

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

Applicant Name Challenge Unlimited, Inc.

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.

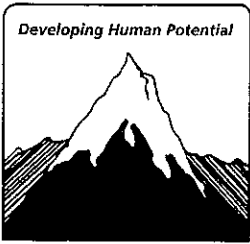
\*Northeastern Illinois (Urbanized Area 2, Cook, Lake, DuPage, Kane, Will & McHenry Counties only)

**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)	
• Part IX Formal Coordination Efforts (if applicable, page 16 & 17)	X ✓
• Part X Financial Plan (if applicable, pages 18 & 19)	X ✓
• 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),	X ✓
• 2nd- Signed and dated Attorney's Affirmation (page 23)	X ✓
• Appendix B Public hearing: Published notice, hearing report and public comments (page 33)	• X   *   *
• Appendix C Executed Board Resolution authorizing applicant's Official Representative (page 34)	X ✓
• 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)	Requested
• 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.

\*Will be forwarded following Public Hearing on 07/08/09.



**CHALLENGE**  
**UNLIMITED, INC.**

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

June 22, 2009

South Central Illinois Regional Planning  
& Development Commission  
Seth Gunnerson  
120 Delmar Ave. – Suite A  
Salem, Illinois 62881-2000

Dear Mr. Gunnerson.

Challenge Unlimited Inc. is pleased to submit the enclosed IDOT 5310 application requesting three replacement vehicles, one 14 passenger and one 22 passenger vehicle to replace a 30 passenger Blue Bird bus that Jerry Kane of MCT/ACT has recommended be retired from our fleet due to age, mileage and high maintenance and repair costs. We are submitting the grant application to you as per the guidelines of IDOT.

Challenge Unlimited has been in operation for over 49 years and has provided transportation for most of those years. We provide pre-vocational, vocational and personal/social adjustment training as well as paid work experiences to approximately 600 persons on an annual basis and 500 on a daily basis. All persons have a mental, emotional, developmental and/or physical disability and many have multiple disabilities. Their ages range from 18 to 89 and all would be considered of low income. Our primary service area is Madison and St. Clair Counties but we also serve persons living in surrounding areas where similar services are not available.

We have always been dedicated to provide services which encourage independence, including utilization of public transportation, and have worked with other transportation providers such as ACT/MCT in Madison County and ATS in St. Clair County. We provide transportation training to those who have the capacity for independent transportation but presently out of the 500 served on a daily basis, approximately 120 are in need of the structure and supervision of our specialized system due to their cognitive and behavioral limitations. Many would be unable to transfer from bus to bus or wait at bus stops unsupervised. Others do not live in locations that have transportation available at the times necessary for their specific scheduling nor could they afford the costly door-to-door transportation service that is available.

We hope the information contained in this application adequately depicts our present system and needs and are certain you are aware of the never ending escalation of associated costs which our agency endures.

We would also like to note that I will be the contact person for this project and can be contacted at:

Challenge Unlimited, Inc.  
Mrs. Laurine Hamm  
#4 Emmie L. Kaus Ln.  
Alton, IL 62002

My e-mail address is [laurine.hamm@cuinc.org](mailto:laurine.hamm@cuinc.org) and phone number is 618-465-0044, ext. 1032.

I look forward hearing from you in the near future and ask that our request be looked upon with favor. Thank you in advance for you consideration and assistance.

Sincerely,

A handwritten signature in cursive script that reads "Laurine Hamm". The signature is written in black ink and is positioned above the typed name and title.

Laurine Hamm  
Grants Coordinator



**CHALLENGE**  
**UNLIMITED, INC.**

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

June 24, 2009

East West Gateway Council  
Of Governments  
Ms. Rachel Goldberg  
Gateway Tower  
One Memorial Dr., Ste, 1600  
St. Louis, MO 63102-2451

Dear Ms. Goldberg,

Challenge Unlimited, Inc. is pleased to submit an IDOT 5310 application requesting three replacement vehicles for vehicles which exceed the age and mileage criteria of IDOT for replacement. One 14 passenger and one 22 passenger will replace a 30 passenger vehicle that Jerry Kane of ACT/MCT has recommended to be retired due to the age and mileage but also due to the high maintenance and repair costs that have occurred during the last two years.

As per the guidelines, we are requesting that you support our grant request and also verify that our agency and its' transportation needs are a part of the Metro East TIP and that our agency has participated in the associated meetings and activities.

Challenge Unlimited has been in operation for almost 50 years and has provided transportation for most of those years. We provide pre-vocational, vocational and personal/social adjustment training as well as paid work experiences to approximately 600 persons on an annual basis and about 450-500 on a daily basis. All persons served have a mental, emotional, developmental and/or physical disability, are between the ages of 18 and 89 and would be considered to be of low income.

We have always been dedicated to provide services which encourage independence, including utilization of public transportation and have worked with other transportation providers such as ACT/MCT in Madison County and ATS in St. Clair County. We provide transportation training to those who have the capacity for independent transportation but presently out of the approximate 500 persons served on a daily basis, 120 are in need of the structure and supervision of our specialized system due to their cognitive and behavioral limitations. Many would be unable to transfer from one bus to another or wait at bus stops unsupervised. Others do not live in locations that have transportation available at the times necessary for their specific scheduling nor could they afford the costly door-to-door transportation service that is available.

We hope the information contained in this letter adequately depicts our present system and needs but would be glad to forward a full copy of the application if you so desire. We are certain you are aware of the never ending escalation of associated costs which our agency endures and the decreased funding which is being anticipated.

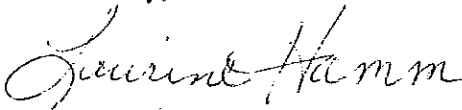
We would also like to note that I will be the contact person for this project and can be contacted at:

Challenge Unlimited, Inc.  
Mrs. Laurine Hamm  
Grants Coordinator  
#4 Emmie L. Kaus Ln.  
Alton, IL 62002

My e-mail address is [laurine.hamm@cuinc.org](mailto:laurine.hamm@cuinc.org) and my phone number is 618-465-0044, ext. 1032.

I look forward to hearing from you in the near future and ask that our request be looked upon with favor. Thank you in advance for your consideration and assistance.

Sincerely,

A handwritten signature in cursive script that reads "Laurine Hamm". The signature is written in dark ink and is positioned to the left of the typed name.

Laurine Hamm  
Grants Coordinator

**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  Challenge Unlimited, inc.	Date of Application Filing  06/24/09
Street/Mailing Address, City, and Zip Code (Not just P. O. Box)  #4 Emmie L. Kaus Lane Alton, Illinois 62002	Federal Tax Identification Number (TIN)  37-0805566
List general area served (counties, city, areas as applicable) (Detail in Part 5, Page 9)  Madison and St. Clair Counties	Type of Applicant (see pg. 4 Section A) Private Non-Profit: <u> X </u> Section 5311 Grantee:  IDOT Certified Public Body: _____
County Madison & St. Clair HSTP Region (if rural-see page 43) 9 & 11 HSTP Office (see pages 44) South Central	Illinois State Tax Exempt Number E- 9987-7368-05
Application Contact Person: Laurine Hamm Title: Grants Coord. Stephanie Brown Chief Program Off. Phone: 618-465-0044, Ext. 1032 618-465-0044, Ext. 1005 Vehicle Issues Contact Person: Title: Same as above Phone:	App. Contact E-Mail: laurine.hamm@cuinc.org  - Fax. ( ) 618-465-0056

**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 checked="" type="radio"/> YES	<input type="radio"/> NO <input type="radio"/> N/A

By this application, it is the intent of (Agency's Legal Name) Challenge Unlimited, Inc. 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.

Laurine Hamm - Stephanie Brown Tel 618-465-0044, X1032 06 / 24 / 09  
Signature of Authorized Representative 618-465-0044, X1005 Date  
(As authorized by board resolution, see Appendix C)

Laurine Hamm Stephanie Brown Grants Coordinator & Chief Program  
Print name of Authorized Official Title Officer

READ ALL INFORMATION CAREFULLY

**PART I  
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Applicant Name Challenge Unlimited, Inc.

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											A	B	C	MPO	
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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.

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ITEM	ENCLOSED
• Application, Signed by Board authorized representative (front cover, page 1)	X
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• 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)	
• 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>	
• 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)	X   *   *
• Appendix C Executed Board Resolution authorizing applicant's Official Representative (page 34)	X
• Appendix D Application Preparation Guidance (pages 35-45)	Retain
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• Letter from MPO placing project in TIP (not applicable in Cook, Lake, DuPage, Kane, Will and McHenry Counties, or any non-urbanized area)	Requested
• 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.

\*Will be forwarded following Public Hearing on 07/08/09.





**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**

Challenge Unlimited, Inc.

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.) 1st.

**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 # N/A
2000	*Blue Bird	Bus	12/31/08	1FBAAECPH3YF092081

**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.**

As recommended by ACT/MCT due to age, mileage and repair history (see attached)

\*Bus being replaced is a 30 passenger Blue Bird and we are requesting 1 Super Medium Duty 22 passenger and 1 Medium Duty 14 passenger.



**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**

Challenge Unlimited, Inc.

Form 2 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.) 2nd.

**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
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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 # N/A
2000	Ford	E 350	12/31/08 283,010	1FBSS31L9YHA73611

**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.**

\*Vehicles are maintained and repaired by MCT/ACT. Challenge has successfully provided transportation services for over 49 years, serves over 120 persons with disabilities with our transportation fleet and serves those persons unable to utilize public service. We partner with ACT/MCT and SCT as possible. Scheduled services are provided a minimum of 5 days per week, 52 weeks per year, in addition to special trips outside of regular hours.

06/03/2009  
 Period 01 Thru 13  
 9:25 AM  
 Company 2

CHALLENGE UNLIMITED, INC.  
 ACTIVITY REPORT

V# 06  
 '00 - CU

Sorted by Main Account Number

GL Account	Post Date	Description	Entry	Per.	Src.	Cflow	Ref.	Post	Debit	Credit
6560605540		VEHICLE MAINTENANCE							0.00	
	07/31/2008	2942 VEHICLE MAINT	2558	01	AP	Yes	MOBILE	Yes	85.40	
									85.40	
	09/02/2008	2990 VEHICLE MAINT	6573	02	AP	Yes	MOBILE	Yes	597.90	
	09/02/2008	2983 VEHICLE MAINT	6574	02	AP	Yes	MOBILE	Yes	54.00	
									737.30	
	09/10/2008	3001 VEHICLE MAINT	7726	03	AP	Yes	MOBILE	Yes	72.50	
	09/11/2008	06000843 VEHICLE MAINT	8547	03	AP	Yes	ELANKK	Yes	65.00	
									874.80	
	10/08/2008	3035 VEHICLE MAINT	12086	04	AP	Yes	MOBILE	Yes	237.24	
	10/08/2008	3028 VEHICLE MAINT	12087	04	AP	Yes	MOBILE	Yes	63.70	
	10/30/2008	138270 VEHICLE MAINT	14817	04	AP	Yes	WRGLAS	Yes	181.33	
	11/04/2008	3056 VEHICLE MAINT	16474	04	AP	Yes	MOBILE	Yes	41.28	
									1,398.35	
									1,398.35	
	12/09/2008	3078 VEHICLE MAINT #0	20989	06	AP	Yes	MOBILE	Yes	1,589.29	
	12/09/2008	3086 VEHICLE MAIN #06	20990	06	AP	Yes	MOBILE	Yes	72.50	
	01/05/2009	3106 VEHICLE MAINT	24433	06	AP	Yes	MOBILE	Yes	597.48	
	01/05/2009	3096 VEHICLE MAINT	24434	06	AP	Yes	MOBILE	Yes	231.96	
									3,889.58	
	02/05/2009	3111 VEHICLE MAINT	28799	07	AP	Yes	MOBILE	Yes	241.08	
									4,130.66	
	02/19/2009	90020181 VEHICLE MAINT	31300	08	AP	Yes	AUTOTI	Yes	131.61	
									4,262.27	
	03/11/2009	3125 VEHICLE MAINT	33524	09	AP	Yes	MOBILE	Yes	161.92	
	03/16/2009	9261 VEHICLE MAINT	34260	09	AP	Yes	HODGE	Yes	175.33	
	04/06/2009	3152 VEHICLE MAINT	36674	09	AP	Yes	MOBILE	Yes	283.92	
									4,883.44	
	05/05/2009	3164 VEHICLE MAINT	41441	10	AP	Yes	MOBILE	Yes	409.76	
									5,293.20	
	05/19/2009	90020146 VEHICLE MAINT	44281	11	AP	Yes	AUTOTI	Yes	468.88	
	05/26/2009	3182 VEHICLE MAINT	44519	11	AP	Yes	MOBILE	Yes	167.46	
									5,929.54	
									5,929.54	
									5,929.54	
									-----	-----
									ACTIVITY BALANCE	0.00
									-----	-----
									GL BALANCE	0.00
									=====	=====

End of Report

## 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) (d)	Estimated Unit Cost (e)	Estimated Total Cost Line Total x Unit Cost (d) x (e)
		Replace- ment (a)	Expansion (b)	New (c)			
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			1	\$59,000	\$ 59,000
Super Medium Duty Para- Transit Vehicle (w/lift) SMD	22 pass.	2			2	\$94,000	\$ 188,000

Total CVP Request: \$ 247,000

Comments:

## PART IV

### PROJECT JUSTIFICATION

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

Applicant Name	Challenge Unlimited, inc.
----------------	---------------------------

#### 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.

See Attachment 8A & 8B

# CHALLENGE UNLIMITED, INC.

## PART IV

### PROJECT JUSTIFICATION

In an effort to support the guidelines of the Office of Rehabilitation Services, Mental Health and Developmental Disabilities and our own philosophy that all persons with disabilities should receive services which will enhance their placement into competitive employment, semi-supervised or supervised community placement or in as normalized a work or activity environment as their abilities will allow, our agency has expanded these opportunities and other services which will improve their quality of life. In addition to the more than 300 persons with disabilities served at community work sites, Challenge Unlimited also serves approximately 200 persons in our two workshop facilities, many of whom are being trained for eventual community placements. Some of the 200 persons also work at part-time community work sites and receive agency transportation services for these events.

Challenge Unlimited, Inc. is also dedicated to helping the people we serve to become as independent and community integrated as possible. Out of the 500 persons served on a daily basis, 120 are transported to and from one of our facilities by our transportation system and an additional 90 persons are transported to community integrated activities such as social/recreational, educational, medical and of miscellaneous natures. Without these agency sponsored trips, many of our persons receiving services would not have the opportunity to enjoy many of the events and activities included in our enrichment and integrated programs. Travel training has aided many of the 300 persons not riding our vehicles to utilize public or their own private means of transportation. The 200 still riding our system are unable to avail themselves of the public means due to their cognitive or behavioral and emotional limitations or the lack of adequate transportation in their residential or work environment geographic areas.

Our main public transportation systems are Agency for Community Transit, serving Madison County and the St. Clair County Transit District. Both have been very cooperative in assisting our disabled population, but are limited in days and hours of operation and by fixed routes which require numerous transfers and very limited door-to-door accommodations. Cognitive limitations decrease the number of persons receiving services from using the metro-link system which is being added in our service areas or the need for numerous transferring of the fixed route systems.

The most difficult tasks in providing back-up services to our public transportation systems are the acquisition and replacement of equipment. In earlier years, we were fortunate to acquire vehicles through corporate donations and other local sources, both of which have seriously decreased, if not totally disappeared. Many of the large corporations in our area have closed or downsized and so too has their corporate

“giving”. We have also leased and/or purchased out-of-service vehicles from MCT, but found this to be a costly venture due to increased maintenance costs.

Escalating fuel, maintenance and upkeep costs has necessitated decreasing enrichment activities and the replacement of over-utilized, high maintenance vehicles would appear to be our only answer to the immediate increase in transportation costs. If unable to maintain our present number of functional and cost effective vehicles, decreased services to the most severely disabled persons is sure to occur.



## 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	Challenge Unlimited, Inc.
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**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.

