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 Beverly Farm Foundation	Date of Application Filing 6/29/2009
Street/Mailing Address, City, and Zip Code (Not just P. O. Box) 6301 Humbert Road Godfrey, IL 62035	Federal Tax Identification Number (TIN) 37-0765971
List general area served (counties, city, areas as applicable) (Detail in Part 5, Page 9) Madison County, Village of Godfrey	Type of Applicant (see pg. 4 Section A) Private Non-Profit: _____XX_____ Section 5311 Grantee: _____ IDOT Certified Public Body: _____
County Madison HSTP Region (if rural-see page 43) Region 9, 10 & 11 HSTP Office (see pages 44) Salem, IL	Illinois State Tax Exempt Number E-9980-5758-03
Application Contact Person: Maureen Concannon Title: Resource Development Director Phone: 618-466-0367 X 627 Vehicle Issues Contact Person: Gil Young Title: Purchasing Manager Phone: 618-466-0367 637	App. Contact E-Mail: mconcannon@beverlyfar.org gyoung@beverlyfarm.org Fax. (618)_466-3652

ALL APPLICANTS MUST ANSWER THESE QUESTIONS:

DOES A MINORITY GROUP MANAGE YOUR ORGANIZATION OR IS OPERATION MINORITY BASED?	O YES	● NO
DOES YOUR AGENCY PROVIDE SERVICE TO MINORITIES?	● YES	O NO
DOES YOUR APPLICATION HAVE THE SUPPORT OF YOUR LOCAL TRANSIT AGENCY?	O YES O NO	● N/A

By this application, it is the intent of (Agency's Legal Name) __Beverly Farm Foundation ___ 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.

Martha Warford _____ Tel.___618-466-0367 __06____/_29___/__2009____

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

___Martha Warford _____ **Title __ Executive Director__**
Print name of Authorized Official

READ ALL INFORMATION CAREFULLY

PART I
REQUIRED SUBMITTALS
MUST BE COMPLETED BY ALL APPLICANTS

Applicant Name Beverly Farm Foundation

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 A	B	C	MPO	Support Letters
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)	✓
• Part I Submittal Matrix(A) and Application Checklist Completed (B), (page 4)	✓
• Part II Current Vehicle Inventory (page 5)	✓
• Part III Vehicle Request Form and Budget (pages 6-7)	✓
• Part IV Project Justification (if applicable, page 8)	✓
• Part V Applicant's Current Services and Experience (if applicable, pages 9-11)	✓
• Part VI Fleet Control and Maintenance (if applicable, page 12)	✓
• Part VII Driver Training (if applicable, page 13)	✓
• Part VIII Proposing New or Expanded Service (pages 14 & 15)	✓
• Part IX Formal Coordination Efforts (if applicable, page 16 &17)	✓
• Part X Financial Plan (if applicable, pages 18 & 19)	✓
• ***Part XI HSTP Review (To Be Completed only by Northeastern Illinois Applicants-Urbanized Area 2-- Cook, Lake, DuPage, Kane, Will & McHenry Counties) (page 20)***	
• Appendix A FTA & IDOT Joint Certifications Assurances (pp. 22-32) signed by Official Representative (page 24),	✓
• 2nd- Signed and dated Attorney's Affirmation (page 23)	✓
• Appendix B Public hearing: Published notice, hearing report and public comments (page 33)	✓
• Appendix C Executed Board Resolution authorizing applicant's Official Representative (page 34)	✓
• 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)	
• Letter of support from Certified Public Provider or local Transit Authority (if applicable)	✓
• Letters of Support from local Legislators, others (not a requirement)	

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 Beverly Farm Foundation

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	ElDorado	Med. Duty	IBB01083589IL18	183,500/ 208,000	14 / Y	O 1999	Y- #2121

Yr.	Manufacturer	Type	VIN (Vehicle Identification Number)	Odometer Reading (miles) 1/1/2008 -12/31/08		# OF Seats/ ADA:Y/N	1st Year (O)Owned (L)Leased	IDOT Funded Vehicle? Contract #
99	Ford/Eldorado	SMD	1FDXE40F5XHA88403	91235	99931	/Y	O 1999	Y6318
						/		
02	Ford/Eldorado	LD	1FDWE35L852HB40769	51688	62664	/Y	O 2002	Y6467
						/		
02	Ford/Eldorado	LD	1FDWE35L92HB44419	57267	66360	/Y	O 2002	Y 6465
						/		
04	International	HD	1HVBBTFAM14H654815	36681	44703	/Y	O 2004	Y 64008
						/		
05	Chevrolet	MV	1GBDV13LG5D208290	15353	21175	5 / Y	O 2005	Y 385CVP
08	Chevrolet	MV	1GBDV13W38D130050	221	9495	5 / Y	O 2008	Y 491CVP
07	Ford	RR	1FB5531L87DA94598	5617	13990	5 / Y	O 2007	N
04	GMC	RR	1GJHG39UX41187519	43483	49447	5 / Y	O 2004	N
04	Chevrolet	TT*	1GBHG31U841227586	45991	64469	11 / Y	O 2005	N
06	Ford	RR	1FD5534L56DA46557	3634	7719	6 / Y	O 2006	N

*TurtleTop

Applicant Name Beverly Farm Foundation

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 Beverly Farm Foundation

Form ___1_ of _1___ , (1 of 1 etc.)

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

O Mini-Van w/ramp (2 wheelchairs/5 passengers)

O Light Duty Paratransit w/lift (3 wheelchairs/ 12 passengers)

● Medium Duty Paratransit w/lift (5 wheelchairs/ 14 passengers)

O 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)

O Replacement of owned vehicle

O Replacement of leased vehicle

● Service Expansion (see p.14)

O 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 (1st, 2nd, etc.)_____1_____.

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	**OR** 5 yrs, in documented unsafe & poor operating condition
Light Duty Paratransit Vehicle (10-12 pass)	95,000 Miles	**OR** 6 yrs, in documented unsafe & poor operating condition
Medium Duty Paratransit/School Bus (13-16 pass)	120,000 Miles	**OR** 8 yrs, in documented unsafe & poor operating condition
Super Medium Duty Paratransit Vehicle (>16 pass)	180,000 Miles	**OR** 9 yrs, in documented unsafe & poor operating condition
Heavy Duty Transit Vehicle (>30 pass)	280,000 Miles	**OR** 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 #

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.

Applicant Name
Beverly Farm Foundation

ESTIMATED PROJECT BUDGET
MUST BE COMPLETED BY ALL APPLICANTS

G. Estimated CVP Budget

Vehicle Type	Capacity (Approx.)	Requested Number of Units			Line Total	Estimated Unit Cost	Estimated Total Cost Line Total x Unit Cost
		Replace-ment (a)	Expansion (b)	New (c)	(a)+(b)+(c) (d)	(e)	(d) x (e)
Mini-Van Paratransit (w/ ramp) MV	6 pass.					$36,000	$
Light Duty Paratransit Vehicle (w/lift) LD	12 pass.					$52,000	$
Medium Duty Paratransit Vehicle (w/lift) MD	14 pass.		1			$59,000	$ 59,000
Super Medium Duty Para-Transit Vehicle (w/lift) SMD	22 pass.					$94,000	$

Total CVP Request: $_59,000_____

Comments:

PART IV

PROJECT JUSTIFICATION

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

Applicant Name
Beverly Farm Foundation

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.

