

**PART I  
REQUIRED SUBMITTALS  
MUST BE COMPLETED BY ALL APPLICANTS**

*Ref'd  
Reviewed  
Contact* **8-26-09**  
**#10**

Applicant Name  
ARC Community Support Systems

Use this matrix (A) and checklist (B) to help you meet all submission requirements of the application process.

**A. Submittal Matrix** Each "X" represents the information that must be submitted by each type of agency.

Type of Applicant	Part II	Part III	Part IV	Part V	Part VI	Part VII	Part VIII	Part IX	Part X	Part XI *	Appendices				Support Letters
											A	B	C	MPO	
Non-Profit Non-Governmental Agency (5310)	X	X	X	X	X	X	X(b)	X	X	X	X	X	X	X (c)	Optional
Federal Section 5311 Grantee	X	X					X(b)				X(a)	X	X		Optional
IDOT-Certified Public Body (CPB)	X	X	X	X	X(a)	X	X(b)		X	X	X	X	X	X (c)	Optional

- (a) This data not required if applicant agency has included with another grant application for FY08 funding.
- (b) This information is required ONLY if you are applying for a vehicle for new or expanded service.
- (c) If applicant is in an urbanized (metropolitan) area outside the Chicago area, see page 41.

**\*Northeastern Illinois (Urbanized Area 2, Cook, Lake, DuPage, Kane, Will & McHenry Counties only)**

**B. Submittal Checklist** Check the appropriate boxes. All items are required unless otherwise indicated.

ITEM	ENCLOSED
• Application, Signed by Board authorized representative (front cover, page 1)	X ✓
• Part I Submittal Matrix(A) and Application Checklist Completed (B), (page 4)	X ✓
• Part II Current Vehicle Inventory (page 5)	X ✓
• Part III Vehicle Request Form and Budget (pages 6-7)	X ✓
• Part IV Project Justification (if applicable, page 8)	X ✓
• Part V Applicant's Current Services and Experience (if applicable, pages 9-11)	X ✓
• Part VI Fleet Control and Maintenance (if applicable, page 12)	X ✓
• Part VII Driver Training (if applicable, page 13)	X ✓
• Part VIII Proposing New or Expanded Service (pages 14 & 15)	N/A •
• Part IX Formal Coordination Efforts (if applicable, page 16 & 17)	X ✓
• Part X Financial Plan (if applicable, pages 18 & 19)	X ✓
• <b>Part XI HSTP Review (To Be Completed only by Northeastern Illinois Applicants-Urbanized Area 2-- Cook, Lake, DuPage, Kane, Will &amp; McHenry Counties) (page 20)</b>	N/A •
• Appendix A FTA & IDOT Joint Certifications Assurances (pp. 22-32) signed by Official Representative (page 24),	X ✓
• 2nd- Signed and dated Attorney's Affirmation (page 23)	X ✓
• Appendix B Public hearing: Published notice, hearing report and public comments (page 33)	06   24   09 ✓
• Appendix C Executed Board Resolution authorizing applicant's Official Representative (page 34)	<b>Pending July</b>
• Appendix D Application Preparation Guidance (pages 35-45)	Retain
• Appendix E Paratransit Vehicle Catalog (pages 46-56)	Retain
• Letter from MPO placing project in TIP (not applicable in Cook, Lake, DuPage, Kane, Will and McHenry Counties, or any non-urbanized area)	N/A
• Letter of support from Certified Public Provider or local Transit Authority (if applicable)	X ✓
• Letters of Support from local Legislators, others (not a requirement)	X ✓

**Note: When submitting your application:** (1) **Remove:** instructions, vehicle catalog, other guidance (D) and informational material; (2) **Include this Checklist** (Indicate any missing items, noting whether pending, subject to third party submittal /approval, or delayed, and when expected.); and (3) Refer to all enclosed support materials.

**ILLINOIS DEPARTMENT OF TRANSPORTATION  
2009 CONSOLIDATED VEHICLE PROCUREMENT  
ROLLING STOCK  
CAPITAL ASSISTANCE  
APPLICATION**

**STOP! IF YOU ARE SEEKING VEHICLE REPLACEMENT (S), BE SURE THAT YOU MEET ALL ELIGIBILITY REQUIREMENTS. SEE PAGE 5 (PART III, SECTION E). IF NOT, DO NOT SUBMIT FOR REPLACEMENT.**

FOR OFFICE USE ONLY Received at IDOT: \_\_\_\_/\_\_\_\_/\_\_\_\_ BY: \_\_\_\_\_

LEGAL NAME of Applicant Agency  ARC Community Support Systems	Date of Application Filing  June 26, 2009
Street/Mailing Address, City, and Zip Code (Not just P. O. Box)  618 West Main Street Effingham, IL 62401	Federal Tax Identification Number (TIN)  37-0845492
List general area served (counties, city, areas as applicable) (Detail in Part 5, Page 9)  Effingham and Richland Counties, Illinois.	Type of Applicant (see pg. 4 Section A) Private Non-Profit: <u>    X    </u> Section 5311 Grantee: _____ IDOT Certified Public Body: _____
County HSTP Region (if rural-see page 43 ) Region 10 HSTP Office (see pages 44) 120 Delmar Ave., Suite A, Salem, IL 62881-2000	Illinois State Tax Exempt Number E-9987-8852-05
Application Contact Person: Christopher Prince Phone: 217-857-3186, Ext. 116  Title: Grants Coordinator	App. Contact E-Mail:  <u>cprince@arc-css.org</u>
Vehicle Issues Contact Person: Dennis Quast Phone: 217-857-3186, Ext. 107  Title: Director of Employment Services	Fax. ( 217 ) <u>857-6343</u>

**ALL APPLICANTS MUST ANSWER THESE QUESTIONS:**

DOES A MINORITY GROUP MANAGE YOUR ORGANIZATION OR IS OPERATION MINORITY BASED? <input type="radio"/> YES <input checked="" type="radio"/> NO
DOES YOUR AGENCY PROVIDE SERVICE TO MINORITIES? <input checked="" type="radio"/> YES <input type="radio"/> NO
DOES YOUR APPLICATION HAVE THE SUPPORT OF YOUR LOCAL TRANSIT AGENCY? <input type="radio"/> YES <input type="radio"/> NO <input checked="" type="radio"/> N/A

By this application, it is the intent of (Agency's Legal Name) ARC Community Support Systems to request vehicle(s) through the State of Illinois' Consolidated Vehicle Procurement (CVP) program; and will meet all applicable state, federal and local acceptance, application and maintenance requirements. I certify that the information and statements provided in this application, and all supporting documents are correct and complete.

\_\_\_\_\_  
**Signature of Authorized Representative**  
 (As authorized by board resolution, see Appendix C)

Tel. 217-857-3186, Ext. 102      6/25/09  
 \_\_\_\_\_  
**Date**

Dick Reimers      \_\_\_\_\_  
**Print name of Authorized Official**      **Title**

**READ ALL INFORMATION CAREFULLY**

**PART I  
REQUIRED SUBMITTALS  
MUST BE COMPLETED BY ALL APPLICANTS**

Applicant Name ARC Community Support Systems
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Federal Section 5311 Grantee	X	X					X(b)				X(a)	X	X		Optional
IDOT-Certified Public Body (CPB)	X	X	X	X	X(a)	X	X(b)		X	X	X	X	X	X (c)	Optional

(a) This data not required if applicant agency has included with another grant application for FY08 funding.

(b) This information is required ONLY if you are applying for a vehicle for new or expanded service.

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• Part III Vehicle Request Form and Budget (pages 6-7)	X
• Part IV Project Justification (if applicable, page 8)	X
• Part V Applicant's Current Services and Experience (if applicable, pages 9-11)	X
• Part VI Fleet Control and Maintenance (if applicable, page 12)	X
• Part VII Driver Training (if applicable, page 13)	X
• Part VIII Proposing New or Expanded Service (pages 14 & 15)	N/A
• Part IX Formal Coordination Efforts (if applicable, page 16 & 17)	X
• Part X Financial Plan (if applicable, pages 18 & 19)	X
• <b>Part XI HSTP Review (To Be Completed only by Northeastern Illinois Applicants-Urbanized Area 2-- Cook, Lake, DuPage, Kane, Will &amp; McHenry Counties ) (page 20)</b>	N/A
• Appendix A FTA & IDOT Joint Certifications Assurances (pp. 22-32) signed by Official Representative (page 24),	X
• 2nd- Signed and dated Attorney's Affirmation (page 23)	X
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• Appendix E Paratransit Vehicle Catalog (pages 46-56)	Retain
• Letter from MPO placing project in TIP (not applicable in Cook, Lake, DuPage, Kane, Will and McHenry Counties, or any non-urbanized area)	N/A
• Letter of support from Certified Public Provider or local Transit Authority (if applicable)	X
• Letters of Support from local Legislators, others (not a requirement)	X

**Note: When submitting your application:** (1) **Remove:** instructions, vehicle catalog, other guidance (D) and informational material; (2) **Include this Checklist** (Indicate any missing items, noting whether pending, subject to third party submittal /approval, or delayed, and when expected.); and (3) Refer to all enclosed support materials.

**PART II**  
**PARATRANSIT VEHICLE INVENTORY**  
**MUST BE COMPLETED BY ALL APPLICANTS**

Applicant Name  
 ARC Community Support Systems

**Applicant's Current Paratransit Vehicle Inventory** (attach additional pages if necessary)

Examples:

96	Braun	R-Roof Van	IFDX0034586IL01	172,000 / 189,000	8 / N	L 1995	N
92	EIDorado	Med. Duty	IBB01083589IL18	183,500/ 208,000	14 / Y	O 1999	Y- #2121

Yr.	Manufacturer	Type	VIN (Vehicle Identification Number)	Odometer Reading (miles)		# OF Seats/ ADA:Y/N	1 <sup>st</sup> Year (O)Owned (L)Leased	IDOT Funded Vehicle? Contract #
				1/1/2008	-12/31/08			
98	Dodge	RRoof Van	2B7LB3127WK158252	159,372	160,589	10 / Y	1999 (O)	Y-#2626
99	Ford	Med. Duty	1FDXE40FXXHA85433	186,954	190,529	14 / Y	1999 (O)	Y-#2826
02	Ford	Med. Duty	1FDXE45FO2HB90568	121,636	137,358	14 / Y	2003 (O)	Y-#140CVP
05	Ford	Bus	1FDXE45PO5HB24335	45,722	65,765	14 / Y	2005 (O)	Y-#380CVP
76	Chevy	Lt. Duty	CCL3365153633	110,631	111,204	2 / Y	2000 (O)	No
95	Ford	Van	1FBH31H85HA75838	193,075	199,362	12 / Y	1997 (O)	No
95	EIDorado	Bus	1FDKE3060SHA49062	135,241	146,829	24 / Y	1995 (O)	No
99	Ford	Van	1FBN3IL6XHA55814	84,349	91,473	12 / Y	2001 (O)	No
00	GMC	Truck	1GDJHIDXZJ526625	18,904	24,158	2 / Y	2000 (O)	No
02	Ford	RRoof Van	1FTSS34L42HA69254	120,718	137,143	8 / Y	2002 (O)	No
03	Ford	Van	1FBSS3IL83HA55495	51,366	60,510	15 / Y	2002 (O)	No
03	Ford	Van	1FBSS3IL83HA55494	55,127	66,970	15 / Y	2002 (O)	No
03	Ford	Van	1FBSS3IL83HA55493	28,101	31,320	15 / Y	2002 (O)	No
04	Dodge	Pick-Up	1DHAK4J40181	17,547	21,829	2 / Y	2004 (O)	No
05	Ford	Van	1FBNE3IL75HA87331	85,858	111,020	12 / Y	2005 (O)	No
05	Ford	RRoof Van	1FBSS3IL45HA87332	50,363	58,832	15 / Y	2005 (O)	No
06	Ford	Van	1FBSS3ILX6HA47225	28,559	37,940	15 / Y	2006 (O)	No
06	Ford	Van	2FMDA51676BA46796	47,151	74,282	8 / Y	2006 (O)	No
06	Ford	Van	2FMDA51656BA46795	47,761	71,597	8 / Y	2006 (O)	No
07	Chevy	Med. Duty	1GBJG312671143223	6,694	24,499	14 / Y	2007 (O)	No
07	Ford	Med. Duty	1FDWE35L77DB47382	0	4,419	14 / Y	2007 (O)	Y-#485CVP
07	Ford	Med. Duty	1FDWE35L97DB47383	0	9,374	14 / Y	2007 (O)	Y-#485CVP

**PART III  
VEHICLE REQUEST FORM & BUDGET  
MUST BE COMPLETED BY ALL APPLICANTS**

**NOTE: Attach one (1) completed copy of this form for EACH vehicle requested**

**A. Applicant Agency Name**

ARC Community Support Systems

Form  1  of  2 , (1 of 1 etc.)

**B. Vehicle Type Requested: Use the vehicle catalog to select the unit type to meet your passengers' needs:**

- Mini-Van w/ramp (2 wheelchairs/5 passengers)
- Light Duty Paratransit w/lift (3 wheelchairs/ 12 passengers)
- Medium Duty Paratransit w/lift (5 wheelchairs/ 14 passengers)
- Super Medium Duty Paratransit w/lift (5 wheelchairs/ 22 pass.) Requires extensive justification, well documented requirements, up-to-date detail of on-site maintenance capability and large client base experience and needs.

**C. Category of Request (Check appropriate category)**

- Replacement of owned vehicle                       Service Expansion (see p.14)
- Replacement of leased vehicle                       New Service (see p. 14)

**D. Vehicle Request Priority (among all vehicle request forms submitted)**

Based on needs, the requested vehicle on **this** form is to be considered for funding (1<sup>st</sup>, 2<sup>nd</sup>, etc.)  1<sup>ST</sup> .

**Note: No two requested vehicles may have the same priority ranking.**

**E. Vehicle Replacement Criteria (enclose all justification/documentation)**

To be eligible current vehicles must meet Criteria 1 or 2 AT TIME OF APPLICATION.

TYPE	CRITERIA 1	CRITERIA 2
Autos/Mini-Vans/Raised Roof Vans	95,000 Miles	<b>OR</b> 5 yrs, in documented unsafe & poor operating condition
Light Duty Paratransit Vehicle (10-12 pass)	95,000 Miles	<b>OR</b> 6 yrs, in documented unsafe & poor operating condition
Medium Duty Paratransit/School Bus (13-16 pass)	120,000 Miles	<b>OR</b> 8 yrs, in documented unsafe & poor operating condition
Super Medium Duty Paratransit Vehicle (>16 pass)	180,000 Miles	<b>OR</b> 9 yrs, in documented unsafe & poor operating condition
Heavy Duty Transit Vehicle (>30 pass)	280,000 Miles	<b>OR</b> 10 yrs, in documented unsafe & poor operating condition

**• Any 1991 or 1993 MST heavy-duty vehicle regardless of mileage or condition.**

**F. Please provide Replacement Vehicle Identification Information for the vehicle being replaced:**

Yr.	Manufacturer	Type	Date/Mileage	(if applicable) VIN # IDOT Contract #
99	Ford	Med. Duty	12/31/08 / 190,529	VIN: 1FDXE40FXXHA85433 IDOT Contract: #2826

**Criteria 2 Justification** ( i.e., documentation vehicle is unsafe or in poor condition –include, photos, receipts)

**CRITERIA FOR DISPOSAL OF IDOT FUNDED VEHICLES: General: Consumer Vans, RR or Mini – 120,000 miles; Light Duty- 120,000 miles; Medium Duty Vehicles – 150,000 miles; Super Medium – 200,000 miles; Heavy Duty Transit Vehicle – 300,000 miles. Any questions: Contact the Program Manager at IDOT.**

## PART III VEHICLE REQUEST FORM & BUDGET MUST BE COMPLETED BY ALL APPLICANTS

**NOTE: Attach one (1) completed copy of this form for EACH vehicle requested**

<b>A. Applicant Agency Name</b>  ARC Community Support Systems	Form <u>  2  </u> of <u>  2  </u> , (1 of 1 etc.)
--	---

**B. Vehicle Type Requested: Use the vehicle catalog to select the unit type to meet your passengers' needs:**

- Mini-Van w/ramp (2 wheelchairs/5 passengers)
- Light Duty Paratransit w/lift (3 wheelchairs/ 12 passengers)
- Medium Duty Paratransit w/lift (5 wheelchairs/ 14 passengers)
- Super Medium Duty Paratransit w/lift (5 wheelchairs/ 22 pass.) Requires extensive justification, well documented requirements, up-to-date detail of on-site maintenance capability and large client base experience and needs.

**C. Category of Request (Check appropriate category)**

- |   |  |
|---|--|
| <input checked="" type="radio"/> Replacement of owned vehicle | <input type="radio"/> Service Expansion (see p.14) |
| <input type="radio"/> Replacement of leased vehicle           | <input type="radio"/> New Service (see p. 14)      |

**D. Vehicle Request Priority (among all vehicle request forms submitted)**

Based on needs, the requested vehicle on **this** form is to be considered for funding (1<sup>st</sup>, 2<sup>nd</sup>, etc.)   2<sup>nd</sup>  .

**Note: No two requested vehicles may have the same priority ranking.**

**E. Vehicle Replacement Criteria (enclose all justification/documentation)**

To be eligible current vehicles must meet Criteria 1 or 2 AT TIME OF APPLICATION.