Counties - Primary service area is Madison and St. Clair counties, with nearby counties served according to need and referral

(See Attached Map)

**B. Service Area Population Information**

Use 2000 census data.                      2006 Census

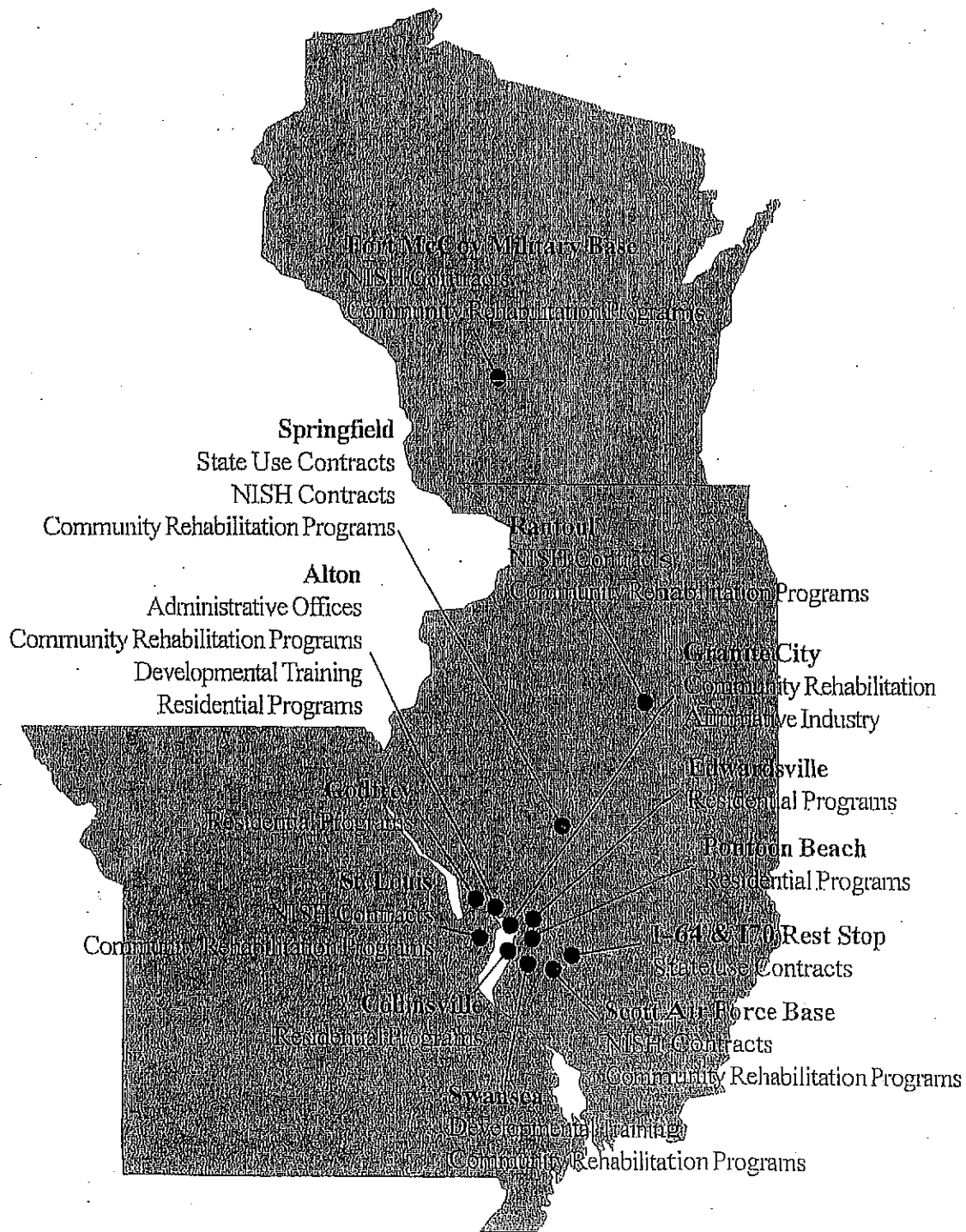
1. Total Population of your Current Service Area	526,222
2. Elderly (60+) Population of Service Area U.S. Census 65+	69,492
3. Disabled Population of Service Area	93,125

**C. Service to Minority Group Persons**

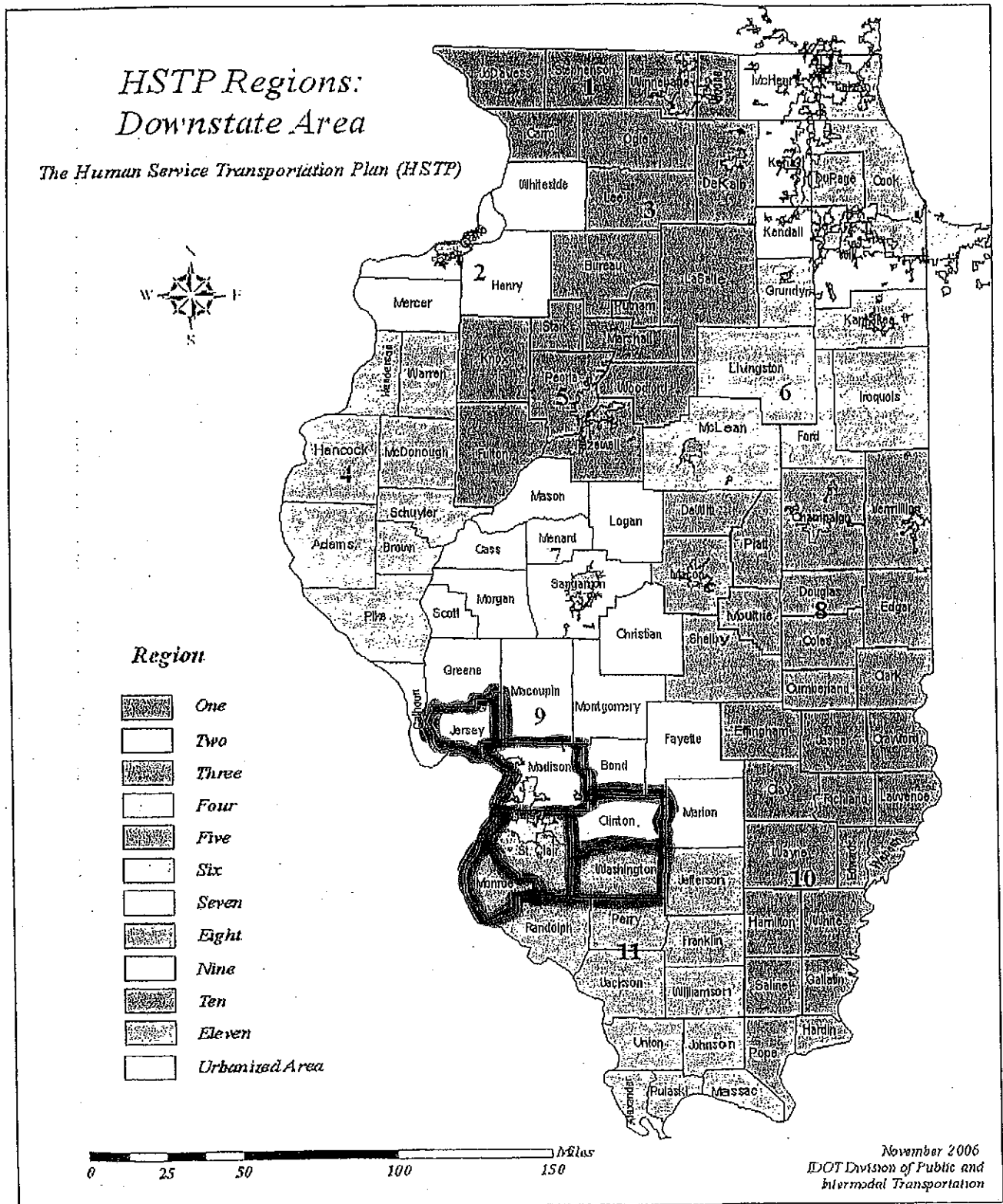
Please indicate in the table below the number and percentage of minority group persons in your transportation service area and the number and percentage of estimated riders of your service in each minority group.

Racial/Ethnic Group	Service Area		Applicant's Client Population	
	Total	% of Total	Total	% of Total
American Indian/Alaskan Native	1,578	.3	----	----
Asian/Pacific Islander	5,249	1.0	1	.5%
Black	97,930	18.6	50	24%
Hispanic	12,086	2.2	1	.5%
White	404,636	77.0	158	75%
Other	4,740	.9	----	----
<b>TOTAL (match B-1 above).</b>	<b>526,222</b>	<b>100 %</b>	<b>210</b>	<b>100 %</b>

Headquartered in  
Alton, Illinois, with  
satellite locations  
in three states...



## J. Map of HSTP Rural Planning Regions



Applicant Name	Challenge Unlimited, Inc.
----------------	---------------------------

**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.

See Attached 10a

E. A) 2008 Annual Certification was submitted FOR IDOT FUNDED VEHICLES in YOUR FLEET? 07 / 09 / 08,  
 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'	Total # of Hours Worked by Transportation Staff by Day						
		Mon.	Tues.	Wed	Thurs.	Fri.	Sat	Sun
Paid Drivers	12	63.5	63.5	63.5	63.5	63.5	*	*
Volunteer Drivers	----	----	----	----	----	----	----	----
Reservationists/ **	----	----	----	----	----	----	----	----
In-house Staff, Maint.	----	----	----	----	----	----	----	----
Administrative Staff ***	2	4	4	4	4	4	*	*
<b>TOTALS</b>	12 + 3	67.5	67.5	67.5	67.5	67.5	*	*
Total # of vehicles in use	XXXXXX 15						*	*

12 + 3 Backup

\*On call and as needed on weekends, drivers are used for special trips as needed and scheduled regardless of day of week or hour

\*\*Reservations and scheduling is the joint responsibility of the program and transportation supervisory staff

\*\*\*Administrative and supervisory staff also drive part-time and as backup drivers

## CHALLENGE UNLIMITED, INC.

### D. DESCRIPTION OF APPLICANT'S CURRENT SERVICES & EXPERIENCE

Challenge Unlimited, Inc. is a not-for-profit organization that has provided services to persons with disabilities for almost 50 years. Challenge serves 600 persons annually, who are 18 years of age and older and have mental, emotional developmental and physical disabilities. We have provided personal adjustment, life skills and vocational training as well as employment and job placement services to approximately 500 persons on a daily basis. We provide transportation to and from the service facilities on a door-to-door and fixed route basis to approximately 120 persons who are unable to access public transportation either because of the severity of their disability, the lack of available transportation in their area, or inappropriate time schedules of the public transit organizations. We advocate independence through utilization of public transportation and provide transportation only to bridge the gaps of existing services and for those who are in need of specialized supervised transportation. We presently operate 15 vehicles with 12 regular drivers plus 2 back-up drivers and additional program staff driving when it is a regular part of their job duties (Job Coaches & Program Supervisors), especially for field trips and community employment. An additional 90 persons with disabilities are served in these activities.

Transportation to and from regular programming occurs between 6:30 a.m. and 5:00 p.m. Monday through Friday. Community employment and community integration field trips may occur anytime during those hours or as scheduled and additional transportation to and from supported employment sites occurring any hour of any day.

The agency's annual budget is approximately \$19,000,000 with the main sources of income being fee for client service, grants, sale of goods and services, contributions and other. Income from the sale of goods and services primarily supports the cost of doing business and client payroll and fringes for those persons assigned to the work facilities.

The transportation budget can be seen on pages 17 and 18.

Applicant Name Challenge Unlimited, inc.

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, 2007 to June 30, 2008

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

<i>Individual Clients Served</i>	Annual Total
Elderly Riders without Disabilities	<u>-----</u>
Elderly Riders with Disabilities	<u>14</u>
Non-Elderly Riders with Disabilities	<u>196</u>
Other Riders, including general public	<u>-----</u>
<b>TOTAL CLIENTS SERVED (Must match p.9)</b>	<u>210</u>

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>30</u>
Work Trips	<u>52,000</u>
Education Trips	<u>24</u>
Nutrition Trips	<u>-----</u>
Shopping Trips	<u>835</u>
Social/Recreational Trips	<u>2,110</u>
Other Trips	<u>-----</u>
<b>TOTAL ONE-WAY PASSENGER-TRIPS PER YEAR</b>	<u>55,000</u>

Average number of vehicles used on a daily basis to provide this service 12 + 3 Standby

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

Applicant Name Challenge Unlimited, Inc.

**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\* \_\_\_, Warranties X, Insurance policy card X, Vendor Contact Information X

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

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?

\* Kept in accounting office

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

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

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

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? \_\_\_ mos. \_\_\_ years 1 (6 months recommended)

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

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

Assistant Project Manager - Reggie Clark

Who (Name & Title) is responsible for major repairs?

Assistant Project Manager - Reggie Clark (for scheduling)

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

Please List any/all outside contractor/service shops; and describe any specialty training: ACT, Mobile Automotive Services, Specialist, Central States & Southern Illinois Bus

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: See Attached List

Address \_\_\_\_\_

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.

## Shops Certified In Servicing ADA Equipment

Central States  
2450 Cassens Drive  
St. Louis, Missouri 63026

ACT  
One Transit Way  
P.O. Box 7500  
Granite City, Illinois 62040

Southern Illinois Bus  
12950 Koch Lane  
P.O. Box 37  
Breese, Illinois 62230

Mobile Automotive Services Specialist  
P.O. Box 68  
Godfrey, Illinois 62035



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

Applicant Name  
Challenge Unlimited, Inc.

**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.

**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:  
Please see attached list  
\_\_\_\_\_  
\_\_\_\_\_

Do you offer regular updates/refreshers? Y X N \_\_\_  
What is your normal Training cycle?

Do you include Dispatchers in vehicle orientation? Y X N \_\_\_  
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: \_\_\_\_\_  
Cell phones and radios

## Transportation Training

### Topics and Training Schedules

<u>Topic</u>	<u>Frequency</u>
Mileage Sheets	Initial/Monthly
Gas Cards	Initial training (within first 30 days)
Accident Report	Initial training (within first 30 days)
Vehicle Accident Kit	Initial training (within first 30 days)
Accident or Injury Report Forms	Initial training (within first 30 days)
Vehicle Emergency & Accident Procedures	Initial training (within first 30 days)
Emergency Phone Numbers	Initial training (within first 30 days)
Wheelchair Tie Down Sign-off Form	Initial training (within first 30 days)
Blood borne Pathogens training	Initial training (within first 30 days)
Safety Check List for Transportation of Persons in Wheelchairs	Initial training (within first 30 days)
10 Tips for Winter Weather Driving	Initial training (within first 30 days)
Proper Use of Cell Phones While Driving	Initial training (within first 30 days)
Cellular/Pager Communication	Initial training (within first 30 days)
Radio Transmitter Sign-off Form	Initial training (within first 30 days)
Daily Mileage Log	Initial training (within first 30 days)
Attendance Record Form	Initial training (within first 30 days)
Ridership List	Initial training (within first 30 days)
Transportation Policy	New Employee Orientation/Annual
Accident Policy	New Employee Orientation/Annual
Safety Policy	New Employee Orientation/Annual
Fire Extinguisher Training	New Employee Orientation/Annual
Abuse & Neglect	New Employee Orientation/Annual
Developmental Disabilities	New Employee Orientation/Annual
Drug & Alcohol Awareness	New Employee Orientation/Annual
Sexual Harassment	New Employee Orientation/Annual
Orientation to Agency	New Employee Orientation/Annual
Motor Vehicle Safety Policy	Initial training (within first 30 days)
Accident Policy	Initial training (within first 30 days)
Bus Conduct Rules	Initial training (within first 30 days)
Personal Mileage Reimbursement	Initial training (within first 30 days)
Motor Vehicle Liability Policy/Form	Initial training (within first 30 days)
Transportation Procedures	Initial training (within first 30 days)
PRS Van Rules	Initial training (within first 30 days)
PRS Call Off/Rain Days	Initial training (within first 30 days)
Behind the Wheel Safety Article	Initial training (within first 30 days)
Driving Safety Sign-Off Form	Initial training (within first 30 days)
Motor Vehicle Report Updates	Initial training (within first 30 days)
Monthly Drivers Meetings	Initial training/monthly

## TRANSPORTATION TRAINING TOPICS AND SCHEDULES (con't)

<u>Topic</u>	<u>Frequency</u>
Passenger Route Training	Initial training/ongoing
ADA Service Requirements	Initial training/ongoing
Lift and Wheelchair Use	Initial training/ongoing
Belt Use & Securement	Initial training/ongoing
Use of Service/comfort Animals	Initial training/ongoing
Lift Deployment at Service Stops	Initial training/ongoing
Adequate Time to Board/leave	Initial training/ongoing
Service to Persons Using Respirators or Portable Oxygen	Initial training/ongoing
Safe Vehicle Operation	Initial training/ongoing
MSD Training	Initial training/ongoing
Adult CPR	Initial training/annual
First Aid	Initial training/every 3 years
Trip Inspection	Initial training/ongoing
Sensitivity-Relating to Those You Serve And Work With	Initial training/periodically
Introduction to Developmental Disabilities	Initial training/periodically

Other training topics will be conducted on an as need basis and as available

TRANSPORTATION

MANUAL

2009

# **ACCIDENT POLICY**

## **Accident Report**

Any employee involved in an accident as a driver or passenger is expected to submit an accurate, written report within 24 hours of the accident, unless the employee is physically or mentally unable to do so.

## **Accident Procedures**

**If you are involved in an accident while on company business, you must follow this procedure:**

- . If anyone is hurt in the accident, immediately call “911” for emergency aid, if required;**
- . Notify the local police authorities so that a police report can be filed;**
- .. Call Transportation Manager;**
- . Do not make any statement that could be interpreted as admitting to or placing the blame for the accident or suggesting who is liable for payment. Never suggest that the company will pay for anyone’s damages, regardless of who is at fault;**

## Accident Report

See changes to previous "Accident Policy"

Any employee involved in a motor vehicle accident as a driver or passenger must submit an accurate written report to the company's Transportation Manager within twenty-four (24) hours, unless the employee is physically or mentally unable to do so.

In the event that a written report cannot be delivered to the company's Director of Safety and Security within twenty-four (24) hours, then contact must be made by cell phone or voice mail.

- . **Voice Mail: Karen Tones, Director of Safety & Security, (618) 465-0044, Ext 1027**
- . **Karen Tones  
Cell Phone: (618) 567-3929**

In the event of fatalities or multiple injured requiring hospitalization(s), the company's Director of Safety and Security will be contacted immediately, regardless of the time of day, by cell phone, voice mail, in person or by telephone.

