met by the Program**
None specified.
3. **Status of Jurisdiction's PAPCO appointees/vacancies:** Refer to Cover Memo
4. **Subcommittee comments from last year's program plan review**
 - Receive/share info with other cities on successful programs.
 - Program is an example for all programs—outstanding leadership and model.
 - Shawn and staff are to be commended. Keep up the good work.
 - The VIP Ride Program is successful and cost effective.
 - Outreach is fantastic.
 - Service restoration and second great on asking consumers rather than program-staff driven.
5. **Final recommendation after last year's program plan review**
A motion to approve City of Fremont's plan was made by Jonah Markowitz and seconded by Sylvia Stadmire. The motion carried unanimously.
6. **Staff identified questions for current fiscal year (PAPCO members can use these as examples during the question rounds)**
 - A. What has the impact of the Tri-City Taxi Program been on your base program?
 - B. What are some of the language issues you encounter with your consumers and how do you address them?
7. **Financial audit Program Compliance Report performed and compliance opinion given? X Yes _ No**
8. **Consumer involvement in planning process**
 - Program outreach activities (throughout FY10/11) – At outreach presentations and meetings, feedback on service needs and transportation barriers was gathered directly from consumers and social service professionals.
 - Paratransit Advisory Committee (PAC) meetings (PAC met quarterly)

**Alameda CTC Special Transportation for Seniors and People with Disabilities
Paratransit Program Plan Application Staff Summary Form
Fiscal Year 11/12**

- City of Fremont Senior Commission meetings (commission met monthly)
- Plan presented to Fremont Paratransit Advisory Committee, March 2, 2011

Part III. Financials

1. Finance Subcommittee Questions: To be provided at meeting

2. Revenue Trends: Refer to Cover Memo

3. Proportion of Measure B Funding: Refer to Cover Memo

Source(s) of other funding (if applicable): The City receives federal Community Development Block Grant funds and will leverage \$38,767 of these CDBG funds with \$47,460 in Measure B pass-through funds to support the Meals on Wheels Program. This amount is not included as income.

4. Fund Reserves and Net Revenues Planned for 2011-2012

Fund balance--undesignated	\$0
Undesignated funds % of planned Meas B rev	0%
Reserve funds--designated for capital	\$0
Capital funds reserved < 4 years	N/A
Reserve funds--designated for operations	\$119,115
Reserve funds = or < than 3 months M B rev	Y
Total Fund Reserves going into FY	\$119,115
Planned Net Revenue at end of FY	\$43,867

Part IV. Minimum Service Level Grants

1. Applying for an MSL Grant? _ Yes X No
Amount of Request: \$_

2. Which other programs have applied for an MSL Grant and for how much?

**Alameda CTC Special Transportation for Seniors and People with Disabilities
Paratransit Program Plan Application Staff Summary Form
Fiscal Year 11/12**

3. **MSL Gap(s) needing to be closed and application answers:** Refer to Application PDF

4. **Additional questions/comments about application for MSL Grant?**

-

Part V. Preliminary Recommendation (Committee Member Notes)

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

- ☐ Recommend **approval of base funding without MSL grant** (MSL Grant not requested or not recommended).
- ☐ Recommend **approval of base funding with MSL grant of \$_____**.
- ☐ Recommend **conditional approval with recommended actions** (for example, recommend funds continue to flow but place program on watch list and require quarterly reports to PAPCO, hold back funds until program updates plan or budget, recommend partial funding until specified actions are taken).

- ☐ Don't recommend approval.



Annual Paratransit Program Application for Measure B Funding

Fiscal Year 2011-2012 (July 1, 2011 through June 30, 2012)

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

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

Requirements and Instructions

Measure B paratransit fund recipients are required to submit to the Alameda CTC one electronic version of two documents for the annual program application submittal.

Paratransit Program Application Deadline: April 8, 2011

The Annual Paratransit Program Application submittal includes a PDF and Table 1 and Table 2 Attachments for each program.

1. Paratransit Program Application (PDF)
2. Paratransit Program Application Table 1 and Table 2 Attachments (one Excel workbook)

Electronic submission: Save the online PDF form to your hard drive with your agency name and date in the file name (e.g., Albany_FY11-12_Paratransit_Program_Application_040611.pdf). You can start work on the PDF and finish it later; simply save it to your hard drive. Also, complete the Table 1 and Table 2 workbook and include your agency name and date in the file name. Submit one copy of both the PDF and Table 1 and Table 2 Attachments via email by April 8, 2011. Send it to narmenta@alamedactc.org. If you have questions, you can reach Naomi Armenta via email or at (510) 208-7469.