TYPE	CRITERIA 1	CRITERIA 2
Autos/Mini-Vans/Raised Roof Vans	95,000 Miles	<b>OR</b> 5 yrs, in documented unsafe & poor operating condition
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Heavy Duty Transit Vehicle (>30 pass)	280,000 Miles	<b>OR</b> 10 yrs, in documented unsafe & poor operating condition

**• Any 1991 or 1993 MST heavy-duty vehicle regardless of mileage or condition.**

**F. Please provide Replacement Vehicle Identification Information for the vehicle being replaced:**

Yr.	Manufacturer	Type	Date/Mileage	(if applicable) VIN # IDOT Contract #
02	Ford	Med. Duty	12/31/08 / 137,358	VIN: 1FDXE45FO2HB90568 IDOT Contract: #140CVP

**Criteria 2 Justification** ( i.e., documentation vehicle is unsafe or in poor condition –include, photos, receipts)

**CRITERIA FOR DISPOSAL OF IDOT FUNDED VEHICLES: General: Consumer Vans, RR or Mini – 120,000 miles; Light Duty- 120,000 miles; Medium Duty Vehicles – 150,000 miles; Super Medium – 200,000 miles; Heavy Duty Transit Vehicle – 300,000 miles. Any questions: Contact the Program Manager at IDOT.**

## ESTIMATED PROJECT BUDGET MUST BE COMPLETED BY ALL APPLICANTS

G. Estimated CVP Budget							
Vehicle Type	Capacity (Approx.)	Requested Number of Units			Line Total (a)+(b)+(c)	Estimated Unit Cost (e)	Estimated Total Cost Line Total x Unit Cost (d) x (e)
		Replacement (a)	Expansion (b)	New (c)			
Mini-Van Paratransit (w/ ramp) MV	6 pass.					\$36,000	\$
Light Duty Paratransit Vehicle (w/lift) LD	12 pass.	2			2	\$52,000	\$104,000
Medium Duty Paratransit Vehicle (w/lift) MD	14 pass.					\$59,000	\$
Super Medium Duty Paratransit Vehicle (w/lift) SMD	22 pass.					\$94,000	\$

**Total CVP Request: \$104,000**

**Comments:**

These two 12 passenger, Light Duty Paratransit Vehicles will replace two Ford Medium Duty 14 passenger vans from the ARC-CSS fleet. Both of these vehicles from our fleet exceed the maximum mileage requirements to be eligible for replacement of vehicles.

Please note that there is a vehicle with greater mileage listed on our fleet manifest (Page 5 of this proposal); however this vehicle is to be replaced with the vehicle ARC-CSS was awarded through the IDOT 2008 Consolidated Vehicle Procurement. We have yet to take possession of this vehicle.

## PART IV

### PROJECT JUSTIFICATION

MUST BE COMPLETED BY ALL NON-PROFIT AND IDOT-CERTIFIED PUBLIC BODY APPLICANTS

Applicant Name

ARC Community Support Systems

#### Project Justification

1. Describe the transportation program and needs of individuals in your current/proposed service area.
2. Identify how these needs are currently not being met.
3. Explain how the current transportation program will change if this grant is not approved.

Project justification focuses within the context of socio-economic and service benefits within your geographic area, with appropriate transportation of the disabled, disadvantaged, and other clients in need. Approval of this grant depends upon demonstrated need and a developed, well-managed program; and subsequent DIVISION concurrence with applicant's position that other local transportation services are insufficient, inappropriate, or unavailable. Add extra sheets as needed to provide all support detail.

**1) ARC Community Support Systems is an organization dedicated to providing Housing, Employment and Family Support programs for people with developmental disabilities and their families. At any given time there are approximately 150 adults with developmental disabilities who attend the ARC-CSS programs. Less than five of these consumers have their own means of transportation, and none of their personal transportation could be considered very reliable. Over the course of a year ARC-CSS makes over 300,000 one-way passenger trips in support of its consumers. The bulk of these trips are to and from our supported employment and day training programs on a daily basis. ARC-CSS consumers spend their days at our sites learning life skills while also spending time working on projects contracted out from local businesses. There are two sites where this employment takes place: the Developmental Training Center in Teutopolis, IL, and the administration building, also located in Teutopolis. ARC-CSS' fleet also provides transportation to the dozens of individuals living in four ARC-CSS 24-hour a day care group homes in Effingham and Teutopolis. Some of this transportation is to and from work, both to our in-house work programs as described above, as well as to off-site (community) employment. Vehicles are also used for recreational activities for these individuals in our group homes. Additionally, ARC-CSS transports a small work crew around Richland County on a daily basis.**

**2) Many of our older vans are difficult for consumers with disabilities to enter and exit. Many of these individuals also have mobility issues. ARC-CSS provides vehicles as needed when emergency situations arise, and the correct vehicle is always used for the specific situation, but the day-to-day needs of ARC-CSS consumers must be met with older, less-reliable vehicles. And while ARC-CSS prides itself on the consistent maintenance plan our fleet undergoes, there have been instances when consumers were late to their jobs, and even missed work, due to faulty vehicular equipment.**

**3) In actuality, our transportation program will not change should this proposal not be forthcoming. ARC-CSS will continue to function with its current fleet of some less-than-reliable vehicles. Funds and time that could be utilized much more efficiently will continue to be used to maintain out-of-date vehicles. The lack of newer, reliable transportation will affect the timeliness and the ease of the transportation of ARC-CSS consumers with disabilities. Older vehicles require near constant maintenance, sometime necessitating lengthy visits to a mechanic shop. Problems have occurred while on the road and may occur further reducing the size of our fleet and forcing us to redistribute our vehicles. Consumers will arrive late to their jobs and appointments, as well as spend more time in the vehicles. Having newer vehicles will ensure that these instances are kept to a minimum.**

## PART V

### APPLICANT'S CURRENT SERVICES & EXPERIENCE MUST BE COMPLETED BY ALL 5310 & CPB (CERTIFIED PUBLIC BODY APPLICANTS (Includes Sections A through F)

Applicant Name ARC Community Support Systems
---

**A. Geographic Area Served**

List the Cities, Towns, Counties and workplaces, etc. of clients served by your current transportation program. Include a map showing the service area if you feel it would help our understanding.

ARC Community Support Systems' transportation service area is in the Illinois Counties of Effingham and Richland.

- Service to Effingham County includes the towns of Effingham, Teutopolis, Dieterich, Funkhouser, Altamont, Edgewood, Everle, Winterrowd, Moccasin and the Lake Sara area.
- Service to Richland County includes the towns of Olney, Noble, Claremont, Parkersburg, Passport and Dundas.

**B. Service Area Population Information**  
Use 2000 census data.

1. Total Population of your Current Service Area	50,153
2. Elderly (60+) Population of Service Area	7,091
3. Disabled Population of Service Area	7,814

**C. Service to Minority Group Persons**

Please indicate in the table below the number and percentage of minority group persons in your transportation service area and the number and percentage of estimated riders of your service in each minority group.

Racial/Ethnic Group	Service Area		Applicant's Client Population	
	Total	% of Total	Total	% of Total
American Indian/Alaskan Native	85	0.1%	0	0%
Asian/Pacific Islander	232	0.5%	0	0%
Black	260	0.6%	0	0%
Hispanic	526	1.0%	0	0%
White	49,050	97.8%	145	100%
Other	0	0%	0	0%
<b>TOTAL (match B-1 above).</b>	50,153	100 %	145	100 %

Applicant Name  
 ARC Community Support Systems

**D. Detailed Description of Applicant's Current Services and Experience**

Briefly describe your organization's:

- primary services
- transportation program
- number of years providing these services

Especially note the agency's transportation service for persons with disabilities, seniors, or other eligibility to receive transportation service. Attach extra pages if necessary.

ARC Community Support Systems is a CARF accredited not-for-profit organization providing services to people with developmental disabilities, and their families, since 1962 (46 years). Individuals utilizing these services range in ages from infants through adulthood. ARC-CSS serves infants and children with disabilities over a 26 county area in Illinois. It serves adults with disabilities in Effingham and Richland Counties in Illinois.

ARC-CSS offers programs and services falling under three major categories - Family Support, Employment and Residential. The Employment and Residential programs are the ones that primarily utilize the ARC-CSS fleet of vehicles. Family support rarely needs large-scale transportation services.

Transportation services for individuals with disabilities to attend ARC-CSS on-site day programs and supported employment programs are provided Monday through Friday, 250 days a year. In addition, ARC-CSS provides transportation services for individuals with disabilities who maintain off-site employment in the communities we serve. These services run seven days a week from 6:00 a.m. to 10:00 p.m.

E. A) 2008 Annual Certification was submitted FOR IDOT FUNDED VEHICLES in YOUR FLEET? July 1, 2008,  
 Or B) No IDOT Funded Vehicle was owned in 2008 \_\_\_\_\_

**F. Table I. Transportation Program Employees and Staffing**

Use the table below to show the number of paid employees and/or volunteers used in the operation of your transportation service for a typical week in the most recent operating year. Provide the total hours, by day of the week, worked by all employees/volunteers.

Example: If a bookkeeper works on the transportation program 1 hour each weekday (on average), show 1 on the table, in column 'A' and for or each day insert 1(one) hour, 2 (two) hours etc.

Staff	'A' # Staff	Total # of Hours Worked by Transportation Staff by Day						
		Mon.	Tues.	Wed	Thurs.	Fri.	Sat	Sun
Paid Drivers	5	10	10	10	10	10	0	0
Volunteer Drivers	0	0	0	0	0	0	0	0
Reservationists/	0	0	0	0	0	0	0	0
In-house Staff, Maint.	10	28	28	28	28	28	2	2
Administrative Staff	1*	0	0	0	0	0	0	0
<b>TOTALS</b>	16	38	38	38	38	38	2	2
<b>Total # of vehicles in use</b>	XXXXXX	18	18	18	18	18	2	2

**\*ARC-CSS NOTE: The Administrative Staff Person is only called on to drive approximately once a month. Those occasional drives cannot be reflected on this chart.**

Applicant Name  
ARC Community Support Systems

**Table II. Current Transportation Service Information**

**THIS TABLE IS VERY IMPORTANT!! PLEASE READ IT CAREFULLY AND FILL IT OUT COMPLETELY.**

Please provide the following transportation service data for your most recent year (either calendar or fiscal) of operation.

Indicate that data is for the annual period, from July 1, 2008 to June 30, 2009

**Section 5311 Applicants need only fill out the lower portion of this Table**

<i>Individual Clients</i> Served	Annual Total
Elderly Riders without Disabilities	<u>0</u>
Elderly Riders with Disabilities	<u>17</u>
Non-Elderly Riders with Disabilities	<u>128</u>
Other Riders, including general public	<u>0</u>
<b>TOTAL CLIENTS SERVED (Must match p.9)</b>	<b><u>145</u></b>

Number of *one-way Passenger Trips* by Trip Purpose

*(Examples:*

*Transport one client to a medical appointment and return home, count this as two (2) one-way passenger trips.*

*Transport a client to a doctor, then to a pharmacy, then home; is counted for three (3) such passenger trips.*

*If the agency takes 10 clients for a meal at a nutrition center, and takes those 10 clients back home, Counts as 20 one-way passenger trips.*

	Estimated Annual Total
Medical Trips	<u>5,000</u>
Work Trips	<u>66,000</u>
Education Trips	<u>4,000</u>
Nutrition Trips	<u>0</u>
Shopping Trips	<u>8,000</u>
Social/Recreational Trips	<u>10,000</u>
Other Trips	<u>0</u>
<b>TOTAL ONE-WAY PASSENGER-TRIPS PER YEAR</b>	<b><u>93,000</u></b>

Average number of vehicles used on a daily basis  
to provide this service 18

**PART VI**  
**FLEET CONTROL and MAINTENANCE**  
**MUST BE COMPLETED BY ALL 5310 & CPB APPLICANTS**

Applicant Name  
 ARC Community Support Systems

**A. Fleet Control**

Do you maintain an individual vehicle file folder/book for each vehicle in the fleet? Y X N \_\_\_

Does the file include (Check all that apply)

COPIES of: Vehicle Title X, Warranties X, Insurance policy card X, Vendor Contact Information X

Copies of repair orders, with reports on inspection/notification forms, with date resolved X,

All warranty claims X

Details on any malfunctions of ADA/lift equipment? X

Do you keep on file the last 6 months of drivers' daily pre- and post trip vehicle inspections? Y X N \_\_\_  
 (Please Attach examples). Note: It is a Federal Motor Carrier Safety Requirement per Section 396.11 'Driver vehicle inspection report(s)', (including certification of repairs and the certification of drivers' review) that inspection reports are kept on file at the primary place of dispatch for a period of 3 (three) months.

Do you have operating/repair manuals for all fleet vehicles? Y X N \_\_\_

Do you have repair manuals for all ADA equipment? Y X N \_\_\_

If not, when did you contact the vendor to get them?  
 \_\_\_\_\_

Are agency vehicles kept in a garage? Y \_\_\_ N X If outside, is storage area secured? Y \_\_\_ N X

Describe any off-site vehicle storage area (location, condition, security, etc.) \_\_\_\_\_

Do you have a Long Term Vehicle Replacement Plan? Y \_\_\_ N X

Do you maintain and regularly update Fleet Condition Reports? Y X N \_\_\_

**B. Maintenance**

Does your agency have a current written maintenance policy? Y X N \_\_\_

If yes, please include sample documentation. (e.g. Maintenance; Administration, Policy, Agency Authorization).

Do you perform preventative scheduled maintenance for all vehicles? (Attach any examples). Y X N \_\_\_

Do you perform inspection and manually operate/ check all ADA and access equipment? Y X N \_\_\_

Do you file all repairs (including routine maintenance) or adjustment advisories/orders? Y X N \_\_\_

Do you keep records of all vehicle inspections? (attach an example) Y X N \_\_\_

How long do you keep vehicle inspection records on file? 12 months (6 months recommended)

Do you track and file vehicle repair histories for each vehicle? Y X N \_\_\_

Who (Name & Title) is responsible for Agency vehicle maintenance program?

Dennis Quast, Employment Services Director

Who (Name & Title) is responsible for major repairs? Dennis Quast, Employment Services Director

Does management review repairs and inspection results? Y X N \_\_\_

Please List any/all outside contractor/service shops; and describe any specialty training: Meyer Auto Repair, Teutopolis. (General maintenance and repair) Drake & Scruggs, Springfield. (Lift maintenance and repair.)

Is the shop experienced in servicing the type of vehicle(s) being applied for? Y X N \_\_\_

Is ALL ADA equipment operational? Y X N \_\_\_ Any repair delays? (if in-operable, give details) \_\_\_\_\_

Name & Address of shop certified in servicing the ADA equipment offered: Name: Southern Bus & Mobility

Address 12950 Koch Lane, Breese, IL 62230

Do you have any major outstanding vehicle or accessory warranty or repair issues? Y \_\_\_ N X

If yes, provide a copy of your warranty claim procedures with an example document.

MUNICIPAL VEHICLE RECORD  
 DAILY PRE-TRIP INSPECTIONS

Vehicle No. \_\_\_\_\_  
 Beginning Mileage \_\_\_\_\_  
 Ending Mileage \_\_\_\_\_

Month \_\_\_\_\_

A copy of the completed Daily Inspection sheet and the Monthly Vehicle Maintenance sheet are to be given to the Safety Director at the end of each month.

Daily inspections to be completed by the FIRST DRIVER of the vehicle on each day.

- 1) Must be done at every fuel fill up. Check engine oil, coolant, windshield fluid, visually inspect belts, hoses and engine.
- 2) Must be done every day. Mandatory - unlock emergency door

Date	Mileage	Fuel # of Gal.	Oil Added	Driver Signature	Time/Location of Inspection	Date	Mileage	Fuel # of Gal.	Oil Added	Driver Signature	Time/Location of Inspection
1						16					
2						17					
3						18					
4						19					
5						20					
6						21					
7						22					
8						23					
9						24					
10						25					
11						26					
12						27					
13						28					
14						29					
15						30					
						31					

Inspect Daily:

1. Tires (visual)
2. All Glass (no cracks/holes)
3. Brakes and Emergency Break
4. Headlights Dim & Bright
5. Tail lights/Brake lights
6. Turn signals
7. Horn
8. Start engine and check steering
9. Windshield wipers
10. Ramp/Lift Operation
11. Fire Extinguisher
12. Body Damage
13. Hazard Flares or reflectors
14. Inside floors -no loose items
15. Wheelchair tie downs - no frayed belts locking devices work good
16. Turn on Van phone.

This vehicle should not transport consumers if a major problem is found during the inspection.

ANY PROBLEMS WITH VEHICLE MUST BE REPORTED TO THE TRANSPORTATION SUPERVISOR BEFORE CONSUMERS ARE LOADED.

(over)



ARC Community Support Systems

Subject **Vehicle Inspection and Maintenance**

Policy In order for ARC/CSS to operate a safe, reliable and cost effective transportation system, each agency vehicle must be inspected on a regular basis with identified repairs corrected quickly.

**Responsibility Procedure**

Transportation Driver/ Designee General maintenance responsibilities for each ARC/CSS transportation vehicle will be completed by staff at the vehicle's assigned location.

Responsible for completing once daily, a pre-trip inspection before transporting individuals. The pre-trip inspection report will be provided to the Safety Officer at each of the vehicle's location at the end of each month, and when repairs are required on the vehicle. This form is attached to the VIM&R form.

Responsible for completing a (monthly) VEHICLE INSPECTION & MAINTENANCE AND REPAIR (VIM&R) CHECKLIST of general inspection of the vehicle.

Production Supervisor - Olney Will provide a copy of the VEHICLE INSPECTION MAINTENANCE AND REPAIR CHECKLIST to the Agency Safety Director or Production Supervisor at the end of each month, and whenever repairs have been scheduled. All repairs over \$249 should be referred to the Agency Safety Director for approval.

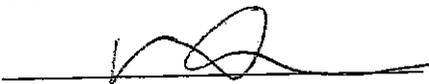
Safety Officers- Teutopolis Will schedule "full service" oil and engine fluids maintenance every 3,000 miles and attach copy of bill to the VIM&R CHECKLIST.

Will schedule tire rotation and inspection every 9,000 miles and attach copy of bill to the VIM&R CHECKLIST.

Agency Safety Director Will establish a permanent file for each of the agency's vehicles and will file all VIM&R CHECKLISTS each month.

Will ensure that all general maintenance requirements for agency's vehicles are completed.

To assist in identifying individual vehicles, an identification number is located on the right front and right rear of each vehicle. Please use this identification number on all reports.