Beverly Farm Foundation is home to more than 380 adults living in a 220-acre community within the community of Godfrey, Illinois. Beverly Farm is a loving, caring home for adults with developmental disabilities, providing each individual with physical and emotional security and a dignified quality of life, with opportunities and challenges with functional capabilities. We offer 3 housing styles: apartments, group homes and cottages. Residents with a wide range of disabilities go to work or class every weekday leaving the weekends for recreation. We offer 24-hour nursing care, dental clinic, physicians' visits, speech, occupational, physical therapy and Therapeutic Horsemanship. The Activities Department offers aquatics in a therapeutic pool, gardening, quilting, Special Olympics, Venture Scouts, outings to St. Louis and the surrounding area plus dances, games, movies and karaoke for a fulfilling life.

Transportation is needed every day to work, class or the senior center for 380 individuals. For those few who do not attend one of those activities because of illness, there may be doctor's trips on any given day. For the weekend there are outings to be scheduled for shopping and recreation. Currently we must ration the vehicles for outings and other activities in order that all residents meet the state requirements for trips off-campus. Aging vehicles spend significantly more time being repaired and therefore out of service, requiring some difficult decisions to be made about recreation requirements versus health care. For weekday, evening events, especially in inclement weather, all vehicles are needed to transport residents to and from the Groves B. Smith Recreation Center located geographically in the center of campus.

Because we use the vehicles all day and into the evening, and often, decisions have to be made as to what trips are of more importance than other trips, it would be very difficult to coordinate sharing vehicles with other programs. However, residents do use the Madison County Bus system and the Runabout program ACT to take the stress off our internal system.

90% of Beverly Farm residents receive state and/or federal aid to support their life here. They are in a very disadvantaged socio-economic group. Beverly Farm provides all their needs – home, food, work, safety and security, social life, friendship, achievement, lack of prejudice and morality. Transportation would fall into the physiological needs. The Transportation department had been organized in its current form for well over 20 years. Beverly Farm has records on file for IDOT support since 1999.

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 Beverly Farm Foundation

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.

Madison County, Village of Godfrey, Alton, IL.

B. Service Area Population Information
Use 2000 census data.

1. Total Population of your Current Service Area ___266,142

2. Elderly (60+) Population of Service Area __36,918

3. Disabled Population of Service Area __34,404

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.

	Service Area		Applicant's Client Population	
Racial/Ethnic Group	**Total**	**% of Total**	**Total**	**% of Total**
American Indian/Alaskan Native	728	0.3	0	0
Asian/Pacific Islander	1845	0.7	4	0.01
Black	21,145	7.9	19	0.05
Hispanic	5,310	2.0	5	0.01
White	236,940	89	353	0.93
Other	2,175	0.8	0	0
TOTAL (match B-1 above).	268,143	100 %	381	100 %

Applicant Name Beverly Farm Foundation

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.

Beverly Farm began caring for people with developmental disabilities in 1897using horses and carts for transportation. As the automobile became the normal form of transportation it was introduced. We now use the remaining wagon for hay rides. It is our mission to provide a loving, caring home in addition to work and training opportunities on all weekdays within functional limits. Residents participate in the many activities provided during evenings and weekends such as gardening, quilting, Special Olympics, Venture Scouts and dances among other activities. Beverly Farm provides 24-hour nursing care, physician visits, dental care and therapy (speech, occupational, physical), as well as therapeutic aquatic and horsemanship programs.

Transportation is needed to get residents to and from work or training, the Judah Senior Center (about half a mile from the main campus), round trips to doctor's offices and hospitals and to outings off campus. All of our residents have developmental disabilities and 182 or 48 % are over 55 years old.

E. A) 2008 Annual Certification was submitted FOR IDOT FUNDED VEHICLES in YOUR FLEET? 04_/xx/_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.

	'A'	Total # of Hours Worked by Transportation Staff by Day						
Staff	**# Staff**	**Mon.**	**Tues.**	**Wed**	**Thurs.**	**Fri.**	**Sat**	**Sun**
Paid Drivers	4.5	32	40	40	40	32		4
Volunteer Drivers								
Reservationists/								
In-house Staff, Maint.								
Administrative Staff	1	8	8	8	8	8		
TOTALS								
Total # of vehicles in use		23	23	23	23	23	23	23

Applicant Name Beverly Farm Foundation

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 _____ to _____

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

Individual Clients Served	Annual Total
Elderly Riders without Disabilities	0
Elderly Riders with Disabilities	182
Non-Elderly Riders with Disabilities	198
Other Riders, including general public	0
TOTAL CLIENTS SERVED **(Must match p.9)**	380

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	15,762
Work Trips	39,219
Education Trips	432
Nutrition Trips	432
Shopping Trips	5,436
Social/Recreational Trips	8,208
Other Trips	0
TOTAL ONE-WAY PASSENGER-TRIPS PER YEAR	69,489
Average number of vehicles used on a daily basis to provide this service	23

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

Applicant Name Beverly Farm Foundation

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 YES, Warranties YES, Insurance policy card YES, Vendor Contact Information_NO
Copies of repair orders, with reports on inspection/notification forms, with date resolved_YES,
All warranty claims _YES__
Details on any malfunctions of ADA/lift equipment?__YES___
Do you keep on file the last 6 months of drivers' daily pre- and post trip vehicle inspections? Y _XX__ 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__XX_ N___.
Do you have repair manuals for all ADA equipment? Y___ N _XX__
If not, when did you contact the vendor to get them? Vehicles lifts are serviced by an outside vendor

Are agency vehicles kept in a garage? Y___ N XX__ If outside, is storage area secured? Y___ N _XX__
Describe any off-site vehicle storage area (location, condition, security, etc.)_____

Do you have a Long Term Vehicle Replacement Plan? Y_XX__ N _____
Do you maintain and regularly update Fleet Condition Reports? Y_XX__ N _____

B. Maintenance

Does your agency have a current written maintenance policy? Y _XX__ 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_XX__ N____
Do you perform inspection and manually operate/ check all ADA and access equipment? Y_XX__ N ____
Do you file all repairs (including routine maintenance) or adjustment advisories/orders? Y _XX__N ____
Do you keep records of all vehicle inspections? (attach an example) **For the life of the vehicle** Y_XX__ N ____
How long do you keep vehicle inspection records on file? _____ mos. **__XX_** years ___ (6 months recommended)
Do you track and file vehicle repair histories for each vehicle? Y XX___ N____

Who (Name & Title) is responsible for Agency vehicle maintenance program?
_____Jim Hillery – Transportation Manager
Who (Name & Title) is responsible for major repairs? _____ Jim Hillery – Transportation Manager _____
Does management review repairs and inspection results? _Y__XX__ N ____
Please List any/all outside contractor/service shops; and describe any specialty training: Southern Bus & Mobility, Roberts Ford, Quality Pontiac, R&S Auto Service
Is the shop experienced in servicing the type of vehicle(s) being applied for? Y_XX__N___
Is ALL ADA equipment operational? Y _XX__ N ___ Any repair delays? (**if in-operable, give details**)_____NO_____

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

PART VII
TRANSPORTATION TRAINING
MUST BE COMPLETED BY ALL APPLICANTS

Applicant Name Beverly Farm Foundation

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**. __RTAC, Jim Hillery & Lori Rodgers
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_XX__ N___
Does each driver's file reflect training, licensing, achievements, etc.? Y__XX_ N___

