



Improving the lives of individuals with developmental disabilities

Visit CTF at www.ctfillinois.org

Charleston Developmental
Training & Residential Services:
521 7th Street
Charleston, IL 61920
Phone: (217) 348-8798
Fax: (217) 348-8793

Blumenthal Developmental
Training Services:
914 17th Street
Charleston, IL 61920
Phone: (217) 348-8791
Fax: (217) 348-6551

Lawrenceville Developmental
Training Services:
1511 13th Street
Lawrenceville, IL 62439
Phone: (618) 943-3812
Fax: (618) 943-4631

Olney Developmental
Training Services:
511 East Main Street
Olney, IL 62450
Phone: (618) 392-4444
Fax: (618) 392-4001

South Suburban Developmental
Training & Residential Services:
17341 Palmer Blvd.
Homewood, IL 60430
Phone: (708) 922-1532
Fax: (708) 922-1526

Charleston Office:
702 Jackson Avenue
Charleston, IL 61920
Phone: (217) 348-8798
Fax: (217) 348-8804

Champaign Office:
P.O. Box 3577
Champaign, IL 61826-3577
Phone: (217) 352-1557
Fax: (217) 352-7166

May 26, 2009

Seth Gunnerson
South Central Illinois Regional
Planning & Development Commission
120 Delmar Avenue, Suite A.
Salem, IL 62881-2002

Dear Mr. Gunnerson:

Enclosed you will find Charleston Transitional Facility's Illinois Department of Transportation 2009 Consolidated Vehicle Procurement Rolling Stock Capital Assistance Application for Region 10. The application is complete to the best of my knowledge.

If you require additional information or need additional supporting documentation, please contact me at (217) 348-8798 ext. 122 or email at tracywaving@ctfillinois.org.

Thank You,

Tracy Waving
Vice President – Community Services

**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 Charleston Transitional Facility (CTF)	Date of Application Filing June 26, 2009
Street/Mailing Address, City, and Zip Code (Not just P. O. Box) 1511 13 th Street, Lawrenceville, IL 62439	Federal Tax Identification Number (TIN) 36-4386948
List general area served (counties, city, areas as applicable) (Detail in Part 5, Page 9) In Region 10: Lawrence (Lawrenceville, Bridgeport, Sumner) Richland (Olney, Noble) Jasper (St. Marie) Crawford (Robinson, Oblong)	Type of Applicant (see pg. 4 Section A) Private Non-Profit: _____ X _____ Section 5311 Grantee: IDOT Certified Public Body: _____
County HSTP Region (if rural-see page 43) Region 10 HSTP Office (see pages 44)	Illinois State Tax Exempt Number E-9942-8156-01
Application Contact Person: Tracy Wavering Title: Vice President – Community Services Phone: 217-348-8798 Vehicle Issues Contact Person: Taja Wheeler Title: Administrator Phone: 618-943-3812	App. Contact E-Mail: tracywavering@ctfillinois.org Fax. (217) 348-8804

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) _____ 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.

Tracy Wavering Tel. 217-348-8798 6/26/09
Signature of Authorized Representative Date
(As authorized by board resolution, see Appendix C)

Tracy Wavering Vice President - Community Services
Print name of Authorized Official Title

READ ALL INFORMATION CAREFULLY

GENERAL INFORMATION

A. INTRODUCTION

Through the Consolidated Vehicle Program Procurement Program (CVP), the Illinois Department of Transportation - Division of Public & Intermodal Transportation (Division) makes grants to municipalities, mass transit districts, counties, and private non-profit organizations for ramp and lift equipped paratransit vehicles. Funding for these grants comes from varied sources, including the Federal Transit Administrations (FTA) Section 5309, 5310, 5311, 5316, and 5317 programs, as well as state resources. Previously, agencies eligible for different grants were required to submit numerous applications. This consolidated vehicle procurement application form was developed to make it easier for agencies to apply for funds and for the Division to review projects in applications.

All qualified agencies applying for FTA Section 5309 Discretionary, Section 5311 Rural & Small Urban, and Section 5310 for Elderly and Disabled, will complete this application. Use Page 4, Section A, to determine which items of information are required for your agency's application submittal.

B. NEW FEDERAL COORDINATION REQUIREMENTS

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 downstate areas the Metropolitan Planning Organization (MPO) is the HSTP agency (see page 41), AND IN NORTHEASTERN IL. REGION (SIX COUNTIES - URBANIZED AREA 2) THE CONTACT IS THE ILLINOIS DEPARTMENT OF TRANSPORTATION - DIVISION OF PUBLIC & INTERMODAL TRANSPORTATION. All Section 5310 applicants 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/urbanized area coordination offices in order to be considered for funding by the Division.

APPLICATION SUBMITTAL AND REVIEW PROCESS

1a. Agencies Outside of Northeastern Illinois: In order to meet the federal coordination requirements identified above, all Section 5310 applicants will need to submit their application to their local HSTP office for initial review. While the applications will not be formally scored by the HSTP offices, that will continue to be done by the Division, the role of the HSTP offices will be to ensure that the agency submitting the application has been a active player in the local service coordination process and that the services provided by the application meet the service needs and goals as identified in locally derived HSTP plan. Each HSTP office will send all the Section 5310 applications to the Division of Public & Intermodal Transportation (DOIT) once they have completed their local compliance review.

1b. NORTHEASTERN ILLINOIS AGENCIES ONLY (six county area). Please mail your applications directly to: Mr. Chuck Kadlec, CVP PROGRAM MANAGER, Illinois Department of Transportation, Division of Public & Intermodal Transportation, J.R. Thompson Center, 100 West Randolph, Suite 6-600, Chicago, IL. 60601

2. The DPIT will acknowledge receipt of your application by e-mail, following a preliminary review of required submittals. The acknowledgement will advise your contact of any missing or supplemental information required for full review. **Remember Note any missing or delayed items or required documentation at submission.** The Division may require additional information during the full review. Only when all information needed for full evaluation has been received, will the full review be completed. Your projects will be judged on: consistency with program goals and objectives, meeting public or special transportation needs, regional coordination efforts, ability to meet federal and state program requirements, and funding availability. The acknowledgement ensures Division review of your application, though it does not ensure approval of the project. The Division considers that the submission represents the applicant's intent to undertake or continue the proposed transportation project promptly, with the receipt of the approved vehicle.

3. When final review of the application is complete, the Division will make its recommendation to the Governor. Following his approval, vehicles will be ordered and grant contracts forwarded to you for signature. When both copies are returned, the agreement will be executed and dated at the Division. Only then can we deliver vehicles. The Division, on behalf of the grantees, develops the vehicle specifications, purchases the vehicles, and assures that the procurement conforms to all state and federal requirements. This constitutes the Consolidated Vehicle Procurement process.

PLEASE NOTE:

SUBMITTAL INSTRUCTIONS BY REGION

DOWNSTATE RURAL AREAS

- 1) ALL AGENCIES SERVING RURAL AREAS MUST SEND THEIR APPLICATIONS TO THE HSTP REGIONAL OFFICE LISTED ON PAGE 44, BY JUNE 30, 2009 BY 4:30 P.M.; (SEE MAP ON PAGE 45 TO DETERMINE THE OFFICE YOU WILL BE COORDINATING YOUR APPLICATION WITH).

DOWNSTATE URBAN AREAS

- 2) ALL AGENCIES SERVING DOWNSTATE URBAN AREAS MUST SEND THEIR APPLICATIONS TO THE URBAN AREA HSTP PLANNING OFFICES, BY JUNE 30, 2009 BY 4:30 P.M.; (SEE COORDINATION OFFICE CONTACTS AND ADDRESSES ON PAGE 41).

NORTHEASTERN ILLINOIS (URBANIZED AREA 2)

- 3) ALL AGENCIES SERVING THE SIX COUNTY REGION THAT INCLUDES THE COUNTIES OF COOK, LAKE, WILL, DUPAGE, MCHENRY, AND KANE MUST SEND THEIR APPLICATIONS TO THE ILLINOIS DEPARTMENT OF TRANSPORTATION, DIVISION OF PUBLIC & INTERMODAL TRANSPORTATION, BY JUNE 30, 2009 BY 4:30 P.M.; (SEE CONTACT NAME AND MAILING ADDRESS BELOW).

FOR INFORMATIONAL MEETING CLASSES – RESERVATION REQUEST FORM SEE PAGE 57

If you have any questions or need additional information, contact:

Mr. Chuck Kadlec
CVP PROGRAM MANAGER
Illinois Department of Transportation, Division of Public & Intermodal Transportation
J.R. Thompson Center, 100 West Randolph, Suite 6-600
Chicago, IL. 60601
Phone: 312-793-2184; Fax: 312-793-1251
Email: charles.kadlec@illinois.gov

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

Applicant Name	Charleston Transitional Facility
----------------	----------------------------------

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

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

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

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

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

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

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

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

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

Applicant Name Charleston Transitional Facility

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

Examples:

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

Yr.	Manufacturer	Type	VIN (Vehicle Identification Number)	Odometer Reading (miles) 1/1/2008 -12/31/08		# OF Seats/ ADA: Y/N	1 st Year (O)Owned (L)Leased	IDOT Funded Vehicle? Contract #
86	Chevy	Lt Duty	1GAGG35M2G7167008	122,831	118992	12 / Y	O/2000	
95	Ford	Lt Duty	1FDKE30G6SHA44769	221,434	210132	12 / Y	O/2000	
95	Ford	Lt Duty	1FDKE30G0SHA44766	203,407	194804	12 / Y	O/2000	
98	Ford	Med Duty	1FDXE40S7WHB78329	182,735	172166	15 / Y	O/2000	
03	Ford	Med Duty	1FDXE45S83HB85000	72,621	54782	15 / Y	O/2003	
08	Ford	Lt Duty	1FDWE35L27DB47384	8,137	254	12 / Y	O/2008	503CVP
91	Ford	Lt Duty	1FBJS31H3MHA23532	112,432	110153	8 / Y	O/2007	
97	Ford	Lt Duty	1FJBS31L7VHB79482	150,261	147144	8 / Y	O/2007	
85	Internat'l	truck	1HTLCHYP9FHA47645	245,025	243959	3 / N	O/2007	
01	Ford	Lt Duty	1FBNE31L41HB33465	252,491	224719	12 / N	O/2007	
02	Ford	Med Duty	1FBSS31L12HA69253	194,503	166635	15 / Y	O/2007	
91	GMC	Med Duty	1GJFG35KXM7505941	105,747	103062	15 / N	O/2007	
91	Ford	Med Duty	1FJBS31H8MHA22182	108,049	93567	15 / N	O/2007	
03	GMC	Raised Roof Van	1GJHG39U431167393	78,972	64682	8 / Y	O/	

**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	Charleston Transitional Facility	Form <u>1</u> of <u>6</u> , (1 of 1 etc.)
--------------------------	----------------------------------	---

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

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

C. Category of Request (Check appropriate category)

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

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

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

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

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

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

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

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

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

Yr.	Manufacturer	Type	Date/Mileage	(if applicable) VIN # IDOT Contract #
98	FORD	MED Duty	May 09/ 188,141	1FDXE40S7WHB78329

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.

Week of 6/22/09 engine blew, in shop to determine repairs + cost.

INVOICE

INVOICE DATE	CUST NO	ORDER NO	PAGE	INVOICE NO
06/09/09	24839	74790	1	70396
License: 20123CVIL				
Mileage: 188,375 98 FORD E350				

NEAL TIRE- LAW
 1300 ADAMS
 LAWRENCEVILLE, IL 62439
 (618) 943-6448

SOLD TO CHARLESTON TRANSITIONAL F
 1902 FOX DRIVE SUITE B
 PO BOX 3577
 CHAMPAIGN, IL 61826-3577

SHIP TO CHARLESTON TRANSITIONAL F

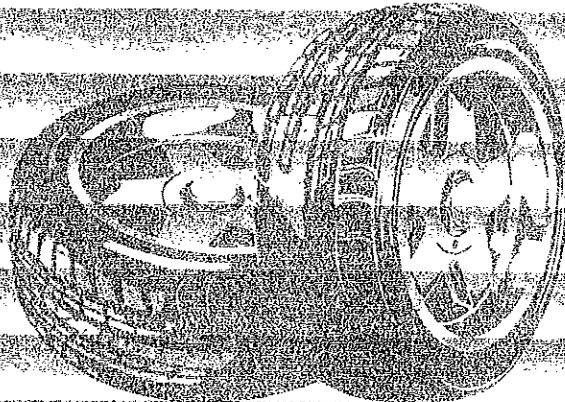
PURCHASE ORD NO	SALES PERSON	MAIN PHONE	OTHER PHONE	SHIP VIA
-----------------	--------------	------------	-------------	----------

L33 L53 (217) 352-7158 (217) 398-0754 INSTALLED

Charge
 VIN: #4

ITEM NO	DESCRIPTION	QTY ORDERED	QTY SHIPPED	FEET	PRICE	NET AMT
RECHARGE	RE-CHARGE A/C SYSTEM	1	1		39.95	39.95
134A	REFRIG 134-A	5.00	5.00		17.95	89.75
TR	PAG OIL	6	6		3.00	18.00
OPPT	11-00061 A/C COOLING FANS	2	2		199.95	399.90
OPPT	CUSTOM MADE A/C HOSE	1	1		199.95	199.95
LABOR	LABOR	5.00	5.00		59.00	295.00
SHOP	SHOP SUPPLIES	1	1		7.50	7.50

*PO #000130



*****THANK YOU*****
 YOUR BUSINESS IS APPRECIATED

NET 2nd 10TH

Completion Date
 6-9-09

SubTot Parts: 715.00
 SubTot Labor: 334.00

X *[Signature]*

Inv. Total : 1050.00

INVOICE

INVOICE DATE	CUST NO	ORDER NO	PAGE	INVOICE NO
05/22/09	24839	74245	1	69874
License:20123CVIL		Mileage:188,046 98 FORD E350		

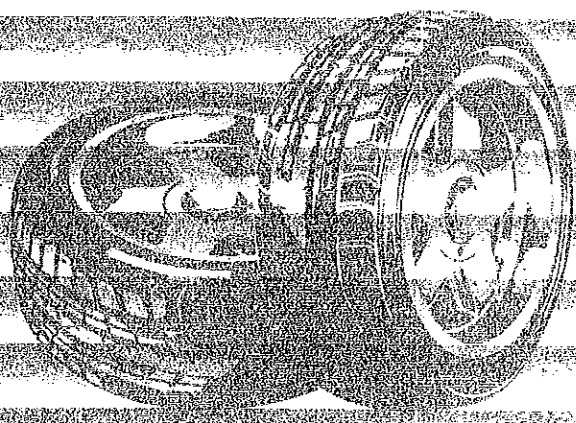
NEAL TIRE- LAW
 1300 ADAMS
 LAWRENCEVILLE, IL 62439
 (618)943-6448

SOLD TO CHARLESTON TRANSITIONAL F
 1902 FOX DRIVE SUITE B
 PO BOX 3577
 CHAMPAIGN, IL 61826-3577

SHIP TO CHARLESTON TRANSITIONAL F

PURCHASE ORD NO	SALES PERSON	MAIN PHONE	OTHER PHONE	SHIP VIA	Charge
133	L53	(217)352-7158	(217)398-0754	INSTALLED	VIN:#4

ITEM NO.	DESCRIPTION	QTY ORDERED	QTY SHIPPED	FEET	PRICE	NET EX
MY2057	MINI-BULB	1	1		1.38	1
LABOR	FIX WIRING LABOR	0.70	0.70		59.00	41



*****THANK YOU*****
 YOUR BUSINESS IS APPRECIATED

SubTot Parts: 1
 SubTot Labor: 41

NET 2nd 10TH

Inv Total : 42

X

NEAL TIRE AUTO SERVICE

1300 ADAMS
LAWRENCEVILLE, IL 62439
(618) 943-6448

SOLD
TO

CHARLESTON TRANSITIONAL F
1902 FOX DRIVE SUITE B
PO BOX 3577
CHAMPAIGN, IL 61826-3577

INVOICE

INVOICE DATE	CUST NO.	ORDER NO.	PAGE	INVOICE NO.
04/24/09	24839	73316	1	69035
License: 20123CVIL				
Mileage: 187,125 98 FORD E350				

SHIP
TO

CHARLESTON TRANSITIONAL F

PURCHASE ORD. NO.	SALES PERSON	MAIN PHONE	OTHER PHONE	SHIP VIA	Charge VIN:#4				
L39/34	L53	(217) 352-7158	(217) 398-0754	INSTALLED					
ITEM NO.	DESCRIPTION			QTY. ORDERED	QTY. SHIPPED	F.E.T.	PRICE	NET EXTE	
189-667	LT225/75R16/10 TRANSFORCE AT			BW	1	0.00	154.91	154.	
SCRAP	SCRAP TIRE FEE				1		2.50	2.	
VS	RUBBER VALVE STEM				1		2.50	2.	
044 263	WHEEL BALANCE-PASS/LT TRK				1		8.50	8.	
0Z	WHEEL WEIGHTS				1		1.00	1.	
	*CHECK LUGNUT TORQUE 50-100 MILES								
	*AFTER TIRES ARE INSTALLED								
	*ALIGN? YES <input type="checkbox"/> DECLINED <input type="checkbox"/>								
	*ROAD HAZARD YES <input type="checkbox"/> DECLINED <input type="checkbox"/>								
	*RRI								
LABOR	FIX LEAK LABOR			1.00	1.00		15.00	15.	
SHOP	SHOP SUPPLIES				1		7.50	7.	
	TIRE USER FEE				1		2.50	2.	
NET 2nd 10TH					SubTot Parts:			170.	
					SubTot Labor:			23.	
					Inv Total			194.	

SPECIAL INSTRUCTIONS

SECURITY AGREEMENT: Customer grants to secured party-seller, a security interest in the property described above. Customer agrees to all terms and conditions contained on REVERSE SIDE of this document.

WARNING: MOUNTING TIRES
CAN BE DANGEROUS! We accept

If litigation is required, buyer is liable for principal, finance charges, court reasonable attorney fee & collection agency charges.

RECEIVED BY	PRINT NAME

NEAL TIRE & AUTO SERVICE

1300 ADAMS
LAWRENCEVILLE, IL 62439
(618) 943-6448

SOLD TO

CHARLESTON TRANSITIONAL F
1902 FOX DRIVE SUITE B
PO BOX 3577
CHAMPAIGN, IL 61826-3577

INVOICE

INVOICE DATE	CUST NO.	ORDER NO.	PAGE	INVOICE NO.
03/03/09	24889	71773	1	67516
License: 20123CVIL				
Mileage: 184,888 98 FORD E350				

SHIP TO

CHARLESTON TRANSITIONAL F

IRCHASE ORD. NO.	SALES PERSON	MAIN PHONE	OTHER PHONE	SHIP VIA	Charge
L33	L33	(217) 352-7158	(217) 398-0754	INSTALLED	VIN:#4

ITEM NO.	DESCRIPTION	QTY. ORDERED	QTY. SHIPPED	F.E.T.	PRICE	NET EXTENSION
LABOR	WELDING LABOR	0.50	0.50		59.00	29.50
SHOP	SHOP SUPPLIES	1	1		7.50	7.50
*****THANK YOU***** *YOUR BUSINESS IS APPRECIATED* *****						

SubTot Parts: 7.50
SubTot Labor: 29.50

NET 2nd 10TH

Inv Total : 37.00

Highly Recommended New Lift.

SPECIAL INSTRUCTIONS

SECURITY AGREEMENT: Customer grants to secured party-seller, a security interest in the property described above. Customer agrees to all terms and conditions contained on REVERSE SIDE of this document.

If litigation is required, buyer is liable for principal, finance charges, court costs, reasonable attorney fee & collection agency charges.

RECEIVED BY	PRINT NAME
-------------	------------

NEAL TIRE AUTO SERVICE

1300 ADAMS
LAWRENCEVILLE, IL 62439
(618) 943-6448

INVOICE

INVOICE DATE	CUST NO.	ORDER NO.	PAGE	INVOICE NO.
01/20/09	24889	70589	1	66420
License: 20123CV-IL				
Mileage: 103,578 98 FORD E350				

SOLD TO

CHARLESTON TRANSITIONAL F
1902 FOX DRIVE SUITE B
PO BOX 3577
CHAMPAIGN, IL 61826-3577

SHIP TO

CHARLESTON TRANSITIONAL F

PURCHASE ORD. NO.	SALES PERSON	MAIN PHONE	OTHER PHONE	SHIP VIA	Charge
L33	L33	(217) 952-7158	(217) 398-0754	INSTALLED	VIN: #4

ITEM NO.	DESCRIPTION	QTY. ORDERED	QTY. SHIPPED	F.E.T.	PRICE	NET EXTEN
OPPT	7-564 WASHER PUMP	1	1		55.95	55.
MYMM210	WIPER BLADE	2	2		10.95	21.
LABOR	LABOR	1.00	1.00		59.00	59.
SHOP	SHOP SUPPLIES	1	1		7.00	7.

*****THANK YOU*****
YOUR BUSINESS IS APPRECIATED

SubTot Parts: 85.
SubTot Labor: 59.

NET. 2nd 10TH

Inv Total: 144.

SPECIAL INSTRUCTIONS

SECURITY AGREEMENT: Customer grants to secured party-seller, a security interest in the property described above. Customer agrees to all terms and conditions contained on REVERSE SIDE of this document.

If litigation is required, buyer is liable for principal, finance charges, court reasonable attorney fee & collection agency charges.

WARNING: MOUNTING TIRES CAN BE DANGEROUS! We accept

RECEIVED BY	PRINT NAME
-------------	------------

NEAL TIRE AUTO SERVICE

1300 ADAMS
LAWRENCEVILLE, IL 62439
(618) 943-6448

INVOICE

INVOICE DATE	CUST NO.	ORDER NO.	PAGE	INVOICE NO.
12/15/08	24839	69642		65533
License: 20123CV-IL				
Mileage: 182,244 98 FORD E350				

SOLD TO

CHARLESTON TRANSITIONAL F
1902 FOX DRIVE SUITE B
PO BOX 3577
CHAMPAIGN, IL 61826-3577

SHIP TO

CHARLESTON TRANSITIONAL F

PURCHASE ORD. NO.	SALES PERSON	MAIN PHONE	OTHER PHONE	SHIP VIA	Charge
L33/34	L53	(217) 352-7153	(217) 398-0754	INSTALLED	VIN:#4

ITEM NO.	DESCRIPTION	QTY. ORDERED	QTY. SHIPPED	F.E.T.	PRICE	NET EXTENSK
BEST	LUBE, OIL & FILTER	1	1		27.95	27.95
5W30M	5W30 CLEAN MOBIL	5.00	5.00		0.00	0.00
MYM4651	OIL FILTER	1	1		0.00	0.00
077 100	LUBE	1	1		0.00	0.00
	WASTE OIL FEE					0.00
	*UP TO 5 QUARTS MOTOR OIL					
	*VACUUM CARPET, WASH EXTERIOR					
	*WINDOWS, TOP OFF FLUIDS					
	*VEHICLE MAINTENANCE INSPECTION					
	*FREE BATTERY PERFORMANCE TEST					
OPPT	BLOWER MOTOR	1	1		83.95	83.95
LABOR	HEATER SWITCH	1	1		25.95	25.95
	WIRE ASSEMBLY	1	1		61.95	61.95
	LABOR	1.00	1.00		45.00	45.00

SubTot Parts: 199.80
SubTot Labor: 45.00

NET 2nd 10TH

Inv Total : 244.80

SPECIAL INSTRUCTIONS

SECURITY AGREEMENT: Customer grants to secured party-seller, a security interest in the property described above. Customer agrees to all terms and conditions contained on REVERSE SIDE of this document.

If litigation is required, buyer is liable for principal, finance charges, court costs and reasonable attorney fee & collection agency charges.

WARNING: MOUNTING TIRES
CAN BE DANGEROUS! We accept

RECEIVED BY	PRINT NAME
-------------	------------

NEAL TIRE AUTO SERVICE

1300 ADAMS
LAWRENCEVILLE, IL 62439
(618) 943-6448

SOLD TO

CHARLESTON TRANSITIONAL F
1902 FOX DRIVE SUITE B
PO BOX 3577
CHAMPAIGN, IL 61826-3577

INVOICE

INVOICE DATE	CUST NO.	ORDER NO.	PAGE	INVOICE NO.
10/17/08	24889	67702		63735
License: 20123CV-IL				
Mileage: 180,413 98 FORD E350				

SHIP TO

CHARLESTON TRANSITIONAL F

PURCHASE ORD. NO.	SALES PERSON	MAIN PHONE	OTHER PHONE	SHIP VIA	Charge VIN:#4
L33	L53	(217) 352-7158	(217) 398-0754	INSTALLED	

ITEM NO.	DESCRIPTION	QTY. ORDERED	QTY. SHIPPED	F.E.T.	PRICE	NET EXTENSION
	*BRAKES GRINDING					
MYXL655M	BRAKE PADS - SEMI-METALLIC	1	1		49.95	49.9
LABOR	LABOR	2.50	2.50		59.00	147.5
SHOP	SHOP SUPPLIES	1	1		5.00	5.0
OPPT	4886530 FRONT BRAKE ROTORS	2	2		179.95	359.9
OPPT	28754 OIL SEAL	1	1		19.95	19.9
NY4160	GREASE SEALS	2	2		9.95	19.9
*****THANK YOU***** *YOUR BUSINESS IS APPRECIATED* *****						

NET 2nd 10TH

SubTot Parts: 454.71
SubTot Labor: 147.50

Inv Total : 602.21

SPECIAL INSTRUCTIONS

SECURITY AGREEMENT: Customer grants to secured party-seller, a security interest in the property described above. Customer agrees to all terms and conditions contained on REVERSE SIDE of this document.

If litigation is required, buyer is liable for principal, finance charges, court costs, reasonable attorney fee & collection agency charges.

WARNING: MOUNTING TIRES

CAN BE DANGEROUS!

RECEIVED BY

PRINT NAME

NEAL TIRE AUTO SERVICE

NEW YORK

1300 ADAMS
LAWRENCEVILLE, IL 62439
(618) 943-6448

INVOICE

INVOICE DATE	CUST NO.	ORDER NO.	PAGE	INVOICE NO.
10/04/08	24889	67343		63313
License: 20123CV-IL				COPY
Mileage: 180,167				98 FORD E350

SOLD TO

CHARLESTON TRANSITIONAL F
1902 FOX DRIVE SUITE B
PO BOX 3577
CHAMPAIGN, IL 61826-3577

SHIP TO

CHARLESTON TRANSITIONAL F

IRCHASE ORD. NO.	SALES PERSON	MAIN PHONE	OTHER PHONE	SHIP VIA	Charge				
L33		L53 (217) 352-7153	(217) 398-0754	INSTALLED	VIN: PURPLE				
ITEM NO.	DESCRIPTION	QTY. ORDERED	QTY. SHIPPED	F.E.T.	PRICE	NET EXTENSI			
OPPT	61-634 POWER STEERING PUMP	1	1		109.95	109.9			
LABOR	LABOR	1.00	1.00		59.00	59.0			
ADATF	TRANSMISSION FLUID	2.00	2.00		3.95	7.9			
*****THANK YOU***** *YOUR BUSINESS IS APPRECIATED* *****									
						SubTot Parts:	117.8		
						SubTot Labor:	59.0		
NET 2nd 10TH						Inv Total	176.8		
SPECIAL INSTRUCTIONS									

SECURITY AGREEMENT: Customer grants to secured party-seller, a security interest in the property described above. Customer agrees to all terms and conditions contained on REVERSE SIDE of this document.