Approved By:  Executive Director

Van # \_\_\_\_\_

Policy & Procedure No: 131

ARC COMMUNITY SUPPORT SYSTEMS

VEHICLE MONTHLY INSPECTION / MAINTENANCE CHECKLIST

INSTRUCTIONS: **FILL IN COMPLETELY ALL SPACES**

INSPECTOR: \_\_\_\_\_ DATE: \_\_\_\_\_ LOCATION: \_\_\_\_\_

VEHICLE IDENTIFICATION # \_\_\_\_\_ MILEAGE: \_\_\_\_\_

DOT EXPIRATION DATE \_\_\_\_\_

- 1. TIRE PRESSURE & CONDITION - visual check \_\_\_\_\_
- 2. EXTERIOR LIGHTS - operational, clearly seen, no broken covers
  - Standard headlights \_\_\_\_\_ High Beams \_\_\_\_\_ Parking lights \_\_\_\_\_
  - Reverse (backing) lights \_\_\_\_\_ Tail lights \_\_\_\_\_ Brake lights \_\_\_\_\_

3. BODY DAMAGE

Comments: \_\_\_\_\_  
\_\_\_\_\_

4. ENGINE INSPECTION

Oil level \_\_\_\_\_  
Windshield washer fluid \_\_\_\_\_

5. WINDOWS AND INTERIOR FEATURES

Wipers & washer operational \_\_\_\_\_ Windshield chipped/cracked \_\_\_\_\_  
Mirrors clean \_\_\_\_\_ Seat belts work \_\_\_\_\_ Door locks/handles work \_\_\_\_\_  
Brake pedal works/ not soft when depressed \_\_\_\_\_  
Emergency brake & release work \_\_\_\_\_  
Heater & Defroster operational \_\_\_\_\_

6. INTERIOR APPEARANCE - Clean

Driver & passenger seats \_\_\_\_\_ Flooring \_\_\_\_\_ Dash \_\_\_\_\_

8. MISCELLANEOUS

Insurance & registration card current \_\_\_\_\_ First Aid kit \_\_\_\_\_  
 License plate & inspection sticker current \_\_\_\_\_ Exposure kit \_\_\_\_\_  
 Fire extinguisher tag current \_\_\_\_\_  
 Fleet Safety manual with Emergency phone numbers \_\_\_\_\_  
 Wheelchair lift operational \_\_\_\_\_  
 Blanket \_\_\_\_\_

DATE OF OIL CHANGE & MILEAGE: \_\_\_\_\_  
 (change every 3000 miles)                      date / miles

LAST ROTATION OF TIRES \_\_\_\_\_ MILES (every 9,000 miles)

REPAIRS REQUIRED:

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SCHEDULED DATE OF REPAIRS: \_\_\_\_\_

REPAIRS PERFORMED AT: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**MARKING INSTRUCTIONS**  
 CORRECT • INCORRECT ✘  
 If an error is made, erase it and complete it.  
 For a "Yes" response mark the box with an "X".  
 For a "No" response leave the box blank.

FIELD NO. 21  
 ZIP/STATE: 618/IL

5. Date of Test: 11/10/03  
 6. Start Time: 10:30 AM  
 7. End Time: 12:30 PM  
 8. Date C/S Applied: 11/10/03

3. License Plate: 2P183  
 4. Vehicle Identification Number: 1F33214345513  
 Mark Each Item Emitter Pass or Fail

9. Time C/S Applied: 10:30 AM  
 10. Station: 0830  
 11. CST: 05  
 12. Certificate of Safety Number: 3043041343  
 13. Odometer Reading: 28,944  
 14. Total Test Fee: 17.00  
 15. Reinspect over 30 days:   
 16. Replacement C/S:   
 17. Single Wheel:   
 18. Double Wheel:

BRAKES		STEERING MECHANISM		SUSPENSION		FRAME		TIRE-STEERING AXLE		TIRE-NON STEERING AXLE		WHEELS AND RIMS		WINDSHIELD GLAZING		WINDSHIELD WIPER	
<input type="checkbox"/>	Absence of Braking	<input type="checkbox"/>	Free Play	<input type="checkbox"/>	Cracked Broken Member	<input type="checkbox"/>	Cracked Front End Structure	<input type="checkbox"/>	Tread Depth	<input type="checkbox"/>	Tread Depth	<input type="checkbox"/>	Ball Hole Cracked Elongated	<input type="checkbox"/>	Cracked Wind Repair	<input type="checkbox"/>	Wiper Operation
<input type="checkbox"/>	Missing/Loose Components	<input type="checkbox"/>	Binding/Jamming/Loose Parts	<input type="checkbox"/>	Loose Fasteners	<input type="checkbox"/>	Spare Tire, Cargo Secure	<input type="checkbox"/>	Mismatch Radius/Bias	<input type="checkbox"/>	Recapped Retreaded, regrooved	<input type="checkbox"/>	Lugs Fasteners, Lock Rings	<input type="checkbox"/>	Crack Weld Repairs	<input type="checkbox"/>	Missing Broken Parts
<input type="checkbox"/>	Beyond Requirement Limits	<input type="checkbox"/>	Steering Column	<input type="checkbox"/>	Tire Wheel Clearance	<input type="checkbox"/>	Front End Structure	<input type="checkbox"/>	Improper Use	<input type="checkbox"/>	Recapped Retreaded, regrooved	<input type="checkbox"/>	Crack Weld Repairs	<input type="checkbox"/>	Crack Weld Repairs	<input type="checkbox"/>	Wiper Operation
<input type="checkbox"/>	Leads	<input type="checkbox"/>	Steering Wheel Not Secure	<input type="checkbox"/>	Exhaust System	<input type="checkbox"/>	Safe Loading	<input type="checkbox"/>	Improper Size, Improper Load	<input type="checkbox"/>	Recapped Retreaded, regrooved	<input type="checkbox"/>	Crack Weld Repairs	<input type="checkbox"/>	Crack Weld Repairs	<input type="checkbox"/>	Missing Broken Parts
<input type="checkbox"/>	Parking Brake	<input type="checkbox"/>	Components Cracked/Weld Repair	<input type="checkbox"/>	Fuel System	<input type="checkbox"/>	Safe Loading	<input type="checkbox"/>	Improper Mount or Inflation	<input type="checkbox"/>	Recapped Retreaded, regrooved	<input type="checkbox"/>	Crack Weld Repairs	<input type="checkbox"/>	Crack Weld Repairs	<input type="checkbox"/>	Missing Broken Parts
<input type="checkbox"/>	Drum/Brake	<input type="checkbox"/>	Power Assist Unit	<input type="checkbox"/>	Lighting Devices	<input type="checkbox"/>	Safe Loading	<input type="checkbox"/>	Improper Mount or Inflation	<input type="checkbox"/>	Recapped Retreaded, regrooved	<input type="checkbox"/>	Crack Weld Repairs	<input type="checkbox"/>	Crack Weld Repairs	<input type="checkbox"/>	Missing Broken Parts
<input type="checkbox"/>	Mismatch Across Axle	<input type="checkbox"/>	Ball Joint	<input type="checkbox"/>	Headlight, Tail Light, Parking Light, Stop Light, Clearance/Thence Plate Light, Turn Signal, Hazard Warning, Back Up Light, Identification, Reflectors, Reflective Tape, Side Marker Intermediate	<input type="checkbox"/>	Safe Loading	<input type="checkbox"/>	Improper Mount or Inflation	<input type="checkbox"/>	Recapped Retreaded, regrooved	<input type="checkbox"/>	Crack Weld Repairs	<input type="checkbox"/>	Crack Weld Repairs	<input type="checkbox"/>	Missing Broken Parts
<input type="checkbox"/>	High-Tank-Cracked/Striken/Clamped	<input type="checkbox"/>	Steering System Modification	<input type="checkbox"/>	Free Play, Binding/Jamming Loose Parts, Steering Column, Steering Wheel Not Secure, Gear Box Cracked/Welded, Pitman Arm, Power Assist Unit, Ball Joint, Steering Mechanism Modification, Tie Rod, Drag Link, King Pin	<input type="checkbox"/>	Safe Loading	<input type="checkbox"/>	Improper Mount or Inflation	<input type="checkbox"/>	Recapped Retreaded, regrooved	<input type="checkbox"/>	Crack Weld Repairs	<input type="checkbox"/>	Crack Weld Repairs	<input type="checkbox"/>	Missing Broken Parts
<input type="checkbox"/>	Low Pressure Warning Device	<input type="checkbox"/>	Tie Rod	<input type="checkbox"/>	Axle Positioning Parts Loose or Missing	<input type="checkbox"/>	Safe Loading	<input type="checkbox"/>	Improper Mount or Inflation	<input type="checkbox"/>	Recapped Retreaded, regrooved	<input type="checkbox"/>	Crack Weld Repairs	<input type="checkbox"/>	Crack Weld Repairs	<input type="checkbox"/>	Missing Broken Parts
<input type="checkbox"/>	Compressor	<input type="checkbox"/>	Drag Link	<input type="checkbox"/>	Spring/Shackles, Rubber Spring, Torion Bar, Coil Springs, Air Suspension, Torque Plates Tracking	<input type="checkbox"/>	Safe Loading	<input type="checkbox"/>	Improper Mount or Inflation	<input type="checkbox"/>	Recapped Retreaded, regrooved	<input type="checkbox"/>	Crack Weld Repairs	<input type="checkbox"/>	Crack Weld Repairs	<input type="checkbox"/>	Missing Broken Parts
<input type="checkbox"/>	Electric Brakes	<input type="checkbox"/>	Trig Link	<input type="checkbox"/>	Cracked Broken Member	<input type="checkbox"/>	Safe Loading	<input type="checkbox"/>	Improper Mount or Inflation	<input type="checkbox"/>	Recapped Retreaded, regrooved	<input type="checkbox"/>	Crack Weld Repairs	<input type="checkbox"/>	Crack Weld Repairs	<input type="checkbox"/>	Missing Broken Parts
<input type="checkbox"/>	Brake/Key	<input type="checkbox"/>	Axle Fastening Parts Loose or Missing	<input type="checkbox"/>	Loose Fasteners	<input type="checkbox"/>	Safe Loading	<input type="checkbox"/>	Improper Mount or Inflation	<input type="checkbox"/>	Recapped Retreaded, regrooved	<input type="checkbox"/>	Crack Weld Repairs	<input type="checkbox"/>	Crack Weld Repairs	<input type="checkbox"/>	Missing Broken Parts
<input type="checkbox"/>	Check Valve Missing/Inoperative	<input type="checkbox"/>	Spring/Shackles	<input type="checkbox"/>	Tire Wheel Clearance	<input type="checkbox"/>	Safe Loading	<input type="checkbox"/>	Improper Mount or Inflation	<input type="checkbox"/>	Recapped Retreaded, regrooved	<input type="checkbox"/>	Crack Weld Repairs	<input type="checkbox"/>	Crack Weld Repairs	<input type="checkbox"/>	Missing Broken Parts
<input type="checkbox"/>	Hydraulic Brake Fluid or Light	<input type="checkbox"/>	Rubber Spring	<input type="checkbox"/>	Exhaust System	<input type="checkbox"/>	Safe Loading	<input type="checkbox"/>	Improper Mount or Inflation	<input type="checkbox"/>	Recapped Retreaded, regrooved	<input type="checkbox"/>	Crack Weld Repairs	<input type="checkbox"/>	Crack Weld Repairs	<input type="checkbox"/>	Missing Broken Parts
<input type="checkbox"/>	Power Assist Unit	<input type="checkbox"/>	Torion Bar	<input type="checkbox"/>	Fuel System	<input type="checkbox"/>	Safe Loading	<input type="checkbox"/>	Improper Mount or Inflation	<input type="checkbox"/>	Recapped Retreaded, regrooved	<input type="checkbox"/>	Crack Weld Repairs	<input type="checkbox"/>	Crack Weld Repairs	<input type="checkbox"/>	Missing Broken Parts
<input type="checkbox"/>	Vacuum Reserve	<input type="checkbox"/>	Coil Springs	<input type="checkbox"/>	Lighting Devices	<input type="checkbox"/>	Safe Loading	<input type="checkbox"/>	Improper Mount or Inflation	<input type="checkbox"/>	Recapped Retreaded, regrooved	<input type="checkbox"/>	Crack Weld Repairs	<input type="checkbox"/>	Crack Weld Repairs	<input type="checkbox"/>	Missing Broken Parts
<input type="checkbox"/>	Low Vacuum Warning Device	<input type="checkbox"/>	Air Suspension	<input type="checkbox"/>	Free Play, Binding/Jamming Loose Parts, Steering Column, Steering Wheel Not Secure, Gear Box Cracked/Welded, Pitman Arm, Power Assist Unit, Ball Joint, Steering Mechanism Modification, Tie Rod, Drag Link, King Pin	<input type="checkbox"/>	Safe Loading	<input type="checkbox"/>	Improper Mount or Inflation	<input type="checkbox"/>	Recapped Retreaded, regrooved	<input type="checkbox"/>	Crack Weld Repairs	<input type="checkbox"/>	Crack Weld Repairs	<input type="checkbox"/>	Missing Broken Parts
<input type="checkbox"/>		<input type="checkbox"/>	Torque Plates Tracking	<input type="checkbox"/>	Axle Positioning Parts Loose or Missing	<input type="checkbox"/>	Safe Loading	<input type="checkbox"/>	Improper Mount or Inflation	<input type="checkbox"/>	Recapped Retreaded, regrooved	<input type="checkbox"/>	Crack Weld Repairs	<input type="checkbox"/>	Crack Weld Repairs	<input type="checkbox"/>	Missing Broken Parts
<input type="checkbox"/>		<input type="checkbox"/>	Cracked Broken Member	<input type="checkbox"/>	Spring/Shackles, Rubber Spring, Torion Bar, Coil Springs, Air Suspension, Torque Plates Tracking	<input type="checkbox"/>	Safe Loading	<input type="checkbox"/>	Improper Mount or Inflation	<input type="checkbox"/>	Recapped Retreaded, regrooved	<input type="checkbox"/>	Crack Weld Repairs	<input type="checkbox"/>	Crack Weld Repairs	<input type="checkbox"/>	Missing Broken Parts
<input type="checkbox"/>		<input type="checkbox"/>	Loose Fasteners	<input type="checkbox"/>	Cracked Broken Member	<input type="checkbox"/>	Safe Loading	<input type="checkbox"/>	Improper Mount or Inflation	<input type="checkbox"/>	Recapped Retreaded, regrooved	<input type="checkbox"/>	Crack Weld Repairs	<input type="checkbox"/>	Crack Weld Repairs	<input type="checkbox"/>	Missing Broken Parts
<input type="checkbox"/>		<input type="checkbox"/>	Tire Wheel Clearance	<input type="checkbox"/>	Loose Fasteners	<input type="checkbox"/>	Safe Loading	<input type="checkbox"/>	Improper Mount or Inflation	<input type="checkbox"/>	Recapped Retreaded, regrooved	<input type="checkbox"/>	Crack Weld Repairs	<input type="checkbox"/>	Crack Weld Repairs	<input type="checkbox"/>	Missing Broken Parts
<input type="checkbox"/>		<input type="checkbox"/>	Exhaust System	<input type="checkbox"/>	Tire Wheel Clearance	<input type="checkbox"/>	Safe Loading	<input type="checkbox"/>	Improper Mount or Inflation	<input type="checkbox"/>	Recapped Retreaded, regrooved	<input type="checkbox"/>	Crack Weld Repairs	<input type="checkbox"/>	Crack Weld Repairs	<input type="checkbox"/>	Missing Broken Parts
<input type="checkbox"/>		<input type="checkbox"/>	Fuel System	<input type="checkbox"/>	Exhaust System	<input type="checkbox"/>	Safe Loading	<input type="checkbox"/>	Improper Mount or Inflation	<input type="checkbox"/>	Recapped Retreaded, regrooved	<input type="checkbox"/>	Crack Weld Repairs	<input type="checkbox"/>	Crack Weld Repairs	<input type="checkbox"/>	Missing Broken Parts
<input type="checkbox"/>		<input type="checkbox"/>	Lighting Devices	<input type="checkbox"/>	Fuel System	<input type="checkbox"/>	Safe Loading	<input type="checkbox"/>	Improper Mount or Inflation	<input type="checkbox"/>	Recapped Retreaded, regrooved	<input type="checkbox"/>	Crack Weld Repairs	<input type="checkbox"/>	Crack Weld Repairs	<input type="checkbox"/>	Missing Broken Parts
<input type="checkbox"/>		<input type="checkbox"/>	Free Play, Binding/Jamming Loose Parts, Steering Column, Steering Wheel Not Secure, Gear Box Cracked/Welded, Pitman Arm, Power Assist Unit, Ball Joint, Steering Mechanism Modification, Tie Rod, Drag Link, King Pin	<input type="checkbox"/>	Lighting Devices	<input type="checkbox"/>	Safe Loading	<input type="checkbox"/>	Improper Mount or Inflation	<input type="checkbox"/>	Recapped Retreaded, regrooved	<input type="checkbox"/>	Crack Weld Repairs	<input type="checkbox"/>	Crack Weld Repairs	<input type="checkbox"/>	Missing Broken Parts
<input type="checkbox"/>		<input type="checkbox"/>	Axle Positioning Parts Loose or Missing	<input type="checkbox"/>	Free Play, Binding/Jamming Loose Parts, Steering Column, Steering Wheel Not Secure, Gear Box Cracked/Welded, Pitman Arm, Power Assist Unit, Ball Joint, Steering Mechanism Modification, Tie Rod, Drag Link, King Pin	<input type="checkbox"/>	Safe Loading	<input type="checkbox"/>	Improper Mount or Inflation	<input type="checkbox"/>	Recapped Retreaded, regrooved	<input type="checkbox"/>	Crack Weld Repairs	<input type="checkbox"/>	Crack Weld Repairs	<input type="checkbox"/>	Missing Broken Parts
<input type="checkbox"/>		<input type="checkbox"/>	Spring/Shackles, Rubber Spring, Torion Bar, Coil Springs, Air Suspension, Torque Plates Tracking	<input type="checkbox"/>	Axle Positioning Parts Loose or Missing	<input type="checkbox"/>	Safe Loading	<input type="checkbox"/>	Improper Mount or Inflation	<input type="checkbox"/>	Recapped Retreaded, regrooved	<input type="checkbox"/>	Crack Weld Repairs	<input type="checkbox"/>	Crack Weld Repairs	<input type="checkbox"/>	Missing Broken Parts
<input type="checkbox"/>		<input type="checkbox"/>	Cracked Broken Member	<input type="checkbox"/>	Spring/Shackles, Rubber Spring, Torion Bar, Coil Springs, Air Suspension, Torque Plates Tracking	<input type="checkbox"/>	Safe Loading	<input type="checkbox"/>	Improper Mount or Inflation	<input type="checkbox"/>	Recapped Retreaded, regrooved	<input type="checkbox"/>	Crack Weld Repairs	<input type="checkbox"/>	Crack Weld Repairs	<input type="checkbox"/>	Missing Broken Parts
<input type="checkbox"/>		<input type="checkbox"/>	Loose Fasteners	<input type="checkbox"/>	Cracked Broken Member	<input type="checkbox"/>	Safe Loading	<input type="checkbox"/>	Improper Mount or Inflation	<input type="checkbox"/>	Recapped Retreaded, regrooved	<input type="checkbox"/>	Crack Weld Repairs	<input type="checkbox"/>	Crack Weld Repairs	<input type="checkbox"/>	Missing Broken Parts
<input type="checkbox"/>		<input type="checkbox"/>	Tire Wheel Clearance	<input type="checkbox"/>	Loose Fasteners	<input type="checkbox"/>	Safe Loading	<input type="checkbox"/>	Improper Mount or Inflation	<input type="checkbox"/>	Recapped Retreaded, regrooved	<input type="checkbox"/>	Crack Weld Repairs	<input type="checkbox"/>	Crack Weld Repairs	<input type="checkbox"/>	Missing Broken Parts
<input type="checkbox"/>		<input type="checkbox"/>	Exhaust System	<input type="checkbox"/>	Tire Wheel Clearance	<input type="checkbox"/>	Safe Loading	<input type="checkbox"/>	Improper Mount or Inflation	<input type="checkbox"/>	Recapped Retreaded, regrooved	<input type="checkbox"/>	Crack Weld Repairs	<input type="checkbox"/>	Crack Weld Repairs	<input type="checkbox"/>	Missing Broken Parts
<input type="checkbox"/>		<input type="checkbox"/>	Fuel System	<input type="checkbox"/>	Exhaust System	<input type="checkbox"/>	Safe Loading	<input type="checkbox"/>	Improper Mount or Inflation	<input type="checkbox"/>	Recapped Retreaded, regrooved	<input type="checkbox"/>	Crack Weld Repairs	<input type="checkbox"/>	Crack Weld Repairs	<input type="checkbox"/>	Missing Broken Parts
<input type="checkbox"/>		<input type="checkbox"/>	Lighting Devices	<input type="checkbox"/>	Fuel System	<input type="checkbox"/>	Safe Loading	<input type="checkbox"/>	Improper Mount or Inflation	<input type="checkbox"/>	Recapped Retreaded, regrooved	<input type="checkbox"/>	Crack Weld Repairs	<input type="checkbox"/>	Crack Weld Repairs	<input type="checkbox"/>	Missing Broken Parts
<input type="checkbox"/>		<input type="checkbox"/>	Free Play, Binding/Jamming Loose Parts, Steering Column, Steering Wheel Not Secure, Gear Box Cracked/Welded, Pitman Arm, Power Assist Unit, Ball Joint, Steering Mechanism Modification, Tie Rod, Drag Link, King Pin	<input type="checkbox"/>	Lighting Devices	<input type="checkbox"/>	Safe Loading	<input type="checkbox"/>	Improper Mount or Inflation	<input type="checkbox"/>	Recapped Retreaded, regrooved	<input type="checkbox"/>	Crack Weld Repairs	<input type="checkbox"/>	Crack Weld Repairs	<input type="checkbox"/>	Missing Broken Parts
<input type="checkbox"/>		<input type="checkbox"/>	Axle Positioning Parts Loose or Missing	<input type="checkbox"/>	Free Play, Binding/Jamming Loose Parts, Steering Column, Steering Wheel Not Secure, Gear Box Cracked/Welded, Pitman Arm, Power Assist Unit, Ball Joint, Steering Mechanism Modification, Tie Rod, Drag Link, King Pin	<input type="checkbox"/>	Safe Loading	<input type="checkbox"/>	Improper Mount or Inflation	<input type="checkbox"/>	Recapped Retreaded, regrooved	<input type="checkbox"/>	Crack Weld Repairs	<input type="checkbox"/>	Crack Weld Repairs	<input type="checkbox"/>	Missing Broken Parts
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## Instructions to Certified Safety Testers and Official Testing Station Owners.