## Accident Procedure

If you are involved in an accident while on company business, you must follow this procedure:

- . If anyone is hurt in the accident, immediately call "9-1-1" for emergency aid and local police authorities.
- . Notify Transportation Manager
- . Do not make any statement that could be interpreted as admitting to or placing the blame for the accident, or suggest who is liable for payment. Never suggest that the company will pay for anyone's damages, regardless of who is at fault
- . Complete "Vehicle Accident Report" located in each vehicle.

## **ATTENDANCE RECORD FORM**

This form is used to record attendance of PRS on agency vehicles. It is used for billing purposes, as some PRS are required to pay Challenge Unlimited for providing transportation to and from work.

Transportation Manual – 04/00  
Reviewed 01/06,12/08

## BUS CONDUCT RULES

These rules apply to Persons Receiving Services (PRS) that ride on vehicles driven by Challenge Unlimited drivers.

### BUS RULES

- 1.) No Food or drink.
- 2.) No fighting, arguing, cursing, calling names or teasing on the bus.
- 3.) No smoking in the bus
- 4.) You must be ready to get on the bus when it arrives.
- 5.) If you are not going to work you must call your driver and let them know you are not going, **at least 30 min before your pick up time.** If you do not come to work, the driver will not come back until you call and say that you are returning to work.  
Example: If you miss your ride on Monday your bus driver will not pick you up on Tuesday unless you call to let them know your are going back to work on Tuesday.
- 6.) When you are picked up for work you must be neat in appearance. Have clean clothing on with no stains or holes in them, and free of odor. If the van driver notices any problems in any of these areas they will not let you on the bus or take you to work.
- 7.) You must obey the bus driver at all times. Failure to do so may result in you being taken off the bus.

### BUS CONDUCT RULES

The following rules shall apply to all persons receiving services who ride a bus:

- 1) Be on time to your assigned bus stop
- 2) Stay off the roadway at all times while waiting for the bus.
- 3) Do not trespass on residents' property while waiting for the bus.
- 4) Do not move toward the bus while it is moving.
- 5) Remain seated while the bus is moving.
- 6) Keep hands, arms and head inside bus at all times.
- 7) Do not throw anything on the bus or out the windows
- 8) Damage to the bus or equipment will be paid for by those responsible.
- 9) Excessive noise or confusion is not permitted
- 10) No eating, drinking or smoking is permitted on the bus
- 11) Only persons receiving services may have service animals on bus.
- 12) Keep hands, feet and objects to yourself.
- 13) Keep feet and possessions to yourself
- 14) Fighting is not permitted on the bus or at the bus stop
- 15) Be courteous and considerate of the driver and fellow passengers
- 16) Do not ask the driver to stop at places other than the regular stop. Get off only at your stop.
- 17) All persons receiving services being transported are under the authority of the driver.
- 18) No lying down in the seats.



## **BOARDING**

Passengers are required to be ready fifteen (15) minutes before their requested pick-up time. The passengers are to be fully dressed and ready to board the vehicle. Drivers are not allowed to assist passengers in dressing.

Drivers are not allowed to lift, carry or load passengers into their mobility devices (i.e., wheelchair, scooter, etc.).

Drivers will assist riders when entering and leaving the vehicle.

Drivers are not allowed to enter passengers building such as: adult care living facility, apartment building, residences and nursing homes when dropping-off or picking up passengers.

Drivers are required to wait for passengers three (3) to five (5) minutes after their scheduled pick-up time. If a passenger does not show up, the driver will then call dispatch to request permission to mark the trip as a no-show. The driver will go onto the next scheduled pickup. {Note, that after the driver leaves, the driver cannot turn around and go back to that pickup point.]

## **VEHICLE PICK-UP – PRS NO SHOWS**

No Shows (2)

A No Show is defined as:

- . Failure to call and cancel a pick-up
- . A vehicle arrives within the prescribed pick-up time and the passenger does not go, or fails to respond within three (3) to five (5) minutes of the vehicle's arrival time
  - . Notify dispatcher of No Shows

## CELLULAR/PAGER COMMUNICATION POLICY

- The telephones of the Organization are for business purposes. Employees should refrain from making or receiving personal phone calls during paid work time.
- Personal cellular phones and pagers may not be carried on the employee and must be turned off during their shift and while in the building.
- Employees may not make long distance phone calls nor receive collect calls without permission of the supervisor.
- Employees making personal long distance phone calls, unauthorized personal cellular calls or, receiving collect calls are required to reimburse the Organization by authorizing a deduction from their paycheck or if none available, directly paying the Organization.
- Excessive personal use of a telephone may result in disciplinary action. Excessive personal use is defined as making or receiving personal calls where it interferes with the employee's job duties and performance as determined by the supervisor.
- The above applies to both cellular and hard-wire telephones that the Organization owns.
- Employees shall not use a cellular phone while operating a vehicle in motion or near any machinery they are operating. If a cellular call is received in either above circumstance, the employee must park the vehicle in a safe place or shut off the machinery before returning the call.

---

Employee Name (Print)

---

Employee Signature

## **Compliance with Applicable Laws**

All employees operating a motor vehicle while on company business are expected to comply with all traffic laws. Furthermore, all employees operating a company-owned vehicle or vehicle rented at company expense, while off or on duty are to comply with all traffic laws.

### **Insurance**

Employees are to obtain insurance to cover the use of their private vehicles while on company business. The policy is to be in accordance with applicable state law.

### **Safety Belts**

Seat belts/shoulder harnesses shall be worn by all occupants of the vehicles while on company business. Passengers who are not employees are to be asked to wear seat belt/shoulder harness.

### **Driver's License History**

At least annually, the driving record of each employee having driving responsibility will be examined for violations. Depending on the results of the review of the driving record of the employee, his or her job duties may be changed or he/she may be terminated from employment.

### **Age**

An employee must be at least 21 years of age to be an authorized driver.

### **Discipline**

Employees violating any of these safety rules are subject to discipline up to and including discharge.

### **Policy Compliance with Applicable Law**

This policy will be interpreted and applied in accordance with applicable law. If, at any time, any provision of it is at variance with applicable law, applicable law will govern.

**Revised 12/08**

## **DRIVER INTERVIEW FORMAT**

In an effort to obtain information from applicants that can be used to determine the best candidate for the job, a standard interview format is used. Interviews are typically conducted  
by the Transportation Manager.

## BUS/VAN DRIVER INTERVIEW

Are you willing to work:

\_\_\_ FT \_\_\_ PT \_\_\_ EVE \_\_\_ MDNT \_\_\_ WKDS \_\_\_ TEMP  
\_\_\_ H.S./GED \_\_\_ Valid License \_\_\_ 2 yrs Bus exp. \_\_\_ 7 yrs. driving  
exp.

Warm up. Please tell me a little about your previous work history?

- Question 1. Tell me about your experiences working with the handicapped.  
(Motivation)
- Question 2. What would you do if a PRS approached you and wanted to borrow  
some money?  
(Boundaries)
- Question 3. How do you feel when you don't finish your work on time? (Closure)
- Question 4. How would you like other people to think of you? (Work Orientation)
- Question 5. Why do you think programs like this exist? (Motivation)
- Question 6. How would you feel if you knew there were two PRS's kissing on the  
bus?  
(Normalization)
- Question 7. How do you know when you have had a good day? (Closure)
- Question 8. How important is it for people you work with to like you? (Work  
Orientation)
- Question 9. What do you think PRS's expect from the staff? (Motivation)
- Question 10. What would you do if you saw a PRS masturbating on the bus?  
(Action)
- Question 11. A PRS on the bus swears at you. What would you do? (Boundaries)
- Question 12. How do you feel about keeping records? (Closure)
- Question 13. How do you feel when your co-workers gripe, gripe, gripe? (Work  
Orientation)

## **Transportation Department – Driver Training**

### **POLICY**

The facility shall provide an employee training program designed to cover orientation to the agency, vehicles and transportation policies, driver training, and on-going in-service education training for working with and transporting persons with disabilities.

### **PURPOSE**

1. To enhance the capabilities, knowledge, and job performance of all drivers.
2. To provide continuing education opportunities and promote job satisfaction.
3. To meet the requirements set forth by State and Federal agencies.
4. To ensure quality care to all persons receiving services within the program.

### **STAFF RESPONSIBLE**

- A. Executive Vice President
- B. Vice President
- C. Challenge Unlimited, Inc. Transportation Manager
- D. Challenge Unlimited, Inc. Assistant Transportation Coordinator
- E. Drivers
- F. Director of Safety
- G. Director of Training

Revised 12/08

## Emergency Procedures

1. All transportation employees are required to successfully complete the transportation-training program within the first thirty (30) days of employment. Successful completion is defined as: attend each session in its entirety; score 70% or better on all tests. The transportation training program includes but is not limited to the following topics; Orientation to Agency; Introduction to Developmental Disabilities; Human Rights; Abuse/Neglect; With All Due Respect (Harassment;) Blood borne Pathogens Training; Fire Extinguisher training; Adult CPR; First Aid; ADA service. Requirements include vehicle Safety; Lift and wheelchair use; belt use securement; use of service/comfort animals use of accessibility features; lift deployment at service stops; adequate time to board/leave; service to persons using respirators or portable oxygen; safe vehicle operation; driving skills.
2. All transportation employees will successfully complete American Red Cross Adult CPR annually to ensure current certification. American Red Cross First Aid training will be successfully completed every three years. Current, American Heart Association certification will be recognized for one year only.
3. Introductory training will be provided by the supervisor or designee of the facility, and will be completed within thirty (30) days of hire for all transportation employees. Introductory training topics will include, but are not limited to the following: Abuse/Neglect; Evacuation Policy/Procedures; Personnel Policies; Harassment policy/procedures; ADA service requirements; Performance Appraisals; Vehicle Policy/Procedures; Incident Reports; Accident policy/procedures; pre-trip inspections; backing; Supervisor Contact List/Procedures; Confidentiality; Resident Rights; Smoking Rules/Regulations; Resident Medical Emergencies; Poison Control; MSDS Book; Drug Free Workplace; mileage forms; attendance sheets.
4. All transportation employees will attend Blood borne Pathogens training within the first 10 days of employment and annually thereafter.
5. All transportation employees will attend Fire Extinguisher Training during the first day of orientation annually thereafter.
6. In-service training will be held on a monthly basis. Records of in-service attendance will be kept in the transportation office by the facility supervisor. Copies will be forwarded to the personnel file and Director of Training.
7. The Director of Training will keep a record of training attendance for each current employee which is generally kept in the employees personnel file.
8. Documentation of training will be communicated to the necessary licensing agents as required.

## EMERGENCY TELEPHONE NUMBERS

### IN ALL CASES 9-1-1 MAY BE USED

Alton Ambulance: (618) 465-6633  
Alton Fire: (618) 463-3565  
Alton Police: (618) 463-3505  
Scott Air Force Base: 9-1-1

Granite City  
Ambulance: (618) 877-4747  
Granite City Fire: (618) 876-1424  
Granite City Police: (618) 451-9760  
Scott Air Force Base: 9-1-1

Illinois State Police: (618) 346-3990

### **Emergency Collect Calls Accepted**

Madison County Police: (618) 692-4433

Alton Shop: (618) 466-5070  
Granite City Shop: (618) 876-4145  
Administration: (618) 465-0044  
Rain Insurance: (618) 462-4455

### Other Contacts:

Karen Tones Office: (618) 465-0044, EXT. 1027  
Director of Safety & Security Cell: (618) 567-3929

Stephanie Brown Office: (618) 466-5070, Ext. 1005  
Chief Services Officer Alton D. T. Cell: (618) 540-8502

Susan Wild Office: (618) 466-5070, Ext. 1144  
Alton D.T. Cell: (618) 806-3188

John Gilliland Office: (618) 465-0044, Ext. 1007  
Chief Operations Officer Cell: (618) 806-3486

Scott Fennewald Office: (618) 466-5070, Ext. 1139  
Transportation Manager Cell: (618) 741-1451

Reggie Clark Office: (618) 466-5070, Ext. 1219  
Assistant Project Manager Cell: (618) 806-7351



## Gas Cards

Purpose: For the purchase of gas for company vehicles. Gas cards are only assigned to one vehicle. That way the bill will reflect only that vehicle's usage.

Form Procedure: The employee that the gas card is issued must sign for the card and understand their responsibilities:

1. Keep card in designated vehicle at all times
2. Keep PIN number confidential
3. Turn in receipts to Transportation Manager at the end of shift each day.

It is a good practice to have the employees, when signing gas receipts also write vehicle and department numbers on receipt.

The gas expenditures for each department are tabulated for the purpose of the monthly P. & L. for that department.

# **INCLEMENT WEATHER TRANSPORTATION POLICY**

## **POLICY**

Challenge Unlimited will modify its transportation services in order to provide protection and safety to Persons Receiving Services who may be at increased risk of cold related injuries during inclement weather.

## **STAFF RESPONSIBLE:**

- **Transportation Manager**
- **Director of Safety and Security**
- **Chief Operations Officer**
- **Chief Services Officer**

## **PROCEDURE**

1. Persons Receiving Services who have individual concerns such as health, type and severity of disability, travel distance, location of residence (i.e., rural road, hilly road, etc) and distance to pickup point from residence will be placed on a “No Pickup” list for use during inclement weather. Placement on the “No Pickup” list will be determined by the Interdisciplinary Team and will be noted in the Case Record.
2. In the event of snow or icy conditions, transportation to Persons Receiving Services will not be provided if the state highway patrol indicates that persons should stay off of the roads.
3. If the snowfall accumulation is at 3” or greater by 6 am in the morning, transportation to Persons Receiving Services will not be provided. Transportation Manager will notify drivers and appropriate Vice President that they will not be picking up Persons Receiving Services. Vice President or designee will notify Persons Receiving Services and/or Residential Provider/Responsible Party that transportation will not be provided.
4. During the hours of program services, if the snowfall accumulation reaches a minimum of 3”, the Vice President or designee will notify the Transportation Manager to begin transportation home for Persons Receiving Services. Vice President or designee will notify Residential Providers/Responsible Parties that Persons Receiving Services will be leaving early due to inclement weather.

5. In the event of severely cold weather, transportation to Persons Receiving Services on the “No Pickup” list will not be provided if the National Weather Service indicates that temperatures or wind chills are at 15 degrees Fahrenheit or below by 6 am in the morning. The Vice President or designee will notify the Transportation Manager that transportation will not be provided to Persons Receiving Services on the “No Pickup” list. Vice President or designee will notify Persons Receiving Services and/or Residential Providers/Responsible Parties persons on the “No Pickup” list will not be picked up and will remain home for the day.

## **MILEAGE REPORTS**

These reports are for various sets of vehicles. They show the number of miles driven during a given month and are used to help track the costs per rider. Completed reports are forwarded to various users. The reports made include the following:

- MCT Spreadsheet
- Challenge Unlimited, Inc. and Alpha Industries Monthly Mileage Reports for Vehicles
- Residential Options, Inc. Monthly Mileage Reports for Vehicles
- Fleet Mileage

Revised 12/08

## **MOBILITY DEVICES**

**All vehicles that are ADA accessible, they are equipped with lifts that will accommodate mobility devices that are no longer than 48 inches, no wider than 32 inches and will accommodate 600-800 pounds when fully loaded and occupied.**

**Mobility devices that exceed these standards or do not conform to safety standards cannot be transported.**

# **MOTOR VEHICLE SAFETY POLICY**

## **Valid Operator's License**

All employees operating a vehicle on company business or operating a vehicle owned by the company or rented on behalf of the company are to have a current, valid operator's license at all times.

## **Inspection of Vehicles**

Employees are to conduct visual inspections of agency vehicles prior to operation in accordance with the instructions received in the Safety Training Course.

## **Safety Equipment**

Each vehicle shall be equipped with the safety equipment deemed necessary by the Transportation Manager and the Safety Directors.

## **Training**

All new and current employees are required to successfully complete a safe driving program approved by the company. This training will include applicable state driving laws, techniques of defensive driving, effects of intoxicants on driving, effects of fatigue on driving and inspection of vehicles prior to operation. More extensive training will be provided to those whose primary responsibility includes driving.

## **Traffic Citations**

Any employee, who receives a traffic citation while on company business, will immediately report that event to his or her supervisor. The employee is personally liable for the amount of the citation when it relates to an employee error. Company will not reimburse employees for the cost of a traffic citation.

## **Intoxication**

All employees are expected to be medically and physically fit when operating any vehicle for company business. Specifically, no employee may be intoxicated or on medication which may limit functioning abilities while operating any vehicle on company business, while operating any company-owned vehicle, or while operating any vehicle rented at company expense.

## **Company Vehicle Mileage Sheets**

Purpose: To track transportation costs (cost per mile), and to track miles for preventative maintenance.

Form Procedure: Each month the mileage must be tracked on each company vehicle. Starting and ending mileage for every day must be entered. At the end of the month, the sheets must be sent to the Transportation Manager.