WARNING: MOUNTING TIRES CAN BE DANGEROUS! We accept

If litigation is required, buyer is liable for principal, finance charges, court or reasonable attorney fee & collection agency charges.

RECEIVED BY	PRINT NAME
-------------	------------

NEAL TIRE AUTO SERVICE

1300 ADAMS

LAWRENCEVILLE, IL 62439
(618) 943-6448

INVOICE

INVOICE DATE	CUST NO.	ORDER NO.	PAGE	INVOICE NO.
09/30/08	24889	66727	1	63149
License: 20123CV-IL				
Mileage: 180,067 98 FORD E350				

SOLD TO

CHARLESTON TRANSITIONAL F
1902 FOX DRIVE SUITE B
PO BOX 3577
CHAMPAIGN, IL 61826-3577

SHIP TO

CHARLESTON TRANSITIONAL F


PURCHASE ORD. NO.	SALES PERSON	MAIN PHONE	OTHER PHONE	SHIP VIA	Charge			
L33	L33	(217) 352-7158	(217) 398-0754	INSTALLED	VIN: PURPLE			
ITEM NO.	DESCRIPTION	QTY. ORDERED	QTY. SHIPPED	F.E.T.	PRICE	NET EXTENS		
OPPT	200 AMP ALTERNATOR	1	1		810.95	810.95		
OPPT	25-081124 V-BELT	1	1		46.95	46.95		
LABOR	LABOR	1.50	1.50		59.00	88.5		
SHOP	SHOP SUPPLIES	1	1		5.00	5.6		
	*PO NUMBER 8679							
*****THANK YOU***** *YOUR BUSINESS IS APPRECIATED* *****					SubTot Parts:	862.9		
					SubTot Labor:	88.5		
NET 2nd 10TH					Inv Total	951.40		

SPECIAL INSTRUCTIONS

WARRANTY AGREEMENT: Customer grants to secured party-seller, a security interest in the property described above. Customer agrees to all terms and conditions contained on REVERSE SIDE of this document.

WARNING: MOUNTING TIRES CAN BE DANGEROUS! We accept

If litigation is required, buyer is liable for principal, finance charges, court costs and reasonable attorney fee & collection agency charges.

RECEIVED BY	PRINT NAME
	

NEAL TIRE & AUTO SERVICE

1300 ADAMS
LAWRENCEVILLE, IL 62439
(618) 943-6448

INVOICE

INVOICE DATE	CUST NO.	ORDER NO.	PAGE	INVOICE NO.
07/19/08	24839	64742	1	60769
License: 20123CV-IL		COPY		
Mileage: 179,232		98	FORD E350	

SOLD TO

CHARLESTON TRANSITIONAL F
1902 FOX DRIVE SUITE B
PO BOX 3577
CHAMPAIGN, IL 61826-3577

SHIP TO

CHARLESTON TRANSITIONAL F

PURCHASE ORD. NO.	SALES PERSON	MAIN PHONE	OTHER PHONE	SHIP VIA	Charge
L34	L36	(217) 352-7158	(217) 398-0754	INSTALLED	VIN: PURPLE

ITEM NO.	DESCRIPTION	QTY. ORDERED	QTY. SHIPPED	FEET.	PRICE	NET EXTEN
REST	LUBE, OIL & FILTER	1	1		23.95	23.95
5W30M	5W30 CLEAN MOBIL	5.00	5.00		0.00	0.00
MYM4651	OIL FILTER	1	1		0.00	0.00
077 100	LUBE	1	1		0.00	0.00
	WASTE OIL FEE					0.10
	*UP TO 5 QUARTS MOTOR OIL					
	*VACUUM CARPET, WASH EXTERIOR					
	*WINDOWS, TOP OFF FLUIDS					
	*VEHICLE MAINTENANCE INSPECTION					
	*FREE BATTERY PERFORMANCE TEST					
5W30M	5W30 CLEAN MOBIL	1.00	1.00		1.99	1.99
*****THANK YOU***** *YOUR BUSINESS IS APPRECIATED* *****						

SubTot Parts: 25.9

NET 2nd 10TH

Inv Total : 25.9

*Mike -
Purple oil & lube was
done.
Please check to make sure
you have it already.
Put the original seal
fixed us. As ever,
Kelli*

SECURITY AGREEMENT: Customer grants to secured party-seller, a security interest in the property described above. Customer agrees to all terms and conditions contained on REVERSE SIDE of this document.

If litigation is required, buyer is liable for principal, finance charges, court & reasonable attorney fee & collection agency charges.

WARNING: MOUNTING TIRES CAN BE DANGEROUS! We accept

RECEIVED BY	PRINT NAME
-------------	------------

NEAL TIRE & AUTO SERVICE

1300 ADAMS
LAWRENCEVILLE, IL 62439
(618) 943-6448

INVOICE

INVOICE DATE	CUST NO.	ORDER NO.	PAGE	INVOICE NO.
04/24/08	24339	61006	1	572944
License: 20123CV-IL				
Mileage: 176,002 90 FORD E350				

SOLD TO

CHARLESTON TRANSITIONAL F
1902 FOX DRIVE SUITE B
PO BOX 3577
CHAMPAIGN, IL 61026-3577

SHIP TO

CHARLESTON TRANSITIONAL F

PURCHASE ORD. NO.	SALES PERSON	MAIN PHONE	OTHER PHONE	SHIP VIA	Charge
L34		153 (217) 352-7158	(217) 398-0754	INSTALLED	VIN: PURPLE

ITEM NO.	DESCRIPTION	QTY. ORDERED	QTY. SHIPPED	RET.	PRICE	NET EXTENSION
BEST	LUBE, OIL & FILTER	1	1		23.95	23.95
AOOIL	MOTOR OIL	5.00	5.00		0.00	0.00
MYM4651	OIL FILTER	1	1		0.00	0.00
077 100	LUBE	1	1		0.00	0.00
	WASTE OIL FEE					0.00
	*UP TO 5 QUARTS MOTOR OIL					
	*VACUUM CARPET, WASH EXTERIOR					
	*WINDOWS, TOP OFF FLUIDS					
	*VEHICLE MAINTENANCE INSPECTION					
	*FREE BATTERY PERFORMANCE TEST					
AOOIL	MOTOR OIL	1.50	1.50		1.99	2.99
1156	MINI-BULB	1	1		1.18	1.18
	*****THANK YOU*****					
	YOUR BUSINESS IS APPRECIATED					
	*****THANK YOU*****					

SubTot Parts: 28.11

NET 2nd 10TH

Inv Total: 28.11

SPECIAL INSTRUCTIONS

SECURITY AGREEMENT: Customer grants to secured party-seller, a security interest in the property described above. Customer agrees to all terms and conditions contained on REVERSE SIDE of this document.

WARNING: MOUNTING TIRES CAN BE DANGEROUS! We accept

If litigation is required, buyer is liable for principal, finance charges, court or reasonable attorney fee & collection agency charges.

RECEIVED BY	PRINT NAME
<i>[Signature]</i>	

AUTO - TRUCK - FARM - INDUSTRIAL

INVOICE



LAWRENCEVILLE, IL 62439
 "A Division of Neal Tire / Ben Tire"

INVOICE DATE	CUST NO.	ORDER NO.	PAGE	INVOICE NO.
02/11/08	24839	59479	1	55765
License: 20123CV-IL Mileage: 173,647 9A FORD F350				

SOLD TO

SHIP TO

CHARLESTON TRANSITIONAL F
 1902 FOX DRIVE SUITE B
 CHAMPAIGN, IL 61826-3577

CHARLESTON TRANSITIONAL F

CHASE ORD. NO.	SALES PERSON	MAIN PHONE	OTHER PHONE	SHIP VIA	Charge
L33		L33 (217) 352-7158	(217) 398-0754	INSTALLED	VIN: PURPLE

ITEM NO.	DESCRIPTION	QTY. ORDERED	QTY. SHIPPED	R.E.T.	PRICE	NET EXTENSION
LABOR	LABOR	0.50	0.50		59.00	29.50
OPPT	RIVETS	1	1		6.95	6.95

*****THANK YOU*****
 YOUR BUSINESS IS APPRECIATED

NET 1ST 10TH

SubTot Parts: 6.95
 SubTot Labor: 29.50

Inv Total : 36.45

SPECIAL INSTRUCTIONS

SECURITY AGREEMENT: Customer grants to secured party-seller, a security interest in the property described above. Customer agrees to all terms and conditions contained on REVERSE SIDE of this document.

WARNING: MOUNTING TIRES CAN BE DANGEROUS! We accept no responsibility for accidents when

If litigation is required, buyer is liable for principal, finance charges, court costs and reasonable attorney fee & collection agency charges.

RECEIVED BY	PRINT NAME
<i>[Signature]</i>	<i>[Signature]</i>

DAVIS TIRE

and AUTO SERVICE

LAWRENCEVILLE, IL 62439
 "A Division of Neal Tire / Ben Tire"

CHARLESTON TRANSITIONAL F
 1902 FOX DRIVE SUITE B
 CHAMPAIGN, IL 61826-3577

INVOICE DATE	01/09/08 24039 58549
CUST NO.	54875
ORDER NO.	1
PAGE	1
INVOICE NO.	54875

CHARLESTON TRANSITIONAL F

SHIP TO

License: 20123CV-IL
 Mileage: 172,393 98 FORD E350

ITEM NO.	DESCRIPTION	QTY. ORDERED	QTY. SHIPPED	FET.	PRICE	NET EXTENSION
134	L36 (217) 352-7150 (217) 390-0754 INSTALLED					
SALES PERSON	MAIN PHONE	OTHER PHONE	SHIP VIA	Charge VIN#PURPLE		
PHASE ORD. NO.						
BEST	LUBE, OIL & FILTER	1	1		23.95	23.95
ADJIL	MOTOR OIL	5.00	5.00		0.00	0.00
MYN4651	OIL FILTER	1	1		0.00	0.00
077 100	LUBE	1	1		0.00	0.00
	WASTE OIL FEE	1	1		0.00	0.00
	*UP TO 5 QUARTS MOTOR OIL					
	*VACUUM CARPET, WASH EXTERIOR					
	*WINDOWS, TOP OFF FLUIDS					
	*VEHICLE MAINTENANCE INSPECTION					
	*FREE BATTERY PERFORMANCE TEST					
	MOTOR OIL	1.00	1.00		1.99	1.99
	UNIVERSAL ANTIFREEZE 6/1	1.00	1.00		14.95	14.95
	*****THANK YOU*****					
	*****YOUR BUSINESS IS APPRECIATED*****					
	SUBTOT PARTS				40.89	40.89
	Inv Total				40.89	40.89

NET 1ST 10TH

SPECIAL INSTRUCTIONS

RECEIVED BY <i>[Signature]</i>	PRINT NAME Kelly Nidey
-----------------------------------	---------------------------

WARRANTY AGREEMENT: Customer grants to secured party-seller, a security interest in property described above. Customer agrees to all terms and conditions contained hereon. BE DANGEROUS! We accept responsibility for accidents when mounted by others.

If litigation is required, buyer is liable for principal, finance charges, court costs, reasonable attorney fee & collection agency charges.

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	Charleston Transitional Facility	Form <u>2</u> of <u>6</u> , (1 of 1 etc.)
--------------------------	----------------------------------	---

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

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

C. Category of Request (Check appropriate category)

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

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

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

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 #
95	Ford	Lt Duty	May 09/ 223,601	1FDKE30G6SHA44769

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.

HosesDoneRight, LLC

FAX TRANSMITTAL

DATE:	March 19, 2009		
TO:	Kelly	FROM:	Douglas G. Dunn Owner
FAX:	618-943-3812	FAX:	812 882-6112
TEL:	618-943-4631	TEL:	812 882-6112
CC:		PAGES:	Cover Only

To Kelly

In regard of the Van Lift chair # E350 To replace the power unit and 2 cylinders will be a time and material bid not to exceed \$3155.00. Please note with out operating the lift other bushing, frame, pins or components may need attention and will be added on at our shop rate \$70.00 an hour plus materials.

This bid is good for 30 days.

50% down will be required to start the job.

The balance will be due 10 days after completion.

Thank You

Douglas G. Dunn
Douglas G. Dunn

NEAL TIRE AUTO SERVICE

1300 ADAMS
LAWRENCEVILLE, IL 62439
(618) 943-6448

SOLD
TO

CHARLESTON TRANSITIONAL F
1902 FDX DRIVE SUITE B
PO BOX 3577
CHAMPAIGN, IL 61826-3577

INVOICE

INVOICE DATE	CUST NO.	ORDER NO.	PAGE	INVOICE NO.
02/10/09	24839	71113	1	66881
License: 20196CV-IL Mileage: 222,784 95 FORD BLUE				

SHIP
TO

CHARLESTON TRANSITIONAL F

PURCHASE ORD. NO.	SALES PERSON	MAIN PHONE	OTHER PHONE	SHIP VIA				
L50	L53	(618) 943-3812	(812) 895-0885	INSTALLED	Cash VIN: F350 VIN# SHA4476			
ITEM NO.	DESCRIPTION			QTY. ORDERED	QTY. SHIPPED	F.E.T.	PRICE	NET EXTENSIC
FREE	FREE TIRE ROTATION (6000 MILE) *LUGNUT TORQUE SHOULD BE CHECKED *AT 50 TO 100 MILES AFTER TIRE/WHEEL *HAS BEEN REINSTALLED ON VEHICLE			5	6		0.00	0.00
*****THANK YOU***** *YOUR BUSINESS IS APPRECIATED* *****								
NET 2nd 10TH								SubTot Parts: 0.00
								Inv Total: 0.00

SPECIAL INSTRUCTIONS

SECURITY AGREEMENT: Customer grants to secured party-seller, a security interest in the property described above. Customer agrees to all terms and conditions contained on REVERSE SIDE of this document.

WARNING: MOUNTING TIRES
CAN BE DANGEROUS! We accept

If litigation is required, buyer is liable for principal, finance charges, court costs, reasonable attorney fee & collection agency charges.

RECEIVED BY	PRINT NAME
<i>[Signature]</i>	

NEAL TIRE AUTO SERVICE

1300 ADAMS
LAWRENCEVILLE, IL 62439
(618) 943-6448

SOLD TO

CHARLESTON TRANSITIONAL F
1902 FOX DRIVE SUITE B
PO BOX 3577
CHAMPAIGN, IL 61826-3577

INVOICE

INVOICE DATE	CUST NO.	ORDER NO.	PAGE	INVOICE NO.
02/09/09	24839	71044	1	66844
License: 20196CV-IL				COPY
Mileage: 222,784 95				FORD BLUE

SHIP TO

CHARLESTON TRANSITIONAL F

CHASE ORD. NO.	SALES PERSON	MAIN PHONE	OTHER PHONE	SHIP VIA	Charge			
L34	L53	(618) 943-3812	(812) 895-0885	INSTALLED	VIN: F350 VIN# SHA4476			
ITEM NO.	DESCRIPTION	QTY. ORDERED	QTY. SHIPPED	R.E.T.	PRICE	NET EXTENSIO		
BEST	LUBE, OIL & FILTER		1		27.95	27.95		
A00IL	MOTOR OIL	5.00	5.00		0.00	0.00		
MYM1	OIL FILTER		1		0.00	0.00		
077 100	LUBE		1		0.00	0.00		
	WASTE OIL FEE					0.00		
	*UP TO 5 QUARTS MOTOR OIL							
	*VACUUM CARPET, WASH EXTERIOR							
	*WINDOWS, TOP OFF FLUIDS							
	*VEHICLE MAINTENANCE INSPECTION							
	*FREE BATTERY PERFORMANCE TEST							
A00IL	MOTOR OIL	1.00	1.00		2.25	2.25		
MYA4378	AIR FILTER		1		7.95	7.95		
*****THANK YOU***** *YOUR BUSINESS IS APPRECIATED* *****								
SubTot Parts:						38.15		
Inv Total						38.15		

NET 2nd 10TH

SPECIAL INSTRUCTIONS

SEE REVERSE SIDE OF THIS DOCUMENT
WARNING: MOUNTING TIRES CAN BE DANGEROUS! We accept no responsibility for accidents when

If litigation is required, buyer is liable for principal, finance charges, court costs, reasonable attorney fee & collection agency charges.

RECEIVED BY	PRINT NAME
<i>[Signature]</i>	Kelli...

NEAL TIRE AUTO SERVICE

1300 ADAMS
LAWRENCEVILLE, IL 62439
(618) 943-6448

SOLD TO

CHARLESTON TRANSITIONAL F
1902 FOX DRIVE SUITE B
PO BOX 3577
CHAMPAIGN, IL 61826-3577

INVOICE

INVOICE DATE	CUST NO.	ORDER NO.	PAGE	INVOICE NO.
01/21/09	24839	70642	1	66441
License: 20196CV-IL				
Mileage: 222,284 95 FORD BLUE				

SHIP TO

CHARLESTON TRANSITIONAL F

URCHASE ORD. NO.	SALES PERSON	MAIN PHONE	OTHER PHONE	SHIP VIA				
L33	L36	(618) 943-3812	(612) 895-0885	INSTALLED	Charge VIN: F350 VIN# SHA447			
ITEM NO.	DESCRIPTION			QTY. ORDERED	QTY. SHIPPED	F.E.T.	PRICE	NET EXTENS
LABOR	LABOR REPAIR HEATER			1.30	1.30		59.00	76.7
				*****THANK YOU***** *YOUR BUSINESS IS APPRECIATED* *****				
							SubTot Parts:	0.0
							SubTot Labor:	76.7
NET 2nd 10TH							Inv Total	76.7

SPECIAL INSTRUCTIONS

SECURITY AGREEMENT: Customer grants to secured party-seller, a security interest in the property described above. Customer agrees to all terms and conditions contained on REVERSE SIDE of this document.

WARNING: MOUNTING TIRES CAN BE DANGEROUS!

If litigation is required, buyer is liable for principal, finance charges, court or reasonable attorney fee & collection agency charges.

RECEIVED BY

PRINT NAME

NEAL TIRE L AUTO SERVICE

1300 ADAMS
LAWRENCEVILLE, IL 62439
(618) 943-6448

INVOICE

INVOICE DATE	CUST NO.	ORDER NO.	PAGE	INVOICE NO.
11/21/08	24809	68949	1	64872
License: 20196CV-IL				
Mileage: 220,244 95 FORD BLUE				

SOLD TO

CHARLESTON TRANSITIONAL F
1902 FOX DRIVE SUITE B
PO BOX 3577
CHAMPAIGN, IL 61826-3577

SHIP TO

CHARLESTON TRANSITIONAL F

PURCHASE ORD. NO.	SALES PERSON	MAIN PHONE	OTHER PHONE	SHIP VIA				
L33	L53	(618) 943-3812	(812) 895-0885	INSTALLED	#2 Charge VIN: F350 VIN# SH44			
ITEM NO.	DESCRIPTION			QTY. ORDERED	QTY. SHIPPED	F.E.T.	PRICE	NET EXT
LABOR SHOP	*LIFT TROUBLE LABOR SHOP SUPPLIES *FIXED LIFT CONTROLLER			1.00	1.00		59.00	59
					1		5.00	5
				*****THANK YOU***** *YOUR BUSINESS IS APPRECIATED* *****				
						SubTot Parts:		59
						SubTot Labor:		59
NET 2nd 10TH						Inv Total		64.

SPECIAL INSTRUCTIONS

SECURITY AGREEMENT: Customer grants to secured party-seller, a security interest in the property described above. Customer agrees to all terms and conditions contained on REVERSE SIDE of this document.

WARNING: MOUNTING TIRES CAN BE DANGEROUS! We accept

If litigation is required, buyer is liable for principal, finance charges, court reasonable attorney fee & collection agency charges.

RECEIVED BY	PRINT NAME
-------------	------------

NEAL TIRE L AND AUTO SERVICE

1300 ADAMS
LAWRENCEVILLE, IL 62439
(618) 943-6448

SOLD TO

CHARLESTON TRANSITIONAL F
1902 FOX DRIVE SUITE B
PO BOX 3577
CHAMPAIGN, IL 61826-3577

INVOICE

INVOICE DATE	CUST NO.	ORDER NO.	PAGE	INVOICE NO.
11/06/08	24879	68475	1	64399
License: 20196CV-IL				
Mileage: 219,918 95 FORD BLUE				

SHIP TO

CHARLESTON TRANSITIONAL F

PURCHASE ORD. NO.	SALES PERSON	MAIN PHONE	OTHER PHONE	SHIP VIA	Charge			
L50/39	L53	(618) 943-3812	(812) 895-0885	INSTALLED	VIN: F350 VIN# SHA447			
ITEM NO.	DESCRIPTION			QTY. ORDERED	QTY. SHIPPED	F.E.T.	PRICE	NET EXTENS
189-752	LT225775R16/10 F/S TRANSFORCE HT BW			2	2	0.00	142.95	285.9
SCRAP	SCRAP TIRE FEE			2	2		2.50	5.0
VS	RUBBER VALVE STEM			2	2		2.50	5.0
044 263	WHEEL BALANCE-PASS/LT TRK			2	2		8.50	17.0
OZ	WHEEL WEIGHTS			2	2		1.00	2.0
	*CHECK LUGNUT TORQUE 50-100 MILES							
	*AFTER TIRES ARE INSTALLED							
EPA	TIRE USER FEE			2	2		2.50	5.0
*****THANK YOU***** *YOUR BUSINESS IS APPRECIATED* *****								
SubTot Parts:								302.9
SubTot Labor:								17.0
Inv Total:								319.9

NET 2nd 10TH

PO # 17585

SPECIAL INSTRUCTIONS

SECURITY AGREEMENT: Customer grants to secured party-seller, a security interest in the property described above. Customer agrees to all terms and conditions contained on REVERSE SIDE of this document.

WARNING: MOUNTING TIRES CAN BE DANGEROUS! We accept

If litigation is required, buyer is liable for principal, finance charges, court costs and reasonable attorney fee & collection agency charges.

RECEIVED BY	PRINT NAME
-------------	------------

NEAL TIRE AUTO SERVICE

1300 ADAMS
LAWRENCEVILLE, IL 62439
(618) 943-6448

SOLD
TO

CHARLESTON TRANSITIONAL F
1902 FOX DRIVE SUITE B
PO BOX 3577
CHAMPAIGN, IL 61826-3577

INVOICE

INVOICE DATE	CUST NO.	ORDER NO.	PAGE	INVOICE NO.
11/05/08	24839	68460	1	64361
License: 20196CV-IL				
Mileage: 219,918 95 FORD BLUE				

SHIP
TO

CHARLESTON TRANSITIONAL F

PURCHASE ORD. NO.	SALES PERSON	MAIN PHONE	OTHER PHONE	SHIP VIA				
L34	L53	(618) 943-3812	(812) 895-0885	INSTALLED	Charge VIN# F950 VIN# SHA447			
ITEM NO.	DESCRIPTION			QTY. ORDERED	QTY. SHIPPED	FE.T.	PRICE	NET EXTENS
BEST	LUBE, OIL & FILTER				1		27.95	27.9
ADDIL	MOTOR OIL			5.00	5.00		0.00	0.0
MYN1	OIL FILTER				1		0.00	0.0
077 100	LUBE				1		0.00	0.0
	WASTE OIL FEE							0.0
	*UP TO 5 QUARTS MOTOR OIL							
	*VACUUM CARPET, WASH EXTERIOR							
	*WINDOWS, TOP OFF FLUIDS							
	*VEHICLE MAINTENANCE INSPECTION							
	*FREE BATTERY PERFORMANCE TEST							
ADDIL	MOTOR OIL			1.00	1.00		2.25	2.2
	*COOLANT 40 BELOW							
				*****THANK YOU*****				
				YOUR BUSINESS IS APPRECIATED				

Sub Tot Parts								30.2
NET 2nd 10TH								
Inv Total								30.2

SPECIAL INSTRUCTIONS

SECURITY AGREEMENT: Customer grants to secured party-seller, a security interest in the property described above. Customer agrees to all terms and conditions contained on REVERSE SIDE of this document.

WARNING: MOUNTING TIRES
CAN BE DANGEROUS! We accept

If litigation is required, buyer is liable for principal, finance charges, court & reasonable attorney fee & collection agency charges.

RECEIVED BY	PRINT NAME

NEAL TIRE AUTO SERVICE

1300 ADAMS
LAWRENCEVILLE, IL 62439
(618) 943-6448

INVOICE

INVOICE DATE	CUST NO.	ORDER NO.	PAGE	INVOICE NO.
11/05/08	24839	68457	1	64333
License: 20196CV-IL Mileage: 219,918 95 FORD BLUE				

SOLD TO

CHARLESTON TRANSITIONAL F
1902 FOX DRIVE SUITE B
PO BOX 3577
CHAMPAIGN, IL 61826-3577

SHIP TO

CHARLESTON TRANSITIONAL F

PURCHASE ORD. NO.	SALES PERSON	MAIN PHONE	OTHER PHONE	SHIP VIA	Charge
L33	L59	(618) 943-3812	(812) 895-0885	INSTALLED	VIN: F350 VIN# SHA447

ITEM NO.	DESCRIPTION	QTY. ORDERED	QTY. SHIPPED	F.E.T.	PRICE	NET EXTENS
047 513	DIAGNOSTIC CIRCUIT CHECK	1.00	1.00		29.95	29.9
LABOR	FIXING LIFT LABOR	3.00	3.00		59.00	177.0
SHOP	SHOP SUPPLIES		1		10.00	10.0
*****THANK YOU***** *YOUR BUSINESS IS APPRECIATED* *****						

NET 2nd 10TH

SubTot Parts:	107.00
SubTot Labor:	206.90
Inv Total :	216.90

SPECIAL INSTRUCTIONS

SECURITY AGREEMENT: Customer grants to secured party-seller, a security interest in the property described above. Customer agrees to all terms and conditions contained on REVERSE SIDE of this document.
WARNING: MOUNTING TIRES

If litigation is required, buyer is liable for principal, finance charges, court & reasonable attorney fee & collection agency charges.