1. Mark X if the vehicle is receiving an Illinois 6 month inspection.
2. Mark X if vehicle is receiving an annual inspection.
3. Write the vehicle license number and fill in the bubble corresponding to each column.
4. Write the VIN and fill in the bubble corresponding to each column.
5. Write the date of test.
6. Write the time the inspection starts.
7. Write the time the inspection ends.
8. Write the date that the Certificate of Safety is applied.
9. Write the time the Certificate of Safety is applied.
10. Write the four digit Official Testing Station number.
11. Write the two digit Certified Safety Tester number.
12. Write the eleven digit Certificate of Safety number.
13. Write the mileage from the odometer of the vehicle being inspected.
14. Write the total test fee including the Certificate of Safety fee.
15. Mark X if reject over 30 days.
16. Mark X if a replacement Certificate of Safety is applied.
17. Write the number of single wheel axles.
18. Write the number of double wheel axles.
19. Write vehicle model year.
20. Write the number that corresponds with the vehicle type.
21. Write the number that corresponds with the trailer make.
22. Write the number that corresponds with the vehicle make.
23. Mark X in the defect box then circle the term that best describes the defect.
24. Numbers should be written 0,1,2,3,4,5,6,7,8,9.

**This report remains the property of the Illinois Department of Transportation. The second (white) copy must be filed numerically and chronologically at the Official Testing Station for a period of eighteen (18) months and must be available for inspection by employees of the Illinois Department of Transportation.**

625 ILCS 5/13-101 requires that all safety inspections be performed in accordance with rules established by the Department. Obtaining or issuing a Certificate of Safety without first receiving or performing a proper safety inspection according to vehicle type is a petty offense as stated in 625 ILCS 5/13-104.

1 A. <u>ARC</u> Owner of Vehicle	1 B. _____ Motor Carrier Operator if Different from Owner	1 C. _____ Federal Census Number
1 D. _____ Legal Address	1 E. <u>FTOWN</u> City or Town	1 F. <u>IL</u> State
		1 G. _____ Zip Code

2. The vehicle described on this report has been presented for testing and the undersigned has read and understands the above paragraphs and the driver has been made aware of the results of the test. This inspection does not cover all the required equipment to operate a vehicle on Illinois Highways.

A  
 Signature of Driver

3. I hereby declare that the vehicle described on this report has been tested by me in accordance with procedures promulgated by the Illinois Department of Transportation including the standards of Appendix G to Subchapter B of Chapter III, Title 49, Code of Federal Regulations, when appropriate. All information contained on this report is accurate, correct, and complete to the best of my knowledge.

\_\_\_\_\_  
 Print Name of Certified Safety Tester

[Signature]  
 Signature of Certified Safety Tester

4. [Signature]  
 Print Name of Certified Safety Tester Making Retest

ARC  
 Signature of Certified Safety Tester Making Retest

- NOTICE -

THE FIRST COPY (TOP) OF THIS REPORT WILL BE SCANNED ELECTRONICALLY.  
 PLEASE KEEP THE TOP COPY FREE OF DIRT OR GREASE.  
 DO NOT FOLD, SPINDLE OR MUTILATE TOP COPY.  
 DO NOT MAKE ANY MARKS ON THE TOP COPY OTHER THAN SPECIFIED IN THE DIRECTIONS.  
 YOU MAY WRITE ONLY ON THE SECOND OR THIRD COPIES.

In accordance with FMVSS 396.23 (b) (1), the Illinois periodic vehicle inspection for trucks and trailers has been determined to be as effective as required in FMVSS 396.17. A truck or trailer bearing a valid Illinois Certificate of Safety has completed an Appendix G inspection and the motor carrier has met the requirements of FMVSS 396.17 through the Illinois Vehicle Inspection Program. The Appendix G inspection includes the inspection of the following components: Brake system, coupling devices, exhaust system, fuel system, lighting devices, safe loading, steering mechanism, suspension, frame, tires, wheels, windshield glazing and windshield wipers.

**PART VII  
TRANSPORTATION TRAINING  
MUST BE COMPLETED BY ALL APPLICANTS**

Applicant Name  
ARC Community Support Systems

**Driver/Dispatch Training is vital and necessary.**

Include and/or describe your formal driver training policy, programs, your training administration procedures and the name and title of the designated trainer. Dennis Quast, Employment Services Director – Training Programs detailed on the following page.

**With your published policy statement on training and orientation**, provide documentation/ an example of:

- 1) Your training master plan/outline, and
- 2) a current training schedule, and
- 3) an Individual Personnel Training record, etc.

Do you maintain individual Driver Files? Y X N \_\_\_  
Does each driver's file reflect training, licensing, achievements, etc.? Y X N \_\_\_

Are all drivers formally trained in the following core passenger transport subjects?  
Client Assistance Y X N \_\_\_, Defensive Driving Y X N \_\_\_, Emergency Procedures Y X N \_\_\_,

Do you provide to the drivers:  
Special Passenger Care Training Y X N \_\_\_, Emergency Local Contacts and Resources Y X N \_\_\_  
C.P.R. Training Y X N \_\_\_ Emergency Response Training Y X N \_\_\_

If NO to **any** of the above, please explain, or note alternative training plans, programs and schedules.

Please list any other formal course(s) offered by or through the agency for drivers/dispatchers:

**FLI Training Course video and test**

**“Coaching the Van Driver”**

Do you offer regular updates/refreshers? Y X N \_\_\_

What is your normal Training cycle? Annual

Do you include Dispatchers in vehicle orientation? Y \_\_\_ N N/A

Do you include occasional drivers, or people with other specialties? Y X N \_\_\_

Does your formal training include: ADA policy as it applies to your clients Y X N \_\_\_

Operation of access equipment (including manual lift operation and cautions)? Y X N \_\_\_

Formal vehicle and accessory orientation? Y X N \_\_\_

Route or territory orientation? Y X N \_\_\_

Do you use 'on-the-road' communications with drivers? Y X N \_\_\_ Define: Cellular Telephones

## ARC Community Support Systems Formal driver transportation training programs and training administration procedures

ARC Community Support Systems drivers receive First Aid and CPR training. Crisis Prevention and Intervention training is also provided to all drivers as well as additional mandatory training including the following:

- “Coaching the Van Driver” – addresses individuals with special needs using ADA equipment and vehicle inspection guidelines;
- Defensive Driving classes sponsored by the Illinois State Police;
- Roll over prevention with large vans;
- Completing vehicle inspections and manually operating ADA lifts;
- Loading and unloading individuals and securing wheelchairs in vans; and
- DVM records are obtained with initial application and randomly thereafter.

## NEW EMPLOYEE CHECKLIST

NAME \_\_\_\_\_ HIRE DATE \_\_\_\_\_

ADDRESS \_\_\_\_\_

DOB \_\_\_\_\_ SSN \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

POSITION \_\_\_\_\_ PROGRAM CHARGE OFF \_\_\_\_\_

EMPLOYEE PT NON EXEMPT \_\_\_\_\_ FT NON EXEMPT \_\_\_\_\_ TEMP/SUB \_\_\_\_\_  
 SALARY NON EXEMPT \_\_\_\_\_ SALARY EXEMP \_\_\_\_\_

PAY RATE \_\_\_\_\_

**ALL ITEMS MUST BE INITIALED BY THE NEW HIRE AND APPLICABLE STAFF PERSON**

NEW HIRE	SUPERVISOR	
		CRIMINAL BACKGROUND/NURSE AIDE REGISTRY CHECK
		APPLICATION (SIGNED BY EXECUTIVE DIRECTOR & PR INFORMATION FILLED IN)
		SIGNED NEGLECT & ABUSE POLICY
		SIGNED HARASSMENT DISCLAIMER
		SIGNED DRUG FREE WORKPLACE POLICY
		SIGNED CONFIDENTIALITY POLICY
		ASSIGN TELEPHONE LONG DISTANCE ACCESS CODE
		EXPLAIN VACATION/SICK LEAVE POLICY AND REQUEST FORMS
		EXPLAIN TIME SHEETS/TIME CLOCKS/TRAVEL VOUCHERS
		REQUEST COLLEGE TRANSCRIPTS (IF APPLICABLE)
		COPY OF DRIVERS LICENSE (ENLARGE & LIGHTEN)
		COPY OF VEHICLE INSURANCE CARD
		DRIVER'S TRAINING/TESTING (IF APPLICABLE)
		SIGNED JOB DESCRIPTION
		PURCHASING CARD ASSIGNED (IF APPLICABLE)
		TRAINING SCHEDULED: BLOODBORNE PATHOGEN/CPR/1ST AID/CPI
		EXPLAIN EXIT GUIDELINES
		REVIEWED POLICY MANUEL
NEW HIRE	BUSINESS OFFICE	
		W- 4'S (FEDERAL & STATE)
		I - 9 FORM
		NEW HIRE REPORTING
		PERSONNEL HANDBOOK (\$10 FEE IF NOT RETURNED UPON TERMINATING EMP)
		DIRECT DEPOSIT
		ISSUE TIME CLOCK BADGE
		FULL TIME STAFF INSURANCE ENROLLMENT OR REFUSAL
		30-40 HR PER WEEK STAFF INSURANCE ENROLLMENT OR REFUSAL
		CAFETERIA PLAN ENROLLMENT/REFUSAL (DENTAL, MEDICAL, CHILDCARE)

# ARC COMMUNITY SUPPORT SYSTEMS

## Fleet Safety Program

Revised: February 1995  
September 1997  
February 1999  
June 2001  
September 2002  
September 2003  
July 2005  
January 2007

Reviewed: March 1996  
January 1997

# ARC COMMUNITY SUPPORT SYSTEMS

## Fleet Safety Program

In order to minimize the possibility of hiring or retaining a driver where previous work or driving history would make him/her unfit for employment the following driver selection procedure will be followed. Also, this procedure includes a system for inspection, maintaining and repairing vehicles as well as investigating and documenting accidents involving agency vehicles.

1. **APPLICATION FORM:**

The attached Application Form will be used for all designated drivers employed by the ARC Community Support Systems. All questions on the application form should be answered. The application must be signed by the applicant, with the understanding the information may be used and the applicants former employers will be contacted for the purpose of investigating the applicants background. Any questionable, missing or negative information must be explained by the applicant as part of the interview and documented as a permanent part of the file. (Interview to be conducted by the person in charge of transportation).

Supplemental Information Application will be completed for individuals qualifying for the Driver/Consumer Transportation job description.

2. **ROAD TEST:** (See attached form)

Prior to employment, all applicants will be given a road test in the type of vehicle which they likely will drive. The test will be of sufficient duration that a proper evaluation of the persons skill can be made by the evaluator. At a minimum, the test will include pre-trip inspection of the vehicles, operating the vehicle in traffic, while passing other vehicles, braking, backing, parking and use of emergency or other control equipment. A test form will be used by the evaluator to be sure all aspects of the test are covered and the test is uniformly administered.

3. **REVIEW OF DRIVING RECORD:**

Applicants for Driver/Consumer Transportation must furnish an Illinois Secretary of State computer printout (DMV report) of their driving record for the previous three year period prior to the application date. This will be used to verify information stated on the application for employment. Any cost incurred is paid by ARC-CSS.

Once employed, the driver must complete a Traffic Citation Report and give to his/her supervisor within one working day following receipt of a traffic citation. NOTE: This includes all citations whether in agency vehicles or others, during work and non-work hours.

Randomly over a 12 month period, ARC-CSS's insurance company will obtain from the Illinois Secretary of State a Driving Record Report which will be checked against all information received from the driver. Cost of report paid by ARC-CSS.

4. **PHYSICAL EXAMINATION:**

Prior to employment all applicants requiring a CDL classification will receive a physical examination (following OSHA Medical Standards) by a licensed doctor of medicine or osteopathy designated by ARC-CSS. If employed, each designated driver will be physically re-examined at least every 24 months. All required exams to be paid by ARC-CSS.

Applicants who are required by the job description to have a CDL classification, will agree to participate in the ARC-CSS Random Drug Testing Program. (See attached policy).

5. **VEHICLE INSPECTION, REPAIR & MAINTENANCE:**

**INSPECTION:** Drivers will inspect vehicles daily using the pre-trip inspections form and also complete a monthly and note the inspections by recording date and name on the Pre-Trip Inspection and the Vehicle Inspection/ Maintenance Repair form. Drivers should, at a minimum, check all items listed on both the Pre-Trip Inspection and the Vehicle Condition Inspection/Maintenance Form. The driver is to complete a Vehicle Inspection/Maintenance Form monthly and give a copy (with the Pre-Trip Inspection sheets for that month), to the Employment Services Director (Effingham site) or the Production Manager (Olney site).

**REPAIR:** All defects or problems should be reported on the Vehicle Inspection/Maintenance Repair Form adding any comments on the bottom and back of the form. This form is immediately given to the Employment Services Director (Effingham site) or the Production Manager (Olney site). Repairs over \$249 will require the approval of the Employment Services Director (Effingham site) or the Production Manager (Olney site).

**MAINTENANCE:** All work completed on a vehicle will be recorded on the Vehicle Inspection/Maintenance Repair Form, which is kept by the driver and available copies are found in the Fleet Safety Manual. Routine maintenance such as oil changes, tire rotation ect will be scheduled and bills provided to the Employment Services Director (Effingham site) or the Production Manager (Olney site).

6. **ACCIDENT INVESTIGATION REPORT:**

The driver's supervisor will complete a Motor Vehicle Accident Investigation Report after any accident involving the vehicle, passengers, or load. This would include injuries received by passengers entering or exiting the vehicle. Additional documentation of the accident may be required (See Safety Manual).