Paratransit Program Application

Due by April 8, 2011

Agency Name:	City of Fremont
Date Submitted:	4/8/2011
Name and Title of Submitter:	Shawn Fong, Management Analyst II
Secondary Agency Contact Name:	Arquimides Caldera, Deputy Human Services Director
Phone Number:	510-574-2033
Fax:	510-574-2054
E-mail:	sfong@fremont.gov

Clearly label additional attachments as needed.

1. **What amount of funds are you applying for?** Fill in the boxes below. Note: Mandated and non-mandated funds should match the projects on the website at:
http://www.actia2022.com/files/managed/Document/1900/RevDist%20FY11_12%20projection.pdf

Mandated Amount (AC Transit and BART only)	Non-mandated Amount	Minimum Service Level Gap Grant Amount
\$0.00	\$652,492.67	\$0.00

2. **What type of paratransit projects and programs will Measure B fund?** To answer this question, complete the Table 1 Attachment (Table 1 tab) in the Excel workbook. Describe the projects and/or programs your agency plans to implement with Measure B funding during fiscal year 2011-2012 (FY 11-12).

Continue to the next page of this application to answer question 2A.

2A. Please provide a short narrative description for each service component listed in question 2 and describe any planned changes. (max. 1,300 characters)

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. Riders pay \$3 cash or provide a pre-paid voucher (\$2.50/voucher) for one-way trips within Fremont, Newark and Union City. 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.

Group Trips:

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. Transportation is available weekdays by arrangement. Destinations must be within a 30-mile radius of the Fremont Senior Center. Riders pay \$4 round trip for each group trip; an additional trip stop costs an extra \$2 per passenger. Attendants who travel with group trip participants are not charged a fare.

Meal Delivery:

Meals on Wheels Program provides nutritionally balanced meals for homebound seniors and persons with disabilities residing in Fremont and, and thus, eliminates trips that may otherwise be needed for shopping or meals.

3. Is your program currently meeting Minimum Service Levels? See the appendix.

- ☒ Yes
☐ No
☐ Not Applicable (*Americans with Disabilities Act (ADA) mandated provider*)

3A. If no, which ones are you not meeting and how?
(max. 255 characters)

n/a

4. How many potential riders do you estimate will use this service this coming fiscal year?
Fill in the box below.

Potential Riders in FY 11-12
1,600

5. Please provide details regarding your vehicle fleet. To answer this question, complete the Table 2 Attachment (Table 2 tab) in the Excel workbook.

6. Does your program provide meal delivery?

- ☒ Yes
☐ No

6A. If faced with revenue shortfalls, how do you balance meal delivery with trip requests?
(max. 255 characters)

The City places a high value on meal delivery. It is a cost effective way to provide for the nutritional needs of program participants who have significant mobility impairments and cannot take paratransit to the store or to congregate meal sites.

7. Describe your driver training program. (max. 500 characters)

The basic Driver Training Program, provided by the City's contractor, includes a minimum of 150 hours of instruction (classroom training, behind-the-wheel and cadet training). The training provides instruction in: driving skills, defensive driving, passenger relations and assistance training, riders sensitivity training, passenger loading/unloading (including lift operation and wheelchair tie-downs), emergency/accident procedures, map reading, and vehicle inspection protocols.

8. Describe your policies concerning timely pick-ups or drop-offs. Include what window your program allows, if there is a standard for the percentage of pick-ups or drop-offs that must occur within the window, the policy concerning early pick-ups, and whether there is a maximum amount of lateness after which you count a provider no-show or missed trip.
(max. 500 characters)

Riders must be picked up within 10 minutes of scheduled pick-up time. Performance standards:

- At least 90% on-time performance for all rides performed.
- Not to exceed more than .5% late rides per month in the 21-59 minutes late trip category.
- No rides where passengers are picked up 60 minutes or more past window.

Riders do not have to board a vehicle that arrives early; a driver that arrives early must wait until the beginning of the pick-up window if the rider chooses not to board early.