PRS VEHICLE MAINTENANCE SCHEDULE – Page 2 of 6

Mileage Specific:	Required Service	Date Inspected	Name Inspector	Mileage at completion	Who did the work
24,000	Change oil, oil filter	_____	_____	_____	_____
	Change fuel filter	_____	_____	_____	_____
	Change spark plugs	_____	_____	_____	_____
	Lubricate chassis	_____	_____	_____	_____
	Rotate tires	_____	_____	_____	_____
	Service:	_____	_____	_____	_____
	Transmission	_____	_____	_____	_____
	Replace transmission	_____	_____	_____	_____
	Filter and fluid	_____	_____	_____	_____
	Pack wheel bearings	_____	_____	_____	_____
	Engine tune-up	_____	_____	_____	_____
27,000	Change oil, oil filter	_____	_____	_____	_____
	Lubricate chassis	_____	_____	_____	_____
	Inspect drive belts	_____	_____	_____	_____
	Adjust belt tension	_____	_____	_____	_____
	In dusty areas, change Air filter	_____	_____	_____	_____
30,000	Change oil, oil filter	_____	_____	_____	_____
	Change air filter	_____	_____	_____	_____
	Change PVC valve	_____	_____	_____	_____
	Lubricate chassis	_____	_____	_____	_____
	Rotate tires	_____	_____	_____	_____
33,000	Change oil, oil filter	_____	_____	_____	_____
	Lubricate chassis	_____	_____	_____	_____
36,000	Change oil, oil filter	_____	_____	_____	_____
	Lubricate chassis	_____	_____	_____	_____
	Rotate tires	_____	_____	_____	_____
	Inspect drive belts	_____	_____	_____	_____
	Adjust belt tension	_____	_____	_____	_____
39,000	Change oil, oil filter	_____	_____	_____	_____
	Lubricate chassis	_____	_____	_____	_____
	Change oil, oil filter	_____	_____	_____	_____
	Lubricate chassis	_____	_____	_____	_____
42,000	Change oil, oil filter	_____	_____	_____	_____
	Lubricate chassis	_____	_____	_____	_____
	Change front and rear Brake pads	_____	_____	_____	_____
	Rotate tires	_____	_____	_____	_____



PRS VEHICLE MAINTENANCE SCHEDULE – Page 3 of 6

<b>Mileage Specific:</b>	<b><u>Required Service</u></b>	<b>Date Inspected</b>	<b>Name Inspector</b>	<b>Mileage at completion</b>	<b>Who did the work</b>	
45,000	Change oil, oil filter	_____	_____	_____	_____	
	Change fuel filter	_____	_____	_____	_____	
	Change spark plugs	_____	_____	_____	_____	
	Lubricate chassis	_____	_____	_____	_____	
	Rotate tires	_____	_____	_____	_____	
	Service:	_____	_____	_____	_____	
	Transmission	_____	_____	_____	_____	
	Replace transmission	_____	_____	_____	_____	
	Filter and fluid	_____	_____	_____	_____	
	Pack wheel bearings	_____	_____	_____	_____	
	Engine tune-up	_____	_____	_____	_____	
	48,000	Change oil, oil filter	_____	_____	_____	_____
		Lubricate chassis	_____	_____	_____	_____
Inspect drive belts		_____	_____	_____	_____	
Adjust belt tension		_____	_____	_____	_____	
In dusty areas, change Air filter		_____	_____	_____	_____	
51,000	Change oil, oil filter	_____	_____	_____	_____	
	Change air filter	_____	_____	_____	_____	
	Change PVC valve	_____	_____	_____	_____	
	Lubricate chassis	_____	_____	_____	_____	
	Rotate tires	_____	_____	_____	_____	
54,000	Change oil, oil filter	_____	_____	_____	_____	
	Lubricate chassis	_____	_____	_____	_____	
57,000	Change oil, oil filter	_____	_____	_____	_____	
	Lubricate chassis	_____	_____	_____	_____	
	Rotate tires	_____	_____	_____	_____	
	Inspect drive belts	_____	_____	_____	_____	
	Adjust belt tension	_____	_____	_____	_____	
60,000	In dusty areas, change Air filter	_____	_____	_____	_____	
	Change oil, oil filter	_____	_____	_____	_____	
	Lubricate chassis	_____	_____	_____	_____	
63,000	Change oil, oil filter	_____	_____	_____	_____	
	Lubricate chassis	_____	_____	_____	_____	
	Change front and rear Brake pads	_____	_____	_____	_____	
	Rotate tires	_____	_____	_____	_____	

**PRS VEHICLE MAINTENANCE SCHEDULE – Page 6 of 6**

<b>Mileage Specific:</b>	<b><u>Required Service</u></b>	<b>Date Inspected</b>	<b>Name Inspector</b>	<b>Mileage at completion</b>	<b>Who did the work</b>
108,000	Change oil, oil filter	_____	_____	_____	_____
	Change fuel filter	_____	_____	_____	_____
	Change spark plugs	_____	_____	_____	_____
	Lubricate chassis	_____	_____	_____	_____
	Rotate tires	_____	_____	_____	_____
	Service:	_____	_____	_____	_____
	Transmission	_____	_____	_____	_____
	Replace transmission	_____	_____	_____	_____
	Filter and fluid	_____	_____	_____	_____
	Pack wheel bearings	_____	_____	_____	_____
	Engine tune-up	_____	_____	_____	_____
111,000	Change oil, oil filter	_____	_____	_____	_____
	Lubricate chassis	_____	_____	_____	_____
	Inspect drive belts	_____	_____	_____	_____
	Adjust belt tension	_____	_____	_____	_____
	In dusty areas, change	_____	_____	_____	_____
	Air filter	_____	_____	_____	_____
114,000	Change oil, oil filter	_____	_____	_____	_____
	Change air filter	_____	_____	_____	_____
	Change PVC valve	_____	_____	_____	_____
	Lubricate chassis	_____	_____	_____	_____
	Rotate tires	_____	_____	_____	_____
117,000	Change oil, oil filter	_____	_____	_____	_____
	Lubricate chassis	_____	_____	_____	_____
120,000	Change oil, oil filter	_____	_____	_____	_____
	Lubricate chassis	_____	_____	_____	_____
	Rotate tires	_____	_____	_____	_____
	Inspect drive belts	_____	_____	_____	_____
	Adjust belt tension	_____	_____	_____	_____
	In dusty areas, change	_____	_____	_____	_____
	Air filter	_____	_____	_____	_____
123,000	Change oil, oil filter	_____	_____	_____	_____
	Lubricate chassis	_____	_____	_____	_____
126,000	Change oil, oil filter	_____	_____	_____	_____
	Lubricate chassis	_____	_____	_____	_____
	Change front and rear	_____	_____	_____	_____
	Brake pads	_____	_____	_____	_____
	Rotate tires	_____	_____	_____	_____

## **RIDER LIST**

Lists of riders for each vehicle are made and updated daily to track who and how many ride each vehicle.



## **SAFETY CHECKLIST FOR TRANSPORTATION OF PERSONS IN WHEELCHAIRS**

These checklists are used by drivers transporting PRS that are in wheelchairs. Completed forms are turned in to the Transportation Manager or their designee.

Bus drivers assigned to persons confined to wheelchairs and those assigned to "bus call" will follow this procedure:

1. The bus driver will secure wheelchair tie-downs, harness and other safety devices that are available.
2. Staff assigned to assist persons confined to wheelchairs or on "bus call" will make the last check to see that all available safety devices are securely in place prior to the bus starting off.
3. Staff assigned to perform the above checks will fill out check list form, sign and submit to VP or other designated person.

Please follow all instructions to insure the safety of persons confined to wheelchairs during any and all transportation.

Revised 12/08

Reviewed 01/06, 12/08



# **Transportation Department Vehicle Policy & Procedure**

## **POLICY**

It is the policy of the facility to provide persons receiving services with clean and dependable transportation by maintaining vehicles in good operating condition on a daily basis along with semi-annual Illinois Department of Transportation Vehicle inspections.

## **PURPOSE**

- To ensure that all vehicles are road ready and in safe operation condition.

### **I.**

- To ensure that all drivers of agency vehicles have been instructed in pre- trip inspections, and have a valid and appropriate driver's license

## **STAFF RESPONSIBLE**

- Chief Operations Officer
- Challenge Unlimited, Inc. Trans. Manager
- Challenge Unlimited, Inc. Assistant Project Manager
- Drivers
- Director of Safety & Security

## **PROCEDURE**

### Vehicle Usage

- All vehicles must be used only by designated staff members. The names will be listed and posted in each facility. The COO, Directors, and project managers will have the responsibility to designate authorized drivers.
- Authorized drivers must have a "D" classification to drive facility vans. Drivers driving vehicles which weigh over 16,001 pounds must have a "CDL" classification and "P" endorsement. All drivers to drive over 16 passenger van must have a CDL
- Authorized drivers must be at least twenty-one (21) years of age.
- Prospective drivers must have completed a driver's questionnaire, including the driver's name, social security number, driver's license number and classification, number of years licensed and date of birth. The driver's questionnaire is forwarded

to the insurance agency for processing to determine if the driver is authorized to be included as an authorized driver for the agency.

- A pre-trip inspection report shall be completed prior to departure on all trips.
- The driver will enter the date, beginning mileage and driver's initials into the Mileage Report Form. After returning, the driver will enter the ending mileage and perform post trip walk-around.
- Before leaving the vehicle after returning from trip, the driver will inspect the vehicle for cleanliness and note any unsatisfactory items to the Project Manager or their designee. The Project Manager, or their designee, will schedule repairs or corrections of any unsatisfactory items.
- Mechanical failures will be reported to the Trans. Manager or their designee. Repairs are to be completed as soon as possible by the leasing agency or a reputable garage.
- Gas tanks will be filled on an as-needed basis by authorized drivers.
- Each gas ticket must be signed by the authorized driver purchasing the gas. Each gas ticket must also include the facility for which gas was purchased and the vehicle number. Gas tickets will be forwarded to the Trans. Manager or their designee.
- After vehicles are returned to the facility, the doors will be locked.
- There will be no smoking, eating or drinking in vehicles.
- Standard vehicle emergency and accident procedures will be followed at all times.
- All accidents will be reported to the Trans. Manager, the Director of Safety and the Chief Operations Officer.



## Transportation Training Log

Employee Name: \_\_\_\_\_

Start Date: \_\_\_\_\_

Topics which Transportation employees received training on.

<u>Topic</u>	<u>Date</u>	<u>Employee Initials</u>
Mileage Sheets	_____	_____
Gas Cards	_____	_____
Accident Report	_____	_____
Vehicle Accident Kit	_____	_____
Accident or Injury Report Forms	_____	_____
Vehicle Emergency and Accident Procedures	_____	_____
Emergency Phone Numbers	_____	_____
Wheelchair tie down sign-off form	_____	_____
Blood borne Pathogens training	_____	_____
Safety check list for transp. of PRS in chairs	_____	_____
10 tips for winter weather driving	_____	_____
Proper use of cell phones while driving	_____	_____
Cellular/Pager communication	_____	_____
Radio transmitter sign-off form	_____	_____
Daily Mileage Log	_____	_____
Attendance record Form	_____	_____
Rider ship List	_____	_____
Fire Extinguisher Training	_____	_____
Abuse & Neglect	_____	_____
Developmental Disabilities	_____	_____
Drug & Alcohol Awareness	_____	_____
Sexual Harassment	_____	_____
Orientation to Agency	_____	_____
Motor Vehicle safety Policy	_____	_____
Accident Policy	_____	_____
Bus Conduct Rules	_____	_____
Personal Mileage Reimbursement	_____	_____
Motor Vehicle Liability Policy/Form	_____	_____
Transportation Procedures	_____	_____
PRS Van Rules	_____	_____
PRS Call Off/Rain Days	_____	_____
Behind the wheel safety article	_____	_____
Driving Safety sign off form	_____	_____
Motor Vehicle Report Updates	_____	_____
Monthly Drivers Meetings	_____	_____

**Transportation Training Log – Pg. 2**

Employee Name: \_\_\_\_\_ Start Date \_\_\_\_\_

Topics which Transportation employees received training on.

<u>Topic</u>	<u>Date</u>	<u>Employee Initials</u>
Passenger Route training	_____	_____
ADA service requirements	_____	_____
Lift and wheelchair use	_____	_____
Belt use securement	_____	_____
Use of service/comfort animals	_____	_____
Use of accessibility features	_____	_____
Lift deployment at service stops	_____	_____
Adequate time to board/leave	_____	_____
Service to PRS using respirators or Portable oxygen	_____	_____
Safe vehicle operation	_____	_____
MSD Training	_____	_____
Adult CPR	_____	_____
First Aid	_____	_____
Trip Inspection	_____	_____
Sensitivity-Relating to those you Work with	_____	_____
Introduction to Developmental Disabilities	_____	_____

## Transportation Training

### Topics and Training Schedules

<u>Topic</u>	<u>Frequency</u>
Mileage Sheets	Initial/Monthly
Gas Cards	Initial training (within first 30 days)
Accident Report	Initial training (within first 30 days)
Vehicle Accident Kit	Initial training (within first 30 days)
Accident or Injury Report Forms	Initial training (within first 30 days)
Vehicle Emergency & Accident Procedures	Initial training (within first 30 days)
Emergency Phone Numbers	Initial training (within first 30 days)
Wheelchair Tie Down Sign-off Form	Initial training (within first 30 days)
Blood borne Pathogens training	Initial training (within first 30 days)
Safety Check List for Transportation of Persons in Wheelchairs	Initial training (within first 30 days)
10 Tips for Winter Weather Driving	Initial training (within first 30 days)
Proper Use of Cell Phones While Driving	Initial training (within first 30 days)
Cellular/Pager Communication	Initial training (within first 30 days)
Radio Transmitter Sign-off Form	Initial training (within first 30 days)
Daily Mileage Log	Initial training (within first 30 days)
Attendance Record Form	Initial training (within first 30 days)
Ridership List	Initial training (within first 30 days)
Transportation Policy	New Employee Orientation/Annual
Accident Policy	New Employee Orientation/Annual
Safety Policy	New Employee Orientation/Annual
Fire Extinguisher Training	New Employee Orientation/Annual
Abuse & Neglect	New Employee Orientation/Annual
Developmental Disabilities	New Employee Orientation/Annual
Drug & Alcohol Awareness	New Employee Orientation/Annual
Sexual Harassment	New Employee Orientation/Annual
Orientation to Agency	New Employee Orientation/Annual
Motor Vehicle Safety Policy	Initial training (within first 30 days)
Accident Policy	Initial training (within first 30 days)
Bus Conduct Rules	Initial training (within first 30 days)
Personal Mileage Reimbursement	Initial training (within first 30 days)
Motor Vehicle Liability Policy/Form	Initial training (within first 30 days)
Transportation Procedures	Initial training (within first 30 days)
PRS Van Rules	Initial training (within first 30 days)
PRS Call Off/Rain Days	Initial training (within first 30 days)
Behind the Wheel Safety Article	Initial training (within first 30 days)
Driving Safety Sign-Off Form	Initial training (within first 30 days)
Motor Vehicle Report Updates	Initial training (within first 30 days)
Monthly Drivers Meetings	Initial training/monthly

## TRANSPORTATION TRAINING TOPICS AND SCHEDULES (con't)

<u>Topic</u>	<u>Frequency</u>
Passenger Route Training	Initial training/ongoing
ADA Service Requirements	Initial training/ongoing
Lift and Wheelchair Use	Initial training/ongoing
Belt Use & Securement	Initial training/ongoing
Use of Service/comfort Animals	Initial training/ongoing
Lift Deployment at Service Stops	Initial training/ongoing
Adequate Time to Board/leave	Initial training/ongoing
Service to Persons Using Respirators or Portable Oxygen	Initial training/ongoing
Safe Vehicle Operation	Initial training/ongoing
MSD Training	Initial training/ongoing
Adult CPR	Initial training/annual
First Aid	Initial training/every 3 years
Trip Inspection	Initial training/ongoing
Sensitivity-Relating to Those You Serve And Work With	Initial training/periodically
Introduction to Developmental Disabilities	Initial training/periodically

Other training topics will be conducted on an as need basis and as available

# **VEHICLE EMERGENCY AND ACCIDENT PROCEDURES**

## **Fire and Equipment Failure Procedures for Vehicles**

- I. In case of fire:
  - A. Evacuate passengers from vehicle. Move them as far away as possible, keeping them out of the road.
  - B. Do not attempt to put out the fire.
  - C. Call fire department and the shop.
  - D. Wait for back-up vehicle.
  
- II. In case of equipment failure:
  - A. Pull vehicle off to side of road.
  - B. Call or radio shop.
  - C. Leave passengers on vehicle.
  - D. Wait for back-up vehicle.

## **Accident Procedures and Plans for Vehicles**

- I. In the event of an accident:
  - A. Except for minor injuries, evacuate all passengers. Check for injuries.
  - B. Call transportation Manager to report the time and place of the accident
  - C. Get any other driver's license number and insurance company.
  - D. Get names and phone numbers of any witnesses.
  - E. If vehicle must be towed, call for a back-up vehicle.

## **Earthquake Procedures and Plans for Vehicles**

- I. During an active earthquake:
  - A. Drivers should stop their vehicles if in an open area.
  - B. Drivers should not stop on bridges, overpasses or next to a building that could collapse on vehicle.
  - C. Driver and passengers should remain in vehicle. There is less chance of being injured if you remain in your vehicle, it could roll and injure you or your passengers
  
- II. After the earthquake:
  - A. All drivers should carry a map of the city. You should find an alternate route in case of debris in the road. You do not cross any bridges or go under any overpasses.
  - B. Drivers should radio shop and other vehicles.
  - C. Drivers should be prepared for aftershocks and to follow the above procedures again.

# **Vehicle Inspection Checklists**

## **Pre/Post Trip Inspection**

Vehicle inspection ensures vehicle problems are identified and corrected in a timely manner.