7. **DRIVER ORIENTATION:** (See attached)

## EMERGENCY NUMBERS

### WRECKER SERVICE:

#### Effingham location

Chuck's Towing.....342-7541  
Heartland Towing.....342-5610  
Tri Power Towing.....342-6135

#### Olney location

Bateman Auto Parts.....3927951  
Bodyworks Collision Service.....3953368  
Keen's Services Center.....3920261  
The Repair Shop.....3954802

ARC Community Support Systems ..... 857-3186

#### Effingham location

Mike Poe .....(217) 868-5213-Home Number  
Dennis Quast .....(217) 342-3075-Home Number  
Barb Rodgers .....(217) 347-7430-Home Number

#### Olney location

Mike Woods .....(618) 395-4640-Home Number  
Bob Tabaka .....(618) 392-6931-Home Number

Additional Emergency Numbers **911**

#### Effingham location:

Ambulance ..... 342-4433  
Hospital Emergency Room..... 342-2121  
Effingham Fire Department ..... 342-4131  
County Sheriff Department..... 342-2101  
Illinois State Police ..... 342-2292  
Effingham City Police ..... 347-0771

Olney location: **911**

**Ambulance**.....395-4326  
Hospital Emergency Room.....395-2131  
Fire Deptment.....392-6341  
Police Department.....395-8481  
Sheriff Department.....395-7481

# ARC COMMUNITY SUPPORT SYSTEMS

## Orientation For All Drivers

The drivers should expect the passengers to conduct themselves in a manner which does not compromise safety. Drivers are expected to report any inappropriate conduct to their immediate supervisor.

The following is a list of guidelines to follow. The driver is responsible for the safety of all passengers. It is the driver's responsibility to make decisions as to the best course of action for each situation. Safety must always be the number one priority. If you have any questions, please do not hesitate to ask.

1. All drivers should carry the bus drivers' identification.
2. Employee Driving Record:  
You will be required to fill out a Traffic Violation Report form and submit it to Dennis Quast or Mike Poe at the Effingham location or Mike Woods at the Olney location, on the first working day following the receipt of any traffic ticket. Also, the Agency will obtain, through our insurance company, a motor vehicle record from the Secretary of State's Office randomly throughout the year for comparison purposes. This record will show all violations in the past three years. Failure to report traffic violations, types of violations and/or the number of violations may result in dismissal.
3. Emergency Procedures:
  - A. If a driver decides that a passenger needs medical attention, he/she should make a decision to the best course of action. This may include (1) calling the ambulance, or (2) taking him/her to the Emergency Room yourself. Once the decision is made, and the passenger is treated, the driver should notify Mike Poe, Dennis Quast or Barb Rodgers, involving the Effingham location and/or Mike Woods involving vehicles at the Olney location.
  - B. If an adult consumer leaves the vehicle without the driver's permission, the following procedure should be followed: The driver should not try to physically restrain the individual. However, he/she should immediately notify Mike Poe, Dennis Quast or Barb Rodgers for the Effingham location and/or Mike Woods at the Olney location.
  - C. Vehicle accident with any Agency vehicle or personal vehicle while transporting consumers:
    1. Check the welfare of the passengers and notify appropriate authorities.
    2. If damage is over \$100, or involves another vehicle, notify police.
    3. If you cannot notify police, you should obtain as much information as possible from the other driver. Examples: vehicle license number, name of driver, name of insurance company, etc. Also, at your earliest convenience, it is helpful to write a brief description of the events just prior to the accident and the accident itself.

4. In all accidents, be sure to notify Mike Poe or Dennis Quast as soon as possible after the authorities have been notified.
5. Give the other driver(s) involved the following information:  
Your name and the name of your immediate supervisor;  
Address: ARC Community Support Systems  
618 West Main Street - Teutopolis, IL 62467  
Phone: (217) 857-3186  
Executive Director: Richard Reimers
6. Post accident Drug Testing for drivers with CDL classification: Testing is required when employees holding CDL classification are involved in an accident and the driver received a citation for a moving traffic violation arising from the accident or resulting in a fatality.

Post accident urine drug testing is to be completed as soon as possible, but no later than 32 hours after the reported accident a fatality.

4. Road Conditions:

Because each driver faces a variety of road conditions throughout the year, the judgment of where and when to drive is always left to the driver. If none of the route is to be run, you will be notified prior to your starting time. Weather related announcements concerning your route is announced on WCRC (FM) and WXF (FM) for the Effingham locations. WVLN 7.40AM and WSEI 92.9FM will announce ARC/CSS closings for the Olney location.

5. Vehicle Breakdown:

If your vehicle breaks down or in your opinion, should not be operated, call your supervisor. If you are unable to reach someone at the facility, then call any of the numbers listed on the attached sheet and wrecker service in the order listed. If the delay is to be long, the Agency will make every effort to notify the consumers, on that route, of the delay.

6. Vehicle Maintenance:

You are responsible for completing a daily Pre-Trip Inspection checklist and the Vehicle Inspection/Maintenance Repair Form monthly on your assigned vehicle. **ALSO, THE VEHICLE INSPECTION/MAINTENANCE REPAIR FORM SHOULD BE COMPLETED AT ANY TIME A PROBLEM BECOMES APPARENT.** All Pre-Trip Inspection forms and the Vehicle Inspection/Maintenance Repair Forms should be completed by a designated person at the facility where the vehicle is located. Check with your supervisor for instructions on who should receive this report. Please report any malfunctions in writing on this report. Before leaving a vehicle which has a serious malfunction which affects safety, place an "Out Of Service" tag on the steering wheel. These tags will be in your driver's packet which is stored in the vehicle. The status on non-serious repairs can be determined by asking the Employment Services Director (Effingham) or the Production Manager (Olney) who receives your Vehicle Inspection/Maintenance Repair Form. Do not operate any vehicle which you feel is unsafe. Routine maintenance such as gas, oil, water, window cleaning, mirrors, etc. is the responsibility of the driver.

7. Consumer Scheduling And Changes In Routes:

Since we are constantly adding or losing consumers from the routes, it is important that we maintain good communication between staff and drivers regarding changes in the route. Every attempt will be made to keep drivers informed of the days that consumers will not ride in order to avoid delays and decrease unnecessary mileage. Since it is not always possible to arrange meeting time between staff and drivers, we will use a bulletin board at each facility for the posting of messages which concern you. All notes on consumer leave, changes in routes, etc. will be posted. Any questions or information you have can be left with designated person at each facility. Check with your supervisor to make sure that you are leaving messages with the appropriate staff.

8. Vehicle Keys:

**Vehicle keys must be removed any time the driver leaves the vehicle.** Regular drivers will be issued a set of keys to retain during employment. Substitute drivers will check out and return a set of keys to a designated area depending on the vehicle used.

9. Seat Belts:

All occupants must wear safety belts. Passengers will be given assistance if required. Drivers are responsible to conduct an interior visual check of all seats upon completing the route as stated in Policy 415.

10. All drivers are required to be certified in First Aid and CPR; and are also encouraged to become certified in CPI. Drivers are provided training in Special needs assistance, and Defensive Driving classes sponsored through the Illinois State Police Department. Additional training may be offered to include vehicle roll-over training, ADA equipment inspection and manual use of ADA equipment, Bloodborne Pathogens, Hazard Communication, and back belt training (including proper loading and unloading consumers).

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Staff Signature and Date

Dept. Supervisor Signature and Date

**FY 2008 ANNUAL STAFF TRAINING**

<b>DATE</b>	<b>TIME</b>	<b>INSTRUCTOR</b>	<b>TRAINING</b>	<b>SITE</b>
July 9	9:00 & 3:30	KEAN	F.A. & CPR Challenges	Admin. Bld.
July 10	9:30 to 3:00	KEAN	F.A. & CPR Class	Admin. Bld.
Aug. 15	9:00	QUAST	Lock Out/ Tag Out	Admin. Bld.
Sept. 5	9:00 to 3:30	VANSAGHI	CPI (new staff)	Admin. Bld.
Sept. 12	9:00 to 10:30	QUAST/BELL	Bloodborne/MSDS	Admin. Bld.
Sept. 12	3:00 to 4:30	QUAST/BELL	Bloodborne/MSDS	Admin. Bld.
Oct. 24	9:00 & 6:30	QUAST	Fire Suppression	DT Center
Oct. 15	9:00 & 3:30	BELL	F.A. & CPR Challenges	Admin. Bld.
Oct. 16	9:00 to 3:30	BELL	F.A. & CPR Class	Admin. Bld.
Oct. 10	9:30	ROD KELLY	Fire Suppression	Olney
Nov. 7	9:00 to 12:00	KISTLER	CPI Re-training	Admin. Bld.
Dec. 12	9:00 to 10:30	HITES/BRUNER	Bloodborne/MSDS	Admin. Bld.
Dec. 12	3:00 to 4:30	HITES/BRUNER	Bloodborne/MSDS	Admin. Bld.
<b>2008</b>				
Jan. 7	9:00 & 3:30	RODGERS	F.A. & CPR Challenges	Admin. Bld.
Jan. 8	9:00 to 3:00	RODGERS	F.A. & CPR Class	Admin. Bld.
Jan. 9	9:00	ROD KELLY	Fire Suppression	Olney
Feb. 6	9:00 to 12:00	VANSAGHI	CPI Re-training	Admin. Bld.
Mar. 8	9:00 to 3:30	KISTLER	CPI (new staff)	Admin. Bld.
Mar. 12	9:00 & 3:30	QUAST/BELL	Bloodborne/MSDS	Admin. Bld.
Mar. 12	3:00 to 4:30	QUAST/BELL	Bloodborne/MSDS	Admin. Bld.

Apr. 9	9:00 & 6:30	QUAST	Fire Suppression	DT Center
Apr. 14	9:00 & 3:30	QUAST	F.A. & CPR Challenges	Admin. Bld.
Apr. 15	9:00 to 3:30	QUAST	F.A. & CPR Class	Admin. Bld.
May 7	9:00 to 12:00	VANSAGHI	CPI Re-training	Admin. Bld.
June 4	9:00 to 10:30	HITES/BRUNER	Bloodborne/MSDS	Admin. Bld.
June 4	3:00 to 4:30	HITES/BRUNER	Bloodborne/MSDS	Admin. Bld.

Olney location will be closed all day on September 12, 2007 and March 14, 2008 to complete all required staff training.

Andy Kistler or Sandy Vansaghi will be conducting CPI training at Olney one of those two days.

ARC COMMUNITY SUPPORT SYSTEMS  
INDIVIDUAL PERSONNEL TRAINING RECORD

The following pages contain a list that is updated weekly. It contains the status of training for all ARC-CSS employees, including the drivers. This list alerts administration if and when trainings will lapse. All administrators watch this chart closely and enroll employees in the proper training courses to ensure they remain current and licensed as applicable.

FIRST NAME	LAST NAME	LOCATION	1ST AID
RICHARD	REIMERS	ADMIN	8/31/2007
CHRISTOPHER	PRINCE	ADMIN	8/31/2007
BARBARA	RODGERS	ADMIN	12/31/2007
JERNICE	RHODES	ADMIN	8/31/2007
JULIE	GEBBEN	ADMIN	8/31/2007
LESLIE ERIC	BURCH	CASE MANAGER	1/18/2008
VICKI	BEARDEN	DT	1/18/2008
PETER	NICCUM	NWC	12/31/2007
ANGELA	ARNOLD	RESIDENTIAL	9/9/1999
KAREN	MILLER	residential	1/18/2008
ELIZABETH	BROWN	residential	1/18/2008
SAMANTHA	DIGIACOMO	RESIDENTIAL	2/19/2008
KATIE	ALTMAN	Residential	1/6/2008
VAN	ABBOTT	Supported	1/13/2007
ANDREW	KISTLER	Supported	1/13/2007
KAREN	MAHAFFEY	Supported	1/13/2007

FIRST NAME	LAST NAME	LOCATION	CPR
TONYA	BLAIR	ADMIN	1/9/2007
BARBARA	RODGERS	ADMIN	12/31/2007
JERNICE	RHODES	ADMIN	8/31/2005
JULIE	GEBBEN	ADMIN	8/31/2005
RICHARD	REIMERS	ADMIN	8/31/2005
CHRISTOPHE	PRINCE	ADMIN	8/16/2007
PETER	NICCOM	NWC	12/31/2007
STACEY	MCNUTT	Residential	1/2/2008
SHELBY	RODEWALD	Residential	1/9/2008
CHARLES	BARR	Supported	1/10/2007
ANDREW	KISTLER	Supported	1/13/2005
LINDA	BRUNER	Supported	1/9/2008
THOMAS	MILLER	Supported	1/9/2008
TERRY	SHANNON	Transportation	1/9/2008
JEFFREY	CRALLE	Transportation	9/20/2007

FIRST NAME	LAST NAME	LOCATION	BLOODBORNE
BARBARA	RODGERS	ADMIN	11/29/2006
LESLIE ERIC	BURCH	CASE MANAGER	1/3/2008
GERI	BUHNERKEMPE	Residential	11/29/2007
STACEY	MCNUTT	Residential	11/29/2007
ALEXIS	BLACKWELL	Residential	11/29/2007
SHELBY	RODEWALD	Residential	11/29/2007
SABRINA	ARNOLD	Residential	11/29/2007
KRISTINA	BALLINGER	Residential	11/22/2007
NANCY	CAMPBELL	residential	11/29/2007
CONNIE	BALES	Residential	11/29/2006
AMANDA	DEPOISTER	Residential	11/29/2007
MICHAEL	HARMON	Supported	6/7/2007
KATHLEEN	HILLS	Supported	12/13/2007
VAN	ABBOTT	Supported	6/7/2007
KAREN	MAHAFFEY	Supported	12/13/2007
LENA JOAN	KLINE	Supported	12/13/2007
DANNY	TAGUE	Supported	3/15/2007
CHARLES	BARR	Supported	12/14/2006
ANDREW	KISTLER	Supported	12/8/2005
JEFFREY	CRALLE	Transportation	9/20/2007
OREN EDWARD	WRIGHT	transportation	12/13/2007

FIRST NAME	LAST NAME	LOCATION	CPI
BARBARA	RODGERS	ADMIN	11/6/2007
LOWELL	PAINTER	BUS DRIVER	9/9/1999
MINDY	HEALY	DT	9/9/1999
AMIE	MICHELS	DT	9/9/1999
THOMAS	MATHIS	DT	1/10/2008
KATIE	ALTMAN	Residential	1/10/2008
SABRINA	ARNOLD	Residential	11/6/2007
SAMANTHA	DIGIACOMO	RESIDENTIAL	9/6/2007
KRISTINA	BALLINGER	Residential	9/27/2007
NANCY	CAMPBELL	residential	1/10/2008
CONNIE	BALES	Residential	9/27/2007
DAWN	LEE	residential	11/6/2007
CHERYL	BALL	Residential	1/10/2008
SCOTT	PROBST	Residential	1/10/2008
GINA	LAGRAND	residential	1/10/2008
SARAH	VARNER	Residential	1/10/2008
SHELBY	RODEWALD	Residential	9/27/2007
TORI	LINDSEY	Residential	1/10/2008
MICHAEL	LINDSEY	RESIDENTIAL	9/9/1999
ANGELA	ARNOLD	RESIDENTIAL	9/9/1999
TONY	HUFFMAN	Residential	9/9/1999
CASANDRA	MILLER	Residential	9/9/1999
KYLEE	VONBEHRENS	RESIDENTIAL	9/9/1999
GINA	BIERMAN	RESIDENTIAL	9/9/1999
ELIZABETH	BROWN	residential	2/8/2007
MATILDA	DZAKUMA	RESIDENTIAL	9/9/1999
ADARA	DETERS	residential	1/10/2008
KARI	REYNOLDS	residential	1/10/2008
STACEY	MCNUTT	Residential	10/26/2007
HEATHER	MAY	residential	1/10/2008
KAREN	MAHAFFEY	Supported	1/10/2008
JUDY	HOPPER	SUPPORTED	1/10/2008
KATHLEEN	HILLS	Supported	2/8/2007
DANNY	TAGUE	Supported	5/3/2007
VAN	ABBOTT	Supported	2/8/2007
CHARLES	BARR	Supported	9/9/1999
TERRY	SHANNON	Transportation	1/10/2008
CHARLES	KING	Transportation	1/10/2008

FIRST NAME	LAST NAME	LOCATION	CPI
THOMAS	SCHUMACHER	TRANSPORTATI	1/10/2008
OREN EDWAR	WRIGHT	transportation	1/10/2008
LINDA	HANNER	Transportation	9/9/1999
JEFFREY	CRALLE	Transportation	9/20/2007

FIRST NAME	LAST NAME	LOCATION	MSDS
SHELBY	RODEWALD	Residential	11/29/2007
MICHAEL	HARMON	Supported	10/2/2007
KATHLEEN	HILLS	Supported	12/13/2007
VAN	ABBOTT	Supported	6/7/2007
BARBARA	RODGERS	ADMIN	11/29/2006
LESLIE ERIC	BURCH	CASE MANAGER	1/3/2008
KAREN	MAHAFFEY	Supported	10/2/2007
LENA JOAN	KLINE	Supported	12/13/2007
ANDREW	KISTLER	Supported	10/2/2007
DANNY	TAGUE	Supported	10/2/2007
GERI	BUHNERKEMPE	Residential	11/29/2007
CONNIE	BALES	Residential	11/29/2006
CHARLES	BARR	Supported	10/2/2007
NANCY	CAMPBELL	residential	11/29/2007
KRISTINA	BALLINGER	Residential	11/22/2007
SABRINA	ARNOLD	Residential	11/29/2007
SCOTT	PROBST	Residential	11/22/2007
OREN EDWAR	WRIGHT	transportation	12/13/2007
ALEXIS	BLACKWELL	Residential	11/29/2007
STACEY	MCNUTT	Residential	11/29/2007
AMANDA	DEPOISTER	Residential	11/29/2007
GINA	BIERMAN	RESIDENTIAL	9/9/1999
LOWELL	PAINTER	BUS DRIVER	9/9/1999