RECEIVED BY	PRINT NAME
-------------	------------

NEAL TIRE AUTO SERVICE

INVOICE

INVOICE DATE	CUST NO.	ORDER NO.	PAGE	INVOICE NO.
08/01/08	24839	64571		61227
License: 20196CV-IL				COPY
Mileage: 216,415				95 FORD BLUE

1300 W. MAIN ST
 CHARLESTON TRANSITIONAL F
 (618) 895-0885
 SOLD TO: CHARLESTON TRANSITIONAL F
 1300 W. MAIN ST SUITE B
 PO BOX 35775
 CHAMPAIGN, IL 61826-3577

SHIP TO: CHARLESTON TRANSITIONAL F

PURCHASE ORD. NO.	SALES PERSON	MAIN PHONE	OTHER PHONE	SHIP VIA	Charge
L33		(618) 895-0885	(812) 895-0885	INSTALLED	VIN#E350 VIN# 5HA447

ITEM NO.	DESCRIPTION	QTY. ORDERED	QTY. SHIPPED	RET.	PRICE	NET EXTENS
OPPT	77-01209-30 A/C CONDENSOR	1	1		989.95	989.9
087 100	AIR CONDITIONING LABOR	1.00	1.00		472.00	472.0
RECHARGE	RECHARGE A/C SYSTEM	1	1		29.95	29.9
134A	FREON 134-A	6.50	6.50		17.95	116.6
TR	POG OIL P100-320	4	4		3.00	12.0
TR	INSTA-FOAM	1	1		12.50	12.5
OPPT	A/C HOSE	1	1		32.95	32.9
SHOP	SHOP SUPPLIES	1	1		5.00	5.0

*****THANK YOU*****
 YOUR BUSINESS IS APPRECIATED

SubTot Parts: 1169.00
 SubTot Labor: 501.9
 Inv Total: 1671.00

NET 2nd 10TH

SPECIAL INSTRUCTIONS

SECURITY AGREEMENT: Customer grants to secured party seller, a security interest in the property described above. Customer agrees to all terms and conditions contained on REVERSE SIDE of this document.

If litigation is required, buyer is liable for principal, finance charges, court or reasonable attorney fee & collection agency charges.

WARNING: MOUNTING TIRES CAN BE DANGEROUS! We accept

RECEIVED BY	PRINT NAME
-------------	------------

NEAL TIRE & AUTO SERVICE

1300 ADAMS
LAWRENCEVILLE, IL 62439
(618) 943-6448

INVOICE

INVOICE DATE	CUST NO.	ORDER NO.	PAGE	INVOICE NO.
05/22/08	24039	62705	1	58922
License: 20196CV-IL				
Mileage: 215,569 95 FORD BLUE				

SOLD TO

CHARLESTON TRANSITIONAL F
1902 FOX DRIVE SUITE B
PO BOX 3577
CHAMPAIGN, IL 61826-3577

SHIP TO

CHARLESTON TRANSITIONAL F

PURCHASE ORD. NO.	SALES PERSON	MAIN PHONE	OTHER PHONE	SHIP VIA	Charge
L39/30		618-943-3812	(812) 895-0005	INSTALLED	VIN# F350 VIN# SH044

ITEM NO.	DESCRIPTION	QTY. ORDERED	QTY. SHIPPED	F.E.T.	PRICE	NET EXTENSION
040 266	FLAT REPAIR LT TRUCK	1	1		11.00	11.00
TR	TIRE REPAIR MATERIAL	1	1		3.00	3.00
	*RIGHT FRONT					
BEST	LUBE, OIL & FILTER	1	1		23.95	23.95
5W30M	5W30 CLEAN MOBIL	5.00	5.00		0.00	0.00
MYM1	OIL FILTER	1	1		0.00	0.00
077 100	LUBE	1	1		0.00	0.00
	WASTE OIL FEE					0.00
	*UP TO 5 QUARTS MOTOR OIL					
	*VACUUM CARPET, WASH EXTERIOR					
	*WINDOWS, TOP OFF FLUIDS					
	*VEHICLE MAINTENANCE INSPECTION					
	*FREE BATTERY PERFORMANCE TEST					

SubTot Parts: 26.00
SubTot Labor: 11.00

NET 2nd 10TH

Inv Total : 37.00

SPECIAL INSTRUCTIONS

SECURITY AGREEMENT: Customer grants to secured party-seller, a security interest in the property described above. Customer agrees to all terms and conditions contained on REVERSE SIDE of this document.

If litigation is required, buyer is liable for principal, finance charges, court or reasonable attorney fee & collection agency charges.

WARNING: MOUNTING TIRES CAN BE DANGEROUS! We accept

RECEIVED BY	PRINT NAME
-------------	------------

NEAL TIRE AUTO SERVICE

1300 ADAMS
LAWRENCEVILLE, IL 62439
(618) 943-6448

INVOICE

INVOICE DATE	CUST NO.	ORDER NO.	PAGE	INVOICE NO.
04/08/08	24039	61822	1	57973
License: 20196CV-IL				
Mileage: 214,528 95				FORD BLUE

SOLD TO

CHARLESTON TRANSITIONAL F
1902 FOX DRIVE SUITE B
PO BOX 3577
CHAMPAIGN, IL 61826-3577

SHIP TO

CHARLESTON TRANSITIONAL F

2 new tires

PURCHASE ORD. NO.	SALES PERSON	MAIN PHONE	OTHER PHONE	SHIP VIA	Charge
L39		L53 (618) 943-3812	(812) 895-0085	INSTALLED	VIN: F350 VIN# SH444

ITEM NO.	DESCRIPTION	QTY. ORDERED	QTY. SHIPPED	F.E.T.	PRICE	NET EXTENSION
408-36	LT225/75R16/10 KLY SAFARI CSR SBL	2	2		0.00	145.44
SCRAP	SCRAP TIRE FEE	2	2			2.50
VS	RUBBER VALVE STEM	2	2			2.50
044 263	WHEEL BALANCE-PASS/LT TRK	2	2			8.00
OZ	WHEEL WEIGHTS	2	2			0.50
	*CHECK LUGNUT TORQUE 50-100 MILES					
	*AFTER TIRES ARE INSTALLED					
	*ALIGN? YES _____ DECLINED _____					
EPA	TIRE USER FEE	2	2			2.50
*****THANK YOU***** *YOUR BUSINESS IS APPRECIATED* *****						

SubTot Parts: 306.44
SubTot Labor: 16.00

NET 2nd 10TH

Inv Total: 322.44

SPECIAL INSTRUCTIONS

WARRANTY AGREEMENT: Customer grants to secured party-seller, a security interest in the property described above. Customer agrees to all terms and conditions contained on REVERSE SIDE of this document.

WARNING: MOUNTING TIRES CAN BE DANGEROUS! We accept

If litigation is required, buyer is liable for principal, finance charges, court costs, reasonable attorney fee & collection agency charges.

RECEIVED BY	PRINT NAME
<i>[Signature]</i>	<i>[Signature]</i>

FROM : DAVIS TIRE & AUTO SERVICE

FAX NO. : 16189435046

Apr. 02 2008 01:23PM P1

AUTO - TRUCK - FARM - INDUSTRIAL

INVOICE



LAWRENCEVILLE, IL 62439

"A Division of Neal Tire / Ben Tire"

SOLD TO

CHARLESTON TRANSITIONAL F
1912 FOX DRIVE SUITE B
PO BOX 3577
CHICAGO, IL 61826-3577

INVOICE DATE	CDKX NO.	ORDER NO.	PAGE	INVOICE NO.
03/05/08	24439	60049	1	56311
License: 20196CV-IL				COPY FORD BLUE
Mileage: 212,529 95				

SHIP TO

CHARLESTON TRANSITIONAL F

PURCHASE ORD. NO.	MAIN PHONE	OTHER PHONE	SHIP VIA	Charge			
L34/39/33	L53 (618)943-3812	(812)895-0885	INSTALLED	VIN: F350 VIN# SH4447			
ITEM NO.	DESCRIPTION	QTY. ORDERED	QTY. SHIPPED	RET.	PRICE	NET EXTENSIC	
BEST 5W30M MYM1 077 100	LDPE, OIL & FILTER 5W30 CLEAN MOBIL OIL FILTER LUBE WASTE OIL FEE *UP TO 5 QUARTS MOTOR OIL *VACUUM CARPET, WASH EXTERIOR *WINDOWS, TOP OFF FLUIDS *VEHICLE MAINTENANCE INSPECTION *FREE BATTERY PERFORMANCE TEST	5.00	3.00		23.95 0.00 0.00 0.00	23.9 0.0 0.0 0.0	
5W30M FREE	5W30 CLEAN MOBIL FREE TIRE ROTATION (6000 MILE) *LIGHT TORQUE SHOULD BE CHECKED *AT 50 TO 100 MILES AFTER TIRE WHEEL *HAS BEEN REINSTALLED ON VEHICLE	1.00 6	1.00 6		1.99 0.00	1.99 0.00	
-- CONTINUED ON PAGE 2 --							
SPECIAL INSTRUCTIONS							

SECURITY AGREEMENT: Customer grants to secured party-seller, a security interest in the property described above. Customer agrees to all terms and conditions contained on REVERSE SIDE of this document.

If litigation is required, buyer is liable for principal, finance charges, court cost, reasonable attorney fee & collection agency charges.

WARNING: MOUNTING TIRES CAN BE DANGEROUS! We accept no responsibility for accidents when

RECEIVED BY	PRINT NAME
-------------	------------

AUTO - TRUCK - FARM - INDUSTRIAL

INVOICE

DAVIS TIRE and AUTO SERVICE

LAURENCEVILLE, IL 62439
"A Division of Neal Tire / Ben Tire"

INVOICE DATE	CUST NO.	ORDER NO.	PAGE	INVOICE NO.
03/07/08	24839	60000	1	56359
License: 20196CV-IL Mileage: 212,673 95 FORD BLUE				

SOLD TO

CHARLESTON TRANSITIONAL F
1902 FOX DRIVE SUITE B
CHAMPAIGN, IL 61826-3577

SHIP TO

CHARLESTON TRANSITIONAL F

PURCHASE ORD. NO.	SALES PERSON	MAIN PHONE	OTHER PHONE	SHIP VIA
L33		L53 (618) 943-3812	(812) 895-0835	INSTALLED

Charge
VIN: F350 VIN# SHA447

ITEM NO.	DESCRIPTION	QTY. ORDERED	QTY. SHIPPED	F.E.T.	PRICE	NET EXTENSION
OPPT LABOR	ST402 SOLENOID OUTSIDE PURCH-PARTS LABOR	1	1		62.95	62.9
		2.00	2.00		59.00	118.0

*****THANK YOU*****
YOUR BUSINESS IS APPRECIATED

NET 2nd 10TH

SubTot Parts: 62.95
SubTot Labor: 118.00

Inv Total : 180.95

SPECIAL INSTRUCTIONS

WARRANTY AGREEMENT: Customer grants to secured party-seller, a security interest in the property described above. Customer agrees to all terms and conditions contained on REVERSE SIDE of this document.

If litigation is required, buyer is liable for principal, finance charges, court costs and reasonable attorney fee & collection agency charges.

WARNING: MOUNTING TIRES CAN BE DANGEROUS! We accept

RECEIVED BY	PRINT NAME
-------------	------------

AUTO - TRUCK - FARM - INDUSTRIAL

INVOICE

DAVIS TIRE and AUTO SERVICE

LAURENCEVILLE, IL 62439
"A Division of Neal Tire / Ben Tire"

SOLD TO

CHARLESTON TRANSITIONAL F
1902 FOX DRIVE SUITE B
CHAMPAIGN, IL 61826-3577

INVOICE DATE	CUST NO.	ORDER NO.	PAGE	INVOICE NO.
02/05/08	24039	58997	1	55590
License: 20196CV-IL Mileage: 211,210 95 FORD BLUE				

SHIP TO

CHARLESTON TRANSITIONAL F

URCHASE ORD. NO.	SALES PERSON	MAIN PHONE	OTHER PHONE	SHIP VIA	Charge			
L33	L36	(618)943-3812	(812)895-0885	INSTALLED	VIN:F350 VIN# SHA447			
ITEM NO.	DESCRIPTION			QTY. ORDERED	QTY. SHIPPED	F.E.T.	PRICE	NET EXTENS
LABOR	INSTALL BATTERY/CLEAN EN			1.00	1.00		88.50	88.5
OPPT	213-3087 ALTERNATOR			1	1		239.95	239.9
OPBAT	9150 NEW BATTERY			1	1		152.95	152.9
*****THANK YOU***** *YOUR BUSINESS IS APPRECIATED* *****								
							SubTot Parts:	392.9
							SubTot Labor:	88.5
NET 1ST 10TH							Inv Total	481.4

SPECIAL INSTRUCTIONS

SECURITY AGREEMENT: Customer grants to secured party-seller, a security interest in the property described above. Customer agrees to all terms and conditions contained on REVERSE SIDE of this document.

WARNING: MOUNTING TIRES

CAN BE DANGEROUS!

If litigation is required, buyer is liable for principal, finance charges, court & reasonable attorney fee & collection agency charges.

RECEIVED BY

PRINT NAME

**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	Charleston Transitional Facility	Form <u>3</u> of <u>6</u> , (1 of 1 etc.)
--------------------------	----------------------------------	---

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

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

C. Category of Request (Check appropriate category)

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

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

Based on needs, the requested vehicle on **this** form is to be considered for funding (1st, 2nd, etc.) 3.

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 #
95	Ford	Light Duty	May 09/ 207,602	1FDKE30G0SHA44766

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.

INVOICE

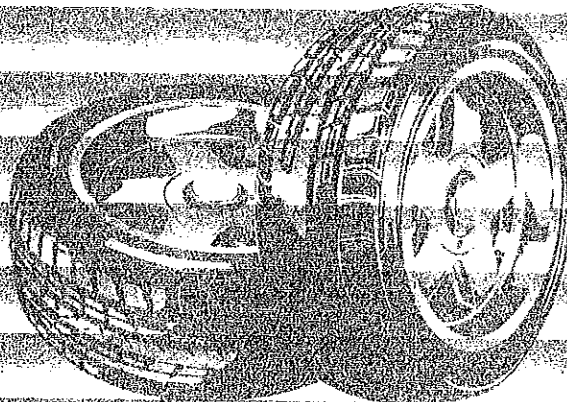
INVOICE DATE	CUST. NO.	ORDER NO.	PAGE	INVOICE NO.
06/03/09	24839	74572	1	70208
License: 20197CVIL		Mileage: 206,844 95 FORD YELLO		

NEAL TIRE- LAW
 1300 ADAMS
 LAWRENCEVILLE, IL 62439
 (618) 943-6448

SOLD TO CHARLESTON TRANSITIONAL F
 1902 FOX DRIVE SUITE B
 PO BOX 3577
 CHAMPAIGN, IL 61826-3577

SHIP TO CHARLESTON TRANSITIONAL F
 1511 13TH ST
 LAWRENCEVILLE, IL 62439

PURCHASE ORD. NO.	SALES PERSON	MAIN PHONE	OTHER PHONE	SHIP VIA	Charge	
L33	L53	(217) 352-7158	(217) 398-0754	INSTALLED	VIN: SHA44766	
ITEM NO.	DESCRIPTION	QTY. ORDERED	QTY. SHIPPED	F.T.	PRICE	NET EX
RECHARGE	RE-CHARGE A/C SYSTEM	1	1		39.95	39



*****THANK YOU*****
 YOUR BUSINESS IS APPRECIATED

NET 2nd 10TH

SubTot Parts: 0
 SubTot Labor: 39

[Handwritten Signature]

Inv Total 39



Route 4 Box 148
Lawrenceville, IL 62439

(618) 943-4856

Name / Address
CHARLESTON TRANSITIONAL FACILITY PO BOX 3577 CHAMPAIGN, IL 61826-3577
Phone #

Estimate

Date	Estimate #
1/9/2009	5087

Project

Item	Description
PARTS LABOR 2WD	Dash Cluster Labor to remove old and replace with new part.

Thank you for your trust in our company.	Subtotal	\$312.50
	Sales Tax (0.0%)	\$0.00
	Total	\$312.50

NEAL TIRE L & AUTO SERVICE

1300 ADAMS
LAWRENCEVILLE, IL 62439
(618) 943-6448

SOLD TO

CHARLESTON TRANSITIONAL F
1902 FOX DRIVE SUITE B
PO BOX 3577
CHAMPAIGN, IL 61826-3577

INVOICE

INVOICE DATE	CUST NO.	ORDER NO.	PAGE	INVOICE NO.
12/04/08	24839	69371		65221
License: 20197CV-IL				
Mileage: 202,923 95 FORD YELLO #3				

SHIP TO

CHARLESTON TRANSITIONAL F
1511 13TH ST
LAWRENCEVILLE, IL 62439

PURCHASE ORD. NO.	SALES PERSON	MAIN PHONE	OTHER PHONE	SHIP VIA	Charge			
L34	L53	(217) 352-7158	(217) 398-0754	INSTALLED	VIN: SHA44766			
ITEM NO.	DESCRIPTION			QTY. ORDERED	QTY. SHIPPED	F.E.T.	PRICE	NET EXTENS
BEST	LUBE, OIL & FILTER			1	1		27.95	27.9
AOOIL	MOTOR OIL			5.00	5.00		0.00	0.0
MYM1	OIL FILTER			1	1		0.00	0.0
077 100	LUBE			1	1		0.00	0.0
	WASTE OIL FEE							0.0
	*UP TO 5 QUARTS MOTOR OIL							
	*VACUUM CARPET, WASH EXTERIOR							
	*WINDOWS, TOP OFF FLUIDS							
	*VEHICLE MAINTENANCE INSPECTION							
	*FREE BATTERY PERFORMANCE TEST							
AOOIL	MOTOR OIL			1.00	1.00		2.25	2.2
	*COOLANT 40 BELOW							
				*****THANK YOU*****				
				YOUR BUSINESS IS APPRECIATED				

							Subtot Parts:	30.2
NET 2nd 10TH							Inv Total	30.2

SPECIAL INSTRUCTIONS

SECURITY AGREEMENT: Customer grants to secured party-seller, a security interest in the property described above. Customer agrees to all terms and conditions contained on REVERSE SIDE of this document.

WARNING: MOUNTING TIRES

If litigation is required, buyer is liable for principal, finance charges, court & reasonable attorney fee & collection agency charges.

RECEIVED BY

PRINT NAME

NEAL TIRE AUTO SERVICE

1300 ADAMS
LAWRENCEVILLE, IL 62439
(618) 943-6448

INVOICE

INVOICE DATE	CUST NO.	ORDER NO.	PAGE	INVOICE NO.
10/15/08	24839	67756	1	63653
License: 20197CV-IL				
Mileage: 201,340 95 FORD YELLO				

SOLD TO

CHARLESTON TRANSITIONAL F
1902 FOX DRIVE SUITE B
PO BOX 3577
CHAMPAIGN, IL 61826-3577

SHIP TO

CHARLESTON TRANSITIONAL F
1511 13TH ST
LAWRENCEVILLE, IL 62439

PURCHASE ORD. NO.	SALES PERSON	MAIN PHONE	OTHER PHONE	SHIP VIA	
L30	L53	(217) 352-7158	(217) 398-0754	INSTALLED	Charge #3 VIN: SHA44766

ITEM NO.	DESCRIPTION	QTY. ORDERED	QTY. SHIPPED	F.E.T.	PRICE	NET EXTENSION
AMCLAMP	CLAMPS	2	2		2.95	5.9
AMHANGER	HANGER	2	2		4.95	9.9
LABOR	LABOR	0.50	0.50		59.00	29.5
SHOP	SHOP SUPPLIES	1	1		5.00	5.0

*****THANK YOU*****
YOUR BUSINESS IS APPRECIATED

SubTot Parts: 20.8
SubTot Labor: 29.5

NET 2nd 10TH

Inv Total : 50.3

SPECIAL INSTRUCTIONS

SECURITY AGREEMENT: Customer grants to secured party-seller, a security interest in the property described above. Customer agrees to all terms and conditions contained on REVERSE SIDE of this document.

If litigation is required, buyer is liable for principal, finance charges, court & reasonable attorney fee & collection agency charges.

WARNING: MOUNTING TIRES

RECEIVED BY

PRINT NAME

NEAL TIRE AUTO SERVICE

1300 ADAMS
LAWRENCEVILLE, IL 62439
(618) 943-6448

INVOICE

INVOICE DATE	CUST NO.	ORDER NO.	PAGE	INVOICE NO.
10/01/08	24839	66499	1	63184
License: 20197CV-IL Mileage: 201,099 95 FORD YELLO				

SOLD TO
CHARLESTON TRANSITIONAL F
1902 FOX DRIVE SUITE B
PO BOX 3577
CHAMPAIGN, IL 61826-3577

SHIP TO
CHARLESTON TRANSITIONAL F
1511 13TH ST
LAWRENCEVILLE, IL 62439

CHASE ORD. NO.	SALES PERSON	MAIN PHONE	OTHER PHONE	SHIP VIA	Charge
L33	L33	(217) 352-7153	(217) 398-0754	INSTALLED	VIN: 5HA44766

ITEM NO.	DESCRIPTION	QTY. ORDERED	QTY. SHIPPED	F.E.T.	PRICE	NET EXTENSION
OPPT	2-3163 EGR KIT	1	1		317.95	317.95
OPPT	H-459 TUBE	1	1		4.95	4.95
LABOR	LABOR	1.00	1.00		88.50	88.50
SHOP	SHOP SUPPLIES	1	1		5.00	5.00

*****THANK YOU*****
YOUR BUSINESS IS APPRECIATED

SubTot Parts: 327.90
SubTot Labor: 88.50

NET 2nd 10TH

Inv Total = 416.40

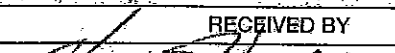
Po # 8677

SPECIAL INSTRUCTIONS

SECURITY AGREEMENT: Customer grants to secured party-seller, a security interest in the property described above. Customer agrees to all terms and conditions contained in REVERSE SIDE of this document.

WARNING: MOUNTING TIRES CAN BE DANGEROUS! We accept

If litigation is required, buyer is liable for principal, finance charges, court costs reasonable attorney fee & collection agency charges.

RECEIVED BY	PRINT NAME
	

NEAL TIRE AUTO SERVICE

1300 ADAMS
LAWRENCEVILLE, IL 62439
(618) 943-6448

INVOICE

INVOICE DATE	CUST NO.	ORDER NO.	PAGE	INVOICE NO.
09/09/08	24839	66465	1	62441
License: 20197CV-IL Mileage: 201,009 95 FORD YELLO				

SOLD TO

CHARLESTON TRANSITIONAL F
1902 FOX DRIVE SUITE B
PO BOX 3577
CHAMPAIGN, IL 61826-3577

SHIP TO

CHARLESTON TRANSITIONAL F
1511 13TH ST
LAWRENCEVILLE, IL 62439

PURCHASE ORD. NO.	SALES PERSON	MAIN PHONE	OTHER PHONE	SHIP VIA	Charge #3 VIN: SHH44766			
L33		L33 (217) 352-7153	(217) 398-0754	INSTALLED				
ITEM NO.	DESCRIPTION	QTY. ORDERED	QTY. SHIPPED	F.E.T.	PRICE	NET EXTENS		
052 100	BRAKE LABOR *LUGNUT TORQUE SHOULD BE CHECKED *AT 50 TO 100 MILES AFTER TIRE/WHEEL *HAS BEEN REINSTALLED ON VEHICLE	0.50	0.50		59.00	29.50		
047 513	DIAGNOSTIC CIRCUIT CHECK	1.00	1.00		29.95	29.95		
*****THANK YOU***** *YOUR BUSINESS IS APPRECIATED* *****								
NET 2nd 10TH					SubTot Parts	0.00		
					SubTot Labor	59.45		
					Inv Total	59.45		
SPECIAL INSTRUCTIONS								

SECURITY AGREEMENT: Customer grants to secured party-seller, a security interest in the property described above. Customer agrees to all terms and conditions contained on REVERSE SIDE of this document.

WARNING: MOUNTING TIRES CAN BE DANGEROUS! We accept

If litigation is required, buyer is liable for principal, finance charges, court costs and reasonable attorney fee & collection agency charges.

RECEIVED BY 	PRINT NAME
--	------------

NEAL TIRE AND AUTO SERVICE

1300 ADAMS
LAWRENCEVILLE, IL 62439
(618) 943-6448

SOLD
TO

CHARLESTON TRANSITIONAL F
1902 FOX DRIVE SUITE B
PO BOX 3577
CHAMPAIGN, IL 61826-3577

INVOICE

INVOICE DATE	CUST NO.	ORDER NO.	PAGE	INVOICE NO.
07/17/08	24839	64630	1	60676
License: 20197CV-IL				FORD YELL
Mileage: 200,452 95				

SHIP
TO

CHARLESTON TRANSITIONAL F
1511 13TH ST
LAWRENCEVILLE, IL 62439

PURCHASE ORD. NO.	SALES PERSON	MAIN PHONE	OTHER PHONE	SHIP VIA					
L33	L53	(217) 352-7150	(217) 398-0754	INSTALLED	Charge VIN: SHA44766				
ITEM NO.	DESCRIPTION	QTY. ORDERED	QTY. SHIPPED	F.E.T.	PRICE	NET EXTENSION			
MT-34R	INTERSTATE GRP 34R 75 MO <i>↑ new battery</i>	700 OCA	1	1	79.95	79.95			
*****THANK YOU***** *YOUR BUSINESS IS APPRECIATED* *****									
						SubTot Parts:	79.95		
NET 2nd 10TH						Inv Total	79.95		
SPECIAL INSTRUCTIONS									

SECURITY AGREEMENT: Customer grants to secured party seller, a security interest in the property described above. Customer agrees to all terms and conditions contained on REVERSE SIDE of this document.

WARNING: MOUNTING TIRES
CAN BE DANGEROUS! We accept

If litigation is required, buyer is liable for principal, finance charges, court costs and reasonable attorney fee & collection agency charges.

RECEIVED BY	PRINT NAME
<i>[Signature]</i>	

NEAL TIRE L & AUTO SERVICE

NEAL TIRE - LAW
1300 ADAMS
LAWRENCEVILLE, IL 62439
(618) 943-6448

SOLD TO

CHARLESTON TRANSITIONAL F
1902 FOX DRIVE SUITE B
PO BOX 3577
CHARLESTON, IL 61826-3577

CHARLESTON TRANSITIONAL F
1511 13TH ST
LAWRENCEVILLE, IL 62439

INVOICE

INVOICE DATE	CUST NO.	ORDER NO.	PAGE	INVOICE NO.
06/18/08	24839	63607	1	53744
License: 20197CV-IL				
Mileage: 200,432 95 FORD YELLOW				

SHIP TO

PURCHASE ORD. NO.	SALES PERSON	MAIN PHONE	OTHER PHONE	SHIP VIA
133	LES	(217) 358-7158	(217) 358-0754	INSTALLED

ITEM NO.	DESCRIPTION	QTY. ORDERED	QTY. SHIPPED	F.E.T.	PRICE	NET EXTEN.
OPPT	DL7761-6-2 ALTERNATOR	1	1		290.95	290.
LABOR	LABOR	1.00	1.00		100.30	100.
SHOP	SHOP SUPPLIES	1	1		5.00	5.
*****THANK YOU***** *YOUR BUSINESS IS APPRECIATED* *****						

SubTot Parts: 295.
SubTot Labor: 100.