9. Describe your policies concerning the maximum time a rider may be on a vehicle. Indicate if there is a maximum time, and if there is a standard for the percentage of total trips that must fall within this maximum time. (max. 255 characters)

For the door-to-door transportation service, the maximum ride time standard for trips within the service area is one hour. A financial penalty is assessed for any rides that exceed the maximum ride time.

- 10. What are your policies for reserving trips?** What are your policies for reserving individual trips (including subscriptions/standing orders or same-day trips) and for reserving group/program trips? What advance notice do you require or allow? Are there limits on availability? *(max. 500 characters)*

Reservations are taken on weekdays only. All trips are accommodated on a space available basis. Individual trips: Up to 7 days in advance. If a specific time is unavailable, alternative pick-up times are offered to the rider. Standing orders are pre-approved by city staff and are prioritized for medical needs. Same day trips are accommodated if space is available. Group Trips: Regularly occurring trips are calendared for a given day in the month. Others require at least one months notice.

- 11. How far in advance is a rider required to cancel a trip before you count the trip as a no show?** Describe these for each type of trip below. What is your policy concerning riders with repeated no-shows or late cancellations? Please describe your policy for subscriptions/standing orders, same-day trips, or group/program trips as applicable. *(max. 500 characters)*

For pre-scheduled, same-day or standing order trips, riders must cancel at least 1 hour prior to the beginning of their pick-up window in order to avoid a no-show. Penalties are not assessed to riders when an unpredictable event, such as an illness or hospitalization, led to a no-show. Group trips must be cancelled with at least 1 day notice. Individuals or groups who violate these policies can be suspended from services as outlined in the program's Riders' Guide.

- 12. What is the maximum and average time between receiving an application and enrolling an applicant in the program?** *(max. 255 characters)*

Enrollment packets are sent out within 7 days of receipt of a completed application. Average response time is 3 days. Applications can be expedited within a few hours for consumer who require rides for critical medical care and/or social service needs.

- 13. Is there a waiting list?**

☐ Yes
☒ No

- 13A. If yes, what are the policies that apply to it? How many people are on it? What is the average wait?** Describe your answer in the box below. *(max. 500 characters)*

n/a

- 14. Describe your complaint and commendation process.** Describe your process from beginning to end, including instructions you provide to customers for filing complaints or commendations, your documentation procedures, your follow up, and any changes you have made to your program as a result of customer complaints and commendations.
(max. 500 characters)

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 complaint.

- 15. Describe how you will coordinate services with other Measure B paratransit services and/or mandated ADA paratransit services so that people can make trips throughout Alameda County.** Examples of coordination may include, but are not limited to, reciprocal fare agreements, reciprocal agreements to provide trips into adjoining areas, arrangements for clients to ride on other systems, and transfer arrangements. Attach copies of agreements or memoranda of understanding for coordination if available.
(max. 500 characters)

Fremont provides assistance to consumers, where appropriate, to connect with East Bay Paratransit and other programs for transportation needed beyond the program's service area. Fremont paratransit services are also available to riders who wish to connect with BART, bus or other paratransit services at the Fremont BART station. Fremont's paratransit service is available to non-residents who are recuperating at any of Fremont's skilled nursing facilities.

- 16. Describe planned outreach to ensure that potential users of the services, including coordinated services, learn about them.** (max. 500 characters)

Disseminate program materials and conduct outreach presentations to consumers and community groups/organizations serving seniors and people with disabilities.
Utilize bilingual outreach workers to provide information to various ethnic communities and assist potential users with language barriers in filling out application packets.
Post application and program information on relevant websites.
Coordinate outreach efforts with ACTC, East Bay Paratransit and other paratransit/service programs.

- 17. Describe your planning process.** List all activities undertaken in connection with this plan, including consumer or public meetings; meetings with other agencies; presentations to boards, commissions, or committees; and provide general dates for these activities.
(see questions 17A through 17D that follow; max. 500 characters)

- Program outreach activities (throughout FY10/11) – At outreach presentations and meetings, feedback on service needs and transportation barriers was gathered directly from consumers and social service professionals.
- Paratransit Advisory Committee (PAC) meetings (PAC met quarterly)
- City of Fremont Senior Commission meetings (commission met monthly)

17A. Has this plan been reviewed by a local paratransit advisory committee?