Are all drivers formally trained in the following core passenger transport subjects?
Client Assistance Y__XX_ N___, Defensive Driving Y XX_ N___, Emergency Procedures Y_XX__ N___,
Do you provide to the drivers:
Special Passenger Care Training Y XX___ N___, Emergency Local Contacts and Resources Y XX_ N___
C.P.R. Training Y_XX__ N___ Emergency Response Training Y__XX_ 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:
All course work from RTAC

Do you offer regular updates/refreshers? Y_xx__ N____
What is your normal Training cycle? _____annual training
Do you include Dispatchers in vehicle orientation? Y__XX_ N____
Do you include occasional drivers, or people with other specialties? Y__XX_ N____

Does your formal training include: ADA policy as it applies to your clients Y _XX__ N ___
Operation of access equipment (including manual lift operation and cautions)? Y _XX__ N ___
Formal vehicle and accessory orientation? Y _XX__ N ___
Route or territory orientation? Y _XX__ N ___
Do you use 'on-the-road' communications with drivers? Y_XX__ N___ Define: Nextel 2-way radios and cell phones

Part VII Transportation Training

A. Driver's name
B. License Number
C. Expiration date of license

VIII. VEHICLE REPAIR/MAINTENANCE POLICY

1) Transportation, Hardin Apartments, and Developmental Training vehicles will follow their own maintenance schedules which should include:

   A. All fluid levels – Weekly
   B. Belts and hose – Weekly
   C. Brakes – Monthly
   D. Suspension – Monthly
   E. Steering – Monthly
   F. Tires – Weekly
   G. Safety Equipment – Weekly
   H. Mileage – Weekly
   I. Oil & Filter changed every 3,000 miles
   J. Air Filter changed every 15,000 miles
   K. State Inspection every 6 months
   L. Wheel chair lifts will be inspected by an outside agency annually.

   Maintenance will follow steps A through F.

   The records of the regular routine maintenance of the above vehicles should be sent to Transportation, where they will be filed.

2) Repair Services

   A. If the situation arises that one of the above vehicles should have a problem occur;

      1. Vehicle won't start
      2. Noises
      3. Rattles
      4. Light bulbs changed
      5. Etc.

      Call the Main Campus Transportation Department at Extension 620. (Switchboard after hour/weekends) At that time a Transportation driver(or Maintenance) will inspect the vehicle. The Transportation driver will determine if the vehicle can be driven or needs towed and where to take it and when. Transportation will

these vehicles.

2) Preventive maintenance (oil changes/lubes/filters) is preformed quarterly. All other maintenance will be preformed on an as needed basis. Problems will be reported immediately to the Transportation Manager.

3) Transportation staff will complete the Vehicle Preventative Checklist each time the IDOT is driven. The list will be completed before the on the pre-trip and reviewed when the vehicle is parked for the day. Any lift problems will be reported immediately and the vehicle will be Taken out of service and repaired immediately.

Revised 6/07 JH

A. Daily Pre/Post Trip Inspection

Vehicle Preventative Maintenance Checklist

Date: _____

Vehicle #: _____

Milage: _____

Driver: _____

Checklist:	Working Condition	Needs Repair
Oil		
Coolant		
Transmission Fluid		
Brake Fluid		
Battery		
Belts/Hoses		
Headlights		
Brake/Parking Lights		
Flashers		
Tire Pressure		
First Aid Kit		
Fire Ext.		
Lift/Interlk.		

Comments: _____

Applicant Name Beverly Farm Foundation

PART VIII

PROPOSED NEW OR EXPANDED TRANSPORTATION SERVICE ONLY

TO BE COMPLETED BY NON-PROFIT AND IDOT-CERTIFIED PUBLIC BODY APPLICANTS THAT ARE REQUESTING VEHICLES FOR NEW SERVICE OR SERVICE EXPANSION.

1. **Proposed New Service ____ or Expanded Area ____- E.g., Cities, Towns, Counties to be Served? (If area is the same as current service area, indicate "SAME").**

SAME

2. **Proposed Expanded Schedule (Days and Hours of Operation)? (If schedule is the same as current schedule, indicate "SAME").**

SAME

3. **Proposed new client group receiving the New or Expanded Transportation Service?**

SAME

4. **Is there a change in how eligible clients request and schedule rides? (As needed, By phone request, Trips scheduled by the agency, as part of the primary service program, etc.)**

No changes; when possible staff reserve a vehicle for special use – doctors visits or off-campus activities; when these are emergencies, or unscheduled vehicles are released on a first-come/first-served basis or on the basis of hierarchy of needs.

5. **THIS INFORMATION IS VERY IMPORTANT!! PLEASE READ IT CAREFULLY AND FILL IT OUT COMPLETELY, WITH AS MUCH DETAIL AS IS AVAILABLE.**

	Total Clients Served per year (see page 11)	Estimated **New** Clients	Annual Total
Elderly Clients without Disabilities	0		
Elderly Clients with Disabilities	182		
Non-Elderly Clients with Disabilities	198		
Other Clients	0		
TOTAL CLIENTS	380	0	380

Applicant Name
Beverly Farm Foundation

6. Estimate the NEW Number of Passenger-TRIPS to be Provided, by Type.

NOTE: Each time a client gets on, rides and gets off is a Passenger-Trip (see Page 11)

(Example: Transporting a client to a medical appointment, then to a food store, then home, counts as three one-way passenger trips for each person served)

New or Additional Annual Totals

These trips indicate trips that have to be put-off or rescheduled
And health care issues that are reflective of aging residents

Medical Trips	1580
Work Trips	2140
Nutrition/ Food Trips	144
Shopping	1498
Other Trips	**1,176**
TOTAL ONE-WAY PASSENGER-TRIPS:	6538

Number of new vehicles being requested to provide these trips 1

7. Proposed Staffing

Please indicate in the table the number of NEW employees and/or volunteers to be used in NEW or EXPANDED transportation service for a typical week during the year. Show number of hours by day of the week worked by all employees/ volunteers (NOTE: If the same as current indicate "SAME").

For example, your bookkeeper averages an extra hour each weekday on the new program. Total new/added staff (administrative staff) will be 0, but for each weekday you would insert 1 (one) hr., 2(two) hours etc.

New or Additional Staff	Total Number of New or Added Staff	Sum of Hours Worked by All New or Added Staff by Day						
		Mon.	Tues.	Wed.	Thurs.	Fri.	Sat.	Sun.
Paid Drivers	0							
Volunteer Drivers	0							
Reservationists/ Schedulers/Dispatchers	0							
Maintenance Staff	0							
Administrative Staff	0							

8. New or Expanded Service to Minority Group Persons

Please indicate in the table the number and percentage of minority group persons in the expanded/new service area and the number and percentage of estimated riders of your service in each minority group.

	Service Area Population		Applicant's Proposed Service	
Racial/Ethnic Group	**Total**	**% of Total**	**Total**	**% of Total**
American Indian/Alaskan Native	0			
Asian/Pacific Islander	0			
Black	0			
Hispanic	0			
White	0			
Other	0			
TOTAL:	0			

Applicant Name Beverly Farm Foundation

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?
Madison County Transit 618-931-7433	359 a year	0553-1753	Shuttle
Runabout 618-931-7433	M-Sat	0600-1800	Curb–to-curb
East/West Gateway Council of Government	M-F	9-5	Funding: Jim Wild indicated that BFF's need for vehicles is not competitive with their funding of giant highway and public transportation projects
Region 9, 10 & 11	M-F	9-5	We could apply for New Freedom Funding #5317 in Autumn

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	Beverly Farm Foundation

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.)