NET 2nd 10TH

Inv Total : 396.1

SPECIAL INSTRUCTIONS

SECURITY AGREEMENT: Customer grants to secured party-seller, a security interest in the property described above. Customer agrees to all terms and conditions contained on REVERSE SIDE of this document.

If litigation is required, buyer is liable for principal, finance charges, court or reasonable attorney fee & collection agency charges.

WARNING: MOUNTING TIRES CAN BE DANGEROUS! We accept

RECEIVED BY	PRINT NAME
-------------	------------

NEAL TIRE & AUTO SERVICE

INVOICE

INVOICE DATE	CUST NO.	ORDER NO.	PAGE	INVOICE NO.
05/20/08	24839	62383	1	58724
License: 20197CV-IL				
Mileage: 199,364 95 FORD YELLO				

1300 ADAMS
LAWRENCEVILLE, IL 62439
(618) 943-6448

SOLD TO

SHIP TO

CHARLESTON TRANSITIONAL F
1902 FOX DRIVE SUITE B
PO BOX 3577
CHAMPAIGN, IL 61826-3577

CHARLESTON TRANSITIONAL F
1511 13TH ST
LAWRENCEVILLE, IL 62439

IRCHASE ORD. NO.	SALES PERSON	MAIN PHONE	OTHER PHONE	SHIP VIA	Charge
L33		L53 (217) 352-7158	(217) 398-0754	INSTALLED	VIN: SHA44766

ITEM NO.	DESCRIPTION	QTY. ORDERED	QTY. SHIPPED	F.E.T.	PRICE	NET EXTENSK
MYFG072	FG072 GAS FILTER	1	1		11.95	11.95
047 513	DIAGNOSTIC CIRCUIT CHECK	1.00	1.00		29.95	29.95
LABOR	LABOR	3.50	3.50		59.00	206.50
SHOP	SHOP SUPPLIES	1	1		5.00	5.00
OPPT	F6PZ9H30700 FUEL PUMP	1	1		407.95	407.95

*****THANK YOU*****
YOUR BUSINESS IS APPRECIATED

NET 2nd 10TH

SubTot Parts: 424.5
SubTot Labor: 236.4

Inv Total: 661.3

SPECIAL INSTRUCTIONS

AGREEMENT: Customer grants to secured party-seller, a security interest in the property described above. Customer agrees to all terms and conditions contained in REVERSE SIDE of this document.

WARNING: MOUNTING TIRES CAN BE DANGEROUS! We accept

If litigation is required, buyer is liable for principal, finance charges, court costs, reasonable attorney fee & collection agency charges.

RECEIVED BY	PRINT NAME
-------------	------------



1300 ADAMS
 LAWRENCEVILLE, IL 62439
 (618) 943-6448

INVOICE

INVOICE DATE	CUST NO.	ORDER NO.	PAGE	INVOICE NO.
-05/20/08	24039	62620	1	50725
License: 20197CV-IL				
Mileage: 199,364 95 FORD YELLOW				

SOLD TO

CHARLESTON TRANSITIONAL F
 1902 FOX DRIVE SUITE B
 PO BOX 3577
 CHAMPAIGN, IL 61826-3577

SHIP TO

CHARLESTON TRANSITIONAL F
 1511 13TH ST
 LAWRENCEVILLE, IL 62439

PURCHASE ORD. NO.	SALES PERSON	MAIN PHONE	OTHER PHONE	SHIP VIA	CHARGE
TOW		1306 (217) 352-7158	(217) 398-0754	INSTALLED	VIN: 5NA44766

ITEM NO.	DESCRIPTION	QTY. ORDERED	QTY. SHIPPED	FEET	PRICE	NET EXTENS
OPTOW	TOWING CHARGE		1		60.00	60.0
*****THANK YOU***** *YOUR BUSINESS IS APPRECIATED* *****						

NET 2nd 10TH

SubTot Parts: 0.0
 SubTot Labor: 60.0

Inv Total : 60.0

SPECIAL INSTRUCTIONS

SECURITY AGREEMENT: Customer grants to secured party-seller, a security interest in the property described above. Customer agrees to all terms and conditions contained on REVERSE SIDE of this document.

If litigation is required, buyer is liable for principal, finance charges, court costs, reasonable attorney fees & collection agency charges.

WARNING: MOUNTING TIRES CAN BE DANGEROUS! We accept

RECEIVED BY	PRINT NAME
-------------	------------

NEAL TIRE AUTO SERVICE

1300 ADAMS

LAWRENCEVILLE, IL 62439
(618) 943-6448

INVOICE

INVOICE DATE	CUST NO.	ORDER NO.	PAGE	INVOICE NO.
05/06/08	24839	62114	1	59262
License: 20197CV IL				
Mileage: 199,098 95 FORD YELLO				

SOLD TO

CHARLESTON TRANSITIONAL F
1902 FOX DRIVE SUITE B
PO BOX 3577
CHAMPAIGN, IL 61826-3577

SHIP TO

CHARLESTON TRANSITIONAL F
1511 13TH ST
LAWRENCEVILLE, IL 62439

PURCHASE ORD. NO.	SALES PERSON	MAIN PHONE	OTHER PHONE	SHIP VIA	Charge
L34		L53 (217) 352-7158	(217) 398-0754	INSTALLED	VIN: SHA44766

ITEM NO.	DESCRIPTION	QTY. ORDERED	QTY. SHIPPED	F.E.T.	PRICE	NET EXTEN
BEST	LUBE, OIL & FILTER		1		23.95	23
AD OIL	MOTOR OIL	5.00	5.00		0.00	0.
MYM4651	OIL FILTER		1		0.00	0.
077 100	LUBE		1		0.00	0.
	WASTE OIL FEE				0.00	0.
	*UP TO 5 QUARTS MOTOR OIL					0.
	*VACUUM CARPET, WASH EXTERIOR					
	*WINDOWS, TOP OFF FLUIDS					
	*VEHICLE MAINTENANCE INSPECTION					
	*FREE BATTERY PERFORMANCE TEST					
AD OIL	MOTOR OIL	1.00	1.00		1.99	1.
	*NEEDS FUEL FILTER					
	*NEEDS TRANS FILTER KIT					

SubTot Parts: 25.

NET 2nd 10TH

Inv Total: 25.

SPECIAL INSTRUCTIONS

AGREEMENT: Customer grants to secured party-seller, a security interest in the property described above. Customer agrees to all terms and conditions contained in REVERSE SIDE of this document.

WARNING: MOUNTING TIRES CAN BE DANGEROUS! We accept no responsibility for...

If litigation is required, buyer is liable for principal, finance charges, court costs, reasonable attorney fee & collection agency charges.

RECEIVED BY	PRINT NAME
<i>[Signature]</i>	

M.P.

AUTO - TRUCK - FARM - INDUSTRIAL

INVOICE

DAVIS TIRE and AUTO SERVICE

LAWRENCEVILLE, IL 62439

"A Division of Neal Tire / Ben Tire"

SOLD TO

CHARLESTON TRANSITIONAL F
1902 FOX DRIVE SUITE B
CHAMPAIGN, IL 61826-3577

INVOICE DATE	CUST NO.	ORDER NO.	PAGE	INVOICE NO.
02/05/08	24839	59000	1	55643
License: 20197CV-IL Mileage: 195,596 95 FORD YELLOW				

SHIP TO

CHARLESTON TRANSITIONAL F
1511 13TH ST
LAWRENCEVILLE, IL 62439

PURCHASE ORD. NO.	SALES PERSON	MAIN PHONE	OTHER PHONE	SHIP VIA
L33		L36 (217) 352-7158	(217) 390-0754	INSTALLED

Charge
VIN: SH944766

ITEM NO.	DESCRIPTION	QTY. ORDERED	QTY. SHIPPED	RET.	PRICE	NET EXTEN
OPPT	H-1936 TRANSMISSION HOSE		1	1		
TR	HOSE CLAMPS		6	6	21.00	21.
LABOR	LABOR/HOSE				1.25	7.
ADATF	TRANSMISSION FLUID	1.00	1.00		59.00	59.
OPPT	331 U-JOINTS	2.00	2.00		2.99	5.9
LABOR	LABOR/ U-JOINT	3	3		32.99	98.
SHOP	SHOP SUPPLIES	1.00	1.00		177.00	177.
			1	1	5.00	5.

*****THANK YOU*****
YOUR BUSINESS IS APPRECIATED

NET 1ST 10TH

SubTot Parts: 138.
SubTot Labor: 236.1

Inv Total: 374.1

SPECIAL INSTRUCTIONS

SECURITY AGREEMENT: Customer grants to secured party-seller, a security interest in the property described above. Customer agrees to all terms and conditions contained on REVERSE SIDE of this document.

WARNING: MOUNTING TIRES CAN BE DANGEROUS! We accept no responsibility for accidents when

If litigation is required, buyer is liable for principal, finance charges, court costs and reasonable attorney fee & collection agency charges.

RECEIVED BY	PRINT NAME
<i>[Signature]</i>	

AUTO - TRUCK - FARM - INDUSTRIAL

INVOICE

DAVIS TIRE and AUTO SERVICE

LAWRENCEVILLE, IL 62439

"A Division of Neal Tire / Ben Tire"

SOLD TO

CHARLESTON TRANSITIONAL F
1902 FOX DRIVE SUITE B
CHAMPAIGN, IL 61826-3577

INVOICE DATE	CUST NO.	ORDER NO.	PAGE	INVOICE NO.
02/06/08	24839	59354	1	59354
License: 28197CV-IL Mileage: 195,596 95 FORD YELLO				

SHIP TO

CHARLESTON TRANSITIONAL F
1511 13TH ST
LAWRENCEVILLE, IL 62439

PURCHASE ORD. NO.	SALES PERSON	MAIN PHONE	OTHER PHONE	SHIP VIA			
L34		LB6 (217) 352-7158	(217) 398-0754	INSTALLED	Charge VIN: 8HA44766		
ITEM NO.	DESCRIPTION	QTY. ORDERED	QTY. SHIPPED	R.E.T.	PRICE	NET EXTENS	
BEST	LUBE, OIL & FILTER	1	1		23.95	23.95	
ADDIL	MOTOR OIL	5.00	5.00		0.00	0.00	
MYM1	OIL FILTER	1	1		0.00	0.00	
077 100	LUBE	1	1		0.00	0.00	
	WASTE OIL FEE					0.00	
	*UP TO 5 QUARTS MOTOR OIL					0.00	
	*VACUUM CARPET, WASH EXTERIOR						
	*WINDOWS, TOP OFF FLUIDS						
	*VEHICLE MAINTENANCE INSPECTION						
	*FREE BATTERY PERFORMANCE TEST						
ADDIL	MOTOR OIL	1.00	1.00		1.99	1.99	
*****THANK YOU***** *YOUR BUSINESS IS APPRECIATED* *****							
NET 1ST 10TH						SubTot Parts:	25.94
						Inv Total	25.94
SPECIAL INSTRUCTIONS							

BY AGREEMENT: Customer grants to secured party-seller, a security interest in the property described above. Customer agrees to all terms and conditions contained on REVERSE SIDE of this document.

WARNING: MOUNTING TIRES CAN BE DANGEROUS! We accept

If litigation is required, buyer is liable for principal, finance charges, court costs and reasonable attorney fee & collection agency charges.

RECEIVED BY	PRINT NAME
-------------	------------

VINCENNES FORD INC.

3467 S. KELLER ROAD
 P.O. Box 929
 VINCENNES IN, 47591
 Telephone: (812) 882-0820



VIN: 11-764
 eb
 16:04:33

0075
 19-09
 S Code

VISA

 CUV2 C
 Appr Code: 03021
 Total:

Invoice #: 000007
 \$ 784.84

Customer Copy
 THANK YOU!

BOB	TOTAL CLAIM
	LESS REC.
	PARTS SCRAP OUT
	TOTAL

I ACKNOWLEDGE RECEIPT OF THE PARTS AND LABOR LISTED BELOW:

X _____
 THIS COPY MUST BE RETURNED FOR ADJUSTMENT

DEALER CODE
P & A CODE

ON BEHALF OF SERVICING DEALER, I HEREBY CERTIFY THAT THE INFORMATION CONTAINED HEREON IS ACCURATE, UNLESS OTHERWISE SHOWN. SERVICES DESCRIBED WERE PERFORMED AT NO CHARGE TO OWNER. THERE WAS NO INDICATION FROM THE APPEARANCE OF THE VEHICLE OR OTHERWISE THAT ANY PART REPAIRED OR REPLACED UNDER THIS CLAIM HAD BEEN CONNECTED IN ANY WAY WITH ANY ACCIDENT, NEGLIGENCE OR MISUSE. RECORDS SUPPORTING THIS CLAIM ARE AVAILABLE FOR (1) YEAR FROM THE DATE OF PAYMENT NOTIFICATION AT THE SERVICING DEALER FOR INSPECTION BY REPRESENTATIVES OF FORD.

(SIGNED) _____ DEALER, GENERAL MANAGER OR AUTHORIZED PERSON (DATE)

INVOICE TO CHARLESTON TRANSITIONAL FACILITY PO BOX 3577 CHAMPAIGN IL 61826 WORK: (618) 943-3612 HOME: (618) 943-3612	DRIVER/OWNER INFORMATION -- INVOICE: C81173 CHARLESTON TRANSITIONAL FACILITY PO BOX 3577 CHAMPAIGN IL 61826 WORK: (618) 943-3612 HOME: (618) 943-3612
FOR OFFICE USE ADV: 207 DEVERG, C INVOICE: PRELIM CUS C TAX RULES: NYWNN INVOICED: 03/19/2009 15:03:06 ODOMETER IN: 203649 DIST: IFA DATES BEGIN: 02/20/09 DONE: 03/19/09	VEHICLE INFORMATION VIN 1FDKE30G0SHA44766 LICENSE NUMBER: IL 20197CV 95 FORD E-350 E-LINE RV CUTAWAY

CONCERN 51 CUSTOMER STATES AFTER DRIVING FOR 15-20MILES O/D LIGHT STARTS FLASHING & OPERATION TECH HOURS AMOUNT
 TRANSMISSION SHIFTS HARD-RUNS OK IF TURNING OFF ENGINE & RESTARTING---HAS MISC 102 4.6 S 267.80
 PULLED CODES 653-331 & 172--TRANSMISSION HAS BEEN REPLACED
 CORRECTION CHECKED FOR O/D LIGHT FLASHING/TRANSMISSION SHIFTING HARD-COULD NOT
 DUPLICATE. VEHICLE DOES LOOSE POWER AFTER 30-40 MIN DRIVE. CHECKED FUEL
 PRESSURE. REMOVED TANK, TANK HAD BEEN MODIFIED, HAD TO HAVE 3 NEW STUDS
 INSTALLED. REPLACED FUEL PUMP & FUEL FILTER-NOTE: STARTER NEEDS REPLACE/NO
 REPAIRS AT THIS TIME

PART NUMBER	PO#	NOTE	DESCRIPTION	QTY	SELL	
	081173		MILLER MACHINE	1	90.00	90.00
	081173		CO-OP/FUEL	1	9.78	9.78
FMC F6PZ 9H907 BB		NSTK	SENDER AND PUMP ASY	1C	383.32	383.32
FMC F0TZ 9135 B			FILTER ASY - FUEL	1	17.87	17.87

FACTORY TECH: 102 - CLYMER, MARK	
	----- SUBTOTAL -----
	PARTS 401.19
	SUBLET REPAIRS 99.78
	LAB-MECHANICAL 267.80
	TOTAL CHARGE FOR CONCERN 760.77

TYPE: C



VINCENNES FORD INC.

3467 S. KELLER ROAD
P.O. Box 929
VINCENNES IN, 47591
Telephone: (812) 882-0820



PRO RATA %	TOTAL PARTS	PRO RATA %	TOTAL LABOR	TOTAL CLAIM
SUB TOTAL	ALLOWANCE	PLUS PRICE DIFF.	LESS REC.	
(CHECK [✓] APPROPRIATE BOX)				
<input type="checkbox"/> CLAIMS REVIEW	<input type="checkbox"/> AUTHORIZATION TO SUBMIT CLAIM	<input type="checkbox"/> PARTS SCRAP OUT		
\$ PARTS	\$ LABOR	\$ TOTAL		
Authorized Signature and Date				

I ACKNOWLEDGE RECEIPT OF THE PARTS AND LABOR LISTED BELOW:

DEALER CODE
P & A CODE

X _____ THIS COPY MUST BE RETURNED FOR ADJUSTMENT

ON BEHALF OF SERVICING DEALER, I HEREBY CERTIFY THAT THE INFORMATION CONTAINED HEREON IS ACCURATE, UNLESS OTHERWISE SHOWN. SERVICES DESCRIBED WERE PERFORMED AT NO CHARGE TO OWNER. THERE WAS NO INDICATION FROM THE APPEARANCE OF THE VEHICLE OR OTHERWISE THAT ANY PART REPAIRED OR REPLACED UNDER THIS CLAIM HAD BEEN CONNECTED IN ANY WAY WITH ANY ACCIDENT, NEGLIGENCE OR MISUSE. RECORDS SUPPORTING THIS CLAIM ARE AVAILABLE FOR (1) YEAR FROM THE DATE OF PAYMENT NOTIFICATION AT THE SERVICING DEALER FOR INSPECTION BY REPRESENTATIVES OF FORD.

(SIGNED)

DEALER, GENERAL MANAGER OR AUTHORIZED PERSON

(DATE)

INVOICE TO	DRIVER/OWNER INFORMATION -- INVOICE: C81173
CHARLESTON TRANSITIONAL FACILITY	CHARLESTON TRANSITIONAL FACILITY
FOR OFFICE USE	VEHICLE INFORMATION
ADV: 207 DEVERS, INVOICED: 03/19/2009 15:03:06 CD 95 E-350	LICENSE NUMBER: IL 20197CV

GRAND TOTALS

SUMMARY OF CHARGES FOR INVOICE C81173		PAYMENT DISTRIBUTION FOR INVOICE C81173	
PARTS	401.19	TOTAL CHARGE	812.92
QUILT REPAIRS	99.78	CASH DUE	812.92
SERVICE MATERIAL	16.07		
LAD-MECHANICAL	267.80		
SUB-TOTAL	784.84		
TAX	28.08		
TOTAL CHARGE	812.92		

72x 28.0
\$784.84

IF YOU HAVE ANY QUESTIONS - PLEASE SEE CORNELIA DEVERS

PAGE 2
LAST PAGE

Total
\$784.84

THANK YOU!!



Route 4 Box 148
Lawrenceville, IL 62439

(618) 943-4856

Estimate

Date	Estimate #
1/9/2009	5087

Name / Address
CHARLESTON TRANSITIONAL FACILITY PO BOX 3577 CHAMPAIGN, IL 61826-3577
Phone #

Project

Item	Description
PARTS LABOR 2WD	Dash Cluster Labor to remove old and replace with new part.

Completed
PO # 17595

Thank you for your trust in our company.	Subtotal	\$312.50
	Sales Tax (0.0%)	\$0.00
	Total	\$312.50



File

Invoice

Route 4 Box 148
Lawrenceville, IL 62439
Phone # (618) 943-4856

Date	Invoice #
9/29/2008	7265

Customer	
CHARLESTON TRANSITIONAL FACILITY MIKE PHEGLEY	
PHONE	
VEHICLE	94 FORD SHUTTLE BUS

VIN	PO Number	MILEAGE
1FDKE30G0SHA44766		201,023

Description
1994 FORD SHUTTLE BUS 7.5L E40D INSTALLED JASPER TRANSMISSION - STOCK #5604110/PRODUCT #639335 3 YEAR/100,000 WARRANTY (PARTS & LABOR) JASPER ENGINES & TRANSMISSIONS 1-800-827-7455 JASPER REMAN TRANSMISSION GREEN LUBEGUARD (FORD)
TRANSMISSION FLUID
TRANSMISSION FLUID R&R 2WD TRANSMISSION
SUBTOTAL

Thank you for your business.	Subtotal	\$2,887.88
	Sales Tax (0.0%)	\$0.00
	Total	\$2,887.88

WHEN APPLICABLE:
* LIMITED 12 MONTH OR 12,000 MILE CONDITIONAL WARRANTY

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	Charleston Transitional Facility	Form <u>4</u> of <u>6</u> , (1 of 1 etc.)
--------------------------	----------------------------------	---

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

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

C. Category of Request (Check appropriate category)

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

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

Based on needs, the requested vehicle on **this** form is to be considered for funding (1st, 2nd, etc.) 4.

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 #
86	Chevy	Lt Duty	May 09/ 125,241	1GAGG35M2G7167008

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.

NEAL TIRE L & AUTO SERVICE

1300 ADAMS
LAWRENCEVILLE, IL 62439
(618) 943-6448

SOLD
TO

CHARLESTON TRANSITIONAL F
1902 FOX DRIVE SUITE B
PO BOX 3577
CHAMPAIGN, IL 61826-3577

INVOICE

INVOICE DATE	CUST. NO.	ORDER NO.	PAGE	INVOICE NO.
02/05/09	24889	70986	1	66777
License: 23188CV-IL Mileage: 23,287 86 CHEV VAN				

SHIP
TO

CHARLESTON TRANSITIONAL F
LAWRENCEVILLE, IL 62439

CHASE ORD. NO.	SALES PERSON	MAIN PHONE	OTHER PHONE	SHIP VIA	Charge
33	L36	(217) 352-7158	(217) 398-0754	INSTALLED	VIN: WHITE/ 5.7L

ITEM NO.	DESCRIPTION	QTY. ORDERED	QTY. SHIPPED	F.E.T.	PRICE	NET EXTENSION
JPPT	HC101 HEATER SWITCH	1	1		19.95	19.95
JPPT	AR135 HEATER RELAY	1	1		29.95	29.95
LABOR	LABOR	1.50	1.50		59.00	88.50
*****THANK YOU***** *YOUR BUSINESS IS APPRECIATED* *****						

SubTot Parts: 49.90
SubTot Labor: 88.50

NET 2nd 10TH


Inv Total : 138.40

SPECIAL INSTRUCTIONS

SECURITY AGREEMENT: Customer grants to secured party-seller, a security interest in property described above. Customer agrees to all terms and conditions contained REVERSE SIDE of this document.

If litigation is required, buyer is liable for principal, finance charges, court costs, reasonable attorney fee & collection agency charges.

WARNING: MOUNTING TIRES CAN BE DANGEROUS! We accept

RECEIVED BY	PRINT NAME
	

NEAL TIRE AUTO SERVICE

1300 ADAMS
LAWRENCEVILLE, IL 62439
(618) 943-6448

SOLD
TO

CHARLESTON TRANSITIONAL F
1902 FOX DRIVE SUITE B
PO BOX 3577
CHAMPAIGN, IL 61826-3577

INVOICE

INVOICE DATE	CUST NO.	ORDER NO.	PAGE	INVOICE NO.
01/08/09	24809	70070	1	66112
License: 23189CV-IL				
Mileage: 122,897 86 CHEV VAN				

SHIP
TO

CHARLESTON TRANSITIONAL F
LAWRENCEVILLE, IL 62439

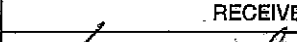
CHASE ORD. NO.	SALES PERSON	MAIN PHONE	OTHER PHONE	SHIP VIA				
L34	L53	(217) 352-7150	(217) 398-0754	INSTALLED	Charge \$1 VIN: WHITE/ 5.7L			
ITEM NO.	DESCRIPTION	QTY. ORDERED	QTY. SHIPPED	F.E.T.	PRICE	NET EXTENSION		
BEST 5W30M MYM40A 077.100 ?	LUBE, OIL & FILTER 5W30 CLEAN MOBIL OIL FILTER LUBE *UP TO 5 QUARTS MOTOR OIL *VACUUM CARPET, WASH EXTERIOR *WINDOWS, TOP OFF FLUIDS *VEHICLE MAINTENANCE INSPECTION *FREE BATTERY PERFORMANCE TEST *****THANK YOU***** *YOUR BUSINESS IS APPRECIATED* *****	5.00	5.00		27.95 0.00 0.00 0.00	27.95 0.00 0.00 0.00		
					Subtot Parts	27.95		
NET 2nd 10TH					Inv Total	27.95		

SPECIAL INSTRUCTIONS

SECURITY AGREEMENT: Customer grants to secured party-seller, a security interest in the property described above. Customer agrees to all terms and conditions contained on REVERSE SIDE of this document.

WARNING: MOUNTING TIRES
CAN BE DANGEROUS! We accept

If litigation is required, buyer is liable for principal, finance charges, court costs, reasonable attorney fee & collection agency charges.

RECEIVED BY	PRINT NAME
	

NEAL TIRE AUTO SERVICE

1300 ADAMS
LAWRENCEVILLE, IL 62439
(618) 943-6448

INVOICE

INVOICE DATE	CUST NO.	ORDER NO.	PAGE	INVOICE NO.
11/05/08	24889	68444	1	64327
License: 23188CV-IL				
Mileage: 22,513 86 CHEV VAN				

SOLD TO

CHARLESTON TRANSITIONAL F
1902 FOX DRIVE SUITE B
PO BOX 3577
CHAMPAIGN, IL 61826-3577

SHIP TO

CHARLESTON TRANSITIONAL F
LAWRENCEVILLE, IL 62439

PURCHASE ORD. NO.	SALES PERSON	MAIN PHONE	OTHER PHONE	SHIP VIA	Charge
L50	L36	(217) 352-7158	(217) 398-0754	INSTALLED	VIN: WHITE / 5.7L

ITEM NO.	DESCRIPTION	QTY. ORDERED	QTY. SHIPPED	F.E.T.	PRICE	NET EXTENSION
MYH4651	SEALED BEAM HEADLIGHT	1	1		10.95	10.95
LABOR	LABOR	1.00	1.00		5.00	5.00
*****THANK YOU***** *YOUR BUSINESS IS APPRECIATED* *****						

SubTot Parts:	10.95
SubTot Labor:	5.00
Inv Total :	15.95

NET 2nd 10TH

SPECIAL INSTRUCTIONS

SECURITY AGREEMENT: Customer grants to secured party-seller, a security interest in the property described above. Customer agrees to all terms and conditions contained on REVERSE SIDE of this document.