- ☒ Yes
☐ No

17B. If yes, list the committee name and date of the meeting.

Fremont Paratransit Advisory Committee, March 2, 2011

17C. Describe any surveys or analysis conducted and staff reports. (max. 255 characters)

Analysis included: number of trips performed, on-time performance, productivity, cost per trip and rider feedback. Given the efficiency and effectiveness of current program design, staff recommended that service parameters remain the same for FY11-12.

17D. Describe how the planning process is connected to the service plan: How do the planned services correspond to the results of the planning process? (max. 255 characters)

Feedback from program outreach has shown a high degree of satisfaction with the current program parameters. Therefore, no service changes are being proposed for the next year.

18. If proposing service changes, what identified needs or priorities will the proposed changes meet? What needs or priorities will the proposed service changes still not meet? (max. 500 characters)

No service changes proposed.

19. Describe how you will measure customer satisfaction, for example, by participating in a countywide rider survey, tracking customer comments, or other means? (max. 255 characters)

- Participate in county-wide rider survey.
- Track customer service comments.
- Conduct a yearly rider survey.
- Gather feedback from Paratransit Advisory Committee and Senior Commission.

- 20. How will you obtain and/or track necessary financial and operating information for program management and reporting?** If private vendors or contractors provide the information, what steps will you take to verify or check the accuracy of the information? If performance data is collected by sampling, what steps will you take to ensure that samples are representative and randomized? *(max. 500 characters)*

The City's transportation provider will submit the following information to the City along with its monthly billing invoice: paratransit trip vouchers for each ride performed, group trip logs, and service utilization data. On-time performance information is provided for all rides performed by the service provider. Staff reviews contractor's dispatch logs and driver manifests and cross-references different sources of data regularly to ensure accurate reporting of services provided.

- 21. During July 1, 2011 through June 30, 2012 (FY 11-12), what amount of Measure B (MB) Paratransit Funds will your agency receive and expend?** Fill in the boxes below.

Note: Interest/Other MB Income includes interest on unspent Measure B balances and other Measure B income, such as grant funds.

FY 10-11 Unspent MB Balance	MB Revenues in FY 11-12	Interest/Other MB Income	MB Expended in FY 11-12	Ending MB Balance
\$119,115.00	\$652,493.00	\$35,000.00	\$762,741.00	\$43,867.00

- 22. What amount of non-Measure B revenues will your agency receive during FY 11-12?** Fill in the box below if you will receive non-Measure B funds.

Non-Measure B Revenues

- 22A. Describe the specific types of non-Measure B funding your agency will receive.**
(max. 255 characters)

Note: The City receives federal Community Development Block Grant funds and will leverage \$38,767 of these CDBG funds with \$47,460 in Measure B pass-through funds to support the Meals on Wheels Program. This amount is not included as income above.

- 23. Do you intend to apply for federal Section 5310 funds, Alameda CTC gap grant funds, or other grant funds in the next fiscal year?**

☒ Yes
☐ No

- 23A. If yes, describe the types of grant funds for which you intend to apply.**

Gap grant funds, New Freedom Funds, other sources of funding where applicable.

24. Do you intend to apply for Minimum Service Level gap grant funding for the next fiscal year?

- ☐ Yes
☒ No

24A. If yes, please fill in the amount you intend to apply for in question 1 and complete question 32.

24B. If no, and your answer to question 3 is no, meaning you will not meet Minimum Service Levels, please explain. (max. 255 characters)

n/a

25. How do you plan to use undesignated reserve Measure B funds (FY 10-11 Unspent MB Balance from question 21)? Fill in the boxes below with any operating or capital Measure B reserves.

Operating Reserve <i>(eligible for up to three months of service funds)</i>	Capital Reserve <i>(may be held for up to three years)</i>	Date of Capital Reserve Initiation	Undesignated Funds <i>*(End MB – (operations + capital) = Undesignated)</i>
\$119,115.00	\$0.00	n/a	\$0.00

25A. Describe the use of the undesignated funds below. (max. 255 characters)

n/a

26. If applicable, why are the planned expenditures in FY 11-12 more than the amount of Measure B funds the agency expects to receive during FY 11-12? For instance, if your agency faces a funding shortage, will you use reserve Measure B funds from a previous fiscal year(s)? (max. 255 characters)

The City is spending a portion of its operating reserves on paratransit services during FY11-12 in order to keep our services consistent with FY10-11 levels. The City is expecting an increase in the cost of paratransit service delivery for FY11-12.