Vehicle inspections provide structure for the drivers and documentation of the condition of all vehicles.

Revised 01/09

## ***Pre-Trip Inspection and Post Trip Reporting Form***

VEHICLE NUMBER: \_\_\_\_\_

**PRE-TRIP INSPECTION AND POST  
POST**

**TRIP REPORTING FORM**

Under hood, CHECK Oil, Coolant, Washer Fluid  
Washer Fluid Unlock all doors. (Mandatory to unlock rear  
(Mandatory to unlock rear emergency door). Start Vehicle: (turn headlights  
emergency door) Start Vehicle: (turn headlights & flashers on)

**Walk around vehicle & Inspect for:**

Pre-Trip	Post-Trip
_____ Body damage	_____
_____ Tire inflation (VISUAL)	_____
_____ Lights & flasher operation	_____
_____ Ramp/Lift operation	_____
_____ Interior for damage	_____
_____ Seat and belt condition	_____
_____ Fire Extinguisher	_____
_____ First Aid Supplies	_____
_____ Heater-A/C operation	_____
_____ Wheelchair Tie-downs	_____

**PRE-TRIP INSPECTION AND**

**TRIP REPORTING FORM**

Under hood, CHECK Oil, Coolant,  
Unlock all doors.

**Walk around vehicle & Inspect**

**Pre-Trip**

_____ Body damage
_____ Tire inflation (VISUAL)
_____ Lights & Flashers
_____ Ramp/Lift operation
_____ Interior for damage
_____ Seat and belt condition
_____ Fire Extinguisher
_____ First Aid Supplies
_____ Heater-A/C operation
_____ Wheelchair Tie-downs

**I.**

**DURING TRIP:**

Note all operational conditions of vehicle  
vehicle

\_\_\_\_\_ Vehicle operation okay  
\_\_\_\_\_ Vehicle requires repair or service

**DURING TRIP:**

Note all operational conditions of

\_\_\_\_\_ Vehicle operation okay  
\_\_\_\_\_ Vehicle requires repair

**COMMENTS:**

Driver \_\_\_\_\_ Date \_\_\_\_\_  
Ending Odometer \_\_\_\_\_

Driver \_\_\_\_\_ Date \_\_\_\_\_  
Ending Odometer \_\_\_\_\_

## **VEHICLE MAINTENANCE LOG**

These logs track the maintenance performed on agency vehicles. It assists the Transportation Manager in making recommendations for having repairs completed and for purchasing new vehicles.

Revised 12/08





## **VEHICLE MAINTENANCE SCHEDULE**

This schedule indicates the service intervals for such things as changing filters, checking hoses, lubricating various parts, etc. It is used by the mechanics when they are performing routine oil changes.

**PRS VEHICLE MAINTENANCE SCHEDULE**

---

Year/Model _____ Vehicle # _____		Odometer Reading At completion	Date Required Service completed	Name who completed Service
<b>Periodic</b>	<u>Required Service</u>			
<b>Specific:</b>				
<b>Every Year</b>	Flush radiator	_____	_____	
	Replace Coolant	_____	_____	
	Service Air Conditioner	_____	_____	
	Service Wheel Chair Lift	_____	_____	
<b>Every 2 Years</b>	Replace all Hoses	_____	_____	
<b>Every 4 Years</b>	Replace Battery			

---

Mileage	<u>Required Service</u>	Odometer Reading at completion	Date Required Service completed	Name who completed Service
<b>Specific:</b>				
<b>3,000</b>	Change oil, oil filter	_____	_____	
	Lubricate chassis	_____	_____	
<b>6,000</b>	Change oil, oil filter	_____	_____	
	Lubricate chassis	_____	_____	
	Rotate Tires	_____	_____	
<b>9,000</b>	Change oil, oil filter	_____	_____	
	Inspect Chassis	_____	_____	
	Inspect belts, adjust tension	_____	_____	
	In dusty areas change	_____	_____	
	Oil filter	_____	_____	
<b>12,000</b>	Change oil, oil filter	_____	_____	
	Lubricate chassis	_____	_____	
	Rotate tires	_____	_____	
<b>15,000</b>	Change oil, oil filter	_____	_____	
	Change air filter and PVC valve	_____	_____	
	Lubricate chassis	_____	_____	
<b>18,000</b>	Change oil, oil filter	_____	_____	
	Lubricate chassis	_____	_____	
	Rotate tires	_____	_____	
	Inspect drive belts	_____	_____	
	Adjust belt tension	_____	_____	
<b>21,000</b>	Change oil, oil filter	_____	_____	
	Lubricate chassis	_____	_____	
	Rotate tires	_____	_____	
	Change front & rear brake pads	_____	_____	

## VEHICLE USAGE LOG

This form is used to track usage of vehicles owned or leased by Challenge Unlimited. It is completed daily by drivers and collected monthly by the Transportation Manager or their designee.

Revised 12/08

## 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").
  
2. Proposed Expanded Schedule (Days and Hours of Operation)?  
 (If schedule is the same as current schedule, indicate "SAME").
  
3. Proposed new client group receiving the New or Expanded Transportation Service?
  
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.)

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

	<u>Total Clients</u> Served per year (see page 11)	Estimated <u>New</u> Clients	Annual <u>Total</u>
Elderly Clients without Disabilities	_____	_____	_____
Elderly Clients with Disabilities	_____	_____	_____
Non-Elderly Clients with Disabilities	_____	_____	_____
Other Clients	_____	_____	_____
<b>TOTAL CLIENTS</b>	_____	_____	_____

Applicant Name  
 Challenge Unlimited, Inc. N/A

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

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

Medical Trips \_\_\_\_\_  
 Work Trips \_\_\_\_\_  
 Nutrition/ Food Trips \_\_\_\_\_  
 Shopping \_\_\_\_\_  
 Other Trips \_\_\_\_\_  
 TOTAL ONE-WAY PASSENGER-TRIPS: \_\_\_\_\_

Number of new vehicles being requested to provide these trips \_\_\_\_\_

**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								
Volunteer Drivers								
Reservationists/ Schedulers/Dispatchers								
Maintenance Staff								
Administrative Staff								

**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.

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

Applicant Name	Challenge Unlimited, Inc.
----------------	---------------------------

**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?
See attached list 16a					

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.

## CHALLENGE UNLIMITED, INC.

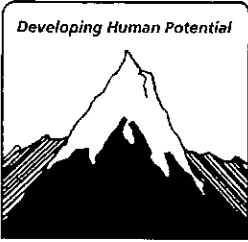
## Part IX Coordination

## A. Other Available Transportation

Provider	Days/Wk.	Hrs./Day	Service Provided
Laidlow Transit 4525 Alby Alton, IL 62002 618-466-6872	7	24	door/door, wheelchair equip.
School Services & Leasing, Inc. 102 S. 6th Belleville, IL 62220 618-222-0590	M/F	school hours	contract to schols only
Vandalia/Gray Motorcoach, Inc. 312 W. Morris Caseyville, IL 62232 618-344-1272	7	24	door/door, charter, limited wheelchair
Edwardsville Senior Citizens 1003 North Main St. Edwardsville, IL 62025 618-656-0300	M/F	8:00/4:00	door/door, no wheelchair equip. cars only
Godfrey Bus Lines 6906 Montclair Ave. Godfrey, IL 62035 618-466-7546	7	24	charter or contract. Buses are used by Beverly Farms M/F 8-9:30 & 2-3:30 no other lift buses avail. During those hrs cars only, no wheelchair equip.
Rainbow Taxi Service 2810 Nameoki Rd. Granite City, IL 62040 618-344-1865	7	24	cars only, no wheelchair equip.
Senior Services Plus 2603 N. Rodgers Alton, IL 62002 618-465-3298	M/F	8:00/4:00	Drs. & Pers. Appt. - 60+
Student Transportation 9006 Old Bunkham Fairview Heights, IL 62208 618-397-0006	7	24	field trips, Cahokia & Belleville area, no wheelchair equip.
First Student 2012 Mascoutah Ave. Belleville, IL 62220 618-277-8565	M/F	school hrs.	reg. routes. No wheelchair equip charters, mostly schools
Beverly Farm Foundation 6301 Humbert Road Godfrey, IL 62035 618-466-0959	7	progr. Hrs.	door/door, program activities, unable to include other agencies wheel chair equipment

All providers were sent the attached letter to inform them of our application for equipment. Some of the providers, especially the cab companies, do provide single ride service to our residents capable of a more independent mode of transportation and who can afford cab service. Residents who are able to utilize independent transportation services also use Madison and St. Clair County transit services. Residential Options utilizes the larger vehicles of our sister agency, Challenge Unlimited, for larger group community integrated activities.





**CHALLENGE**  
**UNLIMITED, INC.**

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

May 27, 2009

Dear \_\_\_\_\_,

Challenge Unlimited Incorporated, a not-for-profit organization, is submitting a Section 5310 application to the Illinois Department of Transportation. We are requesting three ADA equipped vehicles to replace three older, high mileage and less serviceable vehicles in our fleet. The new vehicles will allow us to continue providing much needed transportation to the disabled and elderly participants of our programs, mostly on a door-to-door basis, and primarily within the Madison/St. Clair County areas.

In accordance with federal grant program 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 area of the Section 5310 project;
- Whether they wish to participate in some way in the provision of the services proposed in the Section 5310 application;
- Any other comments that they have about the application that 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 4, 2008 or as soon after as possible. Thank you in advance for your interest and assistance.

Sincerely,

Laurine Hamm  
Grants Coordinator



One Transit Way  
P.O. Box 7500  
Granite City, IL 62040

Tel: (618) 931-7433  
Fax: (618) 797-7547

June 22, 2009

Challenge Unlimited, Inc.  
Ms. Laurine Hamm  
4452 Industrial Drive  
Alton, IL 62002

Dear Ms. Hamm,

Agency for Community Transit supports the application made by Challenge Unlimited, Inc. to the Illinois Department of Transportation requesting capital assistance grant funding for three new vehicles.

The transportation program offered by Challenge Unlimited, Inc. is complementary to the Agency's door-to-door program by providing essential service to persons with disabilities in our area. We fully understand the need for replacement vehicles in providing a safe and dependable transportation program and endorse the efforts of your organization.

Agency for Community Transit commends Challenge Unlimited, Inc. for their outstanding commitment to enhancing the lives of persons with disabilities throughout Madison County.

Sincerely,



Jerry J. Kane  
Executive Director

JJK:elw



June 17, 2009

Ms. Laurine Hamm  
Challenge Unlimited, Inc.  
Grants Coordinator  
#4 Emmie L. Kaus Lane  
Alton, IL 62002

Dear Ms. Hamm,

We support your effort to improve your vehicle fleet with three ADA equipped vehicles supplied by Section 5310 from the Illinois Department of Transportation to replace three older vehicles. We, too, are seeking a vehicle for our fleet to facilitate trips to work, doctors' appointments and recreational activities for the developmentally disabled adults who make their home at Beverly Farm Foundation. We know how important your services is to this segment of the community.

Good luck with your efforts.

Sincerely,

A handwritten signature in black ink, appearing to read "Maureen A. Concannon". The signature is fluid and cursive, with a long horizontal flourish extending to the right.

Maureen A. Concannon  
Resource Development Director



**ENRICH... ENHANCE... ENGAGE**

5/29/09

Mrs. Laurine Hamm, Grants Coordinator  
Challenge Unlimited, Inc.  
#4 Emmie L. Kaus Ln.  
Alton, IL 62002

Dear Mrs. Hamm,

DD Homes Network has learned of your Section 5310 application to the Illinois Department of Transportation for three ADA equipped vehicles to replace three vehicles which need to be retired from your fleet. Our residents depend on your agency for transportation to and from developmental training services, and the safety and reliability of your equipment is of great interest to us. It is our belief that all individuals served by your agency would benefit from the acquisition of these new vehicles.

We appreciate the services which are provided to our residents and wish you well in your endeavors to continue your transportation services.

Sincerely,

A handwritten signature in black ink, appearing to read "James Haney", written over a diagonal line.

James Haney, Administrator, NHA  
DD Homes Network  
Community Living Options, Inc.  
446 Mense Drive, Suite B  
Bethalto, IL 62010

[www.DDHomes.net](http://www.DDHomes.net)



SHAMROCK SERVICES

4219 Lincolnshire Dr.  
Mt. Vernon, IL 62864

---

Phone 618 242-2169  
Fax 618 242-9770

June 4, 2009

Re: Section 5310 Application to the Illinois  
Department of Transportation for Challenge Unlimited, Inc

To Whom It May Concern:

I am writing a letter of support for Challenge Unlimited. Our agency provides of services to individuals with developmental disabilities. The services that Challenge Unlimited, Inc. provides is of great importance to the people our agency serves. They provide developmental training, paid employment and senior services to our clients. Without their assistance, it would be nearly impossible for our clients to get to and from their work sites. Please support this much needed request.

Thank you,

  
Pat McDonagh, Executive Director



The William M. BeDell  
Achievement and Resource Center  
*A 501(c)(3) not-for-profit organization*

OFFICERS

June 1, 2009

Nick Moehn  
President

Jim Mihalich  
1st Vice President

Shirley Wiedman  
2nd Vice President

Dorothy Ebbeler  
Treasurer

Robert J. Walters  
Secretary

Linda Aulabaugh  
Past President

TO WHOM IT MAY CONCERN:

The William M. BeDell ARC fully supports Challenge Unlimited in their application for three ADA equipped vehicles to replace three older, high mileage vehicles in their fleet.

We have first hand knowledge of the work experience, programming and the associated transportation services provided by Challenge Unlimited. We certainly support them in their application for assistance by the Illinois Department of Transportation.

Thank you.

DIRECTORS

Ed Cordes

Rocky Eveans

James Groesch

Kay Long

Julie McVey

Carol Roach

William Robinson, M.D.

Norma Showers

Mark Vaughn

Sincerely yours,

THE WILLIAM M BEDELL ARC

Gary Osborne  
Executive Director

Thelma E. Hausafus  
1909-1996

EXECUTIVE DIRECTOR

Gary Osborne

jj  
c: file



*Serving Individuals with a Developmental Disability*



June 15, 2009

Ms. Laurine Hamm  
Challenges Unlimited, Inc.  
#4 Emmie L. Kaus Lane  
Alton, IL 62002

Dear Ms. Hamm:

Senior Services Plus, Inc. supports the application of Challenges Unlimited, Inc. to the Illinois Department of Transportation, 2009 Consolidated Vehicle Procurement Rolling Stock Capital Assistance Project, for two (2) vehicles ADA equipped vehicles, for transporting disabled individuals within our community. We appreciate the work your agency does in improving the lives of individuals with disabilities in our community and recognize that transportation is a vital service in accomplishing your agency's mission.

We understand the need for additional and replacement vehicles in providing a quality transportation program and support your request.

Please call me if you have questions at (618) 465-3298.

Sincerely,

Jonathan Becker  
Executive Director

2603 NORTH RODGERS AVENUE ALTON, ILLINOIS 62002  
PHONE: (618) 465-3298 FAX: (618) 465-3302  
[WWW.SENIORSERVICESPLUS.ORG](http://WWW.SENIORSERVICESPLUS.ORG)

Applicant Name

Challenge Unlimited, Inc.

**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 (page 39). 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.**

See attached (17a)



## PART IX

### Attachment 17a

#### COORDINATION EFFORTS

##### B. Local Coordination Activities

Challenge Unlimited, Inc. is represented at each Region 9 Human Services Transportation Committee as well as numerous other local, regional and statewide organizations, including membership in the Illinois Association of Rehabilitation Facilities, East/West Gateway Council of Government meetings, ACT/MCT and other networking activities relevant to our area and operations.

Most of the difficulties encountered in coordinating transportation with other agencies such as ours are the like time of operations, additional insurance coverage required, more frequent replacement and upkeep of vehicles and the additional expense for reservation and scheduling operations. We presently coordinate and partner with ACT/MCT and ATS as well as Residential Options, Inc. and many other residential programs in our area.

Challenge Unlimited, Inc. has been included in the HSTP and MPO for our areas and requested endorsement from East/West Gateway Council of Governments and the Region 9 HSTP.

Applicant Name

Challenge Unlimited, Inc

**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  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			
Operating Income from Service Contracts (see section B on next page)			
Operating Income from other Grants (see section B on next page)			
Donations			
General agency funds	601,984	664,173	
Other			
<b>Total Revenues (should equal expenses)</b>			
<b>Expenses – Operations</b>			
Driver Salaries and Fringe Benefits	187,694	206,463	
Dispatch/Supervisor Salaries and Fringe Benefits	38,522	40,448	
Maintenance (Parts and Labor)	68,567	75,424	
Materials and Supplies	5,756	6,332	
Fuel, Oil, Tires	78,320	90,068	
Insurance	30,491	33,540	
Vehicle Storage			
Other	119,209	131,130	
<b>Expenses – Administration</b>			
Management Salaries and Fringe	40,920	45,012	
Clerical/Bookkeeping Wages	7,865	8,652	
Rent, Utilities, Taxes	13,310	14,641	
Marketing /Promotion/Driver Training costs	6,050	6,655	
Other	5,280	5,808	
<b>Total Expenses (should equal revenues)</b>	601,984	664,173	

Applicant Name

Challenge Unlimited, Inc.

**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>			
DPA	*	*	
<b>Other Grant Funding:</b>			
DMH	*	*	

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

\*DMH Grant and Fee for Service Contracts do not stipulate monies designated for transportation.