FIRST NAME	LAST NAME	LOCATION	FIRE SUPR
JOAN	HAHN	ABC	10/17/2007
JENNY	HANCOCK	ABC	10/17/2007
JAMES	NELSON	ADMIN	9/9/1999
BARBARA	RODGERS	ADMIN	4/1/2007
LOWELL	PAINTER	BUS DRIVER	9/9/1999
LESLIE ERIC	BURCH	CASE MANAGER	10/4/2007
BARBARA	LINGAFELTER	cfc	10/17/2007
MARGARET	POTTS	CHILDRENS PRG	1/16/2008
BEVERLY	BURKE	DT	4/1/2007
JOE	FREIMUTH	MAINT	9/9/1999
ANGELA	LONG	Residential	10/4/2007
VERA IRENE	INGRAM	Residential	10/4/2007
CONNIE	BALES	Residential	10/4/2007
JUDITH	FREEMAN	Residential	10/4/2007
CHERYL	BALL	Residential	10/4/2007
GINA	LAGRAND	residential	10/4/2007
SHERRY	LUKENS	Residential	10/4/2007
SARAH	VARNER	Residential	10/4/2007
SHELBY	RODEWALD	Residential	10/4/2007
MICHELLE	THOELE	Residential	10/4/2007
ELIZABETH	BROWN	residential	10/4/2007
TONY	HUFFMAN	Residential	9/9/1999
KYLEE	VONBEHRENS	RESIDENTIAL	9/9/1999
STACEY	MCNUTT	Residential	4/1/2007
HEATHER	MAY	residential	10/4/2007
KAREN	MILLER	residential	10/4/2007
DAWN	LEE	residential	10/4/2007
MARY	CLINE	Residential	10/4/2007
KRISTINA	BALLINGER	Residential	10/4/2007
SABRINA	ARNOLD	Residential	1/6/2007
SCOTT	PROBST	Residential	1/7/2007
ADARA	DETERS	residential	2/1/2006
SHARON	REED	sheltered	1/16/2008
JUDY	HOPPER	SUPPORTED	10/2/2007
DANNY	TAGUE	Supported	10/2/2007
LAUREN	MCCLAIN	SUPPORTED	10/18/2007
MICHAEL	HARMON	Supported	10/2/2007
VAN	ABBOTT	Supported	11/7/2006
LENA JOAN	KLINE	Supported	10/2/2007
DIANE	RIPPETOE	Supported	10/2/2007

FIRST NAME	LAST NAME	LOCATION	FIRE SUPR
ANDREW	KISTLER	Supported	10/2/2007
CHARLES	BARR	Supported	10/2/2007
KAREN	MAHAFFEY	Supported	10/2/2007
LINDA	BRUNER	Supported	10/2/2007
THOMAS	MILLER	Supported	10/2/2007
KATHLEEN	HILLS	Supported	10/4/2007
JEFFREY	CRALLE	<del>Transportation</del>	1/16/2008
OREN EDWA	WRIGHT	<del>transportation</del>	4/1/2007

FIRST NAME	LAST NAME	LOCATION	DISASTER REV	BURNS/SCALDING	CHOKING/RISK
BARBARA	KESSLER	DT	1/23/2009	9/5/2008	9/5/2008
WENDY	STANG	DT	1/23/2009	9/6/2008	9/6/2008
LINDA	CAIN	DT	1/23/2009	9/6/2008	9/6/2008
VICKI	BEARDEN	DT	1/23/2009	9/5/2008	9/5/2008
AMY	McWHORTER	DT	1/23/2009	12/5/2008	12/5/2008
ERIN	DENTON	DT	1/23/2009	9/5/2008	9/5/2008
CAROLYN	WESTENDORF	DT	1/23/2009	9/6/2008	9/6/2008
SHANNON	ROGERS	DT	12/7/2007	1/10/2008	1/10/2008
KAMI	MASON	DT	1/23/2009	9/6/2008	9/6/2008
MINDY	HEALY	DT	1/23/2009	9/6/2008	9/6/2008
JUDITH	BELL	DT	1/23/2009	9/5/2008	9/5/2008
BEVERLY	BURKE	DT	1/23/2009	9/6/2008	9/6/2008
THOMAS	MATHIS	DT	1/23/2009	12/5/2008	12/5/2008
AMIE	MICHELS	DT	1/23/2009	10/10/2008	10/10/2008
AUTUMN	KOESTER	DT	1/22/2009	9/5/2008	9/5/2008
ANGELA	JOHNSON	DT	12/20/2007	9/4/2008	9/4/2008
CONNIE	BALES	Residential	1/9/2008	1/9/2008	1/9/2008
TORI	LINDSEY	Residential	1/9/2009	1/9/2009	1/9/2009
DEBRA	TENCZAR	Residential	11/28/2008	11/28/2008	11/28/2008
C. DARLENE	MCDOWELL	Residential	11/28/2008	11/28/2008	11/28/2008
GERI	BUHNERKEMPE	Residential	11/29/2007	11/29/2007	11/29/2007
BARBARA	KEAN	Residential	11/28/2008	11/28/2008	11/28/2008
NANCY	CAMPBELL	residential	11/29/2007	11/29/2007	11/29/2007
ANGELA	LONG	Residential	11/28/2008	11/28/2008	11/28/2008
SCOTT	PROBST	Residential	1/9/2009	1/9/2009	1/9/2009
VERA IRENE	INGRAM	Residential	11/28/2008	11/28/2008	11/28/2008
MICHELLE	THOELE	Residential	11/28/2008	11/28/2008	11/28/2008
JUDITH	FREEMAN	Residential	11/28/2008	11/28/2008	11/28/2008
GINA	LAGRAND	residential	11/28/2008	11/28/2008	11/28/2008
SHERRY	LUKENS	Residential	11/28/2008	11/28/2008	11/28/2008
SARAH	VARNER	Residential	1/9/2009	1/9/2009	1/9/2009
CHERYL	BALL	Residential	11/28/2008	11/28/2008	11/28/2008
STACEY	MCNUTT	Residential	11/29/2007	11/29/2007	11/29/2007
KATIE	ALTMAN	Residential	1/9/2009	1/9/2009	1/9/2009
ANGELA	ARNOLD	RESIDENTI	10/28/2008	10/28/2008	10/28/2008
TONY	HUFFMAN	Residential	7/15/2008	7/15/2008	7/15/2008
CASANDRA	MILLER	Residential	11/28/2008	11/28/2008	11/28/2008
KYLEE	VONBEHRENS	RESIDENTI	11/28/2008	11/28/2008	11/28/2008
GINA	BIERMAN	RESIDENTI	5/14/2008	5/14/2008	5/14/2008
MICHAEL	LINDSEY	RESIDENTI	11/28/2008	11/28/2008	11/28/2008
MIKE	MORAN	RESIDENTI	1/23/2009	11/29/2007	11/29/2007
MATILDA	DZAKUMA	RESIDENTI	11/28/2008	11/28/2008	11/28/2008
ANGELA	ANDERSON	residential	1/22/2009	1/22/2009	1/22/2009
AMANDA	DEPOISTER	Residential	11/29/2007	11/29/2007	11/29/2007
KRISTINA	BALLINGER	Residential	11/22/2007	11/22/2007	11/22/2007
HEATHER	MAY	residential	11/28/2008	11/28/2008	11/28/2008

FIRST NAME	LAST NAME	LOCATION	DISASTER REV	BURNS/SCALDING	CHOKING/RISK
ADARA	DETERS	residential	1/22/2009	1/22/2009	1/22/2009
KAREN	MILLER	residential	11/28/2008	11/28/2008	11/28/2008
ELIZABETH	BROWN	residential	11/28/2008	11/28/2008	11/28/2008
DAWN	LEE	residential	11/28/2008	11/28/2008	11/28/2008
MARY	CLINE	Residential	11/28/2008	11/28/2008	11/28/2008
ALEXIS	BLACKWELL	Residential	11/29/2007	11/29/2007	11/29/2007
SABRINA	ARNOLD	Residential	11/29/2007	11/29/2007	11/29/2007
SHELBY	RODEWALD	Residential	11/29/2007	11/29/2007	11/29/2007
SAMANTHA	DIGIACOMO	RESIDENTI	1/22/2009	1/22/2009	1/22/2009
KARI	REYNOLDS	residential	11/28/2008	11/28/2008	11/28/2008

FIRST NAME	LAST NAME	LOCATION	VEHICLE INSURANCE
JAMIE	HILLE	72D	12/8/2007
JOAN	HAHN	ABC	11/9/2007
JERNICE	RHODES	ADMIN	12/26/2007
BARBARA	RODGERS	ADMIN	3/20/2005
MICHAEL	POE	ADMIN	8/15/2004
JAMES	NELSON	ADMIN	3/24/2007
LOWELL	PAINTER	BUS DRIVER	1/22/2008
KIMBERLY	CHEW	CFC	9/30/2007
MARGARET	POTTS	CHILDRENS PRG	1/17/2008
SHANNON	ROGERS	DT	11/27/2007
BEVERLY	BURKE	DT	1/14/2008
ANGELA	JOHNSON	DT	10/26/2007
AMY	McWHORTER	DT	1/2/2008
ERIN	DENTON	DT	3/10/2007
AMIE	MICHELS	DT	11/28/2007
CYNTHIA	KLINGLER	FSU	8/15/2007
JOE	FREIMUTH	MAINT	9/9/1999
DEBBIE	EINHORN	NWC	12/19/2007
NANCY	MADER	NWC	8/17/2007
JAMIA	EIMER	NWC	12/5/2007
BONNIE	PATTON	NWC	5/10/2007
KENDELL	THOELE	NWC	1/12/2008
PATTI	WALKER	NWC	12/22/2007
SUSAN	KAUFMAN	NWC	10/9/2007
DEBRA	LECRONE	NWC	4/8/2007
KARRIE	POTTER	PTIC	11/28/2007
KRISTIN	GHARST	PTIC	3/9/2007
C. DARLENE	MCDOWELL	Residential	4/18/2007
KATIE	ALTMAN	Residential	6/7/2007
DEBRA	TENCZAR	Residential	2/2/2007
CONNIE	BALES	Residential	2/7/2007
SHERRY	LUKENS	Residential	5/21/2007
ANGELA	LONG	Residential	4/4/2007
SHELBY	RODEWALD	Residential	2/15/2007
GINA	LAGRAND	residential	2/24/2007
ELIZABETH	BROWN	residential	2/14/2007
SARAH	VARNER	Residential	4/1/2007
ADARA	DETERS	residential	5/21/2006
CASANDRA	MILLER	Residential	9/20/2007
KYLEE	VONBEHRENS	RESIDENTIAL	6/30/2007

FIRST NAME	LAST NAME	LOCATION	VEHICLE INSURANCE
GINA	BIERMAN	RESIDENTIAL	9/16/2007
MIKE	MORAN	RESIDENTIAL	4/28/2007
SCOTT	PROBST	Residential	9/1/2007
SABRINA	ARNOLD	Residential	4/21/2006
ANGELA	ANDERSON	residential	12/7/2006
SAMANTHA	DIGIACOMO	RESIDENTIAL	3/20/2007
MARY	CLINE	Residential	5/29/2007
KRISTINA	BALLINGER	Residential	4/3/2007
HEATHER	MAY	residential	3/1/2006
KARI	REYNOLDS	residential	5/2/2007
DAWN	LEE	residential	1/18/2007
TONY	HUFFMAN	Residential	9/9/1999
ALEXIS	BLACKWELL	Residential	4/25/2006
STACEY	MCNUTT	Residential	7/1/2007
LYNDEE	SERGOTT	Service Coord	12/24/2007
JAYNA	BAUER	SERVICE COORD	1/13/2007
JESSICA	RHODES	Service Coordinato	6/26/2007
LINDA	BRUNER	Supported	3/20/2007
KATHLEEN	HILLS	Supported	3/11/2007
CHARLES	BARR	Supported	6/1/2007
VAN	ABBOTT	Supported	12/12/2005
ANDREW	KISTLER	Supported	4/28/2007
THOMAS	MILLER	Supported	11/1/2007
DIANE	RIPPETOE	Supported	1/25/2008
NATALIE	BAILEY	Supported	12/15/2007
JUDY	HOPPER	SUPPORTED	6/17/2007
LINDA	HANNER	Transportation	12/2/2007
JEFFREY	CRALLE	Transportation	1/11/2008
CHARLES	KING	Transportation	3/29/2007
OREN EDWAR	WRIGHT	transportation	3/23/2007

FIRST NAME	LAST NAME	LOCATION	LICENSE EXPIRATION
JAMIE	HILLE	72D	8/2/2007
SABRINA	ARNOLD	Residential	4/12/2007
ADARA	DETERS	residential	9/1/2007
MARY	CLINE	Residential	10/12/2007
KATIE	ALTMAN	Residential	2/16/2007
JAYNA	BAUER	SERVICE CO	1/17/2008
JUDY	HOPPER	SUPPORTED	11/11/2007
ANDREW	KISTLER	Supported	8/11/2007

FIRST NAME	LAST NAME	LOCATION	EVALUATION
JAMIE	HILLE	72D	10/13/2007
JENNY	HANCOCK	ABC	1/12/2008
JOAN	HAHN	ABC	11/17/2007
TONYA	BLAIR	ADMIN	10/23/2007
RICHARD	REIMERS	ADMIN	5/1/2005
MICHAEL	POE	ADMIN	1/3/2008
TIMOTHY	WOODALL	ADMIN	10/10/2007
JAMES	NELSON	ADMIN	8/27/2002
DENNIS	QUAST	ADMIN	5/30/2007
BARBARA	RODGERS	ADMIN	7/18/2007
DEBRA	PARMENTER	ADMIN	11/23/2007
LESLIE ERIC	BURCH	CASE MANAGER	2/21/2007
AMANDA	FRAZIER	CASE MANAGER	4/11/2007
SANDRA	VANSAGHI	CASE MANAGER	12/7/2007
CHARLES	SULCER	CASE MANAGER	11/9/2007
BARBARA	LINGAFELTER	cfc	1/23/2008
KENDRA	DAVIS	COUNSELING	2/12/2008
AUTUMN	KOESTER	DT	1/12/2008
ANGELA	JOHNSON	DT	1/4/2007
SHANNON	ROGERS	DT	11/29/2006
CAROLYN	WESTENDORF	DT	1/2/2008
WENDY	STANG	DT	1/12/2008
VICKI	BEARDEN	DT	1/11/2008
KAMI	MASON	DT	1/10/2008
MINDY	HEALY	DT	9/9/1999
THOMAS	MATHIS	DT	1/12/2008
AMY	McWHORTER	DT	1/9/2008
BEVERLY	BURKE	DT	1/15/2008
ERIN	DENTON	DT	1/11/2008
LINDA	CAIN	DT	1/12/2008
JUDITH	BELL	DT	1/12/2008
LELA	COOLEY	housekeeper	10/3/2007
JOE	FREIMUTH	MAINT	6/16/2006
KENNETH	REED	MAINTENANCE	2/26/2008
PETER	NICCUM	NWC	12/20/2007
NANCY	MADER	NWC	12/19/2007
SUSAN	KAUFMAN	NWC	1/19/2008
DEBBIE	EINHORN	NWC	5/16/2007
JUDITH	FREEMAN	Residential	10/2/2007
CONNIE	BALES	Residential	10/5/2007

FIRST NAME	LAST NAME	LOCATION	EVALUATION
CHERYL	BALL	Residential	10/18/2007
VERA IRENE	INGRAM	Residential	10/11/2007
MICHELLE	THOELE	Residential	11/1/2007
SARAH	VARNER	Residential	10/2/2007
SHERRY	LUKENS	Residential	10/11/2007
SHELBY	RODEWALD	Residential	10/4/2007
GINA	LAGRAND	residential	10/19/2007
ANGELA	LONG	Residential	10/10/2007
MARY	CLINE	Residential	10/11/2007
KATIE	ALTMAN	Residential	10/3/2007
MICHAEL	LINDSEY	RESIDENTIAL	9/9/1999
MIKE	MORAN	RESIDENTIAL	11/28/2007
MATILDA	DZAKUMA	RESIDENTIAL	11/21/2007
KARI	REYNOLDS	residential	8/16/2007
AMANDA	DEPOISTER	Residential	7/5/2007
STACEY	MCNUTT	Residential	10/14/2007
HEATHER	MAY	residential	12/21/2007
ADARA	DETERS	residential	10/5/2007
KAREN	MILLER	residential	6/2/2006
ELIZABETH	BROWN	residential	7/1/2006
C. DARLENE	MCDOWELL	Residential	10/3/2007
DAWN	LEE	residential	10/18/2007
BARBARA	KEAN	Residential	2/15/2007
KRISTINA	BALLINGER	Residential	10/4/2007
GERI	BUHNERKEMPE	Residential	12/21/2007
TORI	LINDSEY	Residential	10/4/2007
DEBRA	TENCZAR	Residential	10/10/2007
NANCY	CAMPBELL	residential	10/25/2007
ALEXIS	BLACKWELL	Residential	10/3/2007
SAMANTHA	DIGIACOMO	RESIDENTIAL	10/2/2007
ANGELA	ANDERSON	residential	1/16/2008
SABRINA	ARNOLD	Residential	10/6/2007
SCOTT	PROBST	Residential	10/14/2007
JAYNA	BAUER	SERVICE COORD	1/12/2008
DIANE	RIPPETOE	Supported	10/24/2007
ANDREW	KISTLER	Supported	12/11/2007
CHARLES	BARR	Supported	3/15/2007
KATHLEEN	HILLS	Supported	11/2/2007
JUDY	HOPPER	SUPPORTED	11/13/2007
JEFFREY	CRALLE	Transportation	10/13/2007

FIRST NAME	LAST NAME	LOCATION	EVALUATION
OREN EDWARD	WRIGHT	transportation	3/10/2007

Applicant Name  
ARC Community Support Systems

**PART IX**  
**COORDINATION EFFORTS**  
**THIS PART MUST BE COMPLETED BY ALL NON-PROFIT APPLICANTS**

**A. COORDINATION with ALL Other Available Transportation Services in your service area**

Coordination between transportation services is vital to Client Service and the most effective use of paratransit vehicles. Agencies receiving federal and state grants must contact and coordinate with all other services in their geographic service area to assure the most beneficial services to those in need.

List in the table below ALL other public and non-profit transportation services for the general public, elderly persons and persons with disabilities operating your current or proposed service area.