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.

PART IX
COORDINATION EFFORTS

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

The written request for support is attached as is the mailing list to which it was sent. All responses are also attached.

It is unlikely the Beverly Farm can share vehicles with any other programs because we service a large population of 380 who both live and work at Beverly Farm. Many of the residents have multiple disabilities and may be in fragile health requiring many trips to doctors and hospitals. The vehicles in the Beverly Farm Fleet are used to their maximum amount; in fact, frequently trips of a non-urgent variety are asked to hold off until a vehicle is available.

C. HSTP Endorsement

In conversations with East West Gateway Council of Government we were told that our need for vehicles is not competitive with the need for road repair and new bridges. Jim Wild suggested that we apply for 5310 funds through IDOT and to contact Region 9, 10, 11 managers, James Patrick and Seth Gunnerson for additional applications for New Freedom Funding # 5317. Mr. Patrick said that the New Freedom funds applications take place in the autumn. He will send us the application when they are released.

Part IX

June 15, 2009

To Whom It May Concern:

Beverly Farm Foundation, a non-profit organization providing homes and training to adults with developmental disabilities, is submitting a Section 5310 application to the Illinois Department of Transportation. We are requesting One (1) 14-passenger medium duty, wheel chair accessible (5 wheelchairs) van at a cost of $59,000 to be used for residents and possible community members who are disabled or elderly for community integration, work, recreation and medical appointments.

The vehicle will allow us to improve our ability to move residents from home to work and to doctors' appointments and recreational events.

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

All public and private transit operators are encouraged to submit written comments indicating:

- Whether the services they are providing or are prepared to provide are designed to meet the special needs of elderly and disabled persons in the service are of the Section 5310 project:
- Whether they wish to participate in some way in the provision of the services proposed in Section 5310 application;
- Any other comments that they have about the application they wish the Division to consider. Your support of this project would be appreciated.

We would appreciate a letter of support and any additional comments by June 27, 2009. Thank you in advance for your interest and assistance.

Sincerely,

Maureen A. Concannon
Resource Development Director

Mailing list for letters of support

A-1 Northeast Cab Co. 618-465-5838
2906 E. Broadway
Alton, IL 62002

Alton Metropolitan Human Development Center 618-465-3411
100 Lovejoy Lane
Alton, IL 62002

Area Agency on Aging of Southwest Illinois 800-326-3221
2365 Country Road
Belleville, IL 62221

Challenge Unlimited 618-466-5070
#4 Emmie L. Kaus Lane
Alton, IL 62002

Comfort Cab Co. 618-465-2010
647 East Broadway
Alton, IL 62002

Developmental Disability Services of Metro East 618-656-9663
2900 Frank Scott Parkway West
Belleville, IL 62220

Helping Hands, Inc. 618-239-9900
2125 So. Belt West
Belleville, IL 62226

Liberty Cab, Co. 618-462-6437
511 Ridge
Alton, IL 62002

Senior Services 618-259-1046
605 Third St.
East Alton, IL 62024

Senior Services Plus 618-462-6563
525 Alby St.
Alton, IL 62002

William BeDell Achievement & Resource Center 618-462-7701
1813 Main St.
Alton, IL 62002

Developing Human Potential

CHALLENGE
UNLIMITED, INC.

#4 Emmie L. Kaus Lane ■ Alton, Illinois 62002
(618) 465-0044 ■ Fax (618) 465-0056

June 21, 2009

Beverly Farms Foundation
Ms. Maureen Concannon
6301 Humbert Rd.
Godfrey, IL 62035

Dear Ms. Concannon,

Challenge Unlimited has learned of your proposed application to the Illinois Department of Transportation for one (1) 14 passenger ADA equipped van under the 5310 program. We understand that you will be transporting persons with disabilities to much needed programming and activities.

Challenge Unlimited has long been aware of your residential and training services to persons with developmental disabilities and are also aware of the importance of the associated transportation needs. We are happy to lend our support of your grant request and wish you well in your endeavors.

We look forward to our continued affiliation in the provision of services to persons with disabilities.

Sincerely,

Laurine Hamm

Laurine Hamm
Grants Coordinator

Applicant Name Beverly Farm Foundation

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 1_____to _____June 30_____

PLEASE NOTE: TOTAL REVENUES SHOULD EQUAL TOTAL EXPENSES

SERVICE TYPE	Replacement or Service Expansion Requests		NEW SERVICE Request
Activity/Line-Item	**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**
Revenues:			
Passenger Fares	0	0	
Operating Income from Service Contracts (see section B on next page)			
Operating Income from other Grants (see section B on next page)			
Donations	40,000	40,000	
General agency funds	539,608	636,701	
Other	7,000	7,000	
Total Revenues (should equal expenses)	586,608	683,701	
Expenses – Operations			
Driver Salaries and Fringe Benefits	117,027	134,627	
Dispatch/Supervisor Salaries and Fringe Benefits	30,547	28,574	
Maintenance (Parts and Labor)	36,016	40,000	
Materials and Supplies	Included above	Included above	
Fuel, Oil, Tires	81,246	110,000	
Insurance	45,000	47,000	
Vehicle Storage	0	0	
Other	244,772	290,000	
Expenses – Administration			
Management Salaries and Fringe	10,000	10,500	
Clerical/Bookkeeping Wages	11,000	11,500	
Rent, Utilities, Taxes	11,000	11,500	
Marketing /Promotion/Driver Training costs	0	0	
Other	0	0	
Total Expenses (should equal revenues)	586,608	683,701	

Applicant Name Beverly Farm Foundation

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.).

	Replacement or Service Expansion Requests		NEW SERVICE or New/Requested Vehicle(s)
Funding Sources:	**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**
Service Contract Funding:			
	0	0	0
Other Grant Funding:			
	0	0	0

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

APPENDICES

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

Name of Applicant Beverly Farm Foundation

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 Beverly Farm Foundation
(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.

Nicholas J. Lynn
Signature of Applicant's Attorney

June 25, 2009
Date at Signature

Nicholas Lynn 3127394
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: Beverly Farm Foundation

Name and Relationship of Board Authorized Representative: Martha Warford

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: 6/29/09

Martha Warford

Authorized Representative of Applicant

APPENDICES

1. CERTIFICATIONS AND ASSURANCES REQUIRED OF APPLICANT

A. Authority of Applicant and Its Representative

Martha Warford, Executive Director and Nicholas Lynn, registered agent and attorney at law and Beverly Farm Foundation have adequate authority under state and local law and the by-laws or internal rules of the Applicant organization to:

(1) Execute and file the applications for federal assistance on behalf of Beverly Farm

(2) Execute and file the required certifications, assurances, and agreements on behalf of Beverly Farm binding the Applicant, and

(3) Execute grant and cooperative agreements with FTA or IDOT on behalf of Beverly Farm

B. Standard Assurances

Beverly Farm Foundation agrees that the most recent state & federal requirements will apply to the Project, unless IDOT or FTA issues a written determination otherwise. Staff members involved in the use and maintenance of these vehicles are well informed.

C. Debarment Suspension and Other Responsibility Matters Primary Covered Transactions

(1) Beverly Farm Foundation is not presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from covered transactions by any federal department or agency;

(2) Beverly Farm Foundation has not within a three-year period preceding this Certification been convicted of a criminal offense in connection with obtaining or performing a public transaction or contract under a public transaction; violation of federal or state antitrust statutes; or commission of embezzlement, theft, forgery, bribery, falsification or destruction of records, making false statements, or receiving stolen property; Neither has Beverly Farm Foundation or had a civil judgment rendered against them for commission of fraud.