## APPENDICES

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

Name of Applicant <div style="text-align: center;">Challenge Unlimited, Inc.</div>
---

**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

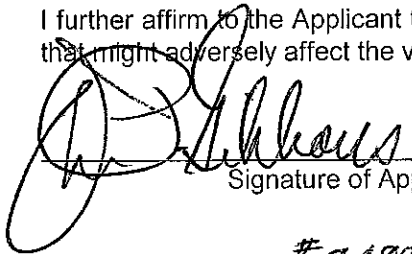
The attached signature pages (Applicant and Applicant's attorney) must be appropriately completed and signed where indicated.

AFFIRMATION OF APPLICANT'S ATTORNEY

For Challenge Unlimited, Inc.  
(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.

  
\_\_\_\_\_  
Signature of Applicant's Attorney

JUNE 23, 2009  
Date at Signature

John Gibbons #948918  
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: Challenge Unlimited, Inc.

Name and Relationship of Board Authorized Representative: Laurine Hamm, Grants Coordinator

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: 6-24-09

  
Laurine Hamm

Authorized Representative of Applicant

## 1. CERTIFICATIONS AND ASSURANCES REQUIRED OF APPLICANT

### A. Authority of Applicant and Its Representative

The authorized representative of the Applicant and legal counsel who sign these certifications, assurances, and agreements attest that both the Applicant and its authorized representative 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 the Applicant,
- (2) Execute and file the required certifications, assurances, and agreements on behalf of the Applicant binding the Applicant, and
- (3) Execute grant and cooperative agreements with FTA or IDOT on behalf of the Applicant.

### B. Standard Assurances

The Applicant assures that it will comply with all applicable state & federal statutes, regulations, executive orders, FTA circulars, and other federal administrative requirements in carrying out any grant or cooperative agreement awarded by FTA. The Applicant acknowledges that it is under a continuing obligation to comply with the terms and conditions of the grant or cooperative agreement issued for its approved Project with IDOT or FTA. The Applicant understands that federal laws, regulations, policies, and administrative practices might be modified from time to time and affect the implementation of the Project. The Applicant agrees that the most recent state & federal requirements will apply to the Project, unless IDOT or FTA issues a written determination otherwise.

### C. Debarment Suspension and Other Responsibility Matters Primary Covered Transactions

Until new federal debarment and suspension regulations are promulgated that discontinue the current requirement for the Debarment and Suspension Certification and in accordance with U.S. Department of Transportation (U.S. DOT) regulations on Governmentwide Debarment and Suspension (Nonprocurement) at 49 CFR Part 29.510, the Applicant certifies to the best of its knowledge and belief, that it and its principals:

- (1) Are not presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from covered transactions by any federal department or agency;
- (2) Have not within a three-year period preceding this Certification been convicted of or had a civil judgment rendered against them for commission of fraud or a criminal offense in connection with obtaining, attempting to obtain, or performing a public (federal, state, or local) 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;
- (3) Are 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) Have not within a three year period preceding this Agreement had one or more public transactions (federal, state, or local) terminated for cause or default.

The Applicant 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

Until new U.S. DOT Drug-Free Workplace regulations that rescind the requirements for a Drug-Free Workplace certification are promulgated, and in accordance with 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, the Applicant certifies that it will provide a drug-free workplace by:

- (1) Publishing a statement notifying employees that the unlawful manufacture, distribution, dispensing, possession, or use of a controlled substance is prohibited in the Applicant's workplace and specifying the actions that will be taken against employees for violation of such prohibition;
- (2) Establishing an ongoing drug-free awareness program to inform employees about:
  - (a) the dangers of drug abuse in the workplace;
  - (b) the Applicant's policy of maintaining a drug-free workplace;
  - (c) any available drug counseling, rehabilitation, and employee assistance programs; and,
  - (d) the penalties that may be imposed upon employees for drug abuse violations occurring in the workplace.
- (3) Making it a requirement that each employee to be engaged in the performance of the grant or cooperative agreement be given a copy of the statement required by paragraph (1);



- (4) Notifying the employee in the statement required by paragraph (1) that, as a condition of employment financed with federal and state assistance provided by the grant or cooperative agreement, the employee will:
  - (a) abide by the terms of the statement, and
  - (b) notify the employer in writing of his or her conviction of a criminal drug statute occurring in the workplace no later than 5 calendar days after such conviction.
- (5) Notifying IDOT in writing, within 10 calendar days after receiving notice under paragraph (4)(b) from an employee or otherwise receiving actual notice of such conviction. Employers of convicted employees must provide notice, including position title, to every project officer or other designee on whose project activity the convicted employee was working. Notice shall include the identification number(s) of each affected grant or cooperative agreement.
- (6) Taking one of the following actions, within 30 calendar days of receiving notice under paragraph (4)(b), with respect to any employee who is so convicted:
  - (a) taking appropriate personnel action against such an employee, up to and including termination, consistent with the requirements of the Rehabilitation Act of 1973, as amended; or
  - (b) requiring such employee to participate satisfactorily in a drug abuse assistance or rehabilitation program approved for such purposes by a federal, state or local health, law enforcement, or other appropriate agency.
- (7) Making a good faith effort to continue to maintain a drug-free workplace through implementation of paragraphs (1), (2), (3), (4), (5), and (6). The Applicant has or will provide to IDOT a list identifying its headquarters location and each workplace it maintains in which project activities supported by IDOT are conducted.

#### **E. Intergovernmental Review Assurance**

If required, the Applicant assures that each project application submitted to IDOT for assistance has been or will be submitted, as required by each state, for intergovernmental review to the appropriate state and local agencies. Specifically, the Applicant assures that it has fulfilled or will fulfill the obligations imposed on FTA by U.S. DOT regulations, "Intergovernmental Review of Department of Transportation Programs and Activities." 49 CFR Part 17.

#### **F. Nondiscrimination Assurance**

In accordance with 49 U.S.C. Section 5332, Title VI of the Civil Rights Act of 1964, as amended, 42 U.S.C. Section 2000d, and U.S. DOT regulations, "Nondiscrimination in Federally Assisted Programs of the Department of Transportation - Effectuation of Title VI of the Civil Rights Act," 49 CFR Part 21.7, the Applicant assures that it will comply with all requirements pursuant to 49 CFR Part 21; FTA Circular 4702.1, "Title VI Program Guidelines for Federal Transit Administration Recipients", and other applicable directives so that no person in the United States, on the basis of race, color, national origin, creed, sex, or age will be excluded from participation in, be denied the benefits of, or otherwise be subjected to discrimination in any program or activity (particularly in the level and quality of mass transportation services and mass transportation related benefits) for which the Applicant receives federal financial assistance from the U.S. DOT or FTA.

The Applicant assures that the project or program will be conducted, property acquisitions will be undertaken, and project equipment will be operated in compliance with all requirements of 49 CFR Part 21 and 49 U.S.C. Section 5332. The Applicant understands that this assurance extends to its entire facility and to equipment operated in connection with the Project.

The Applicant assures that it will take appropriate action to ensure that any transferee receiving property financed with federal assistance derived from U.S. DOT or FTA will comply with the provisions of 49 CFR Part 21 and 49 U.S.C. Section 5332. As required by 49 CFR Part 21.7(a)(2), the Applicant will include in each third party contract, subgrant, or sub-agreement appropriate clauses to impose the requirements of 49 CFR Part 21, and 49 U.S.C. Section 5332; and include appropriate provisions imposing those requirements in deeds and instruments recording the transfer of real property, structures, improvements.

The Applicant assures that it will promptly take the necessary actions to effectuate this assurance. In particular, the Applicant will notify the public that complaints pertaining to discrimination in the provision of mass transportation-related services or benefits may be filed with U.S. DOT or FTA. Upon request by U.S. DOT or FTA, the Applicant assures that it will submit the requisite information pertaining to its compliance with these requirements. The Applicant assures that it will make such changes in its 49 U.S.C. Section 5332 and Title VI implementing procedures as U.S. DOT or FTA may request.

## G. Assurances of Nondiscrimination on the Basis of Disability

As required by 49 U.S. C. 5332 and in accordance with U.S. DOT regulations, "Nondiscrimination on the Basis of Handicap in Programs and Activities Receiving or Benefiting from Federal Financial Assistance," 49 CFR Part 29, the Applicant assures that, as a condition to the approval or extension of any federal financial assistance from FTA or U.S. DOT to construct any facility, obtain any rolling stock or other equipment, undertake studies, conduct research, or to participate in or obtain any benefit from any program administered by FTA or IDOT, no otherwise qualified person with a disability shall be, solely by reason of that disability, excluded from participation in, denied the benefits of, or otherwise subjected to discrimination in any program or activity receiving or benefiting from federal financial assistance administered by the FTA or IDOT or any entity within U.S. DOT.

Specifically, the Applicant assures it will implement any program or operate any facility so assisted in compliance with all applicable requirements imposed by U.S. DOT regulations implementing the Rehabilitation Act of 1973, as amended, 29 U.S.C. Section 794 et seq., and the Americans with Disabilities Act of 1990, as amended, 42 U.S.C. Section 12101 et seq. and implementing U.S. DOT regulations, 49 CFR Parts 27, 37, and 38, as well as all applicable regulations and directives issued in accordance thereto by other federal departments or agencies.

## H. Procurement Compliance

The Applicant certifies that its procurements and procurement system that involved FTA assistance will comply with all applicable requirements imposed by federal and state laws, executive orders, or regulations and FTA directives (including the requirements of FTA Circular 4220.1E, "Third Party Contracting Guidelines," including any revisions thereto) and other requirements FTA may issue and any revisions thereto. The Applicant certifies that it will include in its contracts financed in whole or in part with FTA assistance all clauses required by federal and state laws, executive orders, or regulations, and will ensure that each subrecipient and contractor will also include in its subagreements and contracts financed in whole or in part with FTA assistance all applicable clauses required by federal laws, executive orders, or regulations.

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

The Applicant certifies that it:

- (1) 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) 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; and will establish a proper accounting system in accordance with generally accepted accounting standards or agency directives.
- (3) Will establish safeguards to prohibit employees from using their positions for a purpose that constitutes or presents the appearance of personal or organizational conflict of interest or personal gain.
- (4) Will initiate and complete the work within the applicable project time periods following receipt of FTA approval.
- (5) Will comply with all statutes relating to nondiscrimination including, but not limited to:
  - (a) Title VI of the Civil Rights Act, 42 U.S.C. Section 2000d, which prohibits discrimination on the basis of race, color, or national origin;
  - (b) Title IX of the Education Amendments of 1972, as amended, 20 U.S.C. Sections 1681 through 1683, and 1685 through 1687, and U.S. DOT regulations, "Nondiscrimination of the Basis of Sex in Education Programs or Activities Receiving Federal Financial Assistance," 49 CFR Part 25, which prohibits discrimination on the basis of sex;
  - (c) Section 504 of the Rehabilitation Act of 1973, as amended, 29 U.S.C. Section 794, which prohibits discrimination on the basis of handicaps;
  - (d) The Age Discrimination Act of 1975, as amended, 42 U.S.C. Sections 6101 through 6107, which prohibit discrimination on the basis of age;
  - (e) The Drug Abuse Office and Treatment Act of 1972, Pub. L. 92-255, March 21, 1972, and amendments thereto, 21 U.S.C. Section 1174 et seq., relating to nondiscrimination on the basis of drug abuse;
  - (f) The Comprehensive Alcohol Abuse and Alcoholism Prevention Act of 1970, Pub. L. 91-616, December 31, 1970, and amendments thereto, 42 U.S.C. Section 4581 et seq., relating to nondiscrimination on the basis of alcohol abuse or alcoholism;

- (g) The Public Health Service Act of 1912, as amended, 42 U.S.C. Sections 290dd-3 and 290ee-3, related to confidentiality of alcohol and drug abuse patient records;
  - (h) Title VIII of the Civil Rights Act, 42 U.S.C. Section 3601 et seq., relating to nondiscrimination in the sale, rental, or financing of housing;
  - (i) Any other nondiscrimination provisions in the specific statutes under which federal assistance for the project may be provided including, but not limited to 49 U.S.C. Section 5332, which prohibits discrimination on the basis of race, color, creed, national origin, sex, or age, and prohibits discrimination in employment or business or business opportunity, and section 1101(b) of the Transportation Equity Act for the 21st Century, 23 U.S.C. Section 101 note, which provides for participation of disadvantaged business enterprises in FTA programs; and
  - (j) The requirements of any other nondiscrimination statute(s) that may apply to the project.
- (6) Will comply, or has complied, with the requirements of Titles II and III of the Uniform Relocation Assistance and Real Property Acquisition Policies Act of 1970, as amended, (Uniform Relocation Act) 42 U.S.C. Section 4601 et seq., which among other things, provide for fair and equitable treatment of persons displaced or whose property is acquired as a result of federal or federally-assisted programs. These requirements apply to all interests in real property acquired for project purposes regardless of federal participation in purchases. As required by U.S. DOT regulations, "Uniform Relocation Assistance and Real Property Acquisition for Federal and Federally Assisted Programs," at 49 CFR Part 24.4, and Sections 210 and 305 of the Uniform Relocation Act, 42 U.S.C. Sections 4630 and 4655, the Applicant assures that it has the requisite authority under applicable state and local law and will comply or has complied with the requirements of the Uniform Relocation Act, 42 U.S.C. Section 4601 et seq., and U.S. DOT regulations, "Uniform Relocation Assistance and Real Property Acquisition for Federal and Federally Assisted Programs," 49 CFR Part 24 and will comply with or has complied with that Act and those U.S. DOT implementing regulations, including, but not limited to the following:
- (a) The Applicant will adequately inform each affected person of the benefits, policies, and procedures provided for in 49 CFR Part 24;
  - (b) The Applicant will provide fair and reasonable relocation payments and assistance required by 42 U.S.C. Sections 4622, 4623, and 4624; 49 CFR Part 24; and any applicable FTA procedures, to or for families, individuals, partnerships, corporations or associations displaced as a result of any project financed with FTA assistance;
  - (c) The Applicant will provide relocation assistance programs offering the services described in 42 U.S.C. Section 4625 to such displaced families, individuals, partnerships, corporations or associations in the manner provided in 49 CFR Part 24 and FTA procedures;
  - (d) Within a reasonable time before displacement, the Applicant will make available comparable replacement dwellings to displaced families and individuals as required by 42 U.S.C. Section 4625(c)(3);
  - (e) The Applicant will carry out the relocation process in such a manner as to provide displaced persons with uniform and consistent services, and will make available replacement housing in the same range of choices with respect to such housing to all displaced persons regardless of race, color, religion, or national origin;
  - (f) In acquiring real property, the Applicant will be guided to the greatest extent practicable under state law, by the real property acquisition policies of 42 U.S.C. Sections 4651 and 4652;
  - (g) The Applicant will pay or reimburse property owners for necessary expenses as specified in 42 U.S.C. Sections 4653 and 4654, understanding that FTA will participate in the Applicant's costs of providing those payments and that assistance for the project as required by 42 U.S.C. Section 4631;
  - (h) The Applicant will execute such amendments to third party contracts and subagreements financed with FTA assistance and execute, furnish, and be bound by such additional documents as FTA may determine necessary to effectuate or implement the assurances provided herein; and
  - (i) The Applicant agrees to make these assurances part of or incorporate them by reference into any third party contract or subagreement, or any amendments thereto, relating to any project financed by FTA involving relocation or land acquisition and provide in any affected document that these relocation and land acquisition provisions shall supersede any conflicting provisions.