Agency/Provider	Phone #	Days	Hours	Type of Service	FollowUp?
Effingham Taxi – (217) 342-3119		Sun-Thurs	5:30 a.m. – Midnight	General local transportation for a fee	
		Fri-Sat	5:30 a.m. – 1:00 a.m.		
Advanced Medivan Services – (217) 342-3120		Mon-Fri	8 a.m. – 5 p.m.	Transportation for medical appointments	
Effingham City/County Committee on Aging – (217) 347-5569		Mon-Fri	8 a.m. – 4 p.m.	Transportation by appointment for general purposes and medical appointments for Effingham Seniors	
Embaras River Basin Agency – 1-800-252-1152		Mon-Sat	8 a.m. – 4 p.m.	Transportation by appointment for general purposes and medical appointments for Olney Seniors	

As an applicant, you must notify each provider in writing, of your intent to apply for vehicle(s) under this program. Include copies of those letters and the replies with this application.

To complete your good faith effort to obtain a letter of support (or non-support) from each entity listed:

- Mail early to allow sufficient time for response.
- Plan for written or phone follow-up (which also must be documented to meet the minimum requirement for coordination).
- Note any comments or outline your coordination plan below.

Applicant Name

ARC Community Support Systems

**B. Local Coordination Activities with Existing Agencies Providing Transportation (add pages if necessary)**

Remember to document your efforts to generate written support from other agencies; and show the work done to develop a coordinated service plan with other local agencies. Include communications with agencies serving like-client needs in your service area, as well as those listed in the table above - especially if they are IDOT-funded transit authorities, currently recognized IDOT-Certified Public Providers (CPPs), or agencies who currently operate IDOT program vehicles.

Seek to determine if your clients' transportation needs could be met through accommodation with these existing services, to add capacity and ensure maximum vehicle utilization.

Please describe existing and proposed group efforts in your area, and the participating agencies. A current list of Certified Public Providers is provided in Appendix D (page39). You must detail why you feel a separate service is needed in that same service area. Just be sure to include any letters of support from other local agencies or specialized service providers.

(NOTE: If you are in the Chicago Metropolitan area, letters of support are required from PACE as applicable to your location.)

**Please find a report on area coordination efforts, the letters requesting support our agency sent out, and the replies to those letters, on the following pages**

**C. HSTP Endorsement**

As part of the federal government's human services coordination initiative, all Section 5310 recipients must certify that projects are derived from a locally developed, coordinated public transit-human services transportation plan (HSTP). In the rural areas of Illinois, the Division has developed 11 regions each staffed with an HSTP Regional Coordinator (see pages 44 and 45). In the urban areas the Metropolitan Planning Organization (MPO) is the HSTP agency (see page 41 ). All Section 5310 applicants **OUTSIDE** Northeastern Illinois area should be actively involved in the development of these plans, and each Section 5310 application will need to be endorsed by their respective HSTP local transportation planning committee in order to be considered for funding by the Division.

**For applicants FROM Northeastern Illinois  
(Urbanized Area 2 Chicago/six county area)  
Part XI on page 20 must be filled out in order  
to be considered for endorsement.**

## ARC Community Support Systems Coordination with Existing Transportation Providing Agencies

Effingham and Richland Counties are rural counties in the South Eastern part of Illinois. Currently there are no local mass transportation programs that exist anywhere within them.

Besides ARC Community Support Systems providing transportation to people with disabilities, the Senior Citizens agencies (the Effingham City/County Committee on Aging and the Embarrass River Basin Agency) provide transportation to the Elderly in Effingham and Richland County. We have held discussions in the past regarding a combination of transportation routes. However, the needs of the elderly they serve and the needs of the people with disabilities we serve were found to be so different that a combination of routes was not possible. ARC-CSS operates on fixed routes and fixed schedules that cannot be altered to meet the needs of the elderly population. Conversely, the senior citizens' centers need flexibility in their transportation routes and times to meet the needs of their primary consumers which would severely limit the drop-off and pick-up times and locations for ARC-CSS consumers.

ARC-CSS investigated the possibility of a Medicaid transporter providing transportation for ARC-CSS consumers. However it was determined to be more cost effective for ARC-CSS to operate our own fleet.

Last year ARC-CSS closed our day training programs in Olney. The Olney operations were consolidated and now the only ARC-CSS fleet operation in Olney is for our consumer work crews who travel all over the county providing cleaning services. This is one group of people who take one van to a certain location everyday. Cost analysis shows that regular operation of one of our vehicles for this purpose is the best option.

ARC-CSS provides day training and work training for people with developmental disabilities in Effingham County. Typically these people live on a very low income. They cannot afford to pay for private transportation and in most cases are not allowed to own or drive a car. ARC-CSS also provides transportation services to 10 residential homes for people with developmental disabilities as required by our grant through the Illinois Department of Human Services.

ARC-CSS depends heavily on the IDOT Consolidated Vehicle Procurement program to help us maintain a safe and reliable transportation program for people with developmental disabilities.



# community support systems

www.arc-css.org

**Dick Reimers**  
Executive Director

**Mike Poe**  
Assistant Executive Director

**Administrative Office**  
618 W. Main Street  
Teutopolis, IL 62467  
217-857-3186  
(TDD) 217-857-3063  
(FAX) 217-857-6343

**Developmental Training Center**  
223 N. Harvester  
Teutopolis, IL 62467  
217-857-3186  
(FAX) 217-857-3651

**Counseling Services**  
Nanon Wood Center  
2502 Veterans Drive  
Effingham, IL 62401  
217-347-5118  
(FAX) 217-347-5135

**Child & Family Connections**  
Lincolmland Building  
1901 S. 4th Street, Suite 209  
Effingham, IL 62401  
1-888-459-KIDS (5437)  
217-347-5601  
(FAX) 217-347-5119

**Family Support**  
Lincolmland Building  
1901 S. 4th Street, Suite 209  
Effingham, IL 62401  
1-866-436-7842  
217-347-0880  
(FAX) 217-347-5119

**Community Employment Services**  
1902 Miller Drive  
Olney, IL 62450  
1-800-429-2487  
618-395-2418  
(FAX) 618-392-2598

**Children's Programs**  
1902 Miller Drive  
Olney, IL 62450  
1-877-395-4222  
(FAX) 618-392-2598

Contributions are tax deductible to the extent allowed by law

Accredited by Commission on Accreditation of Rehabilitation Facilities  
Equal Opportunity Employer

June 11, 2009

Advanced Medivan  
P.O. Box 224  
Effingham, IL 62401

Re: State of Illinois 2009 Consolidated Vehicle Procurement Grant

ARC Community Support Systems is applying for a grant from the Illinois Department of Transportation for assistance in procuring two new Light Duty Paratransit vehicles to transport individuals with developmental disabilities and/or in wheelchairs in Richland and Effingham Counties.

In accordance with the federal grant program requirements, all public and private transit operators must be given a fair and timely opportunity to participate in the provision of proposed services and to submit written comments on the proposed project.

We are asking you to submit letters of support and written comments indicating:

- Whether the services you are now providing are designed to meet the needs of people with developmental disabilities;
- Whether you wish to participate in some way in the project;
- And any other comments you have regarding our application for these vehicles that you might wish for the Illinois Department of Transportation to consider.

A letter of support, and your written comments, would be very much appreciated by June 24, 2009. Thank you for your comments in advance and we hope to hear from you soon. Please send all letters to:

Christopher Prince  
ARC Community Support Systems  
618 W. Main Street  
Teutopolis, IL 62467

Sincerely,

Dick Reimers  
Executive Director



# community support systems

www.arc-css.org

**Dick Reimers**  
Executive Director

June 11, 2009

**Mike Poe**  
Assistant Executive Director

Effingham Taxi  
P.O. Box 224  
Effingham, IL 62401

**Administrative Office**  
618 W. Main Street  
Teutopolis, IL 62467  
217-857-3186  
(TDD) 217-857-3063  
(FAX) 217-857-6343

Re: State of Illinois 2009 Consolidated Vehicle Procurement Grant

**Developmental Training Center**  
223 N. Harvester  
Teutopolis, IL 62467  
217-857-3186  
(FAX) 217-857-3651

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**Counseling Services**  
Nanon Wood Center  
2502 Veterans Drive  
Effingham, IL 62401  
217-347-5118  
(FAX) 217-347-5135

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**Child & Family Connections**  
Lincolmland Building  
1901 S. 4th Street, Suite 209  
Effingham, IL 62401  
1-888-459-KIDS (5437)  
217-347-5601  
(FAX) 217-347-5119

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- Whether you wish to participate in some way in the project;
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**Family Support**  
Lincolmland Building  
1901 S. 4th Street, Suite 209  
Effingham, IL 62401  
1-866-436-7842  
217-347-0880  
(FAX) 217-347-5119

A letter of support, and your written comments, would be very much appreciated by June 24, 2009. Thank you for your comments in advance and we hope to hear from you soon. Please send all letters to:

**Community Employment Services**  
1902 Miller Drive  
Olney, IL 62450  
1-800-429-2487  
618-395-2418  
(FAX) 618-392-2598

Christopher Prince  
ARC Community Support Systems  
618 W. Main Street  
Teutopolis, IL 62467

**Children's Programs**  
1902 Miller Drive  
Olney, IL 62450  
1-877-395-4222  
(FAX) 618-392-2598

Sincerely,

Dick Reimers  
Executive Director

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# community support systems

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(FAX) 217-857-6343

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Teutopolis, IL 62467  
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(FAX) 217-857-3651

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**Child & Family Connections**  
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Equal Opportunity Employer

June 11, 2009

Effingham City/County Committee on Aging  
209 S. Merchant  
Effingham, IL 62401

Re: State of Illinois 2009 Consolidated Vehicle Procurement Grant

ARC Community Support Systems is applying for a grant from the Illinois Department of Transportation for assistance in procuring two new Light Duty Paratransit vehicles to transport individuals with developmental disabilities and/or in wheelchairs in Richland and Effingham Counties.

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Christopher Prince  
ARC Community Support Systems  
618 W. Main Street  
Teutopolis, IL 62467

Sincerely,

Dick Reimers  
Executive Director



# community support systems

www.arc-css.org

**Dick Reimers**  
Executive Director

**Mike Poe**  
Assistant Executive Director

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Olney, IL 62450  
1-877-395-4222  
(FAX) 618-392-2598

June 11, 2009

Embarras River Basin Agency  
P.O. Box 307  
Greenup, IL 62428

Re: State of Illinois 2009 Consolidated Vehicle Procurement Grant

ARC Community Support Systems is applying for a grant from the Illinois Department of Transportation for assistance in procuring two new Light Duty Paratransit vehicles to transport individuals with developmental disabilities and/or in wheelchairs in Richland and Effingham Counties.

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Christopher Prince  
ARC Community Support Systems  
618 W. Main Street  
Teutopolis, IL 62467

Sincerely,

Dick Reimers  
Executive Director

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Equal Opportunity Employer



EXECUTIVE DIRECTOR  
MARSHA ROLL

## ***EMBARRAS RIVER BASIN AGENCY, INC.***

**P.O.Box 307-400 West Pleasant St.-Greenup, Illinois 62428**  
**Phone: (217) 923-3113**      **Fax: (217) 923-5155**  
**T.D.D.: (800) 526-0844**      **Email: erba@rrl.net**

June 16, 2009

Mr. Christopher Prince  
ARC Community Support Systems  
618 W Main Street  
Teutopolis, IL 62467

Dear Mr. Prince,

I am writing this letter in support of your application for a grant from the Illinois Department of Transportation for assistance in procuring two new Light Duty Paratransit vehicles to transport individuals with developmental disabilities and/or in wheelchairs in Richland and Effingham Counties.

Transportation of this kind is a much needed service, especially in rural areas. I wish to express support of the efforts of ARC-Community Support Systems in this endeavor.

Sincerely,

A handwritten signature in cursive script that reads 'Marsha Roll'.

Marsha Roll  
Executive Director

MR/dlk

Applicant Name  
ARC Community Support Systems

## PART X PARATRANSIT SERVICE FINANCIAL PLAN

THIS PART MUST BE COMPLETED BY NON-PROFIT AND IDOT CERTIFIED PUBLIC BODY APPLICANTS.

A. Please detail the expenses and revenues associated with funding your transportation services by service type. Show, under B. on page 19, your ability to match federal funds if necessary for the grant; and manage the capital asset. Refer to Appendix D for further guidance on completing this part.

Applicant's Fiscal Year Budget Period July 1st to June 30<sup>th</sup>

**PLEASE NOTE: TOTAL REVENUES SHOULD EQUAL TOTAL EXPENSES**

SERVICE TYPE  Activity/Line-Item	Replacement or Service Expansion Requests		NEW SERVICE Request
	Actual Spending for your Transportation Operation Previous 12 mos. (Calendar or Fiscal)	Projected Annual Budget for next 12 month period for Transportation Operations	Projected Annual Budget for next 12 month period, for All Transportation Operations
<b>Revenues:</b>			
Passenger Fares	\$7,862	\$6,540	N/A
Operating Income from Service Contracts (see section B on next page)	\$0	\$0	N/A
Operating Income from other Grants (see section B on next page)	\$0	\$0	N/A
Donations	\$0	\$0	N/A
General agency funds	\$174,392	\$182,666	N/A
Other	\$0	\$0	N/A
<b>Total Revenues (should equal expenses)</b>	<b>\$182,254</b>	<b>\$189,206</b>	<b>N/A</b>
<b>Expenses – Operations</b>			
Driver Salaries and Fringe Benefits	\$69,673	\$63,806	N/A
Dispatch/Supervisor Salaries and Fringe Benefits	\$0	\$0	N/A
Maintenance (Parts and Labor)	\$80,665	\$109,400	N/A
Materials and Supplies	\$0	\$0	N/A
Fuel, Oil, Tires	\$0	\$0	N/A
Insurance	\$30,916	\$15,000	N/A
Vehicle Storage	\$0	\$0	N/A
Other	\$0	\$0	N/A
<b>Expenses – Administration</b>			
Management Salaries and Fringe	\$0	\$0	N/A
Clerical/Bookkeeping Wages	\$500	\$500	N/A
Rent, Utilities, Taxes	\$0	\$0	N/A
Marketing /Promotion/Driver Training costs	\$500	\$500	N/A
Other	\$0	\$0	N/A
<b>Total Expenses (should equal revenues)</b>	<b>\$182,254</b>	<b>\$189,206</b>	<b>N/A</b>

Applicant Name  
ARC Community Support Systems

**B. Funding Sources**

In the table below, please identify the specific sources of revenue income from "Service Contracts" and "other Grants" included in the budget table above.

Service Contracts: are contracts the applicant has with other "for profit" or "non-profit" organizations to provide transportation service for specific activities (work, shopping, nutrition programs, medical, etc.).

Other Grants: these are grants that the applicant receives to provide transportation service for specific activities (from Area Agency on Aging, Medicare, etc.).

Funding Sources:	Replacement or Service Expansion Requests		NEW SERVICE or New/Requested Vehicle(s)
	Actual Revenue for previous year for Transportation Services	Projected Annual Revenues for 12 month period for Transportation Services	Projected Annual Revenues for next 12 month period for All Transportation Services
<b>Service Contract Funding:</b>			
None	\$0	\$0	N/A
			N/A
			N/A
			N/A
<b>Other Grant Funding:</b>			
DHSDD	\$0	\$0	N/A
			N/A
			N/A
			N/A

Please offer any additional financial detail, future plans, or special direction that could assist in evaluating the application.

**Cuts in funding from DHS that ARC-CSS suffered beginning July 1, 2009 forced us to lose all transportation funding from the Illinois Department of Human Services. There is no grant funding coming from this previous source of income.**

# APPENDICES

**Appendix A**  
**ILLINOIS DEPARTMENT OF TRANSPORTATION (“IDOT”)**  
**AND FEDERAL TRANSIT ADMINISTRATION (“FTA”)**  
**ASSISTANCE PROGRAMS**  
**JOINT CERTIFICATIONS AND ASSURANCES FOR APPLICANTS**

Name of Applicant ARC Community Support Systems
--

**This Appendix must be completed by all Non-Profit and IDOT Certified Public Body Applicants**

By signing the attached AFFIRMATION OF APPLICANT’S ATTORNEY and JOINT CERTIFICATIONS AND ASSURANCES FOR IDOT & FTA PROGRAMS, the Applicant agrees to comply with the following applicable requirements (attached) of IDOT and FTA Assurance Programs Joint Certifications and Assurances for Grantees:

CERTIFICATION	CVP APPLICATION
1. Certifications and Assurances Required of each Applicant	Applicable
2. Lobbying Certification (if application is for more than \$100,000)	Applicable
3. Certification for Effects on Private Mass Transportation Companies	Applicable (for public bodies only)
4. Public Hearing Certification for Major Projects with substantial Impacts	Not Applicable
5. Certification for Acquisition of Rolling Stock	Not Applicable
6. Bus Testing Certifications	Not Applicable
7. Charter Service Agreement	Not Applicable (for 5310 Applicants)
8. School Transportation Agreement	Applicable
9. Certification for Demand Responsive Service	Not Applicable (for 5310 Applicants)
10. Alcohol Misuse and Prohibited Drug Use Certifications	Not Applicable (for 5310 Applicants)
11. Certification for Interest or Other Financing Costs	Not Applicable
12. Intelligent Transportation System Program Assurance	Not Applicable
13. Certifications and Assurances For The Urbanized Area Formula Program, The JARC Program and Clean Fuels Formula Program	Not Applicable
14. Certifications and Assurances for the Elderly and Persons With Disabilities Program	Applicable
15. Certifications and Assurances for the Nonurbanized Area Formula Program	Not Applicable (for 5310 Applicants)
16. Certifications and Assurances for the State Infrastructure Bank Program	Not Applicable

**The attached signature pages (Applicant and Applicant’s attorney) must be appropriately completed and signed where indicated.**

AFFIRMATION OF APPLICANT'S ATTORNEY

For ARC Community Support Systems  
(Name of Applicant)

As the undersigned Attorney for the above named Applicant, I hereby affirm to the Applicant that it has authority under state and local law to make and comply with the certifications and assurances as indicated on the foregoing pages. I further affirm that, in my opinion, the certifications and assurances have been legally made and constitute legal and binding obligations on the Applicant.

I further affirm to the Applicant that, to the best of my knowledge, there is no legislation or litigation pending or threatened that might adversely affect the validity of these certifications and assurances, or of the performance of the project.