(3) Beverly Farm Foundation is not presently indicted for or otherwise criminally charged or by civil action by a governmental entity (federal, state or local) with commission of any of the offenses listed in paragraph (2) of this certification; and,

(4) Beverly Farm Foundation has not within a three year period preceding this Agreement had one or more public transactions (federal, state, or local) terminated for cause or default.

Beverly Farm Foundation agrees and certifies that if it becomes aware of any later information that contradicts the statements in paragraphs (1) through (4) above, it will promptly inform IDOT. Should the Applicant be unable to certify to statements set

forth in paragraphs (1) through (4) above, it shall so acknowledge with its signature and provide a written explanation to IDOT.

D. Drug-Free Workplace Certification

(1) Find attached the Policy and Procedures of the Human Resources Department identify the Alcohol/Drug Free Workplace Policy #20. Beverly Farm maintains a Zero Tolerance policy. See also The Code of Conduct Rule A-7, and B-2

(2) Establishing an ongoing drug-free awareness program:

Beverly Farm has a Zero Tolerance policy. Every employee is drug-tested before being allowed to start the training class in which drug policy (and others) are explained.

Beverly Farm does not have an ongoing anti-drug education program because of the Zero Tolerance policy. If a person is enrolled in the insurance plan, drug/alcohol rehabilitation is included among the coverage.

(3) Illinois and U.S. DOT regulations on Drug-Free Workplace Requirements (Grants) at 30 ILCS 580/1 et seq. and 49 CFR Part 29 at Subpart F, as amended by 41 U.S.C. Section 702, can be included in driver training.

(4) The Zero Tolerance Policy; drug testing and background checks make Beverly Farm aware of staff with such illegal issues. Close cooperation with local police makes this easier.

(5) & (6) Zero Tolerance – see above

(7) Beverly Farm makes a good faith effort to continue to maintain a drug-free workplace through implementation of paragraphs (1), (2), (3), (4), (5), and (6). **The only locations of Beverly Farm are 6301 Humbert Rd. Godfrey, Il 62035 and 812 Airport Road, Godfrey, IL 62035**

E. Intergovernmental Review Assurance

Beverly Farm will comply with all state regulations for review

F. Nondiscrimination Assurance

Beverly Farm does not discriminate in anyway on the basis of race, color, national origin, creed, sex, or age. See Code of Conduct Rule B-4

G. Assurances of Nondiscrimination on the Basis of Disability

It is our mission to care for people with disabilities. We also hire people with disabilities.

H. Procurement Compliance

Beverly Farm complies with all applicable requirements imposed by federal and state laws, executive orders, or regulations and FTA directives.

I. Certifications Prescribed by the Office of Management and Budget (SF-424B and SF-424D)

(1) Beverly Farm has the legal authority to apply for federal assistance and the institutional, managerial, and financial capability (including funds sufficient to pay the non-federal share of project cost) to ensure proper planning, management, and completion of the project described in its application.

(2) Beverly Farm will give FTA, the Comptroller General of the United States and, if appropriate, the State, through any authorized representative, access to and the right to examine all records, books, papers, or documents related to the award; it has established proper accounting system in accordance with generally accepted accounting standards or agency directives. Scheffels & Co. is employed to produce an annual audit as required by the Beverly Farm by-laws, Article VII, Section 2-D (see attached.)

(3) Beverly Farm has a policy against conflict of interest

(4) Beverly Farm can complete the project in the allotted time line

(5) Beverly Farm does not discriminate

(6) There will be no relocation or construction involved in this project

2. LOBBYING CERTIFICATION REQUIRED FOR EACH APPLICATION EXCEEDING $100,000

Beverly Farm does no lobbying.

3. CERTIFICATION PERTAINING TO THE EFFECTS OF THE PROJECT ON PRIVATE MASS TRANSPORTATION COMPANIES

This project will not impact mass transit in anyway.

8. SCHOOL TRANSPORTATION AGREEMENT

This application is not for school transportation.

14. CERTIFICATIONS AND ASSURANCES FOR THE ELDERLY AND PERSONS WITH DISABILITIES PROGRAM

Beverly Farm, a private non-profit organization, has the necessary legal, financial, and managerial capability to apply for, receive and disburse Federal assistance authorized for 49 U.S.C. 5310; and to implement and manage the project. Current transit service offered by existing public or private transit operators is insufficient to meet the special needs of the elderly and persons with disabilities who live at Beverly Farm

A. Beverly Farm has sufficient funds to operate and maintain the vehicles.

B. Beverly Farm had a public meeting

C. Beverly Farm recognizes that it will be ultimately responsible for implementing many Federal requirements

1. Beverly Farm will coordinate to the maximum extent feasible with other transportation providers
2. Beverly Farm complies with all applicable civil rights requirements
3. Beverly Farm will comply with applicable requirements of U.S. DOT regulations on participation of disadvantaged business enterprises

4. Beverly Farm will comply with Federal requirements regarding transportation of elderly and persons with disabilities
5. Beverly Farm is not involved with school transportation
6. Beverly Farm uses its vehicles only for the transportation of adults with developmental disabilities and their caregivers
7. Beverly Farm has a procurement policies
8. Beverly Farm will involve the private mass transportation companies to the maximum extent feasible
9. Beverly Farm will not be purchasing from any mass transit providers
10. Beverly Farm does not lobby
11. Beverly Farm is not debarred and never has been
12. Beverly Farm will comply with all applicable bus testing requirements for new bus models
13. Beverly Farm will comply with, applicable FTA Intelligent Transportation
14. Beverly Farm will comply with state architectural requirements if they apply to this project
15. Beverly Arm will comply with all applicable pre-award and post-delivery review requirements.

H. Beverly Farm's projects qualifies for a categorical exclusion and does not require further environmental approvals

I. Beverly Farm will enter into a written agreement stating the terms and conditions of assistance by which the project will be undertaken and completed as it has with previous awards from IDOT

J. Beverly Farm recognizes the authority of FTA, U.S. DOT, IDOT and the Comptroller General of the United States to conduct audits and reviews to verify compliance with the foregoing requirements and stipulations, and assures that, upon request, Beverly Farm will make the necessary records available to FTA, U.S. DOT IDOT and the Comptroller General of the United States. Beverly Farm also acknowledges its obligation under 49 CFR 18.40(a) to monitor project activities carried out to assure compliance with applicable Federal requirements.

BEVERLY FARM FOUNDATION

POLICIES AND PROCEDURES

SUBJECT: ALCOHOL/DRUG FREE WORKPLACE

POLICY NUMBER: 20

EFFECTIVE DATE: 5/9/2005

REVISION DATE:

POLICY:

Starting January 1, 1991, Beverly Farm adopted a Drug and Alcohol Policy that pertains to all Employees. The combination of Federal requirements, the Drug-Free Work place Act of 1988 and concern for all Employees, clients and patients makes it imperative that this policy be followed. The following rules and regulations detail the plan and the procedures in place to enforce the Drug and Alcohol Policy. The obligations set forth in these rules and regulations constitute conditions of further employment.

1. The unlawful manufacture, distribution, dispensation, possession, or use of a controlled substance inside or outside the work place is prohibited. The violation of this rule by an Employee will result in disciplinary action, up to and including discharge. Employees must notify Human Resources of any conviction for a violation of any criminal drug statute no later than five (5) working days after such conviction.