If litigation is required, buyer is liable for principal, finance charges, court or reasonable attorney fee & collection agency charges.

WARNING: MOUNTING TIRES CAN BE DANGEROUS! We accept

RECEIVED BY	PRINT NAME

NEAL TIRE AUTO SERVICE

1300 ADAMS
LAWRENCEVILLE, IL 62439
(618) 943-6448

INVOICE

INVOICE DATE	CUST NO.	ORDER NO.	PAGE	INVOICE NO.
08/14/08	24839	65276	1	61653
License: 23188CV-IL				COPY
Mileage: 21,457 86				CHEV VAN

SOLD TO

CHARLESTON TRANSITIONAL F
1902 FOX DRIVE SUITE B
PO BOX 3577
CHANPAIGN, IL 61826-3577

SHIP TO

CHARLESTON TRANSITIONAL F
LAWRENCEVILLE, IL 62439

PURCHASE ORD. NO.	SALES PERSON	MAIN PHONE	OTHER PHONE	SHIP VIA	Charge
L30	L53	(217) 352-7158	(217) 398-0754	INSTALLED	VIN: WHITE/ 5.7L

ITEM NO.	DESCRIPTION	QTY. ORDERED	QTY. SHIPPED	F.E.T.	PRICE	NET EXTENSION
OPBRK	99-7084AM BRAKE PADS	1	1		63.95	63.95
OPBRK	21771 OIL SEAL	2	2		3.95	7.90
OPBRK	38185 BRAKE HOSE	1	1		25.95	25.95
OPBRK	38184 BRAKE HOSE	1	1		25.95	25.95
OPBRK	242-2073 FRONT CALIPER	1	1		29.95	29.95
OPBRK	242-2072 FRONT CALIPER	1	1		29.95	29.95
052 100	BRAKE LABOR	2.00	2.00		59.00	165.20
	*LUGNUT TORQUE SHOULD BE CHECKED					
	*AT 50 TO 100 MILES AFTER TIRE/WHEEL					
	*HAS BEEN REINSTALLED ON VEHICLE					
SHOP	SHOP SUPPLIES	1	1		5.00	5.00
105	BRAKE FLUID	1.00	1.00		6.95	6.95
	*****THANK YOU*****					
	YOUR BUSINESS IS APPRECIATED					

SubTot Parts: 195.60
SubTot Labor: 165.20

NET 2nd 10TH

Inv Total: 360.80

SPECIAL INSTRUCTIONS

SECURITY AGREEMENT: Buyer hereby grants to lender party herein a security interest in the property described herein and all items and conditions contained on REVERSE SIDE of this invoice.

If litigation is required, buyer is liable for principal, finance charges, court costs, reasonable attorney fee & collection agency charges.

WARNING: MOUNTING CAN BE DANGEROUS

RECEIVED BY

PRINT NAME

NEAL TIRE AUTO SERVICE

INVOICE

INVOICE DATE	CUST NO.	ORDER NO.	PAGE	INVOICE NO.
08/06/08	24839	65334	1	61339
License: 23188CV-IL				
Mileage: 21,456 <u>96</u> <u>CHEV VAN</u>				

1300 ADAMS
LAWRENCEVILLE, ILL 62439
(618) 943-2218
SOLD TO
TO
CHARLESTON TRANSITIONAL F
1902 FOX DRIVE SUITE B
PO BOX 3577
CHAMPAGNE, ILL 61826-3577

SHIP TO
CHARLESTON TRANSITIONAL F
LAWRENCEVILLE, IL 62439

PURCHASE ORD. NO.	SALES PERSON	MAIN PHONE	OTHER PHONE	SHIP VIA	Charge
L39		(217) 352-7153	(217) 398-0754	INSTALLED	VIN: WHITE/ 5.7L

ITEM NO.	DESCRIPTION	QTY. ORDERED	QTY. SHIPPED	RET.	PRICE	NET EXTENSION
NY-58	8 75R16.5/8 PK LT RAD HWY BLK	1	1	0.00	135.13	135.13
SCRAP	SCRAP TIRE FEE	1	1		2.50	2.50
VS	RUBBER VALVE STEM	1	1		2.50	2.50
044 263	WHEEL BALANCE-PASS/LT TRK	1	1		8.00	8.00
OZ	WHEEL WEIGHTS	1	1		0.50	0.50
	*CHECK LUGNUT TORQUE 50-100 MILES *AFTER TIRES ARE INSTALLED *ALIGN? YES _____ DECLINED _____					
EPA	TIRE USER FEE	1	1		2.50	2.50

*****THANK YOU*****
YOUR BUSINESS IS APPRECIATED

SubTot Parts:	143.13
SubTot Labor:	8.00
Inv Total :	151.13

NET 2nd 10TH

SPECIAL INSTRUCTIONS

WARRANTY AGREEMENT: Customer grants to secured party seller a security interest in the property described above. Customer agrees to all terms and conditions contained on REVERSE SIDE of this document.

If litigation is required, buyer is liable for principal, finance charges, court costs and reasonable attorney fees & collection agency charges.

WARNING: MOUNTING TIRES

RECEIVED BY	PRINT NAME
-------------	------------

NEAL TIRE & AUTO SERVICE

1300 ADAMS
 LAWRENCEVILLE, ILL 62439
 (618) 943-6449

INVOICE

INVOICE DATE	CUST NO.	ORDER NO.	PAGE	INVOICE NO.
06/03/08	24839	65249		61311
License: 23188CV-IL Mileage: 121,456 86 CHEV VAN.				

SOLD TO

CHARLESTON TRANSITIONAL F
 1902 FOX DRIVE SUITE B
 PO BOX 3577
 CHAMPAIGN, IL 61806-3577

SHIP TO

CHARLESTON TRANSITIONAL F
 LAWRENCEVILLE, IL 62439

PURCHASE ORD. NO.	SALES PERSON	MAIN PHONE	OTHER PHONE	SHIP VIA	Charge
L34		(217) 398-7133	(217) 398-0754	INSTALLED	VIN: WHITE/ 5.7L

ITEM NO.	DESCRIPTION	QTY. ORDERED	QTY. SHIPPED	RET.	PRICE	NET EXTENSION
BEST	LUBE, OIL & FILTER	1	1		23.95	23.9
5M30M	5M30 CLEAN MORIL	5.00	5.00		0.00	0.0
MYM40A	OIL FILTER	1	1		0.00	0.0
077 100	LUBE	1	1		0.00	0.0
	WASTE OIL FEE					0.0
	*UP TO 5 QUARTS MOTOR OIL					
	*VACUUM CARPET, WASH EXTERIOR					
	*WINDOWS, TOP OFF FLUIDS					
	*VEHICLE MAINTENANCE INSPECTION					
	*FREE BATTERY PERFORMANCE TEST					
*****THANK YOU***** *YOUR BUSINESS IS APPRECIATED* *****						

SubTot Parts: 23.9

NET 2nd 10TH

Inv Total : 23.9

SPECIAL INSTRUCTIONS

SECURITY AGREEMENT: Customer grants to secured party seller, a security interest in the property described above. Customer agrees to all terms and conditions contained on REVERSE SIDE of this document.

If litigation is required, buyer is liable for principal, finance charges, court & reasonable attorney fee & collection agency charges.

WARNING: MOUNTING TIRES CAN BE DANGEROUS! We accept

RECEIVED BY	PRINT NAME
-------------	------------

NEAL TIRE AND AUTO SERVICE

1300 ADAMS
LAWRENCEVILLE, IL 62439
(618) 943-6448

SOLD TO

CHARLESTON TRANSITIONAL F
1902 FOX DRIVE SUITE B
PO BOX 3577
CHAMPAIGN, IL 61826-3577

INVOICE

INVOICE DATE	CUST NO.	ORDER NO.	PAGE	INVOICE NO.
05/20/08	24839	62839	1	58744
License: 22188CV-IL				
Mileage: 120,173 86 CHEV VAN				

SHIP TO

CHARLESTON TRANSITIONAL F
LAWRENCEVILLE, IL 62439

CHASE ORD. NO.	SALES PERSON	MAIN PHONE	OTHER PHONE	SHIP VIA	Charge
L33		L53 (217) 352-7158	(217) 398-0754	INSTALLED	VIN: WHITE / 5.7L

ITEM NO.	DESCRIPTION	QTY. ORDERED	QTY. SHIPPED	F.E.T.	PRICE	NET EXTENSIO
047 513	DIAGNOSTIC CIRCUIT CHECK *REPAIR LIGHTS *FAULTY GROUND WIRE	1.00	1.00		29.95	29.9
*****THANK YOU***** *YOUR BUSINESS IS APPRECIATED* *****						

NET 2nd 10TH

SubTot Parts:	0.0
SubTot Labor:	29.9
Inv Total	29.9

SPECIAL INSTRUCTIONS

SECURITY AGREEMENT: Customer grants to secured party-seller, a security interest in the property described above. Customer agrees to all terms and conditions contained on REVERSE SIDE of this document.

If litigation is required, buyer is liable for principal, finance charges, court costs, reasonable attorney fee, & collection agency charges.

WARNING: MOUNTING TIRES

RECEIVED BY	PRINT NAME
-------------	------------

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	Charleston Transitional Facility	Form <u>5</u> of <u>6</u> , (1 of 1 etc.)
--------------------------	----------------------------------	---

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

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

C. Category of Request (Check appropriate category)

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

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

Based on needs, the requested vehicle on **this** form is to be considered for funding (1st, 2nd, etc.) 5.
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 #
97	FORD	Lt Duty	May 09/ 109,639	1FJBS31L7VH79482

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.

GAYER EQUIPMENT INC.
 4287 N Holly Road
 Olney, IL 62450

Invoice
 Invoice Number
 300

Invoice Date
 Oct 21, 200

Voice: 618-395-2525
 Fax: 618-395-2520

Page
 1

Sold To: CHARLESTON TRANSITIONAL FACILITY
 511 E MAIN ST
 OLNEY, IL 62450
 Attn Shannon

Ship to:

Customer ID	Customer PO	Payment Terms	
C3924444		2% 9, Net 10 Days	
Sales Rep ID	Shipping Method	Ship Date	Due Date
	Cust Pickup		10/31/08


Quantity	Item	Description	Unit Price	Extension
1.50	LABOR - SHOP	10/13 CHECK OUT WHY LIFT WASN'T WORKING PROPERLY CLEANED AND LUBED MOVING PARTS LUBRICATED HOIST CHECKED WIRING AND ADJUSTED WHERE NEEDED	50.00	75.00
	#10	Dent 10-30		

THANK YOU FOR YOUR BUSINESS
 NO GUARANTEES OR WARRANTIES EXPRESSED OR IMPLIED ON ALL USED TRACTORS AND EQUIPMENT
 FARM USE Rec'd by -X-
 - ves - no-
 Check/Credit Memo No:


Subtotal	75.00
Sales Tax	
Freight	
Total Invoice Amount	75.00
Payment/Credit Applied	
TOTAL	75.00

No. 44575

VEHICLE IDENTIFICATION NO.	DELIVERY DATE	MILEAGE	LICENSE NO.	YEAR	MAKE - MODEL
		148242		97	Ford VAN



AUTO CLINIC
"Service With Integrity"



AUTO CLINIC
"Service With Integrity"

J & A AUTO CLINIC, INC.
1202 Whittle Ave. • Olney, IL 62450
Phone 395-1323 or 393-7738

FOREIGN and DOMESTIC MECHANICAL REPAIR
We Specialize in Automatic Transmissions
Light Truck and Domestic Diesel Service

NAME	DATE RECEIVED PROMISED	DATE COMPLETED
C T F # 10	5/20/08	
ADDRESS	A.M. P.M.	CUSTOMER ORDER NO.
CITY	TERMS	ORDER WRITTEN BY
		(J)

OPER. NO.	TC	INSTRUCTIONS	LABOR CHARGE
		OK PROBLEM WITH LIPT, CHECKED POWERS, FOUNDS, SWI TRAS, DELAYS, & MOTOR FOUND BAD MOTOR, REPAIRED MOTOR & CHECKED FOR PROPER OPERATION	
		Wayne Beyon	
		FINANCE CHARGES OF 270 MONTHLY TOTALING 2470 ANNUALLY, WILL BE ADDED TO UNPAID BALANCES AND ACCOUNTS NOT PAID WITHIN 10 DAY'S FOLLOWING BILLING.	
		STORAGE WILL BE CHARGED 48 HOURS AFTER VEHICLE REPAIRS ARE COMPLETED.	

I hereby authorize the repair work to be done along with the necessary material, and hereby grant you and/or your employees permission to operate the car or truck herein described on streets, highways or elsewhere for the purpose of testing and/or inspection. An express mechanic's lien is hereby acknowledged on car or truck to secure the amount of repairs thereto.		PHONE WHEN READY	YES <input type="checkbox"/> NO <input type="checkbox"/>
X		TOTAL LABOR	178.50
		TOTAL PARTS	221.20
		SHOP SUPPLIES	6.25
		GAS, OIL & GREASE	
		OUTSIDE REPAIRS	
		FREIGHT	8.63
		TOW	
		TAX	6.38

T H A N K
Y O U

NOT RESPONSIBLE FOR LOSS OR DAMAGE TO CARS OR ARTICLES LEFT IN CARS IN CASE OF FIRE, THEFT OR ANY OTHER CAUSE BEYOND OUR CONTROL	PRICE
GAS, OIL & GREASE	
GAL. GAS	
QTS. OIL	
LBS. GREASE	

SUBLET REPAIRS

NO. 6001

R.O. NUMBER	DELIVERY DATE	VEHICLE IDENTIFICATION NO.	MILEAGE	LICENSE NO.	YEAR	MAKE - MODEL
		1FB0531K7YH1B7A488152166			98	Ford Van
PART NO.	DESCRIPTION	PRICE				
013 017		174.00				
017 017		5.25				
		22.35				

J & A AUTO CLINIC, INC.
1202 Whittle Ave. • Olney, IL 62450
Phone 395-1323 or 393-7738

FOREIGN and DOMESTIC MECHANICAL REPAIR
We Specialize in Automatic Transmissions
Light Truck and Domestic Diesel Service

AUTO CLINIC
"Service With Integrity"

AUTO CLINIC
"Service With Integrity"

DATE RECEIVED: 5-11-09 A.M.
DATE COMPLETED: _____

PROMISED: _____
CUSTOMER ORDER NO.: _____

TERMS: _____
ORDER WRITTEN BY: (E)

PHONE: _____
CITY: _____

OPER. NO.: _____
CITY: _____

INSTRUCTIONS: Labor to inspect & adjust to CR belt & timing fluids, the pressures, points, lights. 19.00

FINANCE CHARGES OF 2%	MONTHLY TOTALING 24%	ANNUALLY
WILL BE ADDED TO UNPAID BALANCES AND ACCOUNTS NOT PAID WITHIN 10 DAYS FOLLOWING BILLING		
STORAGE WILL BE CHARGED 48 HOURS AFTER VEHICLE REPAIRS ARE COMPLETED.		

I hereby authorize the repair work to be done along with the necessary material and hereby grant you and/or your employees permission to operate the car or truck herein described on streets, highways or elsewhere for the purpose of testing and/or inspection. An express mechanic's lien is hereby acknowledged on car or truck to secure the amount of repairs thereto.

X

PHONE WHEN READY YES NO

TOTAL LABOR 19.00

TOTAL PARTS 22.35

SHOP SUPPLIES .67

GAS, OIL & GREASE _____

OUTSIDE REPAIRS _____

FREIGHT _____

TOW _____

TAX Exempt

TOTAL RECEIVED 41.02

T H A N K Y O U

NOT RESPONSIBLE FOR LOSS OR DAMAGE TO CARS OR ARTICLES LEFT IN CARS IN CASE OF FIRE, THEFT OR ANY OTHER CAUSE BEYOND OUR CONTROL.	GAS, OIL & GREASE	PRICE
	GAL. GAS @	
	QTS. OIL @	
	LBS. GREASE @	
	TOTAL GAS OIL & GREASE	

Out
5-20-08

RED ROOSTER ^{1997 Ford}



SAFETY LANE
INSPECTIONS

TERMINAL

JUNCTION 50 & 130
P.O. BOX 862
OLNEY, ILLINOIS 62450

618-392-7941

#10
CTF
L729942CV

TRUCK/PO.NO. _____ DATE 3-17-08
NAME CTF
ADDRESS _____

QUAN.	DESCRIPTION	PRICE	AMOUNT
	GASOLINE REG		
	GASOLINE PLUS		
	DIESEL		
	QTS. OIL		
	C-STORE		
1	SAFETY LANE		17.00
	Thank You	Tax	
		Total	17.00

RECEIVED BY

62047 *Wagner-Barber*

RED ROOSTER



1997 Ford
#10
CTF

SAFETY LANE
INSPECTIONS

TERMINAL LN 29942C

JUNCTION 50 & 130
P.O. BOX 862

OLNEY, ILLINOIS 62450

618-392-7941

TRUCK/PO NO. _____ DATE 9-17-08

NAME CTF

ADDRESS _____

QUAN.	DESCRIPTION	PRICE	AMOUNT
	GASOLINE REG		
	GASOLINE PLUS		
	DIESEL		
	QTS. OIL		
	C-STORE		
	SAFETY LANE		17 00
	Thank You Tax		
	Total		17 00

Sold By [Signature] CASH CHARGE ON ACCT.

RECEIVED BY

72739 Wayne Barber

9-17-08

**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	Charleston Transitional Facility
	Form <u>6</u> of <u>6</u> , (1 of 1 etc.)

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

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

C. Category of Request (Check appropriate category)

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

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

Based on needs, the requested vehicle on this form is to be considered for funding (1st, 2nd, etc.) 6.

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 #
01	FORD	Lt Duty	May 09/ 263,498	1FBNE31L41HB33465

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.

No 14439

R.O. NUMBER	DELIVERY DATE	VEHICLE IDENTIFICATION NO.	MILEAGE	LICENSE NO.	YEAR	MAKE - MODEL
					01	Ford E350

J & A AUTO CLINIC, INC.

1202 Whittle Ave. • Olney, IL 62450
Phone 395-1323 or 393-7738



AUTO CLINIC
"Service With Integrity"



AUTO CLINIC
"Service With Integrity"

FOREIGN and DOMESTIC MECHANICAL REPAIR
We Specialize in Automatic Transmissions
Light Truck and Domestic Diesel Service

QTY.	PART NO.	DESCRIPTION	PRICE
1	503 017	Oil Filter	16.25
1	017 017	Oil Filter	5.25
1	gal	Motor Oil	N/A
1	gal	Motor Oil	3.00
			24.50

NAME: **CTF #15**

ADDRESS:

CITY:

PHONE:

OPER. NO. TC

INSTRUCTIONS

LABOR CHARGE

labor
 1. HOSES & INSPECT & OK BELT & HOSES, OK FLUIDS, Hubed Sup. OK
 2. Tire pressures, OK JANTS - OK, OK LIGHTS } 19.00
 3. Turn Signal Light, on pass. side not working.
 4. Remove + OK Bulb - OK Clean Connections } 11.90
 5. Check - OK

FINANCE CHARGES OF 2.76

MONTHLY TO BE PAID \$27.60

WILL BE ADDED TO UNPAID BALANCES AND ACCOUNTS NOT PAID WITHIN 10 DAYS FOLLOWING

STORAGE WILL BE CHARGED 48 HOURS AFTER VEHICLE REPAIRS ARE COMPLETE

I hereby authorize the repair work to be done along with the necessary material, and hereby grant you and/or your employees permission to operate the car or truck herein described on streets, highways or elsewhere for the purpose of testing and/or inspection. An express mechanic's lien is hereby acknowledged on car or truck to secure the amount of repairs thereto.



PHONE WHEN RENTED	YES	NO
TOTAL LABOR	30.90	
TOTAL PARTS	24.50	
SHOP SUPPLIES	1.08	
GAS, OIL & GREASE		
OUTSIDE REPAIRS		
FREIGHT		
TOW		
TAX		Exempt

THANK YOU

NOT RESPONSIBLE FOR LOSS OR DAMAGE TO CARS OR ARTICLES LEFT IN CARS IN CASE OF FIRE, THEFT OR ANY OTHER CAUSE BEYOND OUR CONTROL	GAS, OIL & GREASE	PRICE
	GAL. GAS	0
	QTS. OIL	0
	LBS. GREASE	0

No. 5862

R.O. NUMBER	DELIVERY DATE	VEHICLE IDENTIFICATION NO.	MILEAGE	LICENSE NO.	YEAR	MAKE - MODEL
		1FBWJ31K41HB33465	259477		01	Ford Van

 AUTO CLINIC "Service With Integrity"		 AUTO CLINIC "Service With Integrity"	
J & A AUTO CLINIC, INC. 1202 Whittle Ave. • Olney, IL 62450 Phone 395-1323 or 393-7738		FOREIGN and DOMESTIC MECHANICAL REPAIR We Specialize in Automatic Transmissions Light, Truck and Domestic Diesel Service	

NAME	ADDRESS	CITY	PHONE
CTF #15			

DATE RECEIVED	PROMISED	TERMS	DATE COMPLETED
4-3-09			

OPER. NO.	TC	INSTRUCTIONS	LABOR CHARGE
		L.O.C.F. & inspect & OK Belt & Hoses, Fluids, Lights, Set tire pressure & Brakes - OK.	19.00

FINANCE CHARGES OF	MONTHLY TOTALING	ANNUALLY
2.0%	24.00	

STORAGE WILL BE CHARGED 48 HOURS AFTER VEHICLE REPAIRS ARE COMPLETED.

I hereby authorize the repair work to be done along with the necessary material, and hereby grant you and/or your employees permission to operate the car or truck herein described on streets, highways or elsewhere for the purpose of testing and/or inspection. An express mechanic's lien is hereby acknowledged on car or truck to secure the amount of repairs thereto.

X

GAS, OIL & GREASE		PRICE
GAL. GAS	0	
QTS. OIL	0	
LBS. GREASE	0	


NOT RESPONSIBLE FOR LOSS OR DAMAGE TO CARS OR ARTICLES LEFT IN CARS IN CASE OF FIRE, THEFT OR ANY OTHER CAUSE BEYOND OUR CONTROL.	
---	--

PHONE WHEN READY	YES	NO
TOTAL LABOR	19.00	
TOTAL PARTS	24.98	
SHOP SUPPLIES		67
GAS, OIL & GREASE		
OUTSIDE REPAIRS		
FREIGHT		
TOW		
TAX		Exempt


T H A N K

No 79023

R.O. NUMBER	DELIVERY DATE	VEHICLE IDENTIFICATION NO.	MILEAGE	LICENSE NO.	YEAR	MAKE - MODEL
		1FBAR31LY1HB33465262678			01	E350



AUTO CLINIC
"Service With Integrity"



AUTO CLINIC
"Service With Integrity"

J & A AUTO CLINIC, INC.
1202 Whittle Ave. • Olney, IL 62450
Phone 395-1323 or 393-7738

FOREIGN and DOMESTIC MECHANICAL REPAIR
We Specialize In Automatic Transmissions
Light Truck and Domestic Diesel Service

NAME	ADDRESS	CITY	PHONE
CTF #15			
DATE RECEIVED	DATE COMPLETED	PROMISED	CUSTOMER ORDER NO.
5-13-09			
TERMS	ORDER WRITTEN BY		
	CA		

OPER. NO.	IC	INSTRUCTIONS	LABOR CHARGE
		hubcap & axle bearings - replace pads & turn rotors & 82.00 I replace other due to undersize before turning so had to replace & torque wheels to spec.	
		axle pin bearings - replace pads, pack bags, replace seals & turn rotors & torque wheels to spec & head test 113.00	
		NOTE: Needs Tires	
		FINANCE CHARGES OF 2% MONTHLY TOTALING 2400 ANNUALLY. WILL BE ADDED TO UNPAID BALANCES AND ACCOUNTS NOT PAID WITHIN 10 DAY'S FOLLOWING BILLING.	
		STORAGE WILL BE CHARGED 48 HOURS AFTER VEHICLE REPAIRS ARE COMPLETED.	

I hereby authorize the repair work to be done along with the necessary material, and hereby grant you and/or your employees permission to operate the car or truck herein described on streets, highways or elsewhere for the purpose of testing and/or inspection. An express mechanic's lien is hereby acknowledged on car or truck to secure the amount of repairs thereto.

X

GAS, OIL & GREASE		PRICE
GAL. GAS	0	
QTS. OIL	0	
LBS. GREASE	0	


THANK YOU

PHONE WHEN READY	YES <input type="checkbox"/> NO <input type="checkbox"/>
TOTAL LABOR	195.00
TOTAL PARTS	209.83
SHOP SUPPLIES	61.83
GAS, OIL & GREASE	
OUTSIDE REPAIRS	
FREIGHT	
TOW	
TAX	Exempt

NOT RESPONSIBLE FOR LOSS OR DAMAGE TO CARS OR ARTICLES LEFT IN CARS IN CASE OF FIRE, THEFT OR ANY OTHER CAUSE BEYOND OUR CONTROL.

No 0038


R.O. NUMBER	DELIVERY DATE	VEHICLE IDENTIFICATION NO.	MILEAGE	LICENSE NO.	YEAR	MAKE - MODEL
		1FBRES1L41H833465262900	01	Ford E-350		
PART NO.	DESCRIPTION	PRICE				
5 QTS OIL		18.53				
OIL FILTER		5.25				
9oz. Wash & Acid		1.20				
		24.98				



J & A AUTO CLINIC, INC.
1202 Whittle Ave. • Olney, IL 62450
Phone 395-1323 or 393-7738

FOREIGN and DOMESTIC MECHANICAL REPAIR
We Specialize in Automatic Transmissions
Light Truck and Domestic Diesel Service

"Service With Integrity"



AUTO CLINIC
"Service With Integrity"

NAME	DATE RECEIVED	DATE COMPLETED
C T F #15	5/20/09	
ADDRESS	PROMISED	CUSTOMER ORDER NO.
	A.M. P.M.	
CITY	TERMS	ORDER WRITTEN BY
		(E)
INSTRUCTIONS		
labor Body & Inspect & Cab Seat & Hoss Fluids, Tire pressures, Joints & Lubed, Lights. } 19.00		
LABOR CHARGE		
NOTE: Has P's Leak Starting		
FINANCE CHARGES OF 2.9% MONTHLY TOTALING 24.90 ANNUALLY WILL BE ADDED TO UNPAID BALANCES AND ACCOUNTS NOT PAID WITHIN 10 DAYS FOLLOWING BILLING. STORAGE WILL BE CHARGED 48 HOURS AFTER VEHICLE REPAIRS ARE COMPLETED.		