- (7) To the extent applicable will comply with the Davis-Bacon Act, as amended, 40 U.S.C. Section 3141 et seq., the Copeland Act, as amended, 18 U.S.C. Section 874, and the Contract Work Hours and Safety Standards Act, as amended, 40 U.S.C. Sections 3701 et seq., regarding labor standards for federally-assisted subagreements.
- (8) To the extent applicable, will comply with flood insurance purchase requirements of Section 102(a) of the Flood Disaster Protection Act of 1973, as amended, 42 U.S.C. Section 4012a(a), which requires recipients in a special flood hazard area to participate in the program and to purchase flood insurance if the total cost of insurable construction and acquisition is \$10,000 or more.
- (9) Will comply with environmental standards that may be prescribed to implement the following federal laws and executive orders:
- (a) Institution of environmental quality control measures under the National Environmental Policy Act of 1969, as amended, 42 U.S.C. Section 4321 et seq. , and Executive Order No. 11514, as amended, 42 U.S.C. Section 4321 note;
  - (b) Notification of violating facilities pursuant to Executive Order No. 11738, 42 U.S.C. Section 7606 note;
  - (c) Protection of wetlands pursuant to Executive Order No. 11900, 42 U.S.C. Section 4321 note, and the Interagency Wetland Policy Act (20 ILCS 830).
  - (d) Evaluation of flood hazards in floodplains in accordance with Executive Order No. 11988, 42 U.S.C. Section 4321 note;
  - (e) Assurance of project consistency with the approved State management program developed under the Coastal Zone Management Act of 1972, as amended, 16 U.S.C. Section 1451 et seq.
  - (f) Conformity of federal actions to State (Clean Air) Implementation Plans under Section 176(c) of the Clean Air Act of 1955, as amended, 42 U.S.C. Section 7401 et seq.;
  - (g) Protection of underground sources of drinking water under the Safe Drinking Water Act of 1974, as amended, 42 U.S.C. Section 300h et seq.;
  - (h) Protection of endangered species under the Endangered Species Act of 1973, as amended, Endangered Species Act of 1973, as amended, 16 U.S.C. Section 1531 et seq.;
  - (i) Environmental protections for federal transit programs, including, but not limited to protections for a park, recreation area, or wildlife or waterfowl refuge of national, state, or local significance or any land from a historic site of national, state, or local significance used in a transit project as required by 49 U.S.C. Section 303;
  - (j) Protection of the components of the national wild and scenic rivers system, as required under the Wild and Scenic Rivers Act of 1968, as amended, 15 U.S.C. Section 1271 et seq.; and
  - (k) Provision of assistance to FTA and IDOT in assuring compliance with section 106 of the National Historic Preservation Act of 1966, as amended, 16 U.S.C. Section 470f, Executive Order No. 11593 (identification and protection of historic properties), 16 U.S.C. Section 470 note, and the Archaeological and Historic Preservation Act of 1974, as amended, 16 U.S.C. Section 469a-1 et seq.
- (10) Will comply with the Lead-Based Paint Poisoning Prevention Act, 42 U.S.C. Section 4831(b), which prohibits the use of lead-based paint in construction or rehabilitation of residence structures.
- (11) Will not dispose of, modify the use of, or change the terms of the real property title, or other interest in the site and facilities on which a construction project supported with FTA assistance takes place without permission and instructions from the awarding agency. Will record the federal interest in the title of real property in accordance with FTA directives and will include a covenant in the title of real property acquired in whole or in part with federal assistance funds to assure nondiscrimination during the useful life of the project.
- (12) Will comply with FTA requirements concerning the drafting, review, and approval of construction plans and specifications of any construction project supported with FTA assistance. As required by U.S. DOT regulations, "Seismic Safety," 49 CFR Part 41.117(d), before accepting delivery of any building financed with FTA assistance, it will obtain a certificate of compliance with the seismic design and construction requirements of 49 CFR Part 41.
- (13) Will provide and maintain competent and adequate engineering supervision at the construction site of any project supported with FTA assistance to ensure that the complete work conforms with the approved plans and specifications and will furnish progress reports and such other information as may be required by FTA or IDOT.

- (14) Will comply with the National Research Act, Pub. L. 93-348, July 12, 1974, as amended, regarding the protection of human subjects involved in research, development, and related activities supported by the FTA assistance, and DOT regulations, "Protection of Human Subjects," 49 CFR Part II.
- (15) Will comply with the Laboratory Animal Welfare Act of 1966, as amended, 7 U.S.C. Section 2131 et seq., and U.S. Department of Agriculture regulations, "Animal Welfare," 9 CFR Subchapter A, parts 1, 2, 3 and 4, pertaining to the care, handling, and treatment of warm blooded animals held for research, teaching, or other activities supported by FTA assistance.
- (16) Will have performed the required financial and compliance audits in accordance with the Single Audit Act Amendments of 1996, 31 U.S.C. Section 7501 et seq. and OMB Circular No. A-133, "Audits of States, Local Governments, and Non-Profit Organizations," and the most recent applicable OMB A-133
- (17) Will comply with all applicable requirements of all other federal laws, executive orders, regulations, and policies governing the project.

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

In accordance with U.S. DOT regulations, "New Restrictions on Lobbying," at 49 CFR Part 20.110, for each application for federal assistance exceeding \$100,000, the Applicant's authorized representative certifies to the best of his or her knowledge and belief that:

- A. No federal appropriated funds have been paid or will be paid, by or on behalf of the Applicant, to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with the awarding of any federal grant or cooperative agreement, and the extension, continuation, renewal, amendment, or modification of any federal grant or cooperative agreement.
- B. If any funds other than federal appropriated funds have been paid or will be paid to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with this federal grant or cooperative agreement, the Applicant shall complete and submit Standard Form-LLL, "Disclosure Form to Report Lobbying," in accordance with its instructions as amended by "Government wide Guidance for New Restrictions on Lobbying," including the information required by the form's instructions, which may be amended to omit such information as permitted by 31 U.S.C. Section 1532.
- C. The Applicant shall require that the language of this certification be included in the award documents for each sub-award at any tiers (including subcontracts, subgrants, sub-agreements and contract under grants and cooperative agreements financed with FTA assistance) and that each applicant shall certify and disclose accordingly.

The Applicant understands that this certification is a material representation of fact upon which reliance is placed and that the submission of this certification is a prerequisite for providing Federal assistance for a transaction covered by 31 U.S.C. Section 1352; and the Applicant also understands that any person who fails to file the required certification shall be subject to a civil penalty of not less than \$10,000 and not more than \$100,000 for each such failure.

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

As required by 49 U.S.C. Section 5323(a)(1), the Applicant certifies that before it acquires property or an interest in property of a private mass transportation company or operates mass transportation equipment or a facility in competition with or in addition to transportation service provided by an existing mass transportation company it has or will have:

- A. Found that the assistance is essential to carrying out a program of projects as determined by the plans and programs of the metropolitan planning organization;
- B. Provided for the participation of private mass transportation companies to the maximum extent feasible, consistent with applicable FTA requirements and policies;
- C. Paid or will pay just compensation under state or local law to a private mass transportation company for its franchises or property acquired; and
- D. Acknowledged that assistance falls within the labor standards compliance requirements of 49 U.S.C. Section 5333(a) and 5333(b).

## 8. SCHOOL TRANSPORTATION AGREEMENT

- A. As required by 49 U.S.C. Section 5323(f) and FTA regulations, "School Bus Operations," at 49 CFR Part 605.14, the Applicant agrees that it:
- (1) Engage in school transportation operations in competition with private school transportation operators only to the extent permitted by an exception provided by 49 U.S.C. Section 5323(f), and implementing regulations, and
  - (2) Comply with the requirements of 49 CFR Part 605 before providing any school transportation using equipment or facilities acquired with federal assistance awarded by FTA and authorized by 49 U.S.C. Section 53 or Title 23 U.S.C. for transportation projects.
- B. The Applicant understands that the requirements of 49 CFR Part 605 will apply to any school transportation it provides, the definitions of 49 CFR Part 605 apply to this school transportation agreement, and a violation of this agreement may require corrective measures and the imposition of penalties, including debarment from the receipt of further federal assistance for transportation.

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

The Applicant administering on behalf of the state the Elderly and Persons with Disabilities Program authorized by 49 U.S.C. 5310 certifies and assures that the following requirements and conditions will be fulfilled:

The Applicant has or will have 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.

The Applicant assures that it is recognized under state law as either a private nonprofit organization with the legal capability to contract with the state to carry out the proposed project; or is a public body that has met the statutory requirements to receive Federal assistance authorized for 49 U.S.C. 5310.

The private nonprofit Applicant's application for 49 U.S.C. 5310 assistance contains information from which the state concludes that the transit service provided or offered to be provided by existing public or private transit operators is unavailable, insufficient, or inappropriate to meet the special needs of the elderly and persons with disabilities.

The Applicant assures that sufficient non-Federal funds have been or will be committed to provide any required local share.

- A. The Applicant has, or will have by the time of delivery, sufficient funds to operate and maintain the vehicles and equipment purchased with Federal assistance awarded for this project.
- B. The Applicant assures that before being issued formal approval of a project, its Elderly and Persons with Disabilities Formula Program is included in the Statewide Transportation Improvement Program as required by 23 U.S.C. 135. All projects in urbanized areas recommended for approval are included in the annual element of the metropolitan Transportation Improvement Program in which the subrecipient is located; and any public body that is a prospective recipient of capital assistance has provided an opportunity for a public hearing.
- C. The Applicant recognizes that it will be ultimately responsible for implementing many Federal requirements covered by the certifications the Applicant has signed. Having taken appropriate measures to secure the necessary compliance by each Applicant, the state assures, on behalf of each Applicant, that each Applicant has:
- (1) Coordinated or will coordinate to the maximum extent feasible with other transportation providers and users, including social service agencies authorized to purchase transit service;
  - (2) Complied or will comply with all applicable civil rights requirements;
  - (3) Complied with or will comply with applicable requirements of U.S. DOT regulations on participation of disadvantaged business enterprises in U.S. DOT programs;
  - (4) Complied or will comply with Federal requirements regarding transportation of elderly and persons with disabilities;
  - (5) Complied with or will comply with applicable provisions of 49 CFR part 605 pertaining to school transportation operations;
  - (6) Viewing its demand responsive service to the general public in its entirety, complied or will comply with the requirement to provide demand responsive service to persons with disabilities, including persons who use wheelchairs, meeting the standard of equivalent service set forth in 40 CFR 37.77(c), if it purchases non-accessible vehicles for use in demand responsive service for the general public;

- (7) Established or will establish a procurement system and conducted or will conduct its procurements in compliance with all applicable requirements imposed by Federal laws, executive orders, or regulations and the requirements of FTA Circular 4220.1D, "Third Party Contracting Requirements," and other implementing requirements FTA may issue;
  - (8) Complied or will comply with the requirement that its project provides for the participation of private mass transportation companies to the maximum extent feasible;
  - (9) Paid or will pay just compensation under state or local law to each private mass transportation company for its franchise or property acquired under the project;
  - (10) (10) Complied or will comply with all applicable lobbying requirements for each application exceeding \$100,000;
  - (11) (11) Complied or will comply with all applicable nonprocurement suspension and debarment requirements;
  - (12) (12) Complied or will comply with all applicable bus testing requirements for new bus models;
  - (13) (13) Complied with, or to the extent required by FTA, will comply with, applicable FTA Intelligent Transportation
  - (14) System (ITS) architecture requirements; and
  - (15) Complied or will comply with all applicable pre-award and post-delivery review requirements.
- H. Unless otherwise noted, each of the Applicant's projects qualifies for a categorical exclusion and does not require further environmental approvals, as described in the joint FHWA/FTA regulations, "Environmental Impact and Related Procedures," at 23 CFR 771.117(c). The Applicant certifies that financial assistance will not be sought for any project that does not qualify for a categorical exclusion described in 23 CFR 771.117(c) until FTA has made the required environmental finding. The state further certifies that no financial assistance be provided for a project requiring a conformity finding in accordance with the Environmental Protection Agency's Clean Air Conformity regulations at 40 CFR parts 51 and 93, until FTA makes the required conformity finding.
- I. The Applicant will enter into a written agreement stating the terms and conditions of assistance by which the project will be undertaken and completed.
- J. The Applicant 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, the Applicant will make the necessary records available to FTA, U.S. DOT IDOT and the Comptroller General of the United States. The Applicant also acknowledges its obligation under 49 CFR 18.40(a) to monitor project activities carried out to assure compliance with applicable Federal requirements.





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:

Challenge Unlimited, Inc.  
#4 Emmie L. Kaus Ln.  
Alton, IL 62002

Contact: Laurine Hamm  
Coordinator of Grants

618-465-0044 ext. 1032

Notice of Public Hearing  
Challenge Unlimited,  
Inc.

Re: State of Illinois  
Paradise Vehicle  
Grant, for primary  
service area of  
Madison and  
St. Clair Counties

Notice is hereby given  
that a public hearing  
will be held by  
Challenge Unlimited,  
Inc.

Date: 7-8-09  
Time: 8:15 AM

Place: Challenge  
Unlimited, Inc.  
Conference Room

#4 Emma L. Kaus Ln.  
Alton, IL 62002

1. For the purpose of  
considering a proposal  
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 - Challenge  
Unlimited, Inc. is  
submitting a grant for  
the replacement of  
three vehicles which  
have excessive  
mileage and are no  
longer serviceable.  
The request is for one  
passenger ADA  
medium duty 14  
super medium duty  
equipped with  
ADA 22 passenger  
equipped with  
a cost of \$237,000.  
These vehicles will  
be provided to  
Challenge  
Unlimited to provide  
transportation to  
approximately 200  
persons with  
disabilities  
participating in their  
pre-vocational and  
vocational programs  
as well as other  
community integrated  
personal enrichment  
programs.

The project will be  
included in a  
Consolidated Vehicle  
Procurement Program  
initiated by the  
State of Illinois on  
behalf of Challenge  
Unlimited with  
State and Federal  
Funds.  
B. Relocation -  
This project is being  
implemented to  
mitigate  
environmental  
impacts.  
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 disabled.

II. At the hearing,  
Challenge Unlimited  
will submit an  
application for  
interested persons  
or agencies to be  
heard with respect to  
the social, economic  
and environmental  
impacts 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  
included service area  
will be made available  
for public inspection  
at:  
Challenge Unlimited,  
Inc.  
#4 Emma L. Kaus Ln.  
Alton, IL 62002

Challenge  
Unlimited,  
Inc.

Telegraph

June 20, 2009

Order #: 49801500  
 Class: 300 - LEGALS  
 Adtaker: TMH  
 Name: CHALLENGE UNLIMITED/ALTON  
 Ad size: 3 x 7

**PUBLIC NOTICE**  
**Notice of Public Hearing**  
**Challenge Unlimited, Inc.**

Re: State of Illinois Paratransit Vehicle Grant, for primary service area of Madison and St. Clair Counties

Notice is hereby given that a public hearing will be held by Challenge Unlimited, Inc.

Date: 7-8-09

Time: 8:15 AM

Place: Challenge Unlimited, Inc.-  
 Conference Room  
 #4 Emmie L. Kaus Ln.  
 Alton, IL 62002

Sat. June 20

# 334.95

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-Challenge Unlimited, Inc. is submitting a grant for the replacement of three vehicles which have excessive mileage and are not longer serviceable. The request is for one medium duty 14 passenger ADA equipped and two super medium duty 22 passenger ADA equipped vehicles at a cost of \$237,000. These vehicles will allow Challenge Unlimited to continue to provide transportation to approximately 200 persons with disabilities participating in their pre-vocational and vocational programs as well as other community integrated personal enrichment programs.

This project will be included in a Consolidated Vehicle Procurement Program undertaken by the State of Illinois on behalf of Challenge Unlimited with State and Federal Funds.

B. Relocation-Relocation Assistance will not be required.

C. Environment-This project is being implemented to minimize environmental impacts.

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 disabled.

II. At the hearing, Challenge Unlimited will afford an opportunity for interested persons or agencies to be heard with respect to the social, economic and environmental aspects of the projects. 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:

Challenge Unlimited, Inc.  
 #4 Emmie L. Kaus Ln.  
 Alton, IL 62002

Contact: Laurine Hamm  
 Coordinator of Grants  
 618-465-0044 ext. 1032

L-49801500 (June 20)

CERTIFICATE OF PUBLICATION

STATE OF ILLINOIS )  
COUNTY OF ST. CLAIR ) ss.

This is to certify that the undersigned Jay Tebbe is the president and publisher of the NEWS-DEMOCRAT a public and English secular newspaper of general circulation, which has been regularly published daily in the City of Belleville, County of St. Clair and State of Illinois, for at least one year prior to the first publication of the notice hereinafter mentioned, and that a notice of which the annexed is a true printed copy, has been published in said newspaper ONCE, the publication thereof having been made in the issue of said newspaper, published on June 20, 2009.

JAY TEBBE  
President and Publisher

By D. Anderson  
His Authorized Agent

Publisher's fee: \$334.95

**PUBLIC NOTICE**  
**Notice of Public Hearing**  
**Challenge Unlimited, Inc.**

Re: State of Illinois Paratransit Vehicle Grant, for primary service area of Madison and St. Clair Counties

Notice is hereby given that a public hearing will be held by Challenge Unlimited, Inc.

Date: 7-6-09  
Time: 9:15 AM  
Place: Challenge Unlimited, Inc. Conference Room  
#4 Emmie L. Kaus Ln.  
Alton, IL 62002

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: Challenge Unlimited, Inc. is submitting a grant for the replacement of three vehicles which have excessive mileage and are no longer serviceable. The request is for one medium duty 14 passenger ADA equipped and two super medium duty 22 passenger ADA equipped vehicles at a cost of \$237,000. These vehicles will allow Challenge Unlimited to continue to provide transportation to approximately 200 persons with disabilities participating in their pre-vocational and vocational programs as well as other community integrated personal enrichment programs.

This project will be included in a consolidated Vehicle Procurement Program undertaken by the State of Illinois on behalf of Challenge Unlimited with State and Federal Funds.

B. Relocation-Relocation Assistance will not be required.

C. Environment-This project is being implemented to minimize environmental impacts.

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 disabled.

II. At the hearing, Challenge Unlimited 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:

Challenge Unlimited, Inc.  
#4 Emmie L. Kaus Ln.  
Alton, IL 62002

Contact: Laurine Hamm  
Coordinator of Grants  
618-465-0044 ext. 1032

IL-49801500 (June 20)

APPENDIX 'C'  
Challenge Unlimited, Inc. - Board Resolution

Board 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 and 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 Body 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 CHALLENGE UNLIMITED, INCORPORATED:

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 Challenge Unlimited, Inc.

Section 2. That Laurine Hamm, Grants Coordinator of Challenge Unlimited, Incorporated and/or Stephanie Brown, Chief Program Officer of Challenge Unlimited, Inc. are hereby authorized and directed to execute and file such application on behalf of Challenge Unlimited, Inc.

Section 3. That Laurine Hamm, Grants Coordinator of Challenge Unlimited, Incorporated and/or Stephanie Brown, Chief Program Officer of Challenge Unlimited, Incorporated are 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 Laurine Hamm, Grants Coordinator of Challenge Unlimited, Incorporated and/or Stephanie Brown, Chief Program Officer of Challenge Unlimited, Incorporated are authorized and directed to execute and file on behalf of Challenge Unlimited, Inc. any grant agreement pursuant to said application.