2. All applicants for employment may be required to undergo a screening for drugs and alcohol prior to employment.

3. Employees will be required to submit to a drug test or search if there is reasonable cause to believe that an individual is in possession of or using illegal drugs or alcohol.

4. Whenever an accident or incident occurs in the work place, the Employee or Employees involved may be required to submit to a drug test or search. Refusal will result in discharge.

5. Employees needing help in dealing with substance abuse problems are encouraged to seek information on local drug counseling and rehabilitation programs.

PROCEDURE:

The use of alcoholic beverages or illegal drugs while on the job is a violation of Beverly Farm policy. Security or management may inspect Employee property while on Beverly Farm property and premises to assure compliance with this policy.

If it is felt by an Employee that a shift supervisor or a member of the management staff is in violation of the alcohol/drug policy, the Employee should contact the Department

Head or Human Resource Director immediately to initiate the needed procedures. Confidentiality will be honored.

Upon reasonable cause to believe that an Employee is in possession of or under the influence of a controlled substance or alcohol, management has the right to require the Employee to go immediately to an approved medical testing facility to provide a urine and/or blood specimen or breathalyzer for laboratory testing. If possession is suspected the Employee will be taken to an area away from the work place and asked to submit to a personal search and vehicle search. Reasonable cause means suspicion, based on specific observation or specific information volunteered, that the representative can articulate and describe, concerning the appearance, possession, behavior, speech or breath odor of the Employee.

The Director of Nursing or Shift Nurse will contact the Facility Physician and the Hospital to place the order for testing. The Human Resource Director can be contacted if assistance is needed. All testing will be conducted in strict privacy under medical supervision and all test results will remain confidential. All testing will be at the Employer's expense. Refusal to test will result in discharge.

Employees tested for drugs will be treated as follows with regard to the outcome of the test.

If the test is negative, no adverse action will be taken against the Employee and the Employee will suffer no lost pay for time they would otherwise be working. If the test is positive, the Employee will be counseled with possible discharge. If possession if found, the Employee will also be counseled with possible discharge.

Any Employee who has been employed one (1) year or longer and who voluntarily comes forward and advises the Human Resource Director of a problem, prior to being requested by supervision to be tested, will be entitled to enter into a counseling and rehabilitation program at the Employee's expense. The Director of Nursing will be informed of the individual's progress. If the Employee refuses to enter the program, they will be terminated.

The rehabilitation counselor or attending doctor will recommend a written course of action for treatment and the Employee will be offered a medical leave of absence. The Employee will sign a form agreeing to the conditions for treatment set forth by the program and provide a copy to the Director of Nursing. Anytime the Employee fails to live up to the terms of the treatment program without a justifiable excuse, the Employee will be terminated.

To return to work, the Employee must satisfactorily complete the program and be released for work by the treating physician. The Employee may be retested when the rehabilitation program is complete. If the retest is positive, the Employee will be terminated.

In the event of any illegal use, sale or possession of illegal drugs following rehabilitation treatment or if a subsequent test is positive, the Employee will be terminated. The offer of rehabilitation is a one-time opportunity and the Employee acknowledges that this is the "last chance" step.

Beverly Farm reiterates that the rules and regulations of this policy constitute conditions of employment. Therefore, refusal to submit to a search or a drug/alcohol test as provided for in this policy constitutes a material breach of a condition of employment and is grounds for discharge.

The preceding Policy and Procedure covers the subject of employees presently active on the employment roles. All applicants for consideration of new hires will be tested before employment or within ten (10) days of the hire date in an emergency situation.

DISCIPLINE POLICY AND PROCEDURE MANUAL
BEVERLY FARM FOUNDATION

SUBJECT: Arrest or Conviction for Acts of Violence, Drug Related or Theft Related Charges — RULE A-7

An employee who is arrested on a felony or misdemeanor charge may be immediately placed on suspension without pay. Beverly Farm is concerned with any charges associated with violence, theft or drug activity. Convictions will result in discharge.

A Supervisor who has reason to believe an employee has been arrested on a charge should immediately contact the Personnel Department. Normally, the employee will be absent from work, but if he reports to work, the Supervisor should not permit him to go on the job until it has cleared with Personnel.

Personnel, in cooperation with the Madison County Sheriff's Department or other police agencies will verify the arrest and the charge. If it is determined that the employee has been arrested and charged with a felony, they will be suspended without pay. The Department Head will be contacted as to the employee's situation. The employee will be instructed, orally or by letter, to report any change in status to the Personnel Department. The suspension will be received if there is any change such as reduction of the charge, dropping of the charge, or a finding of innocent.

If an employee is convicted of a felony charge, the employee may be discharged. If discharged, employee will be notified by mailing a copy of the disciplinary action notice and cover letter to his/her last known address by certified-return receipt.

Administration of this policy will be the sole responsibility of Personnel.

DISCIPLINE POLICY AND PROCEDURE MANUAL
BEVERLY FARM FOUNDATION

SUBJECT: Having or Using Alcohol Products or Illegal Drugs on Premises

RULE B-2

Use or possession of alcohol or illegal drugs on the grounds in a company vehicle or at client activities will subject an employee to disciplinary action including discharge

*SPECIAL NOTE: Past investigations have found that employees have had sealed bottles of alcohol that had been given as gifts in their vehicles. Beverly Farms discourages the bringing of any alcohol but this situation will be taken into account.

This is a serious charge to make against an employee and a proper investigation must be made by the Supervisor to prove the possession and the circumstances involved. In the case of drugs, a drug and alcohol test will determine the type of drug involved, including whether the drug was legally prescribed will be considered. All cases of this violation are to be discussed with the Personnel Department before taking any final action.

In the case of using or suspicion of using alcohol or drugs the Beverly Farm Drug Alcohol Program will become effective. If positive testing is found and the employee has under one-year of service, discharge is automatic. If the employee has one-year of service, they will have 48 hours to be accepted in a rehab program. The employees' employment is conditional upon remaining in the rehab program. Refusal to be sent out for testing is considered automatic termination. See copy of attached Drug/Alcohol program for more details.

ARTICLE 23
ALCOHOL/DRUG-FREE WORK PLACE POLICY

The parties pledge to cooperate in creating and maintaining an alcohol and drug-free workplace. In order to achieve this end, the following rules and regulations will be followed.

POLICY

1. The unlawful manufacture, distribution, dispensation, possession, or use of a controlled substance by an employee is prohibited. The violation of this rule by an employee will result in possible termination. Employees must notify the Human Resource Director of any criminal drug statute conviction or charges no later than five (5) working days after such occurrence.

Approval: Martha Wexford 11/3/03

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DISCIPLINE POLICY AND PROCEDURE MANUAL
BEVERLY FARM FOUNDATION

SUBJECT: Having or Using Alcohol Products or Illegal Drugs on Premises

RULE B-2

2. Employees will be required to submit to a drug test or search if there is reasonable cause to believe that an individual is in possession of or using illegal drugs or alcohol, or undergo yearly drug testing if employed as a transportation driver.

3. Whenever a serious accident or incident occurs in the workplace, the employee or employees involved will be required to submit to a drug test or search. Refusal will result in discharge. Vehicle searches and searches of persons shall only be done by Beverly Farm security or by a law enforcement officer; provided, however, a supervisor may detain an employee until Beverly Farm security or a law enforcement officer can perform the search.