PHONE WHEN READY YES NO

TOTAL LABOR 19.00

TOTAL PARTS 24.98

SHOP SUPPLIES 1.07

GAS, OIL & GREASE

OUTSIDE REPAIRS

FREIGHT

TOW

TAX Exempt

THANK YOU

I hereby authorize the repair work to be done along with the necessary material, and hereby grant you and/or your employees permission to operate the car or truck herein described on streets, highways or elsewhere for the purpose of testing and/or inspection. An express mechanic's lien is hereby acknowledged on car or truck to secure the amount of repairs thereto.

X

SUBLET REPAIRS	GAS, OIL & GREASE	
	GAL. GAS	PRICE
	0	
	0	
	0	

Marathon Tire Service

220 N. West St.
 Olney, IL 62450
 Phone: (618) 393-2137
 Fax: (618) 393-2137

INVOICE

Invoice #: 070853995
 Date: 07/21/08
 Time: 11:49:33
 Account #: CTF01
 Phone: 217-352-7158

SOLD TO

CTF CAROL MULVANE P.O. BOX 3577 CHAMPAIGN, IL 61826-3577

#15

Window Envelope Fold Line

Salesperson	P.O. #	Terms	Transit	Sales Tax
EKS		Charge		Nonprof

2001 FORD F350 VAN - 182,087 MILES #15 LICENSE #29943CV
 VIN#1FBNE31L41HB33465

Tec	Hours	Description	Rate	Amount
ELY	4.00	LT" BALANCE	8.50	34.00

*Sent
7-25*

FARM USE ONLY - TAX EXEMPT - SIGN BELOW

Buyer grants to the seller a security interest in the above merchandise until the indebtedness, including finance charges, at 24% per annum, is paid in full.

Bob Mulvana

SIGNATURE

Total Labor: 3
 Goods & Services Subtotal: 3
Total Invoice: 3
 Charged to Account: 34.00

Please come again!

Marathon Tire Service

220 N. West St.
 Olney, IL 62450
 Phone: (618) 393-2137
 Fax: (618) 393-2137

INVOICE

Invoice #: 070853995
 Date: 07/21/08
 Time: 11:49:33
 Account #: CTF01
 Phone: 217-352-7158

SOLD TO

CTF
 CAROL MULVANE
 P.O. BOX 3577
 CHAMPAIGN, IL 61826-3577

\$15

Window Envelope Fold Line

Salesperson	P.O. #	Terms Charge	Transit	Sales Tax Nonprofit
EKS				

2001 FORD F350 VAN - 182,087 MILES #15 LICENSE #29943CV
 VIN#1FBNE31L41HB33465

Tec	Hours	Description	Rate	Amount
ELY	4.00	LT" BALANCE	8.50	34.00

Out 7-25

FARM USE ONLY - TAX EXEMPT - SIGN BELOW

Buyer grants to the seller a security interest in the above merchandise until the indebtedness, including finance charges, at 24% per annum, is paid in full.

SIGNATURE

Bob Mulvane

Total Labor: 34.00
 Goods & Services Subtotal: 34.00

Total Invoice: 34.00

Charged to Account: 34.00

Please come again!

Marathon Tire Service

220 N. West St.
 Olney, IL 62450
 Phone: (618) 393-2137
 Fax: (618) 393-2137

INVOICE

Invoice #: 070853995
 Date: 07/21/08
 Time: 11:49:33
 Account #: CTF01
 Phone: 217-352-7158

SOLD TO

CTF
 CAROL MULVANE
 P.O. BOX 3577
 CHAMPAIGN, IL 61826-3577

#15

Window Envelope Fold Line

Salesperson	P.O. #	Terms Charge	Transit	Sales Tax Nonpro
EKS				

2001 FORD F350 VAN - 182,087 MILES #15 LICENSE #29943CV
 VIN#1FBNE31L41HB33465

Tec	Hours	Description	Rate	Amor
ELY	4.00	LT" BALANCE	8.50	34.

Out 7-25

FARM USE ONLY - TAX EXEMPT - SIGN BELOW

Buyer grants to the seller a security interest in the above merchandise until the indebtedness, including finance charges, at 24% per annum, is paid in full.

Bob Mulvana

SIGNATURE

Total Labor:
 Goods & Services Subtotal:
Total Invoice:
 Charged to Account: 34.00

Please come again!

Marathon Tire Service

220 N. West St.
Olney, IL 62450
Phone: (618) 393-2137
Fax: (618) 393-2137

INVOICE

Invoice #: 070853933
Date: 07/17/08
Time: 09:11:58
Account #: CTF01
Phone: 217-352-7158

SOLD TO

CTF
CAROL MULVANE
P.O. BOX 3577
CHAMPAIGN, IL 61826-3577

#15

Window Envelope Fold Line

Salesperson	P.O. #	Terms	Transit	Sales Tax
EKS		Charge		Nonprofit

2001 FORD F350 VAN - 238,497 MILES #15 LICENSE #29939CV
VIN#1FBNE31L41HB33465

<u>Tec</u>	<u>Hours</u>	<u>Description</u>	<u>Rate</u>	<u>Amount</u>
CMC	4.00	LT" ROTATE	3.75	15.00

7-25

FARM USE ONLY - TAX EXEMPT - SIGN BELOW

Buyer grants to the seller a security interest in the above merchandise until the indebtedness, including finance charges, at 24% per annum, is paid in full.

SIGNATURE

Total Labor: 15.00
Goods & Services Subtotal: 15.00

Total Invoice: 15.00

Charged to Account: 15.00

Please come again!

Marathon Tire Service

220 N. West St.
Olney, IL 62450
Phone: (618) 393-2137
Fax: (618) 393-2137

INVOICE

Invoice #: 100855648
Date: 10/29/08
Time: 13:40:46
Account #: CTF01
Phone: 217-352-7158

SOLD TO

CTF
CAROL MULVANE
P.O. BOX 3577
CHAMPAIGN, IL 61826-3577

#15

Window Envelope Fold Line

Salesperson	P.O. #	Terms	Transit	Sales Tax
EKS		Charge		Nonprofit

2001 FORD VAN - 248,277 MILES #15 LICENSE#29939CV
VIN#1FBNE31L41HB33465

<u>Tec</u>	<u>Hours</u>	<u>Description</u>	<u>Rate</u>	<u>Amount</u>
KEP	4.00	16" ROTATE & BALANCE (FRONT TIRES HAVE 5/32 LEFT; REAR TIRES HAVE 6/32 LEFT)	8.50	34.00

*Devt
10-30*

FARM USE ONLY - TAX EXEMPT - SIGN BELOW

Buyer grants to the seller a security interest in the above merchandise until the indebtedness, including finance charges, at 24% per annum, is paid in full.

Wayne Berger
SIGNATURE

Total Labor: 34.0
Goods & Services Subtotal: 34.0

Total Invoice: 34.0

Charged to Account: 34.00

Please come again!

Marathon Tire Service

220 N. West St.
 Olney, IL 62450
 Phone: (618) 393-2137
 Fax: (618) 393-2137

INVOICE

Invoice #: 020851279
 Date: 02/08/08
 Time: 09:32:52
 Account #: CTF01
 Phone: 217-352-7158

SOLD TO

CTF
 1902 FOX DR., SUITE B
 CHAMPAIGN, IL 61820-7378

#15

Window Envelope Fold Line

Salesperson	P.O. #	Terms Charge	Transit	Sales Tax Nonprofit
EKS				

2001 FORD E350 VAN - 227,421 MILES #15
 LICENSE#29939CV2 LAST 6 OF VIN#B33465 DRIVER: WAYNE BERGER

Tec	Hours	Description	Rate	Amount
DRT	4.00	LT" ROTATE (DRT & WLL)	3.75	15.00

FARM USE ONLY - TAX EXEMPT - SIGN BELOW

Buyer grants to the seller a security interest in the above merchandise until the indebtedness, including finance charges, at 24% per annum, is paid in full.

Shannon Rogers
 SIGNATURE

Total Labor: 15.00
 Goods & Services Subtotal: 15.00
Total Invoice: 15.00
 Charged to Account: 15.00

INVOICE

NEAL TIRE- LAW
 1300 ADAMS
 LAWRENCEVILLE, IL 62439
 (618) 943-6448

SOLD TO CHARLESTON TRANSITIONAL F
 1902 FOX DRIVE SUITE B
 PO BOX 3577
 CHAMPAIGN, IL 61826-3577

SHIP TO CHARLESTON TRANSITIONAL F
 1902 FOX DRIVE SUITE B
 PO BOX 3577
 CHAMPAIGN, IL 61826-3577

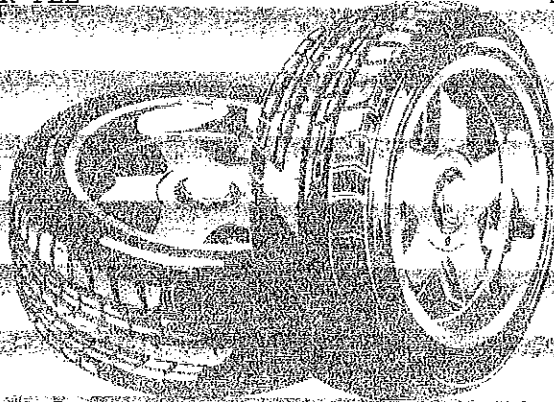
INVOICE DATE	CUST. NO.	ORDER NO.	PAGE	INVOICE NO.
06/01/09	24839	74182	1	70122
License: 29939CVIL				
Mileage: 263,731 02 FORD #15				

Vin #1FBNE31L41H833465

PURCHASE ORD. NO.	SALES PERSON	MAIN PHONE	OTHER PHONE	SHIP VIA
127	L36	(217) 352-7158	(217) 398-0754	INSTALLED

Charge

ITEM NO.	DESCRIPTION	QTY. ORDERED	QTY. SHIPPED	F.E.T.	PRICE	NET EXTENSION
749-353-434	LT245/75R16/10 GY WRANGLER RT/S SBL	4	4	0.00	101.02	404.08
SCRAP	SCRAP TIRE FEE	4	4		2.50	10.00
VS	RUBBER VALVE STEM	4	4		2.50	10.00
044 263	WHEEL BALANCE-PASS/LT TRK	4	4		8.50	34.00
OZ	WHEEL WEIGHTS	4	4		1.00	4.00
	*CHECK LUGNUT TORQUE 50-100 MILES					
	*AFTER TTRES ARE INSTALLED					
	*ALIGN? YES DECLINED					
	*ROAD HAZARD YES DECLINED					
2A	TIRE USER FEE	4	4		2.50	10.00



*****THANK YOU*****
 YOUR BUSINESS IS APPRECIATED

NET 2nd 10TH

SubTot Parts: 438.08
 SubTot Labor: 34.00

Inv Total : 472.08

X *Wayne Bergen*



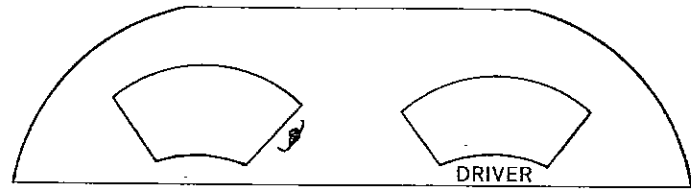
AUTO GLASS

BRENT BECK, Owner
 1112 E. Main • Olney, Illinois 62450
 618-395-4930 • Fax 618-392-3572

Repair & Replacement

800-628-4289

Employer I.D. No. 37-1160495	Phone No. 395-2418	Date 7-29 2001
Sold to. CTF	Ins. Co. CTF	
Address 551 E MAIN	1902 FOX DR SUITE B	
City OLNEY, IL	CHAMPAIGN, IL 61820	
Quan. 1	Description 2001 FORD E350	Price 30.00
	Make & Year	
	Vin No. 1FBNE31L41HB33465	
	Unit No. 15	
	LIC. 29939CV	TOTAL DUE 30.00



B-Bull's eye S-Starbreak C-Combination of B & S

LIMITED WARRANTY

Windshield repairs are warranted against spreading for the life of the vehicle or the length of warranty, whichever is shorter. Warranty remedy is limited to a credit of the repair amount a must be used toward the purchase of a new windshield installed in the original vehicle. T warranty expires with change of ownership of the identified vehicle. In no event shall A-1 Qua Glass, Inc. be liable for incidental or consequential damages. To exercise your rights under t limited warranty, contact A-1 Quality Glass, Inc.

AUTHORIZATION TO PAY

The glass described above has been satisfactorily repaired. I authorize my insurance compo to pay A-1 Quality Glass, Inc. for its services.

No 7139

Rec'd By *Sharon Lopez*

All claims and returned goods must be accompanied this bill. After 30 days, 1½% interest charged. 18% annu.



Repair & Replacement



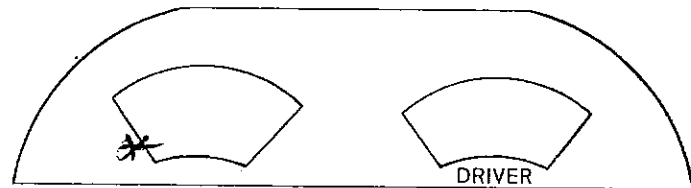
AUTO GLASS

BRENT BECK, Owner
1112 E. Main • Olney, Illinois 62450
618-395-4930 • Fax 618-392-3572

800-628-4289

Employer I.D. No. 37-1160495	Phone No.	Date 7-10 2008
Sold to Charleston TRAVIS	Ins. Co.	
Address Main St		
City Olney		
Quan. 1	Description 201 Ford Econoline	Price 30.00
Make & Year	Vin No. 1FBNE31L4HB33465	Amount 30.00
Unit No. 15		
	TOTAL DUE	30.00

*Dent
7-11-08*



B-Bull's eye S-Starbreak C-Combination of B & S

LIMITED WARRANTY

Windshield repairs are warranted against spreading for the life of the vehicle or the length of warranty, whichever is shorter. Warranty remedy is limited to a credit of the repair amount a must be used toward the purchase of a new windshield installed in the original vehicle. T warranty expires with change of ownership of the identified vehicle. In no event shall A-1 Qua Glass, Inc. be liable for incidental or consequential damages. To exercise your rights under t limited warranty, contact A-1 Quality Glass, Inc.

AUTHORIZATION TO PAY

The glass described above has been satisfactorily repaired. I authorize my insurance compa to pay A-1 Quality Glass, Inc. for its services.

No 6923

Rec'd
By *Wayne Berger*
All claims and returned goods must be accompanied this bill. After 30 days, 1 1/2% interest charged. 18% p annum.



AUTO GLASS

BRENT BECK, Owner

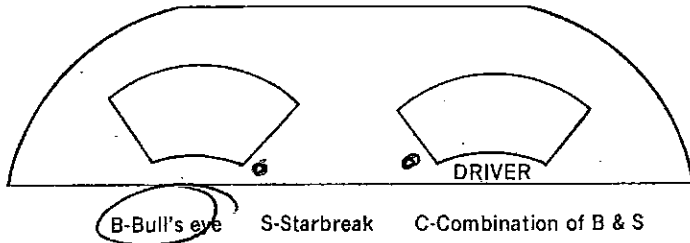
1112 E. Main • Olney, Illinois 62450

618-395-4930 • Fax 618-392-3572

800-628-4289

Repair & Replacement.

Employer I.D. No. 37-1160495	Phone No. 395-2418	Date 3-24 ₂₀ 08
Sold to CTF	Ins. Co. CTF	
Address 551 E MAIN	1902 FOX DR SUITE B	
City OLNEY, IL	CHAMPAIGN, IL 61820	
Quan. 2	Description 2007 FORD F-350	Price 45 00
Make & Year	Vin No. 1FBNE31L41HB33465	
Unit No. 15		
	TOTAL DUE	45 00



LIMITED WARRANTY

Windshield repairs are warranted against spreading for the life of the vehicle or the length of the warranty, whichever is shorter. Warranty remedy is limited to a credit of the repair amount and must be used toward the purchase of a new windshield installed in the original vehicle. This warranty expires with change of ownership of the identified vehicle. In no event shall A-1 Quality Glass, Inc. be liable for incidental or consequential damages. To exercise your rights under this limited warranty, contact A-1 Quality Glass, Inc.

AUTHORIZATION TO PAY

The glass described above has been satisfactorily repaired. I authorize my insurance company to pay A-1 Quality Glass, Inc. for its services.

No 6623

Rec'd
By

[Signature]

All claims and returned goods must be accompanied by this bill. After 30 days, 1½% interest charged. 18% per annum.

ESTIMATED PROJECT BUDGET MUST BE COMPLETED BY ALL APPLICANTS

G. Estimated CVP Budget							Estimated Total Cost Line Total x Unit Cost
Vehicle Type	Capacity (Approx.)	Requested Number of Units			Line Total (a)+(b)+(c) (d)	Estimated Unit Cost (e)	(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.	5				\$52,000	\$260,000
Medium Duty Paratransit Vehicle (w/lift) MD	14 pass.	1				\$59,000	\$59,000
Super Medium Duty Para- Transit Vehicle (w/lift) SMD	22 pass.					\$94,000	\$

Total CVP Request: \$ 319,000

Comments:

PART IV

PROJECT JUSTIFICATION

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

Applicant Name	Charleston Transitional Facility
----------------	----------------------------------

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.

Charleston Transitional Facility (CTF) is an Illinois based, not for profit organization dedicated to empowering individuals with developmental disabilities through services and programs that help them reach their potential in an environment that fosters respect, dignity, and success for each individual. Charleston Transitional Facility (CTF) currently operates 2 developmental day training programs and one Community Integrated Living Arrangement in the Region 10 area. One program is located in Lawrenceville, IL and serves 40 individuals with developmental disabilities. The other program is located in Olney, IL and serves 48 individuals with developmental disabilities. The vehicles listed on page 5 include vehicles located used by one or all three of these programs.

We are requesting replacement vehicles to be utilized by our programs in the region 10 area. The transportation needs for the individuals served by CTF in this area are: fixed routes, door to door pick up, individual appointment services, and job site transportation, and medical appointments.. CTF also provides transportation to and from social/recreational events and volunteer activities for individuals with developmental disabilities.

CTF Day Programs in Lawrenceville and Olney provide services to individuals residing in multiple towns in the services area, including Lawrenceville, Sumner, Bridgeport, Noble, St. Marie, Oblong, Olney, and Robinson.

CTF vehicles are utilized to provide those individuals:

- Transportation to and from the our Day Programs Monday through Friday
- Community integrated leisure activities, such as shopping, restaurants, parks, community events, church, etc.
- Medical appointments
- Volunteer activities
- Vocational work opportunities for individuals who have work in community settings

Opportunities offered to individuals receiving services often depend on the availability of functioning vehicles for transportation. In addition to increasing the amount of community trips for individuals currently receiving services, with additional and dependable vehicles, CTF would be able to increase the number of individuals served by the ability to provide the transportation to the programs from other surrounding communities.

Due to high mileage and old age, vehicles identified for replacement spend significant periods of time out of service addressing maintenance concerns to ensure that they are in safe operating condition. CTF is requesting replacement of vehicles listed as replacement due to age and/or high mileage/poor conditions. CTF has utilized these vehicles efficiently and ensured excellence maintenance to enable us to meet the transportation needs of individual served by CTF. New vehicles will enhance our current transportation fleet and enable CTF to better meet the needs of the individuals we serve.

In order for CTF to continue providing transportation to individuals living in the servicing areas listed above it is necessary to replace the vehicles identified in this grant application. With the addition of the requested vehicles, CTF will be able to develop a more efficient transportation route and expand vocational and social/recreation/community opportunities for the individuals we serve. All of our vehicles have been kept on the road in safe condition well past their useful life.

CTF representatives have continued to attend and be participants in the Region 10 HSTP meetings and this will continue.

CTF is committed to working with other providers and coordinating efforts to best meet the needs of individuals served. This past year, CTF and Rides Mass Transit began to coordinate efforts with our transportation to/from the day program. Rides Mass Transit is currently providing one route and we have been in discussion for them to provide additional routes as well. We have also been in recent discussions with them regarding adding additional routes for our day programs. Our arrangement with Rides Mass Transit has been beneficial for us and we have enjoyed this working relationship. We look forward to the increased collaboration with Rides Mass Transit to best meet the needs of the individuals that we serve.

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	Charleston Transitional Facility
----------------	----------------------------------

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.

Lawrence (Lawrenceville, Bridgeport, Sumner), Richland (Noble, Olney), Jasper (St. Marie), Crawford (Robinson, Oblong)

Transportation to and from the day program in Lawrenceville – current locations include

- Lawrenceville - Lawrence County
- Bridgeport – Lawrence County
- Sumner – Lawrence County
- Olney – Richland County
- Robinson – Crawford County
- Oblong – Crawford County

Transportation to and from the day program in Olney – current locations include

- Lawrenceville - Lawrence County
- Bridgeport – Lawrence County
- Sumner – Lawrence County
- Olney – Richland County
- Noble – Richland County
- Oblong – Crawford County
- St. Marie – Jasper County

Volunteer activities

- Lawrenceville – Lawrence County

Community Integration activities, (include, but are not limited to)

- Lawrenceville - Lawrence County
- Bridgeport – Lawrence County
- Sumner – Lawrence County
- Noble – Richland County
- Olney – Richland County
- Newton – Jasper County
- Robinson – Crawford County
- Oblong – Crawford County

B. Service Area Population Information

Use 2000 census data.

- | | |
|--|-----------------------------|
| 1. Total Population of your Current Service Area | <u>62,605</u> |
| 2. Elderly (60+) Population of Service Area | <u>11,019</u> |
| 3. Disabled Population of Service Area | <u> </u> |

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	83	.13257%	0	0%
Asian/Pacific Islander	115	.18369%	0	0%
Black	1090	1.74107%	10	11%
Hispanic	958	1.53626%	1	1%
White	60,359	96.41242%	77	88%
Other			0	
TOTAL (match B-1 above).	62,605	100 %	88	100 %

Applicant Name Charleston Transitional Facility

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.

CTF is a not for profit corporation incorporated in 2000 to provide residential and developmental day training support and services to individuals with developmental disabilities. CTF currently operates two Day Programs in the Region 10 area: one in Lawrenceville (Lawrence County) and one in Olney (Richland County). The Lawrenceville program provides services Monday Thursday 8:00 AM – 5:00 PM and Fridays 8:00 AM – 4:00 PM. The Olney program provides services Monday through Friday 7:00 – 4:00 PM. Services provided include vocational training/work opportunities, community integration/outings, social/recreations, volunteer activities, OT/PT, self care assistance, behavioral support, and transportation.

CTF provides transportation to the individuals receiving services for all of their needs. Day Program transportation consists of fixed routes to transport individuals to and from the day programs. One of our focuses is providing vocational training and work opportunities. Transportation is provided to/from supported employment work sites. Transportation is provided for volunteer work as well so that individuals have the opportunity to give back to their communities. Transportation is also provided for social/leisure/community activities, such as various local events, local stores and restaurants, local parks and historical sites, recreation destinations, educational destinations, community senior events, Special Olympics, etc.

CTF currently provides supports and services to individuals with developmental disabilities participating in our Day Programs. We continue to evaluate individuals throughout the area interested in attending our programs. Therefore, the need for transportation is in high demand.

E. A) 2008 Annual Certification was submitted FOR IDOT FUNDED VEHICLES in YOUR FLEET? 7 / 7 / 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' # Staff	Total # of Hours Worked by Transportation Staff by Day						
		Mon.	Tues.	Wed	Thurs.	Fri.	Sat	Sun
Paid Drivers	11	Est. 20 hrs.	Est. 20 hrs.	Est. 20 hrs	Est. 20 hrs	Est. 20 hrs.	0	0
Volunteer Drivers	0	0	0	0	0	0	0	0
Reservationists/ In-house Staff, Maint.	1	1 hr.	1 hr.	1 hr.	1 hr.	1 hr.	0	0
Administrative Staff	1	1 hr.	1 hr.	1 hr.	1 hr.	1 hr.	0	0
TOTALS		22 hrs.	22 hrs.	22 hrs.	22 hrs.	22 hrs	0	0
Total # of vehicles in use	11	Est. 20 hrs.	Est. 20 hrs.	Est. 20 hrs	Est. 20 hrs	Est. 20 hrs.	0	0

Applicant Name Charleston Transitional Facility

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 January 1, 2008 to December 31, 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	_____
Elderly Riders with Disabilities	<u>12</u>
Non-Elderly Riders with Disabilities	<u>76</u>
Other Riders, including general public	_____
TOTAL CLIENTS SERVED (Must match p.9)	<u>88</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>100</u>
Work Trips	<u>23,440</u>
Education Trips	<u>199</u>
Nutrition Trips	<u>398</u>
Shopping Trips	<u>448</u>
Social/Recreational Trips	<u>1092</u>
Other Trips	<u>940</u>
TOTAL ONE-WAY PASSENGER-TRIPS PER YEAR	<u>26,617</u>
Average number of vehicles used on a daily basis to provide this service	<u>11</u>

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

Applicant Name Charleston Transitional Facility

A. Fleet Control

Do you maintain an individual vehicle file folder/book for each vehicle in the fleet? Y X N ___
 Does the file include (Check all that apply)

COPIES of: Vehicle Title X, Warranties X, Insurance policy card X, Vendor Contact Information X
 Copies of repair orders, with reports on inspection/notification forms, with date resolved X,
 All warranty claims X
 Details on any malfunctions of ADA/lift equipment? X

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

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

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

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

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

Describe any off-site vehicle storage area (location, condition, security, etc.) Vehicles are parked in CTF parking lots across the street from our Lawrenceville Day Program and next to our Olney Day Program building.

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+ yrs (6 months recommended)

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

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

Taja Wheeler, Administrator of Operations

Who (Name & Title) is responsible for major repairs? Rita Rolando, Executive Assistant

Does management review repairs and inspection results? Y X N ___

Please List any/all outside contractor/service shops; and describe any specialty training: Neal Tire, Dave's Towing Services, Hokes Body Shop, J&A Auto, Marathon Tire, and DJ Auto (safety inspections)

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/Address: Neal Tire 1300 Adams Lawrenceville, IL 62439 and

DJ Auto 1718 North 2nd Street Vincennes, IN 47571

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.

AM/ PM FIXED ROUTE PRE-TRIP VEHICLE INSPECTION REPORT

Vehicle Description _____ Vehicle # _____

Date _____

Odometer Reading _____

CHECK ANY DEFECTIVE EQUIPMENT AND GIVE DETAILS.

Inspection Area	Check if O.K.	Note Problems
Engine Oil Level		
Fuel Level		
Fire Ext./Safety Equipment		
Tire Condition		
Tire Inflation		
Horn		
Wipers		
Parking Brake		
Mirrors		
Wheel Chair Lift		
Doors/Latches		
Turn Signals		
Head and Tail Lights		
Brake Lights/Flashers		
Interior Damage - New		
Exterior Damage - New		
Brakes		
Steering		
First Aid Kit		
Phone		
A/C		
Heat		
Seatbelts/Straps		

Driver's Signature

Date



Vehicle Preventative Maintenance Policy

Policy Number	1.05
Original Issue Date	07-19-2005
Revision History	Original policy
Cross Reference	None

Policy

It is the policy of CTF to maintain transportation vehicles in optimal running condition.