27. What are your FY 11-12 operating expenses by category? Fill in the boxes below. Provide additional information in questions 27A and 27B if you have contract and miscellaneous expenditures.

Labor, Fringe <i>(for recipient staff)</i>	Admin. Costs <i>(for printing, postage, supplies, etc.)</i>	Contracts <i>(see 27A below)</i>	Transportation <i>(expenses recipients paid, not included in contracts)</i>
\$256,465.00	\$37,216.00	\$418,000.00	\$3,600.00
Taxi Reimbursement	Meal Delivery	EBP Ticket Purchase	Miscellaneous <i>(see 27B below)</i>
\$0.00	\$47,460.00	\$0.00	\$0.00
Total Operating Expenses <i>(sum of all eight categories)</i>			
\$762,741.00			

27A. List the contracted firms below, and if more than one, list the amount your agency will pay to each. *(max. 255 characters)*

MV Transportation (paratransit service) - \$418,000
Life ElderCare (meal delivery) - \$47,460 in MB funds leveraged with \$38,767 in CDBG funds. To remain consistent w/ annual compliance report, only MB portion included in this report.

27B. Describe any miscellaneous expenditures below; include the amounts for each item. *(max. 255 characters)*

n/a

28. Of these total expenditures, what amount is allocated for the following?
Fill in the boxes below.

Management <i>(oversight, planning, budgeting, etc.)</i>	Customer Service and Outreach Activities	Trip Provision <i>(direct or contracted taxis, vans, shuttles, etc.)</i>
\$98,912.00	\$148,299.00	\$468,070.00

29. What are your planned Measure B capital expenditures during FY 11-12?
Fill in the box below.

Total Capital Expenditures
\$0.00

29A. Describe planned capital expenditures, such as purchase of vehicles or durable equipment, below. (max. 255 characters)

n/a

30. What are your anticipated net revenues? The box below autopopulates based on previous entries.

Net Revenues
\$43,867.00

31. Please provide information on the Governing Body Resolution to authorize submittal of the plan.

- ☐ Copy attached
- ☒ Pending action on: 5/24/2011 (indicated date this item is scheduled for action)

32. If requesting Minimum Service Level (MSL) funding, please complete the table and questions 32A through 32E below.

MSL Your Program Anticipates Not Meeting <i>(see appendix)</i>	Describe How Your Program Falls Below This MSL	MB Funds Requested to Meet This MSL

32A. Please explain any community-specific issues that impact your ability to not meet MSLs.
Please describe below. (max. 500 characters)

n/a

32B. Have you explored and documented other transportation options for seniors and people with disabilities provided by nonprofit organizations in your community that might also close this service gap. Please describe below. *(max. 500 characters)*

n/a

32C. If MSL gap funding is not available to meet this need, are other funding sources available to meet this need? Please describe below. *(max. 255 characters)*

n/a

32D. If other funding is not available, how will you prioritize which MSLs to cut?
(max. 255 characters)

n/a

32E. Does your program provide ADA-equivalent service to those awaiting certification, outside the ADA service corridor or needing transportation outside of ADA-available times in your jurisdiction? *(max. 255 characters)*

Fremont provides ADA-equivalent service to those persons awaiting ADA paratransit certification and those residing outside of the ADA service area.