4. Employees needing help in dealing with substance abuse problems are encouraged to seek information on local drug counseling rehabilitation programs. The Union and the Employer agree to jointly publicize information on substance abuse counseling and rehabilitation services.

PROCEDURE

1. The use of alcoholic beverages or illegal drugs while on the job is a violation of Beverly Farm policy. Security or management may inspect employee property while on Beverly Farm property and premises to assure compliance with this policy. If it is felt by an employee that a shift supervisor or a member of the management staff is in violation of the alcohol/drug policy, the employee should contact the Department Head or Human Resource Director immediately to initiate the needed procedures. Confidentiality will be honored.

2. Upon reasonable cause to believe that an employee is in possession of or under the influence of a controlled substance or alcohol, management has the right to require the employee to provide a urine and/or blood specimen or breathalyzer for laboratory testing. If possession is suspected, the employee will be taken to an area away from the workplace and asked to submit to a personal search and vehicle search by Beverly Farm security or a law enforcement officer. An employee subjected to a search shall have the right to the presence of a Union steward during a search, provided the steward is readily available. Reasonable cause means suspicion, based on specific observation or specific information volunteered, that the representative can articulate and describe, concerning the appearance, possession, behavior, speech or breath odor of the employee.

DISCIPLINE POLICY AND PROCEDURE MANUAL
BEVERLY FARM FOUNDATION

SUBJECT: Having or Using Alcohol Products or Illegal Drugs on Premises

RULE B-2

To return to work, the employee must satisfactorily complete the program and be released for work by the treating physician. The employee, after completion of the rehabilitation program is subject to periodic retesting. If the retest is positive, the employee will be terminated.

In the event of any illegal use, sale or possession of illegal drugs following rehabilitation treatment, or if subsequent test is positive for drugs and/or alcohol, the employee will be terminated. The offer of rehabilitation is a one-time opportunity and the parties acknowledge that this is the "last chance" step.

The rules and regulations of this Article constitute conditions of employment. Therefore, refusal to submit to search or a drug/alcohol test as provided for in this Article constitutes a material breach of a condition of employment and is grounds for discharge.

Beverly Farm reiterates that the rules and regulations of this policy constitute conditions of employment. Therefore, refusal to submit to a search or a drug/alcohol test as provided for in this policy constitutes a material breach of a condition of employment and is grounds for discharge.

OBSERVATION CHECKLIST
FOR SUSPECTED SUBSTANCE ABUSERS
Must be filled out by Supervisor or Nursing

ITEMS/OBSERVATIONS:

1. Speech pattern changes: _____

_____

_____

2. Ability to walk and move (straight line test): _____

_____

_____

3. Unusual breath odor: _____

_____

_____

4. Combative or violent: _____

_____

_____

Approval: _____

DISCIPLINE POLICY AND PROCEDURE MANUAL
BEVERLY FARM FOUNDATION

SUBJECT: Having or Using Alcohol Products or Illegal Drugs on Premises

RULE B-2

5. Verbally abusive, obscene language or actions: _____

_____

_____

6. Not performing job duties: _____

_____

_____

7. Sleepy or drowsy: _____

_____

_____

8. Nauseous: _____

_____

_____

9. Perspiring unusually for circumstances: _____

_____

_____

10. Giddy or poor attention: _____

_____

_____

11. Other observations: _____

_____

_____

_____ / /
MANAGEMENT'S SIGNATURE/DATE

_____ / /
WITNESS'S SIGNATURE/DATE

Approval Martha Watford 11/5/03

DISCIPLINE POLICY AND PROCEDURE MANUAL
BEVERLY FARM FOUNDATION

SUBJECT: Having or Using Alcohol Products or Illegal Drugs on Premises

RULE B-2

QUESTIONS FOR SUSPECTED SUBSTANCE ABUSERS

1. Are you feeling ill?_____

If yes, what are your symptoms?_____

_____

2. Are you taking medication?_____ What medication?_____

Who prescribed?_____ When did you take your last dose? _____

Do you have the prescription in your possession?_____ Do you have any additional medication in your possession? _____(Request a sample of the medication if employee permits).

3.Do you have any pre-existing medical problems?_____Diabetes? _____

Are you taking insulin? _____Do you have low blood sugar? _____Epileptic? _____

Do you have a cold? _____Are you taking any cold pills? _____Cough medicine?_____

Antihistamines?_____ What kind?_____

_____

4. Are you using any type of drug? _____ What kind?_____

_____When?_____

Where? _____ With whom?_____

How much?_____

Approval Martha McClintock 11/5/03

DISCIPLINE POLICY AND PROCEDURE MANUAL
BEVERLY FARM FOUNDATION

SUBJECT: Having or Using Alcohol Products or Illegal Drugs on Premises

RULE B-2

5. Would you submit to a physical examination to include a blood test or urinalysis by a medical doctor or hospital clinic so we can be sure that you are in good health and able safely to perform your job?_____
If no, reasons for refusal:_____
_____

6. If Employee refuses to sign this statement for voluntary testing, the Employee must then be advised that he/she is refusing a direct order which constitutes insubordination and such refusal will be treated as a presumption that the Employee is intoxicated or impaired by drugs to the extent of his/her not being able to do his/her job. This is grounds for termination in accordance with Beverly Farm policy.

7. Did you drink alcohol or an alcoholic beverage today?____What did you drink?_____

How much?_____When did you start?_____When did you stop?_____

Where did you drink?_____ With whom did you drink?_____

I agree to submit to a urinalysis or blood test screening in accordance with Beverly Farm policy:

_____ / / _____
EMPLOYEE'S SIGNATURE/DATE

_____ / / _____
MANAGEMENT'S SIGNATURE/DATE

1 – F

DISCIPLINE POLICY AND PROCEDURE MANUAL
BEVERLY FARM FOUNDATION

SUBJECT: Harassment Free Work-Place Policy RULE B -4

All employees of Beverly Farm Foundation have the right to work in an environment free from all forms of discrimination and conduct which can be considered harassing, coercive or disruptive conduct, based upon age, race, sex, national origin, disability, or retaliation for complaining about said harassment.

Beverly Farm Foundation's position is that harassment is a form of misconduct that undermines the integrity of the employment relationship. No employee should be subject to unsolicited and unwelcome overtures or conduct, either verbal or physical. Harassment does not refer to occasional compliments of a socially acceptable nature. It refers to behavior that is not welcome, that is personally offensive, that is not moral, and that, therefore, interferes with work effectiveness. Harassment may result in disciplinary action up to and including dismissal.

I. MANAGEMENT RESPONSIBILITY:

Harassment, whether committed by supervisory or non-supervisory personnel, is specifically prohibited as unlawful and against stated Beverly Farm policy. In addition, management is responsible for taking action against acts of harassment by supervisory and non-supervisory personnel, or others, regardless of whether the specific acts complained of were sanctioned or specifically forbidden and regardless of the manner in which Beverly Farm becomes aware of the conduct.

II. POLICY IMPLEMENTATION:

1. It is the responsibility of all management staff to make sure that the facility is in full compliance with Policies.

2. Employees who have complaints should report such conduct to the supervisor. If this is not appropriate, Employees are urged to seek the assistance of their Human Resources Director or Assistant Executive Director or other supervisor not allegedly involved.

3. The Human Resource Director will investigate charges of impropriety; and recommend appropriate actions.

Approval: Martha Whitford 11/5/03

SECTION 2. DUTIES OF OFFICERS.

A. The Chairman of the Board shall preside at the meetings of the Board of Directors. He shall also preside at meetings of the membership. The Chairman shall be entitled to vote on all issues at all meetings.