Deborah S. Greider  
Signature of Applicant's Attorney

June 15, 2009  
Date at Signature

Deborah S. Greider, 0848743  
Print Name of Applicant's Attorney  
ARDC Registration Number

JOINT CERTIFICATION AND ASSURANCES FOR IDOT & FTA PROGRAMS

Please Print or Type: Name of Applicant/Agency: ARC Community Support Systems

Name and Relationship of Board Authorized Representative: Dick Reimers, Executive Director

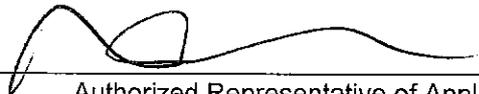
BY SIGNING BELOW, on behalf of the Applicant, I declare that the Applicant has duly authorized me to make these certifications and assurances and bind the Applicant's compliance. Thus, the Applicant agrees to comply with all State and Federal statutes, regulations, executive orders, and Federal requirements applicable to each application it makes to the Federal Transit Administration (FTA) and/or the Illinois Department of Transportation (IDOT) in Federal Fiscal Year 2009.

IDOT and the FTA intend that the certifications and assurances in Appendix A, should apply, as required, to each project for which the Applicant seeks now, or may later seek, FTA or IDOT assistance during Federal Fiscal Year 2009.

The Applicant affirms the truthfulness and accuracy of the certifications and assurances it has made in the statements submitted herein with this document, and any other submission made to FTA or IDOT, and acknowledges that the provisions of the Program Fraud Civil Remedies Act of 1986, 31 U.S.C. 3801, *et seq.*, and implemented by U.S. DOT regulations, "Program Fraud Civil Remedies," 49 CFR. part 31 apply to any certification, assurance or submission made to IDOT or FTA. The criminal fraud provisions of 18 U.S.C. 1001 apply to any certification, assurance, or submission made in connection with the Urbanized Area Formula Program, 49 U.S.C. 5307, and may apply to any other certification, assurance, or submission made in connection with any program administered by FTA or IDOT.

In signing this document, I declare under penalties of perjury that the foregoing certifications and assurances, and any other statements made by me on behalf of the Applicant are true and correct.

Date: 6-25-09

  
\_\_\_\_\_  
Authorized Representative of Applicant

**Certificate Of Publication**

STATE OF ILLINOIS, EFFINGHAM COUNTY, SS.

June 12, 2009

Effingham, Illinois

**Notice of Public Hearing**

ARC Community Support Systems

RE: State of Illinois Paratransit Vehicle Grant for Effingham County

Notice is hereby given that a public hearing will be held by ARC Community Support Systems.

On: Wednesday, June 24, 2009  
At: 2:00 p.m.

Where: ARC Community Support Systems  
Administrative Office 618 West Main St., Teutopolis  
In: Training Room

I. For the purpose of considering a project for which financial assistance is being sought from the Illinois Department of Transportation, pursuant to the Illinois Department of Transportation's general authority to make such Grants, and which is generally described as follows:

A. Description of Project: To procure two (2) Light Duty Paratransit Vehicles with lifts, both with three wheelchair or 12 passenger capacity for a total cost of \$104,000 to improve the mobility of, and meet the special transportation needs of, individuals with disabilities.

This project will be included in a Consolidated Vehicle Procurement Program undertaken by the State of Illinois on behalf of ARC Community Support Systems, with State and Federal Funds.

B. Relocation Relocation Assistance will not be required.

C. Environment This project is being implemented to minimize environmental impact.

D. Comprehensive Planning This project is in conformance with comprehensive transportation planning in the area.

E. Elderly and Disabled All new equipment included in this project will meet ADA accessibility rules for the elderly and persons with disabilities.

II. At the hearing the ARC Community Support Systems will afford an opportunity for interested persons or agencies to be heard with respect to the social, economic and environmental aspects of the project. Interested persons may submit orally or in writing, evidence and recommendations with respect to said project.

III. A copy of the application for a state grant for the proposed project for the intended service area will be made available for public inspection at ARC Community Support Systems, 618 West Main St., Teutopolis, IL 62467.

Christopher Prince, Grants Coordinator  
618 West Main Street  
Teutopolis, IL 62467  
217-857-3186, Ext. 116

Legal #1220 6/11/09

I, Stephen R. Raymond do certify that I am the authorized agent and the publisher of the Effingham Daily News, a secular newspaper of general circulation published daily, except Sunday and legal holidays in Effingham County, City of Effingham and the State of Illinois and that I am authorized to make this certificate for the said Newspaper that the notice or advertisement of

**Public Hearing**

relating to the matter of

**ARC Community Support Systems**

A true copy of which is hereto annexed, has been printed and published in the said Effingham Daily News as follows:

the first on the 11th day of June, 2009

the second on the \_\_\_\_\_ day of \_\_\_\_\_

the third on the \_\_\_\_\_ day of \_\_\_\_\_

and that the said newspaper was regularly published for a period of one year prior to the date of the first publication of this notice.

I Further certify that the face of the type in which each publication of the said notice was made the same as the body type and the classified advertising in the issue of the said newspaper in which such publication was made.

I Further certify that said newspaper is a newspaper as defined in 'An Act to revise the law in relation to notices' as amended by Act approved July 17, 1959.—Ill. Revised Statutes, Chap. 100, Para. 1-10.

**Effingham Daily News**



as agent of the Effingham Daily News

## **Appendix B**

### **Public Hearing Notice**

**NOTE: To be published locally 14 days before the scheduled hearing (see page 36)**

**(Sample Language)**

#### **Notice of Public Hearing**

ARC Community Support Systems

RE: State of Illinois Paratransit Vehicle Grant for Effingham County

Notice is hereby given that a public hearing will be held by ARC Community Support Systems.

On: Wednesday, June 24, 2009

At: 2:00 p.m.

Where: ARC Community Support Systems Administrative Office 618 West Main St., Teutopolis

In: Training Room

- I. For the purpose of considering a project for which financial assistance is being sought from the Illinois Department of Transportation, pursuant to the Illinois Department of Transportation's general authority to make such Grants, and which is generally described as follows:
  - A. Description of Project: To procure two (2) Light Duty Paratransit Vehicles with lifts, both with three wheelchair or 12 passenger capacity for a total cost of \$104,000 to improve the mobility of, and meet the special transportation needs of, individuals with disabilities.
  
- This project will be included in a Consolidated Vehicle Procurement Program undertaken by the State of Illinois on behalf of ARC Community Support Systems, with State and Federal Funds.
  
- B. Relocation Relocation Assistance will not be required.
  
- C. Environment This project is being implemented to minimize environmental impact.
  
- D. Comprehensive Planning This project is in conformance with comprehensive transportation planning in the area.
  
- E. Elderly and Disabled All new equipment included in this project will meet ADA accessibility rules for the elderly and persons with disabilities.
  
- II. At the hearing the ARC Community Support Systems will afford an opportunity for interested persons or agencies to be heard with respect to the social, economic and environmental aspects of the project. Interested persons may submit orally or in writing, evidence and recommendations with respect to said project.
  
- III. A copy of the application for a state grant for the proposed project for the intended service area will be made available for public inspection at ARC Community Support Systems, 618 West Main St., Teutopolis, IL 62467.

Christopher Prince, Grants Coordinator  
618 West Main Street  
Teutopolis, IL 62467  
217-857-3186, Ext. 116

ARC Community Support Systems  
Appendix B  
Public Hearing Report

June 24, 2009

2:00 p.m.

Training Room at ARC-CSS' Administration Building  
618 West Main Street  
Teutopolis, IL 62467

Those Present: Christopher Prince (ARC-CSS Grants Coordinator)  
Dennis Quast (ARC-CSS Director of Employment Services)

The meeting was called to order at 2:00 p.m. with no one from the public present. Dennis Quast and Christopher Prince waited until 2:20 p.m., giving people a chance to arrive. At 2:20 p.m., with no one in attendance, the meeting was closed.

# ARC Community Support Systems

## Appendix C

### Board Resolution

Since the 2009 Illinois Consolidated Vehicle Procurement Program application was released after ARC Community Support Systems' May Board of Director's Meeting, and since the application is due before our next Board of Director's meeting, we are unable to include the Board Resolution authorizing ARC-CSS' Executive Director as our Official Representative at this time.

The next ARC-CSS Board of Director's meeting is on July 27, 2009 and the Resolution is on the agenda. Once it has been approved I will forward the signed Resolution on to both our HSTP representatives and to IDOT.

We apologize for this inconvenience.

**Appendix C**  
**SAMPLE BOARD RESOLUTION/ORDINANCE**  
*Note: Please follow this format, or verify that you included all elements.*

NO. \_\_\_\_\_

Resolution authorizing application for and execution of a Public Transportation Capital Assistance Grant under the Illinois Department of Transportation's general authority to make such Grants.

WHEREAS, the provision of general public and/or specialized paratransit service is essential to the transportation of elderly, disabled and other transportation disadvantaged persons; and

WHEREAS, The Illinois Department of Transportation's general authority to make such Grants, makes funds available to offset certain capital costs of a private non-profit, general public or a IDOT Certified Public Provider transportation system providing specialized paratransit service; and

WHEREAS, grants for said funds will impose certain obligations upon the recipient.

NOW, THEREFORE, BE IT RESOLVED BY THE GOVERNING BOARD OF ARC COMMUNITY SUPPORT SYSTEMS:

Section 1. That an application be made to the Division of Public and Intermodal Transportation, Department of Transportation, State of Illinois, for a financial assistance grant under The Illinois Department of Transportation's general authority to make such Grants, for the purpose of off-setting certain general public and/or Elderly and Disabled Transportation Program capital costs of ARC Community Support Systems.

Section 2. That the Executive Director of ARC Community Support Systems, is hereby authorized and directed to execute and file such application on behalf of ARC Community Support Systems.

Section 3. That the Executive Director of ARC Community Support Systems is authorized to furnish such additional information as may be required by the Division of Public & Intermodal Transportation in connection with the aforesaid application for said grant.

Section 4. That the Executive Director of ARC Community Support Systems is hereby authorized and directed to execute and file on behalf of ARC Community Support Systems any grant agreement pursuant to said application

PRESENTED and ADOPTED this \_\_\_\_\_ day of \_\_\_\_\_, 2009

\_\_\_\_\_  
*(Signature of Board Official)*

ATTESTED: \_\_\_\_\_

\_\_\_\_\_  
*(Printed Name of Board Official)*

\_\_\_\_\_  
Executive Director

Title

\_\_\_\_\_  
ARC-CSS Board President

Title



# community support systems

www.arc-css.org

**Dick Reimers**  
Executive Director

**Mike Poe**  
Assistant Executive Director

**Administrative Office**  
618 W. Main Street  
Teutopolis, IL 62467  
217-857-3186  
(TDD) 217-857-3063  
(FAX) 217-857-6343

**Developmental Training Center**  
223 N. Harvester  
Teutopolis, IL 62467  
217-857-3186  
(FAX) 217-857-3651

**Counseling Services**  
Nanon Wood Center  
2502 Veterans Drive  
Effingham, IL 62401  
217-347-5118  
(FAX) 217-347-5135

**Child & Family Connections**  
Lincolnland Building  
1901 S. 4th Street, Suite 209  
Effingham, IL 62401  
1-888-459-KIDS (5437)  
217-347-5601  
(FAX) 217-347-5119

**Family Support**  
Lincolnland Building  
1901 S. 4th Street, Suite 209  
Effingham, IL 62401  
1-866-436-7842  
217-347-0880  
(FAX) 217-347-5119

**Community Employment Services**  
1902 Miller Drive  
Olney, IL 62450  
1-800-429-2487  
618-395-2418  
(FAX) 618-392-2598

**Children's Programs**  
1902 Miller Drive  
Olney, IL 62450  
1-877-395-4222  
(FAX) 618-392-2598

June 11, 2009

Senator John O. Jones  
2929 Broadway  
Mt. Vernon, IL 62864

Dear Representative Reis,

ARC Community Support Systems is currently in the process of applying for a Consolidated Vehicle Procurement Grant through the Illinois Department of Transportation. We are applying for two vehicles to replace vehicles in our fleet that exceed the mileage criteria limits set forth by IDOT standards.

ARC Community Support Systems has been operating since 1962, and we currently provide Employment, Residential and Family Support Services to more than 3,500 people with developmental disabilities and their families. As you can imagine, this requires a large fleet that we take pride in keeping in top condition.

However, despite our efforts, our fleet is not immune to normal wear and tear and some of our vehicles need to be replaced. Hence our attempt to garner this Consolidated Vehicle Procurement Grant through IDOT.

I am requesting that you submit to us a letter of support regarding our presence in your District, and the good work we strive to accomplish every day. This letter of support will help strengthen our position when we are to be considered for this Vehicle Grant. If possible, please return this letter to me at ARC Community Support Systems by June 24, 2009 so we can include it with our proposal.

Thank you for your continued dedication to your constituents with developmental disabilities.

Sincerely,

Dick Reimers  
Executive Director

Contributions are tax deductible to the extent allowed by law

Accredited by Commission on Accreditation of Rehabilitation Facilities  
Equal Opportunity Employer

ILLINOIS STATE SENATE

DISTRICT OFFICE:  
2929 BROADWAY  
MT. VERNON, ILLINOIS 62864  
PHONE: 618/242-9511  
FAX: 618/242-9516

SPRINGFIELD OFFICE:  
103D STATE HOUSE  
SPRINGFIELD, ILLINOIS 62706  
PHONE: 217/782-0471  
FAX: 217/782-4079

[www.Jones.senategop.org](http://www.Jones.senategop.org)



JOHN O. JONES  
SENATOR  
54TH LEGISLATIVE DISTRICT

MINORITY SPOKESMAN  
LICENSED ACTIVITIES  
COMMITTEE

MEMBER  
JUDICIARY - CRIMINAL LAW

AGRICULTURE & CONSERVATION

STATE GOVERNMENT  
& VETERANS AFFAIRS

COMMERCE &  
ECONOMIC DEVELOPMENT

June 22, 2009

Illinois Department of Transportation  
Section 5310 Program  
Capital Assistance Application

To Whom It May Concern:

I am writing this letter to show my support for ARC Community Support Systems' application to obtain two vehicles to replace vehicles in their fleet that exceed the mileage criteria limits determined by IDOT standards.

ARC Community Support Systems provides services to more than 3,500 people with developmental disabilities and their families. It takes a large fleet of vehicles to provide the transportation needed to operate their programs.

As stated above, ARC Community Support Systems has my full support on this application so that they may continue to serve the constituents in my district. If I can be of further assistance or provide further information, please do not hesitate to contact my office.

Sincerely,

A handwritten signature in cursive script, appearing to read "John O. Jones".

John O. Jones  
Illinois State Senator  
54<sup>th</sup> District

JOJ/bj



# community support systems

www.arc-css.org

**Dick Reimers**  
Executive Director

**Mike Poe**  
Assistant Executive Director

**Administrative Office**  
618 W. Main Street  
Teutopolis, IL 62467  
217-857-3186  
(TDD) 217-857-3063  
(FAX) 217-857-6343

**Developmental Training Center**  
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Teutopolis, IL 62467  
217-857-3186  
(FAX) 217-857-3651

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2502 Veterans Drive  
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217-347-5601  
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1902 Miller Drive  
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1-800-429-2487  
618-395-2418  
(FAX) 618-392-2598

**Children's Programs**  
1902 Miller Drive  
Olney, IL 62450  
1-877-395-4222  
(FAX) 618-392-2598

June 11, 2009

Representative David B. Reis  
P.O. Box 189  
Olney, IL 62450

Dear Representative Reis,

ARC Community Support Systems is currently in the process of applying for a Consolidated Vehicle Procurement Grant through the Illinois Department of Transportation. We are applying for two vehicles to replace vehicles in our fleet that exceed the mileage criteria limits set forth by IDOT standards.

ARC Community Support Systems has been operating since 1962, and we currently provide Employment, Residential and Family Support Services to more than 3,500 people with developmental disabilities and their families. As you can imagine, this requires a large fleet that we take pride in keeping in top condition.

However, despite our efforts, our fleet is not immune to normal wear and tear and some of our vehicles need to be replaced. Hence our attempt to garner this Consolidated Vehicle Procurement Grant through IDOT.

I am requesting that you submit to us a letter of support regarding our presence in your District, and the good work we strive to accomplish every day. This letter of support will help strengthen our position when we are to be considered for this Vehicle Grant. If possible, please return this letter to me at ARC Community Support Systems by June 24, 2009 so we can include it with our proposal.

Thank you for your continued dedication to your constituents with developmental disabilities.

Sincerely,

Dick Reimers  
Executive Director

Contributions are tax deductible to the extent allowed by law

Accredited by Commission on Accreditation of Rehabilitation Facilities  
Equal Opportunity Employer

**GENERAL ASSEMBLY**

State of Illinois



**CAPITOL OFFICE**  
228-N STRATTON BUILDING  
SPRINGFIELD, ILLINOIS 62706  
(217) 782-2087  
FAX (217) 782-1336  
www.davidreis.org

**DAVID B. REIS**  
STATE REPRESENTATIVE • 108<sup>TH</sup> DISTRICT

**DISTRICT OFFICE**  
219 E. MAIN - P.O. BOX 189  
OLNEY, ILLINOIS 62450  
(618) 392-0108  
FAX (618) 392-0107  
david@davidreis.org

June 22, 2009

Mr. Dick Reimers, Executive Director  
ARC Community Support Systems  
618 W. Main St.  
Teutopolis, IL 62467

Dear Director,

I would like to take this opportunity to show my strong support for ARC Community Support Systems for its application to the Illinois Department of Transportation in securing a Consolidated Vehicle Procurement Grant.

I understand ARC has been in operation since 1962 and now serves more than 3,500 people with developmental disabilities and their families. I know first hand the great work that ARC does in the surrounding areas from constituents that I have spoken with on my many travels in the 108<sup>th</sup> District.

It is with this in mind that I am proud to show my support in your need to update your aged fleet of vehicles that serve this very important purpose to our community. If at any time I may be of further assistance please do not hesitate to call me in my district office in Olney at 6918-392-0108.

Sincerely,

A handwritten signature in black ink that reads "David Reis".

David Reis  
State Representative