Procedures

The *Monthly Vehicle Maintenance Form* is to be completed at the end of each month for each transportation vehicle. The form will be submitted to the appropriate administrator and a copy provided to the business office.

Employees assigned individual company vehicles will complete and submit a *Monthly Odometer Statement* form at the end of each month to the Payroll Administrator.



Monthly Vehicle Maintenance Form

submit the 1st of each month (for the prior month) to the facility administrator

for the Month/Year _____ Facility/Individual: CFT-DT - Charleston

Name of Person Completing Form: _____ Date: _____

Year/Make/Model/Type of Vehicle: _____

License Plate #: _____ Beginning Mileage _____ Ending Mileage: _____

Monthly Inspection

An inspection of the vehicle should be conducted monthly, which will include checking the condition/appearance and operation of the following items:

- | | | | | |
|-----------------------|------------|-------------|------------------------|-------|
| Headlights | _____ Low | _____ High | Tire Tread: | _____ |
| Parking Lights: | _____ Left | _____ Right | Tire Pressure: | _____ |
| Front Turn Signals: | _____ Left | _____ Right | Windshield Wipers: | _____ |
| Rear Turn Signals: | _____ Left | _____ Right | Wiper Fluid Level: | _____ |
| Tail Lights: | _____ Left | _____ Right | Oil Level: | _____ |
| Brake Lights: | _____ Left | _____ Right | Coolant Level: | _____ |
| License Plate Lights: | _____ | | Condition of Interior: | _____ |
| Running Lights: | _____ | | Condition of Exterior: | _____ |
| Brake Operation: | _____ | | Monthly Washing: | _____ |

For vehicles with wheelchair lift/restraints, also check:

- | | | |
|--------------------------|-------|-------------------------|
| Condition of lift: | _____ | _____ Lift Operation |
| Condition of restraints: | _____ | _____ Monthly Lift Lube |
| Date last lift service: | _____ | |
| (to be done yearly) | | |

The following items are to be kept in the vehicle at all times:

- | | |
|---------------------------------|-----------------------------|
| _____ First Aid Kit | _____ Emergency Vehicle Kit |
| _____ Bandages/Gauze | _____ Blanket & Gloves |
| _____ Adhesive Tape | _____ Road Flares |
| _____ Antibiotic Ointment | _____ Flashlight |
| _____ Rubber Gloves | _____ Extra Batteries |
| _____ Scissors | _____ Fire Extinguisher |
| _____ First Aid Leaflet | |
| _____ Emergency Numbers | |
| _____ Current Physicians Orders | |

Routine Maintenance

Oil Change: Every 3,000 miles/3 months

- Date of last oil change: _____
 Mileage at last oil change: _____
 Date next oil change due: _____
 Mileage next oil change due: _____

Tire Rotation: Every 10,000 miles

- Date of last rotation: _____
 Mileage at last rotation: _____
 Date next rotation due: _____
 Mileage next rotation due: _____

15,000-Mile Service:

- Date last 15,000 service completed: _____
 Mileage at last 15,000 service: _____
 Mileage next 15,000 service is due: _____

30,000-Mile Service:

- Date last 30,000 service: _____
 Mileage at last 30,000 service: _____
 Mileage next 30,000 service due: _____

Notes/Comments:

REPORT ALL MAINTNENANCE NEEDS TO THE FACILITY ADMINISTRATOR

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

Applicant Name	Charleston Transitional Facility
----------------	----------------------------------

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.

- See attachment *Drivers Verification Policy and Vehicle Usage Policy*.
- During orientation – all new employees review the employee handbook (see attachment with pages related to *driving requirements* and *Fleet and Travel Policies*).
- All new employees receive training on transportation, lift usage, emergency procedures through the *New Employee Training Checklist* (see attachment). This completed by the supervisor of the area that the staff member is assigned to.
- All new employees complete a *Drive Defensively training* (see attached) This is also completed by the Supervisor.
- All employees go through an Illinois Department of Human Services approved "Direct Service Provider" training, which includes First Aide, CPR, emergency procedures, transportation issues, etc. This training is provided by Sherry George, CTF (DHS approved) Staff Trainer.
- All employees receive on the job training, as a part of the "Direct Service Provider" training, which addresses first aide, transportation of individuals with and without mobility assistance, as well as injury reporting, transferring to/from wheelchairs, fire and fire equipment procedures, severe weather procedures, seizure protocols, and daily interactions. (see attachment). This training is completed by the supervisor of the assigned area.
- All day program employees have monthly topics addressing various items. One month is dedicated to transportation, which includes transportation issues, vehicle lift usage, emergency follow ups.
- In addition to the regular training, staff receive additional training as needed on various vehicle/transportation issues.
- CDL drivers receive training/testing to receive their CDL license through the state of Illinois.

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.

Do you offer regular updates/refreshers? Y X N ___
 What is your normal Training cycle? At orientation, annually and as needed
 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: each vehicle is equip with a cellular phone.



Driver's Verification Policy

Policy Number	5.01
Original Issue Date	07-19-2005
Revision History	Rev. 1-07/17/06
Cross Reference	None

Policy

It is CTF's policy that all employees comply with the minimum driving requirements established by the State of Illinois and that employees in positions requiring authorized drivers also comply with the requirements of CTF's liability insurance carrier.

Procedures

Employees Hired On or After July 1, 2004

Effective 07/01/2004, all newly hired and rehired employees must complete a Driver's Verification Form within the first three (3) days of employment.

Minimum Requirements:

- **Current Valid Driver's License:**
The employee must have a current valid driver's license to drive either a personal or company-owned vehicle on company business.
- **Insured Vehicle:**
Any employee who drives a personal vehicle on company business must maintain current minimum insurance coverage as defined by the State of Illinois.
Any employee who transports individuals receiving services in a personal vehicle is strongly recommended to carry a minimum of \$100,000/\$300,000 auto insurance coverage.
- **Acceptable Driving Record:**
Any employee who drives for company business must maintain an acceptable driving record as defined by company policy or procedure and/or by the company's insurance carrier.
- **CDL or Other Special Licenses and Certifications:**
Any employee who drives a vehicle that requires a CDL or other special license and/or certification must meet the minimum qualifications for licensing and certification and present valid documentation of license and/or certification.
- **Annual Update:**
Each employee is required to complete a new and updated Driver's Verification Form in conjunction with the employee's annual performance evaluation.

- **Notification:**
The employee is required to notify his immediate supervisor and/or the Director of Human Resources within five (5) business days should the employee experience any change in the minimum requirements listed above.

Driving Restrictions:

- **Invalid and/or Expired Driver's License:**
Any employee who does not have a valid driver's license will not be permitted to drive, at any time or under any circumstances, either a personal or company-owned vehicle on company business.
- **Uninsured Vehicle:**
Any employee who does not have current minimum insurance coverage as defined by the State of Illinois will not be permitted to drive any personal vehicle on company business. The employee may be permitted to drive a company-owned vehicle, if qualified.
- **Unacceptable Driving Record:**
Any employee who has an unacceptable driving record as defined by company policy or procedure and/or by the company's insurance carrier will not be permitted to drive a company-owned vehicle on company business at any time.

In some cases, such employees may be permitted to drive a personal vehicle, provided the employee does not transport other employees, business associates, and/or individuals receiving services. Furthermore, the company reserves the right to require that said employee carry additional levels of insurance coverage. Failure to adhere to this requirement may prohibit an employee from receiving mileage reimbursement.
- **Lack of CDL or Other Special Licenses and Certifications:**
Any employee who does not possess the appropriate CDL or other special license and/or certification is not permitted to drive vehicles requiring such license and/or certification at any time.
- **Failure to Complete Annual Update:**
Any employee who fails to complete a new and updated Driver's Verification Form in conjunction with the employee's annual performance evaluation will be restricted from any and all driving until the appropriate documentation is completed.
- **Failure to Notify:**
Any employee who fails to notify his immediate supervisor and/or Human Resources within five (5) days of experiencing changes which would impose new or additional driving restrictions will be subject to disciplinary action, up to and including termination.

Falsification of Information:

Any employee who knowingly falsifies and/or omits information from the Driver's Verification Form will be subject to disciplinary action, up to and including termination.



Vehicle Usage Policy

Policy Number 5.04
Original Issue Date 07-19-2005
Revision History Original policy
Cross Reference Employee Handbook

Policy

It is the policy of CTF to maintain company-owned vehicles for use in transporting individuals receiving services and meeting other needs of the organization.

Procedures

1. Company vehicles assigned to Day Programs and CILAs are not allowed to be used for any employee personal business. These vehicles are to be used to transport individuals served and to fulfill the needs and requirements of CTF.
2. All employees, whether driving company vehicles or personal vehicles for the benefit of CTF, will comply with all state and federal laws.
3. If an employee is involved with an accident, the employee should wait at the scene and share insurance and other relevant information with police and other involved drivers.
4. The vehicle color, factory options and equipment are standardized and shall not be altered, except as authorized by company.
5. It is the responsibility of the assigned driver to inform the immediate supervisor of any vehicle maintenance needs or safety problems.
6. Employees shall drive vehicles with reasonable prudence to conserve fuel and sustain the vehicle at its highest operating efficiency.
7. Employees will be responsible for checking and maintaining proper fluid levels and tires' air pressure as needed. Employees charged with vehicle maintenance will present the vehicle for repair, service or adjustment whenever such is needed and preventative maintenance when time is due.
8. No employee will be allowed in anyway the use of a company vehicle and/or fuel credit card for his or her personal use or gain.
9. No vehicle will be used for transporting any bulk material that protrudes from the trunk/cargo area or interior compartment. Any exceptions to this policy require an administrator and/or director's approval.

10. Assigned company fuel credit cards are to be used for gas only and for the assigned vehicle only, unless otherwise authorized. Employees may sign their own name only.
11. Company vehicles must not be taken out of the state of Illinois without prior approval of the supervisor. The only exception to this guideline is where the most direct/expedient route from one location in the state of Illinois to another location in the state of Illinois is through a bordering state. This exception is for business use only and is allowed to encourage the most efficient use of company vehicles.
12. An updated copy of the employee's driver's license must be kept on file at all times.
13. Copies of the Vehicle Registration and Insurance Card must be kept in the vehicle at all times.
14. Vehicles must be returned to the appropriate location.

Driver's License/ Insurance Verification Form

NOTE: Completion of this form is required upon initial hire for all employees. A new form must be completed annually for the employee to receive an annual wage increase.

Employee Name (please print clearly) _____

Please complete the information below, checking all that apply.

LICENSING INFORMATION			
<input type="checkbox"/> I am appropriately licensed to drive a motor vehicle in the State of Illinois.			
<input type="checkbox"/> I do not have a valid driver's license.			
Driver's License #	State Licensed	Expiration Date	Type of License

INSURANCE INFORMATION		
<input type="checkbox"/> I understand that in order to drive my own motor vehicle on company business, I must have motor vehicle liability insurance in amounts required by the Motor Vehicle Code. I hereby certify that I do carry at least the minimum liability insurance requirement of the State of Illinois as defined in the Motor Vehicle Code.		
<input type="checkbox"/> I do not have current automobile insurance.		
Name of Insured (if different than employee)	Insurance Company	Policy Number
<p>NOTE: If you transport individuals receiving services in a personal vehicle, we strongly recommend a minimum of \$100,000/\$300,000 auto insurance coverage. This level of coverage provides greater protection against potential liability and lessens the overall risk.</p>		

DRIVER'S RECORD INFORMATION	
<input type="checkbox"/> I have had no motor vehicle accidents or moving violations in the past five (5) years.	
<input type="checkbox"/> I have had the following motor vehicle accidents and/or moving violations (i.e. tickets, citations, etc.) in the past five (5) years. (list all items which apply and describe nature of each item)	
Date of Accident or Violation	Nature of Accident or Violation

I certify that the information listed above is complete and accurate. If any of the above information changes, it is my responsibility to notify Human Resources immediately. I further authorize my employer to run any and all Department of Motor Vehicle Records reports concerning my driving records at any time during the course of my employment with CTF.

Employee Signature _____

Date _____

Employees who have current American Red Cross First Aid or CPR certification may be exempt from that training requirement at the discretion of the training coordinator. Other forms of CPR or First Aid (i.e. American Heart Association) do not fulfill CTF's requirements.

Employees who fail to attend scheduled training sessions may be subject to disciplinary action, up to and including termination.

2.11 Driving Requirements

Any employee hired/rehired for, or transferred/promoted into, a position in which being an authorized driver is an essential function of the job must meet the requirements of CTF's driving policies as outlined in Section 8: Fleet and Travel Policies of this handbook.

CTF will consider applicants who require reasonable accommodations under the Americans with Disabilities Act, and who make a formal request for such reasonable accommodations to meet this requirement.

CTF is under no obligation to continue employment for employees whose driving privileges have been suspended or revoked.

2.12 Reporting Changes in Employee Information

Employees should promptly report to Human Resources, in writing, any changes in the following: name, address, telephone number, marital status, dependents, education, selective service status, emergency contact information, physical or other limitations, essential insurance information, or a change in driving privileges. Name changes require appropriate documentation.

2.13 Employee Files

A file is kept for each employee and is considered a confidential matter between employee and employer. Only authorized individuals are permitted to view employment records. Employees are not permitted to inspect the records of other employees unless they supervise those employees or are considering accepting an employee as a transfer to their department.

Occasionally, CTF is required to provide the contents of employment files or payroll information to appropriate oversight or accreditation agencies.

All employee files are CTF's property and may not be removed from CTF premises. Only authorized employees will complete all filing or removal of documents. Removal of any information from an employee file by that employee or another employee is grounds for immediate termination. Unauthorized disclosure of employee information, including pay rates of individual employees, will be considered cause for disciplinary action, up to and including termination.

Employees may request to view the contents of their employee file by written notification to Human Resources. Active employees may request to view the contents of their employee files up to two times per 12-month period. Requests for copies of employee file documents must designate the specific item(s) requested. Employees may be assessed a reasonable charge for the cost of photocopies.

SECTION 8: FLEET AND TRAVEL POLICIES

8.1 Driving for Company Business

Driving for company business is defined as driving at the direction of or for the benefit of CTF. It does not include normal commuting to and from work.

Company vehicles assigned to Day Programs and CILAs are not allowed to be used for any employee personal business.

8.2 Authorized Drivers

Company vehicles are to be driven only by authorized employees except in the case of repair testing by a mechanic.

Employees must have a valid, current driver's license in order to operate a company vehicle or a personal vehicle on company business.

CTF may obtain a Department of Motor Vehicles report on any employee at any time. CTF may review driving records, including accidents, moving violations, etc., to determine if an employee's driving record indicates a pattern of unsafe or irresponsible driving that calls for suspension or revocation of Authorized Driver status.

The following list is the acceptable criteria for driving for company business:

- * Minimum age of 18
- * Must have an acceptable MVR record

- * No major violations in the past three years, with major violations being defined as:
 - DUI/DWI
 - Speeding over 80 mph
 - Reckless Driving
 - Careless Driving
 - Speed contests
 - Vehicular Homicide
 - Criminal use of vehicle
 - Suspended/revoked license
 - Driving w/ suspended/revoked license
 - Driving while unlicensed
 - Using motor vehicle in commission of felony
 - Aggravated assault with a motor vehicle
 - Operation of vehicle without owners' authority

- * No more than the following:
 - Two moving violations* in the past three years, or
 - Two chargeable accidents* in the past three years, or
 - One chargeable accident* in any 12 month period

*Moving violations include any ticket, charge, or other law enforcement proceeding relating to these, as well as independent evidence of violations deemed satisfactory by the organization.

*Chargeable accidents are those in which the driver is determined to be the primary cause of the accident through speeding, inattention, etc. Contributing factors, such as weather or mechanical problems, will be taken into consideration.

CTF is under no obligation to continue employment for employees whose driving privileges have been suspended or revoked, or who no longer qualify as an Authorized Driver, if the employee holds a position that requires an Authorized Driver.

8.3 Driver's Responsibilities

It is the driver's responsibility to operate the vehicle in a safe manner and to drive defensively to prevent injuries and property damage. CTF endorses all applicable state motor vehicle regulations relating to driver responsibility. CTF expects each driver to drive in a safe and courteous manner pursuant to CTF's travel and fleet policies.

Should an employee's driving record cause CTF's insurance carrier to increase the rates, the employee may be required to obtain additional personal coverage or may be subject to disciplinary action, up to and including revocation of vehicle driving privileges for CTF or termination.

8.4 Use of Personal Vehicles for Work

Authorized employees should use company vehicles whenever possible for work-related tasks or travel. When a company vehicle is not available, employees may use their own vehicles only when pre-approved by the appropriate supervisor.

Employees who have been authorized to use their own vehicles for work-related tasks must ensure that the vehicle is in safe operating condition. In addition, employees must provide documentation of adequate liability insurance in accordance with state requirements. CTF insurance only covers liability of the organization for damage to a third-party vehicle or personal injury while the vehicle is being used by the employee for work. Damage to employee-owned personal vehicles will not be covered by CTF and is the sole responsibility of the employee.

8.5 Reporting Requirements

Employees who experience a moving violation or chargeable accident which changes their status as an Authorized Driver as defined in Section 8.2, or who have had a driver's license revoked or suspended must notify their supervisor immediately and discontinue operation of company vehicles. Failure to do so may result in disciplinary action, up to and including termination.

Drivers must report to the appropriate supervisor all ticket violations received during the operation of a company vehicle or while driving a personal vehicle on company business. Such report must be made within 72 hours. Responsibility for and payment of moving and parking violations incurred while driving a company vehicle is the driver's sole responsibility.

All accidents in company vehicles, regardless of severity, must be reported to the police and to CTF management. Accidents are to be reported immediately, either from the accident scene, during the same day, or as soon as practicable if immediate or same day reporting is not possible. Accidents in personal vehicles while on company business must follow these same accident

*Moving violations include any ticket, charge, or other law enforcement proceeding relating to these, as well as independent evidence of violations deemed satisfactory by the organization.

*Chargeable accidents are those in which the driver is determined to be the primary cause of the accident through speeding, inattention, etc. Contributing factors, such as weather or mechanical problems, will be taken into consideration.

CTF is under no obligation to continue employment for employees whose driving privileges have been suspended or revoked, or who no longer qualify as an Authorized Driver, if the employee holds a position that requires an Authorized Driver.

8.3 Driver's Responsibilities

It is the driver's responsibility to operate the vehicle in a safe manner and to drive defensively to prevent injuries and property damage. CTF endorses all applicable state motor vehicle regulations relating to driver responsibility. CTF expects each driver to drive in a safe and courteous manner pursuant to CTF's travel and fleet policies.

Should an employee's driving record cause CTF's insurance carrier to increase the rates, the employee may be required to obtain additional personal coverage or may be subject to disciplinary action, up to and including revocation of vehicle driving privileges for CTF or termination.

8.4 Use of Personal Vehicles for Work

Authorized employees should use company vehicles whenever possible for work-related tasks or travel. When a company vehicle is not available, employees may use their own vehicles only when pre-approved by the appropriate supervisor.

Employees who have been authorized to use their own vehicles for work-related tasks must ensure that the vehicle is in safe operating condition. In addition, employees must provide documentation of adequate liability insurance in accordance with state requirements. CTF insurance only covers liability of the organization for damage to a third-party vehicle or personal injury while the vehicle is being used by the employee for work. Damage to employee-owned personal vehicles will not be covered by CTF and is the sole responsibility of the employee.

8.5 Reporting Requirements

Employees who experience a moving violation or chargeable accident which changes their status as an Authorized Driver as defined in Section 8.2, or who have had a driver's license revoked or suspended must notify their supervisor immediately and discontinue operation of company vehicles. Failure to do so may result in disciplinary action, up to and including termination.

Drivers must report to the appropriate supervisor all ticket violations received during the operation of a company vehicle or while driving a personal vehicle on company business. Such report must be made within 72 hours. Responsibility for and payment of moving and parking violations incurred while driving a company vehicle is the driver's sole responsibility.

All accidents in company vehicles, regardless of severity, must be reported to the police and to CTF management. Accidents are to be reported immediately, either from the accident scene, during the same day, or as soon as practicable if immediate or same day reporting is not possible. Accidents in personal vehicles while on company business must follow these same accident

NEW EMPLOYEE IN-SERVICE

NAME: _____

Staff initials indicate that they understand the topics listed below.

Items that are bold - indicates that there is a sheet/section in New Employee Training Book

DT	supervisor	Topic
_____	_____	Tour of the area (including supplies, bathrooms, etc.)
_____	_____	Emergency Procedures/Evacuation Plan (fire route, extinguisher, tornado , temperature extremes, first aide location, etc.)
_____	_____	Time Sheets and Absence Procedures
_____	_____	Individual Charts (review location specific sections, etc.)
_____	_____	General Rules for Charting
_____	_____	Behavior Management Programs (reviewed area BMP's)
_____	_____	Behavior Monitoring Forms/Tally Sheets/ABC's
_____	_____	Goals (how to read goal sheet and implement goals)
_____	_____	Task Analysis sheets (charting)
_____	_____	Classroom and Individual Schedules
_____	_____	Curriculum Activities/Teaching Opportunities
_____	_____	Vocational Work
_____	_____	Vehicle/Wheelchair Lift Usage
_____	_____	completed OJT sections on vehicles (sections 5,7, and 10)
_____	_____	Reporting of Accidents/Illness (staff and individuals receiving services, instructions to complete incident report)
_____	_____	Toileting Schedules/Depends Checks
_____	_____	Toileting (specific to each individual in the area/observation)
_____	_____	Proper Peri Care
_____	_____	Peri Care/Sick Bed Usage
_____	_____	Repositioning
_____	_____	Review Active Treatment section (include sheets on Active Treatment Behavior Issues, Client Respect, "Individual First Article")
_____	_____	Interaction with Individual/Leisure Activities/Group Activities
_____	_____	Redirection
_____	_____	Hand Over Hand
_____	_____	Reviewed OT Consultant Packet on Moving, Transfers, Positioning)
_____	_____	Reviewed OT Dining Room Procedures (include Functional Feeding Issues In-Service , and Adaptive Equipment utilized by Specific Individuals in the Area)
_____	_____	Protection/Safety Equipment (use of gait belts, back braces, seat belts, wheelchair brakes, wet floor signs, etc.
_____	_____	Proper Disinfecting of Chairs, Supplies, and Floors

NEW EMPLOYEE IN-SERVICE

- _____ MSDS (purpose and locations)
- _____ Proper Storage of Chemicals
- _____ Sensory Activities specific to the area

- _____ Review **OT Consultant Packet of Sensory Defensiveness**
- _____ Willbarger Brushing (demonstrated)
- _____ Review **OT Consultant Packet on Sensory Smorgasboards and Active Treatment**
- _____ Review **Speech Consultant Packets on Total Communication and Communication Dictionaries**

- _____ Surveys (includes DHS, Public Health, CARF/*Surveyor Interactions sheet)
- _____ Morning Activities (includes assignments, assist with unloading and activities)
- _____ Afternoon Job Duties (includes assist with loading, clean up, interactions with individuals, etc.)

- _____ Reviewed Monthly Bullet Point In-Service Sheets
- _____ Met with DI/QMRP to discuss expectations for job performance and area, communication with supervisor

New Employee Signature/Date Completed

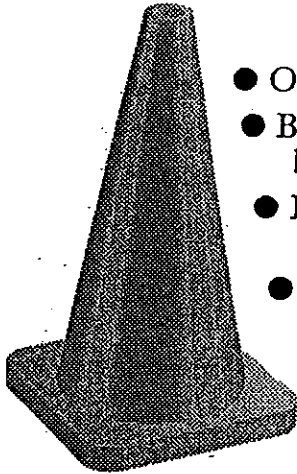
AQMRP Signature/Date Completed

Developmental Instructor/Date Completed

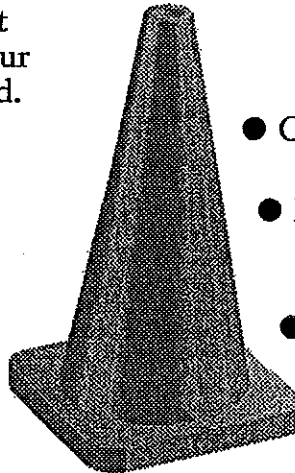


Drive Defensively on the Road to Safety

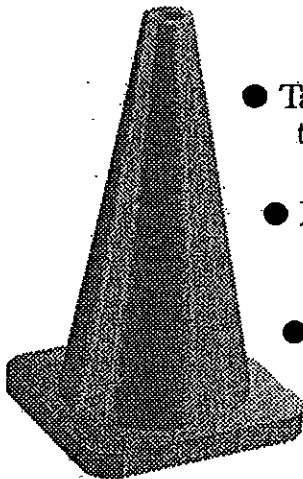
Be prepared to respond quickly—and safely—to traffic conditions and other drivers



- Obey speed laws and traffic signals.
- Be on the lookout for surprises: pedestrians, bicycles, potholes, other drivers, etc.
- Pass only on the left after making sure you have plenty of room.
- Stay at least two seconds behind the vehicle in front. For night driving, stay four seconds behind.



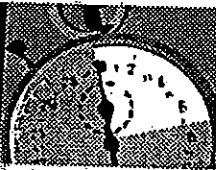
- Continually check your rearview and side mirrors.
- Pull off the road if you're sleepy or need to check a map, make a phone call, etc.
- Turn on your lights when it starts to get dark.



- Take extra precautions in heavy traffic and around road construction.
- Maintain your vehicle, including tires, fluid levels, etc.
- Carry emergency repair and signaling equipment.

DON'T:

- Drink and drive
- Do drugs and drive
- Overload your vehicle
- Expect the other



Goals: This safety session should teach employees to:

- Understand the importance and practices of defensive driving.

Applicable Regulations: General Duty Clause Sec. 5 (b)



1. Motor Vehicle Accidents Are a Major Cause of Injury and Death On and Off the Job

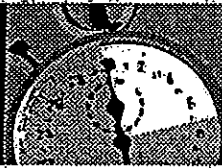
- Motor vehicle accidents are the most common cause of work-related deaths.
- Factors that increase the risk of accident, injury, and death include:
 - Fatigue
 - Drinking and driving
 - Not wearing a seat belt
 - Driving at night
 - Using a cell phone

2. Drive Safely and Obey Traffic Laws

- Wear a seat belt.
- Don't speed.
- Obey traffic signals and signs.
 - Stop fully at stop signs and red lights.
 - Stop fully at a yellow light unless it turns yellow when you're already in the intersection.
- Yield to drivers who have the right of way.
- Don't overload a vehicle and don't load it in a way that blocks your rear or side vision.
- Never pass a school bus when the driver signals to stop.
- Don't drive after drinking alcohol or using drugs.
 - Alcohol and many drugs (including prescription and over-the-counter remedies) slow reactions, blur vision, and impair judgment.