B. The Vice-Chairman of the Board shall preside at the meetings of the Board of Directors in the absence of the Chairman of the Board, and shall have all further rights and duties of the Chairman of the Board.

C. The Secretary shall be responsible for keeping a true and accurate record of all proceedings and minutes of the Board of Directors. In addition, the Secretary, in conjunction with the Executive Director, shall have supervision over a Recording Secretary who shall be responsible for keeping a true and accurate record of all proceedings at meetings of the Executive Committee and otherwise as instructed by the Secretary or in the Secretary's absence. In addition, the Recording Secretary shall see that all notices are duly given in accordance with the provisions of these By-Laws, or as required by law. The Secretary shall insure that the Recording Secretary acts as custodian of the Corporate Records and of the Seal of the Corporation. When authorized by the Board of Directors or the Chairman, the Secretary shall affix the Seal of the Corporation to any instrument requiring it. In the absence of the Chairman, and Vice-Chairman, or in the event of their inability or refusal to act, the Secretary shall preside at meetings of the Board of Directors and the Members.

D. The Treasurer shall report on the accounts of all the financial matters and transactions of the Corporation in books of the Corporation provided for that purpose as kept by bonded staff of the Foundation. The Treasurer shall require that all monies of the Corporation be deposited in the name of the Corporation in such Bank or other depository as shall be selected by the Board of Directors from time to time, and may withdraw funds therefrom by check as authorized by Resolution of the Board of Directors. The Treasurer shall require that the Corporation's books of account be audited annually by an independent Public Accountant selected by the Board of Directors.

ARTICLE VIII

EXECUTIVE DIRECTOR

SECTION 1. APPOINTMENT.

The Board of Directors shall appoint an Executive Director as the Chief Executive officer of the Foundation. The Executive Director shall not be a member of the Board of Directors.

Appendix B
Public Hearing Notice

RE: State of Illinois Paratransit Vehicle Grant for Madison County
2009 Consolidated Vehicle Procurement for Rolling Stock
Capital Assistance Application

On: June 29, 2009 from 1:00pm – 4:00pm
Place: Liberty Bank, 3112 Godfrey Rd, Godfrey, IL 62035
Community 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 the Project: One (1) 14-passenger medium duty, wheel chair accessible (5 wheelchairs) van at a cost of $59,000 to be used for residents and possible community members who are disabled or elderly for community integration, work, recreation and medical appointments.

The project will be included in a Consolidated Vehicle Procurement Program undertaken by the State of Illinois on behalf of Beverly Farm Foundation with state and federal funds

B. Relocation: Relocation Assistance will not be required
C. Environment: the 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 Beverly Farm 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 are will be made available for public inspection at Beverly Farm Foundation, 6301 Humbert Rd, Godfrey, IL 62035

Contact: Maureen Concannon, Director of Resource Development, 6301 Humbert Rd., Godfrey, IL 62035 618-466-0367 X627

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Appendix C
In Lieu of a BOARD RESOLUTION

At the Beverly Farm Foundation annual meeting held in the autumn every year the Board passes a motion to allow the Executive Director to sign all financial documents in the name of Beverly Farm.

See attached minutes from the 9/27/2008 meeting indicating same.

Also find attached the Beverly Farm Foundation By-Laws, Article VIII, Executive Director, Section 2. Duties & Powers which allows said executive director to "have the authority and power to deal with any and all matters of the Foundation".

Appendix D

Regarding Page 36, paragraph 3, Section 5310 Program, final sentence: **"In the event that State funding for the full twenty (20) percent nonfederal share is not available, applicants should be prepared to furnish the balance of funds needed to make up the full twenty (20) percent nonfederal share."**

When a budget is passed for the future fiscal year, should the State of Illinois discontinue reimbursing Beverly Farm at AT LEAST the current levels, Beverly Farm may be unable to fund the 20% non-federal share of the cost of a 14 passenger bus.

Appendix C

BEVERLY FARM FOUNDATION
BOARD OF DIRECTORS MEETING
SEPTEMBER 27, 2008
OLD BUSINESS

On June 14, 2008, the Executive Committee approved a grant application for a new bus. On July 22, 2008, the Executive Committee approved the use of the Bank Line of Credit rather than exhausting operating investments. MOTION WAS MADE TO APPROVE THE ACTIONS OF THE EXECUTIVE COMMITTEE ON JUNE 14, 2008 AND JULY 22, 2008. MOTION WAS SECODED, VOTED UPON AND PASSED.

In order to avoid passing a resolution (above) allowing Martha Warford to sign applications on the behalf of Beverly Farm Foundation on an annual basis, the following resolution was proposed:

> RESOLVED THAT MARTHA WARFORD OR VICKY VOGT, AND BRENDA MILLER OR JEANNE LYLES, BE AUTHORIZE3D TO SIGN CHECKS ON THE CHECKING ACCOUNTS AND TRANSFER OF SAVINGS ACCOUNTS FOR BEVERLY FARM AND TWO SUCH SIGNATURES ONE FROM EACH CATEGORY ON EACH CHECK OR TRANSFER IS REQUIRED.
>
> RESOLVED THAT THE CHAIRMAN, VICE CHAIRMAN, TREASURER, OR ANY OF THEM HEREIN BE AUTHORIZED TO SELL, ASSIGN, ENDORSE, TRANSFER CERTIFICATES REPRESENTING STOCK, BONDS OR OTHER SECURITIES NOW REGISTERED IN THE NAME OF BEVERLY FARM FOUNDATION OR OTHERWISE IN THIS CORPORATION IN OR OUTSIDE THE STATE OF ILLINOIS.
>
> BOTH OF THE ABOVE RESOLUTIONS WERE SECONDED, VOTED UPON AND PASSED.

Appendix C

SECTION 2. DUTIES & POWERS.

1. The Executive Director shall have the authority and power to deal with any and all matters of the Foundation and its interface with subsidiary, support and related corporations or entities, and to take action in connection therewith.

2. The Executive Director shall have all authority and power to handle the daily management aspects of the Foundation and its interrelationship with all other entities.

3. The Executive Director shall be empowered to act at the Direction of the Executive Committee in fulfilling the purposes as defined in Article III hereof.

4. The Executive Director shall be responsible to the Board of Directors for the management, direction and control of the properties, operations and activities of the Beverly Farm Foundation.

ARTICLE IX

COMMITTEES

SECTION 1. SPECIAL COMMITTEES.

The Chairman of the Board, with the approval of the Board of Directors, shall have the power to establish and appoint special or ad hoc committees, including the Chairmen thereof, as may be deemed necessary or expedient for properly conducting the affairs of the Foundation, and may vest such committees with such powers as the Chairman may deem advisable. Special committees shall serve until the purpose for which they were created has been accomplished. All special committees shall be subject to the control and direction of the Board of Directors, and shall make such reports from time to time as the Board of Directors may request.

Insofar as practicable, any matter within the subject matter jurisdiction of a committee will be submitted to such committee for consideration and recommendation before being acted upon by the Board of Directors or by the Executive Committee. Such submission may be informal, and by the most expeditious means of communication available, provided, however, that nothing contained herein shall in any way forbid or inhibit either the Board of Directors or the Executive Committee from acting on any matter without any such submission being made when, in the opinion of the Board of Directors or of the Executive Committee, there is insufficient time for a reference to a committee and action without such a reference is in the best interest of Beverly Farm Foundation.