Program Plan Application Appendix

PAPCO-approved Minimum Service Levels

	Minimum Service Level (MSL)	A Program <i>Exceeds</i> this MSL if ...
1.	Regarding who programs serve: <ul style="list-style-type: none"> • People 18 and above with disabilities who are unable to use fixed route services • Seniors 80 and above without proof of a disability 	<ul style="list-style-type: none"> • It serves minors with disabilities. • It serves seniors under 80 without proof of disability.
2.	Regarding the type of service programs provide: <ul style="list-style-type: none"> • Accessible individual demand-responsive service 	<ul style="list-style-type: none"> • It offers additional services for participants, such as group trips or meal delivery.
3.	Regarding the time and days service is provided: <ul style="list-style-type: none"> • At least five days per week between the hours of 8 a.m. and 5 p.m. (excluding holidays) 	<ul style="list-style-type: none"> • It offers service more than five days a week. • Its service hours begin before 8 a.m. and/or extend after 5 p.m.
4.	Regarding the service area of a program: <ul style="list-style-type: none"> • Residents using this program are able to meet life needs, including but not limited to travel to major medical facilities, full service grocery stores and other basic necessities, if ADA services, or coordination between base programs are unable to provide these trips. 	<ul style="list-style-type: none"> • It provides trips to locations beyond those which residents would travel to fulfill life needs, such as recreational trips outside city boundaries.
5.	Regarding fares: <ul style="list-style-type: none"> • Fares should be comparable to East Bay Paratransit and equated to distance for van/sedan trips • Fares for Taxi trips should not exceed 50 percent of the total cost of the trip. 	<ul style="list-style-type: none"> • Riders pay less than they would for a comparable trip on East Bay Paratransit for a van/sedan trip. • Riders pay less than 50 percent of the total cost of the taxi trip.
6.	Regarding interim service for individuals applying for or awaiting ADA certification: <ul style="list-style-type: none"> • Interim service should be provided within three business days on receipt of application. • Interim service should be provided at the request of a health care provider or ADA provider. 	<ul style="list-style-type: none"> • It provides interim service in less than three business days.
7.	Regarding reservations: <ul style="list-style-type: none"> • Programs should accept reservations between the hours of 8 a.m. and 5 p.m. Monday through Friday. 	<ul style="list-style-type: none"> • It accepts reservations before 8 a.m. and/or after 5 p.m. • It accepts reservations on weekends.

Alameda CTC Paratransit Program Application - July 1, 2011 through June 30, 2012
Table 1 Attachment: Summary of Planned Projects

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.

Project Description								Status	Deliverables				Planned Expenditures			
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	Column P	Column Q
Project Category <i>Drop-down Menu</i>	Project Phase <i>Drop-down Menu</i>	Project Type <i>Drop-down Menu</i>	Project Name	Project Description (including type of vehicle, accessibility status, and eligibility requirements)	Project Service Area, Days/Hours of Service, and Trip Limits per Year per Rider	Rider Fares	Provider Average Cost per Trip	Project Status <i>(at the end of June 2012)</i> <i>Drop-down Menu</i>	Quantity Planned Completed by June 2012 <i>(total number of one-way passenger trips, tickets purchased, etc.)</i>	Trip Type Description <i>(other details about trip service)</i> <i>Drop-down Menu</i>	Planned Number of Trips Funded by Measure B FY 11-12*	Miscellaneous <i>(other details about trip or program)</i>	Measure B Paratransit Pass-through Expenditures FY 11-12	Other Measure B Funds to Be Expended on Project in FY 11-12 <i>(includes gap or MSL grants, stabilization)</i>	Other Non-Measure B Funds to Be Expended on Project in FY 11-12 <i>(includes the general fund)</i>	Total Project Cost in FY 11-12 <i>(columns N+O+P=Q)</i>
Senior and Disabled Services	Operations	Individual Demand-response Trips	Fremont Paratransit	Wheelchair-accessible, door-to door transportation for Fremont residents who are 80 yrs of age or older OR unable to use transit because of disability.	Trips provided within Fremont, Newark and Union City. M-F 8am - 6pm and Sa-Su 9am - 3pm. Riders can access up to 208 one-way trips/year.	\$3 cash or \$2.50 prepaid voucher per one-way trip	TBD - contract billing rates not set yet	Continuing or Ongoing	12,500	Lift/ramp-assisted Trips	12,500	Unable to break out expenditures for individual rides and group trips as these svcs are under one contract	\$468,070.00	\$0.00	\$0.00	\$468,070.00
Senior and Disabled Services	Operations	Group Trips	Fremont Paratransit	Wheelchair-accessible group trasnportation for seniors and persons with disabilities.	Group Trips provided to destinations within 30 miles of central Fremont. Weekday service only. By availability.	\$2 cash per trip segment	TBD - contract billing rates not set yet	Continuing or Ongoing	6,000	Lift/ramp-assisted Trips	6,000	Unable to break out expenditures for individual rides and group trips as these svcs are under one contract				
Meals on Wheels	Operations	Meal Delivery	Meals On Wheels	In-home meal delivery for frail seniors and persons with disabilities	Fremont - Meal delivery available Monday through Friday. Weekend meals are delivered on Thursdays and Fridays	n/a		Continuing or Ongoing	54,000	Other (describe in Column K)	29,700		\$47,460.00	\$0.00	\$38,767.00	\$86,227.00
Senior and Disabled Services	Operations	Customer Service and Outreach		Support for meal delivery & paratransit service components				Continuing or Ongoing					\$148,299.00			\$148,299.00
Senior and Disabled Services	Operations	Management		Support for meal delivery & paratransit service components				Continuing or Ongoing					\$98,912.00			\$98,912.00
								TOTALS:	72,500		48,200		\$762,741.00	\$0.00	\$38,767.00	\$801,508.00