PRESENTED and ADOPTED this 15<sup>th</sup> day of June, 2009.



Signature

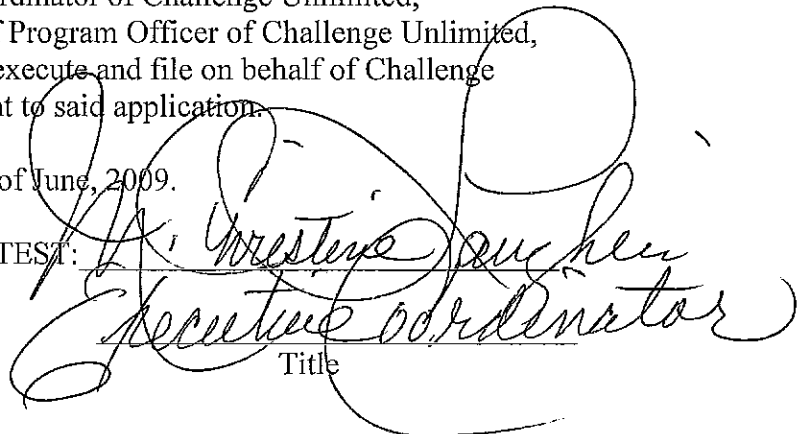
Donald Schwaab

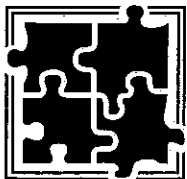
Printed Name of Official

Chairman of the Board

Title

ATTEST:

  
Stephanie Brown  
Executive Coordinator  
Title



Madison County  
**MENTAL HEALTH  
BOARD**

June 12, 2009

Ms. Laurine Hamm  
Challenge Unlimited, Inc.  
#4 Emmie L. Kaus Lane  
Alton, IL 62002

Dear Ms. Hamm:

I am writing on behalf of the Madison County Mental Health Board, a governmental department devoted to a mission of assuring the availability of a comprehensive system of community mental health services for residents of Madison County who are affected by mental illness, developmental disabilities, or substance abuse. We are writing to offer our support to Residential Option's application to the Illinois Department of Transportation's Section 5310 Transportation Capital Assistance Grant program. As the mental health authority in Madison County, the Mental Health Board understands the essential importance of meeting the transportation needs of folks who are unable to access other modes of transportation due to physical and or developmental disabilities.

For more than 45 years, Challenge Unlimited and Residential Options has been providing many vital programs and services for individuals with disabilities to better live, work and participate in their communities. We are pleased to offer our support to your application for replacement vehicles and would be more than glad to answer any questions the grantor might have.

Thank you again for this opportunity to endorse a worthwhile agency.

Sincerely,

Marcia Wickenhauser, M.S. Ed.  
Executive Director

ILLINOIS HOUSE OF REPRESENTATIVES

DISTRICT OFFICE:  
528 HENRY STREET  
ALTON, ILLINOIS 62002  
618/465-5900  
618/465-5150 FAX

CAPITOL OFFICE:  
281-S STRATTON BUILDING  
SPRINGFIELD, ILLINOIS 62706  
217/782-5996  
217/558-0493 FAX



**DAN BEISER**  
STATE REPRESENTATIVE  
111TH DISTRICT

COMMITTEES:  
CHAIRMAN:  
• TRANSPORTATION REGULATION  
ROADS & BRIDGES  
VICE CHAIRMAN:  
• AGING  
MEMBER:  
• APPROPRIATIONS  
HIGHER EDUCATION  
• BUSINESS OCCUPATIONAL  
LICENSES  
• ENERGY & ENVIRONMENT  
• VEHICLE SAFETY

June 4, 2009

Mrs. Laurine Hamm  
Challenge Unlimited, Inc.  
#4 Emmie L. Kaus Lane  
Alton, IL 62002

Dear Ms. Hamm:

Please accept this letter as my support for your agency's application to the Illinois Department of Transportation for a section 5310 Transportation Capital Assistance Grant. It is my understanding that this funding will replace three vehicles, that have exceeded the age and mileage replacement requirements as set by IDOT, to transport the disabled to and from their day programs as well as other community integrated work and activities.

I have long been aware of the quality services provided by Challenge Unlimited for over 48 years and understand that escalating costs necessitate support funding. I not only endorse your program activities but also support your request for funding and encourage the Department of Transportation to approve your request.

Please contact me if I can be of further assistance to your agency.

Sincerely,

A handwritten signature in black ink that reads "Dan Beiser".

Dan Beiser  
State Representative  
111<sup>th</sup> District

**THOMAS HOLBROOK**  
STATE REPRESENTATIVE • 113TH DISTRICT

SPRINGFIELD OFFICE:  
267-S STRATTON OFFICE BUILDING  
SPRINGFIELD, ILLINOIS 62706  
217-782-0104

DISTRICT OFFICE:  
9200 W. MAIN - SUITE 4  
BELLEVILLE, ILLINOIS 62223  
618-394-2211

DISTRICT OFFICE:  
1310 NIEDRINGHAUS  
GRANITE CITY, ILLINOIS 62040  
618-451-0200



**ILLINOIS GENERAL ASSEMBLY**

June 1, 2009

**COMMITTEES:**

**MEMBER**

- ENVIRONMENT & ENERGY  
CHAIRMAN
- FINANCIAL INSTITUTIONS
- REGISTRATION & REGULATION
- REVENUE
- PUBLIC UTILITIES  
VICE CHAIRPERSON
- DCFS OVERSIGHT
- RAILROAD SAFETY
- TELECOMMUNICATIONS
- FIRE PROTECTION

Ms. Laurine Hamm  
Coordinator of Grants  
Challenge Unlimited, Inc.  
4452 Industrial Dr.  
Alton, IL 62002

Dear Ms. Hamm:

I am pleased to write this letter of support on behalf of Challenge Unlimited. I understand that Challenge Unlimited is applying for an IDOT Section 5310 Transportation Capital Assistance Grant for the replacement of three vehicles used to transport elderly and disabled residents of both Madison and St. Clair County.

As an Illinois State Representative, I am well aware of the many needs of the people of Southern Illinois. Challenge Unlimited is well known in the area for the services that they provide, which include, but to which the organization is not limited, vocational and personal adjustment training and employment opportunities to persons with disabilities.

Your efforts are commendable, and I wish to offer any help that I can. In the meantime, please feel free to contact my Belleville district office if I may be of any further assistance.

Sincerely,

A handwritten signature in black ink that reads "Tom".

THOMAS HOLBROOK  
State Representative  
113<sup>th</sup> District

TH/nd



SPRINGFIELD OFFICE  
 ROOM 121C  
 STATE CAPITOL BUILDING  
 SPRINGFIELD, ILLINOIS 62706  
 PHONE: 217-782-5247  
 FAX: 217-782-5340  
 E-MAIL: whaine@senatedem.ilga.gov

LEGISLATIVE SERVICE OFFICE  
 307 HENRY STREET - SUITE 210  
 ALTON, ILLINOIS 62002  
 PHONE: 618-465-4764  
 FAX: 618-465-4816  
 E-MAIL: senhaine@chnstl.com

## STATE OF ILLINOIS



**WILLIAM R. HAINE**  
 SENATOR  
 56th Senate District

CHAIR  
 INSURANCE COMMITTEE

MEMBER  
 JUDICIARY  
 LICENSED ACTIVITIES  
 TELECOMMUNICATIONS &  
 TECHNOLOGY  
 CRIMINAL LAW  
 LEGISLATIVE REFERENCE  
 BUREAU

June 4, 2009

Ms. Laurine Hamm  
 Challenge Unlimited, Inc.  
 4452 Industrial Dr.  
 Alton, Illinois 62002

Re: Section 5310 Transportation Capital Assistance Grant

Dear Ms. Hamm:

I strongly support the grant application of Challenge Unlimited, Inc. to the Illinois Department of Transportation for three vehicles equipped to transport the disabled to and from their day programs, as well as to other community integrated work and enrichment activities.

Challenge Unlimited, Inc. is a venerable institution that has served many developmentally disabled people in my district, as well as in Senator Demuzio's district.

Challenge Unlimited, Inc. has maintained a consistent level of service to the disabled, despite the terrible budget situation of Illinois, and these vehicles would be a tremendous boost to their ability to serve the disabled citizens of our region.

Very truly yours,

  
 William R. Haine  
 Illinois State Senator - 56<sup>th</sup> District

WRH/jgk

DISTRICT OFFICES:  
126 VANDALIA, SUITE 1  
COLLINSVILLE, ILLINOIS 62234  
618/345-2176  
jayhoffman@charter.net

216 CRANE STREET  
EDWARDSVILLE, IL 62025  
618/692-9710  
(BY APPOINTMENT)

1310 NIEDRINGHAUS  
GRANITE CITY, IL 62040  
618/877-9098  
(BY APPOINTMENT)

CAPITOL ADDRESS:  
263-S STRATTON BUILDING  
SPRINGFIELD, ILLINOIS 62706  
217/782-8018



**JAY C. HOFFMAN**  
STATE REPRESENTATIVE • 112TH DISTRICT

COMMITTEES:

JUDICIARY 1 - CIVIL LAW

LABOR

RAILROAD SAFETY

TRANSPORTATION REGULATION,  
ROADS & BRIDGES

June 2, 2009

Ms. Laurine Hamm  
Challenge Unlimited, Inc.  
#4 Emmie L. Kaus Ln.  
Alton, IL 62002

Dear Ms. Hamm:

I am in support of Challenge Unlimited's application to the Illinois Department of Transportation for a section 5310 Transportation Capital Assistance Grant. I understand that these funds will be used to purchase three vehicles equipped to transport disabled clients to their daily programs.

Please give Challenge Unlimited's application the consideration it deserves. If I can be of further assistance, please feel free to contact my office.

Sincerely,

A handwritten signature in black ink, appearing to be 'JCH', written over a printed name.

Jay C. Hoffman  
State Representative  
112<sup>th</sup> District

JCH/kah

JOHN M. SHIMKUS  
19TH DISTRICT, ILLINOIS

2452 RAYBUHN HOUSE OFFICE BUILDING  
WASHINGTON, DC 20515  
(202) 225-6271

ENERGY AND COMMERCE  
COMMITTEE

SUBCOMMITTEES:  
ENERGY AND ENVIRONMENT  
HEALTH

COMMUNICATIONS,  
TELECOMMUNICATIONS, AND  
THE INTERNET

**Congress of the United States**  
**House of Representatives**  
Washington, DC 20515-1319

June 9, 2009

3130 CHATHAM ROAD, SUITE C  
SPRINGFIELD, IL 62704  
(217) 492-6090

240 REGENCY CENTRE  
COLLINSVILLE, IL 62234  
(618) 344-3065

221 EAST BROADWAY, SUITE 102  
CENTRALIA, IL 62801  
(618) 532-9676

CITY HALL, ROOM 12  
110 EAST LOCUST  
HARRISBURG, IL 62946  
(618) 252-8271

120 SOUTH FAIR STREET  
OLNEY, IL 62450  
(618) 392-7737

[www.house.gov/shimkus](http://www.house.gov/shimkus)


Ms. Laurine Hamm  
4 Emmie L Kaus Lane  
Alton, IL 62002-8865

Dear Ms. Hamm:

I would like to take this opportunity to offer my support for your application for funding through the Illinois Department of Transportation (IDOT) 5310 Transportation Capital Assistance Grant. If funded, I hope you are able to better provide transportation access to persons with severe disabilities who are not able to utilize other modes of public transportation.

Challenge Unlimited, Inc. has been a mainstay in the Metro East area for decades. A consistent track record of success in assisting disabled persons is why I offer my hope that your request is given full and fair consideration. Please feel free to contact me if I can be of assistance throughout the application process.

Sincerely,

  
JOHN SHIMKUS  
Member of Congress

JMS:rd

ILLINOIS STATE SENATE

CAPITOL OFFICE:

329 STATE CAPITOL  
SPRINGFIELD, ILLINOIS 62706  
(217) 782-5399

DISTRICT OFFICES:

KENNETH HALL REGIONAL OFFICE BLDG.  
10 COLLINSVILLE AVE., SUITE 201-A  
EAST ST. LOUIS, ILLINOIS 62201  
(618) 875-1212

9200 W. MAIN STREET, SUITE 2  
BELLEVILLE, ILLINOIS 62223  
(618) 397-2714



**JAMES F. CLAYBORNE, JR.**  
MAJORITY LEADER  
STATE SENATOR · 57TH DISTRICT

COMMITTEES:

ASSIGNMENTS  
CHAIRPERSON  
ENERGY  
EXECUTIVE  
GENERAL ASSEMBLY  
RETIREMENT BOARD  
CHAIRPERSON  
ISBI  
PENSIONS  
& INVESTMENTS  
TELECOMMUNICATIONS  
& INFORMATION  
TECHNOLOGY

June 8, 2009

Section 5310 Program Manager  
Illinois Department of Transportation  
Division of Public Transportation  
310 South Michigan Avenue, Room 1608  
Chicago, Illinois 60604

Re: Challenge Unlimited, Inc.  
#4 Emmie L. Kaus Lane  
Alton, Illinois 62002

Dear Program Manager:

It gives me pleasure to write a letter of support for the Challenge Unlimited, Inc. for an IDOT 5310 Capital Assistance Grant.

With this funding the Challenge Unlimited, Inc. will replace three vehicles equipped to transport the disabled to and from their day programs as well as to other community integrated work and enrichment activities. The vehicles to be replaced are requiring costly maintenance and repairs.

Again, I am in support of the Challenge Unlimited, Inc.'s application for IDOT Section 5310 Capital Assistance Grant.

Sincerely,

A handwritten signature in cursive script that reads "James F. Clayborne, Jr.".

James F. Clayborne, Jr.  
Illinois State Senator

JOHN M. SHIMKUS  
19TH DISTRICT, ILLINOIS

2452 RAYBURN HOUSE OFFICE BUILDING  
WASHINGTON, DC 20515  
(202) 225-5271

ENERGY AND COMMERCE  
COMMITTEE

SUBCOMMITTEES:  
ENERGY AND ENVIRONMENT  
HEALTH

COMMUNICATIONS,  
TELECOMMUNICATIONS, AND  
THE INTERNET

**Congress of the United States**  
**House of Representatives**  
Washington, DC 20515-1319

June 9, 2009

3130 CHATHAM ROAD, SUITE C  
SPRINGFIELD, IL 62704  
(217) 492-5090

240 REGENCY CENTRE  
COLLINSVILLE, IL 62234  
(618) 344-3065

221 EAST BROADWAY, SUITE 102  
CENTRALIA, IL 62801  
(618) 532-9676

CITY HALL, ROOM 12  
110 EAST LOCUST  
HARRISBURG, IL 62946  
(618) 252-8271

120 SOUTH FAIR STREET  
OLNEY, IL 62450  
(618) 392-7737

[www.house.gov/shimkus](http://www.house.gov/shimkus)


Ms. Laurine Hamm  
4 Emmie L Kaus Lane  
Alton, IL 62002-8865

Dear Ms. Hamm:

I would like to take this opportunity to offer my support for your application for funding through the Illinois Department of Transportation (IDOT) 5310 Transportation Capital Assistance Grant. If funded, I hope you are able to better provide transportation access to persons with severe disabilities who are not able to utilize other modes of public transportation.

Challenge Unlimited, Inc. has been a mainstay in the Metro East area for decades. A consistent track record of success in assisting disabled persons is why I offer my hope that your request is given full and fair consideration. Please feel free to contact me if I can be of assistance throughout the application process.

Sincerely,

  
JOHN SHIMKUS  
Member of Congress

JMS:rd

JERRY F. COSTELLO

12TH DISTRICT, ILLINOIS  
www.house.gov/costello

PLEASE RESPOND TO THE  
OFFICE CHECKED BELOW:

**Congress of the United States**  
**House of Representatives**  
Washington, DC 20515-1312

COMMITTEES & SUBCOMMITTEES:  
TRANSPORTATION & INFRASTRUCTURE  
AVIATION (CHAIRMAN)  
RAILROADS, PIPELINES, AND HAZARDOUS MATERIALS  
WATER RESOURCES AND ENVIRONMENT  
SCIENCE AND TECHNOLOGY  
ENERGY AND ENVIRONMENT  
INVESTIGATIONS AND OVERSIGHT

June 10, 2009

Laurine Hamm  
Coordinator of Grants  
Challenge Unlimited Inc.  
4452 Industrial Dr.  
Alton, Illinois 62002

Dear Laurine:

I understand Challenge Unlimited, Inc. has applied for a grant to the Illinois Department of Transportation for a section 5310 Transportation Capital Assistance Grant. If approved, Challenge Unlimited, Inc. plans to purchase three vehicles equipped to transport the disabled.

Challenge Unlimited Inc. has served the people of Madison and St. Clair counties, as well as the surrounding areas for almost 50 years. The organization provides excellent employment opportunities for people with disabilities and requests the three vehicles to aid in the transportation of disabled and elderly citizens to and from their daily programs and activities.

I strongly support this application for assistance and encourage its serious consideration. Please do not hesitate to contact me if I can be of assistance in any other way.

Sincerely,



Jerry F. Costello  
Member of Congress

JFC/bk