*Percentage of total dollars spent to Measure B funds is relative to percentage of trips provided.
(Total \$/Measure B \$) approx. = (Total trips provided/Measure B-funded trips provided).

Alameda CTC Paratransit Program Application - July 1, 2011 through June 30, 2012
Table 1 Attachment: Summary of Planned Projects

Cell: A5

Comment: Project Category:
Disabled Services: Services primarily created for mobility for people with disabilities.
Meals on Wheels: Delivery of meals.
Senior & Disabled Services: Transportation services for seniors and people with disabilities.
Senior Services: Services primarily created for senior mobility.
Other: Use Other if none of the above apply, and define other by selecting Project Type (Column C) and providing Project Description (Column E).

Cell: B5

Comment: Project Phase:
Construction (includes PS&E): Construction of a new capital project, including development of the preliminary engineering and construction documents: the plans, specifications, and estimates.
Environmental: Preparation of environmental documents, such as those related to the California Environmental Quality Act (CEQA) or the National Environmental Policy Act (NEPA).
Maintenance: Maintenance, repairs, renovation, or upgrade of existing facility or infrastructure.
Operations: Operations such as transit, which may include routine maintenance and procurement, or lease of vehicles/equipment.
Project Completion/Closeout: Inspection/project acceptance, final invoicing, final reporting, and processes for closing out project.
Scoping, Feasibility, Planning: Early capital project phases, such as project scoping, feasibility studies, and planning.
Other: Use if none of the above apply, and define the project phase by selecting Project Type (Column C) and describe the phase under Project Description (Column E).

Cell: C5

Comment: Project Type:
Capital Purchase: Purchase of equipment, vehicles, or facilities.
Customer Service and Outreach: Staffing and benefits for customer service as well as costs associated with marketing, education, outreach, and promotional campaigns and programs.
EBP Ticket Purchase: Amounts paid to East Bay Paratransit for tickets plus associated costs, for example, distribution.
Group Trips: One-way passenger trips considered group trips. Includes vehicle operation and contracts. See Individual Demand-response Trips.
Individual Demand-response Trips: Taxi service, door-to-door trips, van trips, etc. Includes actual operation cost and contracts for vehicle operation, scheduling, dispatching, vehicle maintenance, supervision, and fare collection (including ticket or scrip printing and sales) for the purpose of carrying passengers.
Management: Staffing and benefits to manage programs, projects, and services.
Meal Delivery: Costs associated with vehicle operation, scheduling, dispatching, vehicle maintenance, and supervision for the purpose of delivering meals, whether provided in-house, through contracts, via taxicab, or by grantees.
Shuttle or Fixed-route Trips: Shuttle service or fixed-route bus service, for example. Includes vehicle operation and contracts. See Individual Demand-response Trips.
Other: Use if none of the above apply. Describe the Type under Project Description (Column E).

Cell: I5

Comment: Project Status:
Choose project status on June 30, 2012: Planning in FY 11-12, Initiated in FY 11-12, Continuing or Ongoing, or Closed Out in FY 11-12.

Cell: K5

Comment: Trip Type Description:
Lift/ramp Assisted: Trips that include lift or ramp assistance.
Taxi Trips: Any type of taxi trip.
Same-day Lift/ramp-assisted Trips: Trips that include lift or ramp assistance and are same-day service.
Same-day Trips: Same-day service.
Other: If Trip Type is not applicable to your program, choose Other and provide a description in Column K.

Alameda CTC Paratransit Program Application - July 1, 2011 through June 30, 2012

Table 2 Attachment: Vehicle Fleet

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

[illegible]