3. Drive Defensively So You Can Respond Safely to Other Drivers and Conditions

- Give driving full attention; keeping your mind and eyes on the road.
- Stay at least two seconds behind the driver in front; don't tailgate.
 - To measure seconds, start counting "one thousand one, one thousand two" as the driver in front passes a pole or other fixed object. You should not reach the object before you reach "one thousand two."
- On a two-lane road, pass on the left only, after signaling.
 - Be sure the other driver sees you and that you have enough room to pass.
- Keep checking your rearview and side mirrors for approaching traffic.



– If you start to nod off, pull over, lock the car, and nap.

- Stay constantly alert to other drivers, road construction, potholes, debris, etc.
- Don't drive while using the telephone. Pull over to a safe location.

4. Take Special Precautions at Night

More accidents happen at night because drivers can't see so well and may be tired.

- Turn on headlights as soon as it begins getting dark.
- Stay four seconds behind the vehicle in front.
- Use high beams only if no one is in front of you or coming toward you.

5. Always Expect Other Drivers to Do the Unexpected

Be especially cautious and leave yourself room to maneuver in heavy traffic and around road construction where drivers are more likely to:

- Pass on the right or on the shoulder
- Try to dart in and out of lanes
- Stop or swerve suddenly

6. Maintain Your Vehicle for Safety

- Regularly rotate tires and replace them when they're worn.
- Check tire pressure when it's cold and keep tires at recommended levels.
- Maintain proper oil and antifreeze/coolant levels.
- Keep lights, mirrors, and windows clean.
- Replace windshield wiper blades periodically.
- Carry emergency equipment, such as:
 - Spare tire, jack, lug wrench, and jumper cables
 - Wrenches, pliers, screwdrivers
 - Unopened containers of oil and other vehicle fluids
 - Flashlight and safety flares

Discussion Points:



– Offer and ask for examples of experiences that underline the need to “expect the unexpected” to prevent accidents when driving.

Conclusion: Defensive Driving Is Safe Driving

Driving is a skill, and your vehicle is a heavy and potentially dangerous machine. To prevent accidents, give driving your full attention.

Test Your Knowledge



Have your employees take the defensive driving quiz. By testing their knowledge, you



DEFENSIVE DRIVING QUIZ

- 1. The most common cause of work-related deaths is:**
 - a. Motor vehicle accidents
 - b. Falls from heights
 - c. Chemical exposure
- 2. Serious accidents are more likely when you don't use a seatbelt, drive at night, or:**
 - a. Drive at the speed limit
 - b. Play music in the car
 - c. Drink and drive
- 3. If you see a stopped school bus, you should:**
 - a. Go, if there are no children visible
 - b. Stop
 - c. Stop if school bus driver tells you to
- 4. In daytime driving, the safe distance between two vehicles is:**
 - a. One second
 - b. Two minutes
 - c. Two seconds
- 5. The safe distance between two vehicles at night is:**
 - a. Two seconds
 - b. Four seconds
 - c. Four minutes
- 6. When you come to a stop sign, you should:**
 - a. Stop
 - b. Slow
 - c. Slow or stop, depending on traffic
- 7. You shouldn't drive if you've been drinking or taking medication.**
 - a. True
 - b. False
- 8. In heavy traffic, you have to be alert to other drivers who may:**
 - a. Honk
 - b. Stay two seconds behind you
 - c. Stop suddenly
- 9. Part of good car maintenance is to regularly check:**
 - a. Tire pressure
 - b. Mileage
 - c. Weight of load
- 10. A vehicle emergency kit might include:**
 - a. A list of motels
 - b. Flashlight and safety flares
 - c. Dried food

Signature: _____

Date: _____

Print Name: _____

Location: _____

NAME: _____

HIRER DATE: _____

COMPLETION DUE BY: _____

(PLEASE PRINT CLEARLY)

Page	Topic	Date Completed	Time to Complete
10	Communication Process		1 hour
17	Documentation		30 minutes
19	Injury Reporting		1 hour
23	Individual Preference		1 hour
27	Recreation Planning		1 day
31	Use of Communication Board		1 hour
34	Welcome Home		1 hour
38	Accompanying an Individual to an Annual Physical		30 minutes
43	Transportation of Individuals with out Mobility Assistance		3 hours
47	Transportation of Individuals With Mobility Assistance		2 hours
53	Assisting With Eating		2 hours
57	Introduction to Habilitation Plan		1 hour
61	Wheelchair Transfer		1-2 hours
65	Physical Observation		15 minutes
71	Hand Washing		1-2 hours
73	Vital Sign - Pulse Rate		15 minutes
77	Vital Sign - Respiratory Rate		30 minutes
79	Vital Sign - Blood Pressure		15 minutes
83	Vital Sign - Oral Temperature		1 hour
87	Removing Disposable Gloves		1 hour
89	Vital Sign - Axillary Temperature		5 minutes
93	Testing Water Temperatures		1 hour
95	Collecting a Routine Urine Specimen		10 minutes
97	Assisting With a Tub Bath		30 minutes
101	Assisting with Oral Hygiene		1 hour
103	Taking Food Temperatures		30 minutes
106	Fire Evacuation Procedures		15 minutes
108	Severe Weather Procedure		30 minutes
110	Seizure Protocol		1 hour
114	Recognizing & Reporting Maltreatment		1-2 hours

OJT Page	Topic	Date Completed	Time to Complete
32	Self-Awareness		1 day
33	Individual-Awareness		1 day
34	Prevention		1 day
35	Creating & Maintaining a Trust-Producing, Health, Engaging Environment		1 day
36	Basic Nutrition		30 minutes
37	Admission, Transfer and Discharge		1 hour
38	Defines Developmental Disabilities		3-4 hours
39	Grief		1-2 hours
40	Searching the Classifieds		2-3 hours
41	Getting to Know You		3-4 hours
42	Friendship Circles		1 hour
43	Opportunities For Choice		1-2 hour
44	Daily Interaction		3-4 hours
45	Communicating with Pictures		4-5 hours
46	Food Consistency		1-2 hours
47	Feeding Techniques		1 hour
48	Using a Fire Extinguisher		30 minutes
49	Hair Grooming		15 minutes
50	Cleaning & Trimming Nails		30 minutes
51	Shaving with Razor		30 minutes
52	Shaving With Electric Shaver		30 minutes
53	Teaching Handwashing		10 minutes
54	Changing Bed Sheets		15 minutes
55	Shampooing Hair		15 minutes
56	Denture Care		10 minutes
57	Incontinence		10 minutes
58	Bed to Wheelchair Transfer		5 minutes
59	Wheelchair to Toilet Transfer		15 minutes
60	Wheelchair to Tub Transfer		30 minutes
61	Measuring Weight		5 minutes

OFFICE USE ONLY	
RECEIVED DATE:	_____
ENTERED DATE:	_____

QMRP or Supervisor Signature _____

Date _____

monthly bullet point -
September

Transportation

Vehicle Transportation

- No individual shall be transported in a one-way trip that exceeds one hour, this excludes approved community outings
- CTFDT does provide transportation to and from residential sites and to the community work site. DT staff will ensure that residential staff are present before leaving the premises.
- Cellular bag phones are provided in CTFDT vehicles and are programmed to dial out numbers for 911 and CTFDT.

Vehicle Wheelchair Lift Usage

- 1.) Loading the individual:
 - a.) Have the individual roll the chair or the employee can roll the wheelchair on the vehicle lift, making the individual's back towards the vehicle.
 - b.) Lock the wheels.
 - c.) Employee must have their hands on the chair at all times during the lifting.
 - d.) When the lift is at the top, the employee will grab the handles of the individual's wheelchair and gently pull the individual in the wheelchair onto the vehicle.
 - e.) The individual in the wheelchair will be strapped into place fixing a strap to each of the four corners of the chair.
- 2.) Unloading the individual:
 - a.) Remove the strap from the individual's wheelchair.
 - b.) Push the individual in the wheelchair towards the ramp, loading the individual with their back towards the vehicle.
 - c.) Lock the wheels.
 - d.) Lower the lift with the individual in the wheelchair. Employee will keep their hands on the individual's wheelchair for stability,
 - e.) After the lift has been lowered to the ground, gently push the individual in the wheelchair off the lift.

Vehicle Emergency Follow- Up:

- All CTFDT vehicles will contain an emergency procedure handbook, a vehicle first aid kit, an extreme weather kit, and a fire extinguisher.
- during an injurious accident, the employee involved in the accident, conscious and coherent, needs to assess the situation to determine the injuries of the other passengers.

Call 911 as soon as possible. Provide authorities with all the pertinent information, i.e. registration, insurance card, and driver's license. Do not move any injured passengers unless absolutely necessary. Call CTFDT as soon as possible after the scene has been secured.

- A non- injury accident follows the above process. Assess the scene and be sure there are no injuries. Call 911 as soon as possible. Call CTFDT as soon as possible after the scene has been secured.

- Driver and rider will have to fill out police reports and CTFDT incident reports. Pictures need to be taken of vehicle damage. Please notify CTFDT office manager of accident.

Date: _____

Returned by (Staff Signatures):

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	_____	_____	_____
TOTAL CLIENTS	_____	_____	_____

Applicant Name N/A

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

**New or Additional
Annual Totals**

NOTE: Each time a client gets on, rides and gets off is a Passenger-Trip (see Page 11)
(Example: Transporting a client to a medical appointment, then to a food store, then home,
counts as three one-way passenger trips for each person served)

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	Charleston Transitional Facility
----------------	----------------------------------

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?
Clay County Industries	(618) 662-6607	M- F	8:00- 5:00	Not for Profit/DD services	
ERBA	(618) 395-3720	M-F	8:00- 5:00	Not for Profit/Senior Citizens transportation services	
Rides Mass Transit	(877) 667-6117	M-F	7:00- 5:00	Private for Profit	
Lawrence Crawford	(618)-546-5625	M-F	7:00- 5:00	Profit/DD services Not for	

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.



Visit CTF at www.ctfillinois.org

Charleston Developmental
Training & Residential Services:
521 7th Street
Charleston, IL 61920
Phone: (217) 348-8798
Fax: (217) 348-8793
TDD/TTY: (217) 348-8824

Blumenthal Developmental
Training Services:
914 17th Street
Charleston, IL 61920
Phone: (217) 348-8791
Fax: (217) 348-6551

Lawrenceville Developmental
Training Services:
1511 13th Street
Lawrenceville, IL 62439
Phone: (618) 943-3812
Fax: (618) 943-4631

Olney Developmental
Training Services:
511 East Main Street
Olney, IL 62450
Phone: (618) 392-4444
Fax: (618) 392-4001

Lincoln Residential Services:
322 North Sherman
Lincoln, IL 62656
Phone: (217) 735-9820
Fax: (217) 735-9739

South Suburban Developmental
Training & Residential Services:
17341 Palmer Blvd.
Homewood, IL 60430
Phone: (708) 922-1532
Fax: (708) 922-1526

Sumner Residential Services:
Route 3, Box 21
Sumner, IL 62466
Phone: (618) 936-2903
Fax: (618) 936-9313

Champaign Office:
1902 Fox Drive, Suite B
Champaign, IL 61820-7378
Phone: (217) 352-1557

Improving the lives of individuals with developmental disabilities

May 27, 2009

Marilyn Davis
Rides Mass Transit
1103 S. Whittoe
Olney, Illinois 62450

Dear Ms. Davis:

Charleston Transitional Facility (CTF) is a private not-for-profit corporation incorporated in 2000 to provide residential and developmental day program services and support to individuals with developmental disabilities. It is also part of CTF's responsibilities to provide individuals with fixed-routes and door-to-door pick up transportation to appointments, job sites, and leisure destinations.

At present, all needs are being met with our current fleet of transportation vehicles. However, several of our vehicles have high mileage and have reached the end of their use. Because maintenance and the high cost of repairs to these vehicles reduces our ability to provide services, CTF is in the process of completing the Illinois Department of Transportation, Section 5310 grant application to request replacement of these vehicles.

If you have any questions or concerns, please feel free to contact me at 217-348-8798 extension 122. CTF would appreciate a letter of support from you for this project. Please send written comments by June 10, 2009, to:

Tracy Wawering, Vice President-Community Services
Charleston Transitional Facility
521 7th St. Charleston, IL 61920

Sincerely,

Tracy Wawering
Vice President- Community Services
Charleston Transitional Facility



Visit CTF at www.ctfillinois.org

Charleston Developmental
Training & Residential Services:
521 7th Street
Charleston, IL 61920
Phone: (217) 348-8798
Fax: (217) 348-8793
TDD/TTY: (217) 348-8824

Blumenthal Developmental
Training Services:
914 17th Street
Charleston, IL 61920
Phone: (217) 348-8791
Fax: (217) 348-6551

Lawrenceville Developmental
Training Services:
1511 13th Street
Lawrenceville, IL 62439
Phone: (618) 943-3812
Fax: (618) 943-4631

Olney Developmental
Training Services:
511 East Main Street
Olney, IL 62450
Phone: (618) 392-4444
Fax: (618) 392-4001

Lincoln Residential Services:
322 North Sherman
Lincoln, IL 62656
Phone: (217) 735-9820
Fax: (217) 735-9739

South Suburban Developmental
Training & Residential Services:
17341 Palmer Blvd.
Homewood, IL 60430
Phone: (708) 922-1532
Fax: (708) 922-1526

Sumner Residential Services:
Route 3, Box 21
Sumner, IL 62466
Phone: (618) 936-2903
Fax: (618) 936-9313

Champaign Office:
1902 Fox Drive, Suite B
Champaign, IL 61820-7378
Phone: (217) 352-1557

Improving the lives of individuals with developmental disabilities

May 27, 2009

Lawrence Crawford
905 West Mulberry Street
Robinson, IL 62454

Dear Mr. Crawford:

Charleston Transitional Facility (CTF) is a private not-for-profit corporation incorporated in 2000 to provide residential and developmental day program services and support to individuals with developmental disabilities. It is also part of CTF's responsibilities to provide individuals with fixed-routes and door-to-door pick up transportation to appointments, job sites, and leisure destinations.

At present, all needs are being met with our current fleet of transportation vehicles. However, several of our vehicles have high mileage and have reached the end of their use. Because maintenance and the high cost of repairs to these vehicles reduces our ability to provide services, CTF is in the process of completing the Illinois Department of Transportation, Section 5310 grant application to request replacement of these vehicles.

If you have any questions or concerns, please feel free to contact me at 217-348-8798 extension 122. CTF would appreciate a letter of support from you for this project. Please send written comments by June 10, 2009, to:

Tracy Wawering, Vice President-Community Services
Charleston Transitional Facility
521 7th St. Charleston, IL 61920

Sincerely,

Tracy Wawering
Vice President- Community Services
Charleston Transitional Facility



Visit CTF at www.ctfillinois.org

Charleston Developmental Training & Residential Services:
521 7th Street
Charleston, IL 61920
Phone: (217) 348-8798
Fax: (217) 348-8793
TDD/TTY: (217) 348-8824

Blumenthal Developmental Training Services:
914 17th Street
Charleston, IL 61920
Phone: (217) 348-8791
Fax: (217) 348-6551

Lawrenceville Developmental Training Services:
1511 13th Street
Lawrenceville, IL 62439
Phone: (618) 943-3812
Fax: (618) 943-4631

Olney Developmental Training Services:
511 East Main Street
Olney, IL 62450
Phone: (618) 392-4444
Fax: (618) 392-4001

Lincoln Residential Services:
322 North Sherman
Lincoln, IL 62656
Phone: (217) 735-9820
Fax: (217) 735-9739

South Suburban Developmental Training & Residential Services:
17341 Palmer Blvd.
Homewood, IL 60430
Phone: (708) 922-1532
Fax: (708) 922-1526

Sumner Residential Services:
Route 3, Box 21
Sumner, IL 62466
Phone: (618) 936-2903
Fax: (618) 936-9313

Champaign Office:
1902 Fox Drive, Suite B
Champaign, IL 61820-7378
Phone: (217) 352-1557

Improving the lives of individuals with developmental disabilities

May 27, 2009

ERBA
306 East Main Street
Olney, IL 62450

Dear ERBA:

Charleston Transitional Facility (CTF) is a private not-for-profit corporation incorporated in 2000 to provide residential and developmental day program services and support to individuals with developmental disabilities. It is also part of CTF's responsibilities to provide individuals with fixed-routes and door-to-door pick up transportation to appointments, job sites, and leisure destinations.

At present, all needs are being met with our current fleet of transportation vehicles. However, several of our vehicles have high mileage and have reached the end of their use. Because maintenance and the high cost of repairs to these vehicles reduces our ability to provide services, CTF is in the process of completing the Illinois Department of Transportation, Section 5310 grant application to request replacement of these vehicles.

If you have any questions or concerns, please feel free to contact me at 217-348-8798 extension 122. CTF would appreciate a letter of support from you for this project. Please send written comments by June 10, 2009, to:

Tracy Wavering, Vice President-Community Services
Charleston Transitional Facility
521 7th St. Charleston, IL 61920

Sincerely,

Tracy Wavering
Vice President- Community Services
Charleston Transitional Facility



Visit CTF at www.ctfillinois.org

Charleston Developmental
Training & Residential Services:
521 7th Street
Charleston, IL 61920
Phone: (217) 348-8798
Fax: (217) 348-8793
TDD/TTY: (217) 348-8824

Blumenthal Developmental
Training Services:
914 17th Street
Charleston, IL 61920
Phone: (217) 348-8791
Fax: (217) 348-6551

Lawrenceville Developmental
Training Services:
1511 13th Street
Lawrenceville, IL 62439
Phone: (618) 943-3812
Fax: (618) 943-4631

Olney Developmental
Training Services:
511 East Main Street
Olney, IL 62450
Phone: (618) 392-4444
Fax: (618) 392-4001

Lincoln Residential Services:
322 North Sherman
Lincoln, IL 62656
Phone: (217) 735-9820
Fax: (217) 735-9739

South Suburban Developmental
Training & Residential Services:
17341 Palmer Blvd.
Homewood, IL 60430
Phone: (708) 922-1532
Fax: (708) 922-1526

Sumner Residential Services:
Route 3, Box 21
Sumner, IL 62466
Phone: (618) 936-2903
Fax: (618) 936-9313

Champaign Office:
1902 Fox Drive, Suite B
Champaign, IL 61820-7378
Phone: (217) 352-1557

Improving the lives of individuals with developmental disabilities

May 27, 2009

Clay County Industries
1 Commercial Drive
Flora, IL 62839

Dear Clay County Industries:

Charleston Transitional Facility (CTF) is a private not-for-profit corporation incorporated in 2000 to provide residential and developmental day program services and support to individuals with developmental disabilities. It is also part of CTF's responsibilities to provide individuals with fixed-routes and door-to-door pick up transportation to appointments, job sites, and leisure destinations.

At present, all needs are being met with our current fleet of transportation vehicles. However, several of our vehicles have high mileage and have reached the end of their use. Because maintenance and the high cost of repairs to these vehicles reduces our ability to provide services, CTF is in the process of completing the Illinois Department of Transportation, Section 5310 grant application to request replacement of these vehicles.

If you have any questions or concerns, please feel free to contact me at 217-348-8798 extension 122. CTF would appreciate a letter of support from you for this project. Please send written comments by June 10, 2009, to:

Tracy Wavering, Vice President-Community Services
Charleston Transitional Facility
521 7th St. Charleston, IL 61920

Sincerely,

Tracy Wavering
Vice President- Community Services
Charleston Transitional Facility

Applicant Name	Charleston Transitional Facility
----------------	----------------------------------

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.)

- CTF attends the Region 10 HSTP meetings. We will continue to participate in this group.
- May of 2008, we met with Rides Mass Transit to discuss working with on providing transportation to/from the homes to the day program. They began with running one route for the Olney Day Program.
- Past couple of months, CTF has been in communication with and has met with representative from Rides Mass Transit on providing additional routes for the Olney and Lawrenceville Day Programs. On April 29, 2009, Rides submitted a proposal to provide those routes. That proposal has been sent to CTF's CFO for a cost analysis and is still in the process of being approved. We will continue to work with Rides on providing transportation. In the meantime, CTF has received support from them with this application.
- Letters were mailed out to local providers on May 27, 2009 to the agencies listed above.
- After receiving the letter, a representative from Rides Mass Transit spoke with Taja Wheeler, CTF Administrator for Olney and Lawrenceville. They discussed their support for CTF in this process and well as our continued collaboration and increasing the CTF transportation routes through Rides Mass Transit. June 4, 2009, CTF received a letter of support from Rides Mass Transit.
- June 11, 2009 – received letter of support from Clay County Rehabilitation Center, Inc.
- June 15, 2009 – received letter of support from LCAEC.
- Will continue to collaborate with the local HSTP, Rides Mass Transition and other local agencies.

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.



RIDES MASS TRANSIT DISTRICT

June 2, 2009

Ms. Tracy Wavering
Vice President-Community Services
Charleston Transitional Facility
521 7th Street
Charleston, IL 61920

Dear Ms. Wavering,

Rides Mass Transit District is interested in participating in your proposed project and appreciate our agencies' relationship in Region 10. The value of what we can do jointly enhances the transportation possibilities of the citizens and communities we both serve. It also helps focus limited public funding toward the priorities of the region.

Rides also recognizes that your agency and similar concerns throughout the region have specialized needs that may be outside the realistic service parameters of the District. Certainly in these cases Rides would continue to support your efforts for capital funding.

Sincerely,

Bill Jung, CEO
Rides Mass Transit District

cc: Chuck Kadlec
Seth Gunnerson

Clay County Rehabilitation Center, Inc.

P.O. Box 659
Flora, Illinois 62839
Phone (618) 662-4916
Fax (618) 662-9354

June 9, 2009

ISO 9001:2000 Certified

Administration Office

#1 Commercial Drive
Flora, Illinois 62839
Phone (618) 662-4916
Fax (618) 662-9354
Email: gwhitehead@clayrhab.com
Web Site: www.clayrhab.com

Gary Whitehead
Executive Director

Diane Briscoe
Chief Financial Officer/
Administrative Assistant

Developmental Training Building

530 West Fourth Street
Flora, Illinois 62839
Phone (618) 662-4674

Recycling Center

530 West Fourth Street
Flora, Illinois 62839
Phone (618) 662-4674

Rhonda Harris
Program Director

Clay County Industries

#1 Commercial Drive
Flora, Illinois 62839
Phone (618) 662-6607

Tracy Wavering
Vice President-Community Services
Charleston Transitional Facility
521 7th Street
Charleston, IL 61920

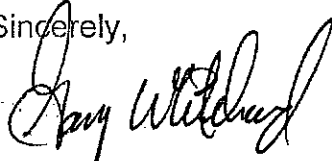
Dear Tracy:

Please consider this letter as support for your request for capital assistance through the Illinois Department of Transportation Section 5310 grant process.

Clay County Rehabilitation Center provides transportation to individuals with disabilities from Clay, Richland and Wayne counties to attend our Developmental Training programs, and transports individuals to a work site in Marion County. We employ trained drivers, and all vehicles are accessible to the elderly and individuals with disabilities.

Clay County Rehabilitation Center supports your organization's pursuit of this capital assistance and wish you the best of luck in obtaining it. If we can be of further assistance, please contact me at the above address and phone number.

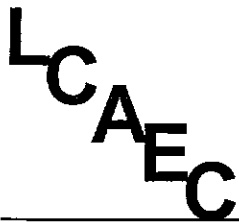
Sincerely,



Gary Whitehead
Executive Director

/nt

Faint, illegible text at the bottom of the page, possibly a stamp or bleed-through.



LAWRENCE/CRAWFORD ASSOCIATION FOR EXCEPTIONAL CITIZENS

905 West Mulberry, Robinson, IL 62454 (618) 546-5625 • (618) 546-1519 (fax)
2222 Lexington, Lawrenceville, IL 62439 (618) 943-4401 • (618) 943-5323 (fax)

Accredited by Commission on Accreditation of Rehabilitation Facilities

Serving the Developmentally Disabled in Lawrence and Crawford Counties
Member of the Southern Illinois Association for Rehabilitation Facilities

June 10, 2009

Tracy Wavering, V. President - Community Services
Charleston Transitional Facility
521 7th Street
Charleston, IL 61920

Dear Ms. Wavering:

This letter is to indicate our support for CTF for a request for a vehicle through the IDOT Consolidated Vehicle Procurement Rolling Stock Assistance Grant 5310.

Sincerely,

A handwritten signature in cursive script, reading 'Eleanor Laswell', is positioned above the printed name.

Eleanor Laswell
Executive Director



A 501 (c) (3) Not-for-Profit Agency
An Equal Opportunity Employer/We Hire The Handicapped

PART XI

HSTP REVIEW

**MUST BE COMPLETED BY ONLY NORTHEASTERN ILLINOIS APPLICANTS
(RTA Urbanized Chicago Area 2-- Cook, Lake, Will, DuPage, McHenry & Kane)**

Applicant Name

Please check which Needs and Strategies are addressed by the service you plan to provide with the vehicle or vehicles requested.

Please Reference:

The HSTP Plan for NE Illinois can be found at: <http://jarcnf.rtachicago.com/jarc-nf/coordinated-public-transit.html>.
Page numbers in the chart below reference the RTA Coordinated Public Transit Report on their web-site.

NEEDS (See HSTP Chapter 2 for detailed description.)	STRATEGIES (See HSTP Chapter 3 for detailed description.)
<input type="checkbox"/> Centralized Information (pg. 2-8)	<input type="checkbox"/> Provide a Centralized Information Source (pg. 3-3)
<input type="checkbox"/> Geographic/ Spatial Limitations (pg. 2-8)	<input type="checkbox"/> Improve Productivity (pg. 3-4)
<input type="checkbox"/> Temporal Limitations (pg. 2-8 & 2-9)	<input type="checkbox"/> Volunteer Utilization (pg. 3-6)
<input type="checkbox"/> Program Eligibility and Trip Purpose Limitations (pg. 2-9)	<input type="checkbox"/> Taxi Subsidy Programs (pg. 3-7)
<input type="checkbox"/> Supply of Service inadequate for Demand (pg. 2-9)	<input type="checkbox"/> Community Bus Routes (pg. 3-8)
<input type="checkbox"/> Inability to Meet Same Day Service Requests (pg. 2-9)	<input type="checkbox"/> Flexible Transit Services (pg. 3-9)
<input type="checkbox"/> Inability to Accommodate Subscription Requests (pg. 2-9)	<input type="checkbox"/> Agency/ Employment "Tripper" Services (pg. 3-10)
<input type="checkbox"/> Affordability (pg. 2-10)	<input type="checkbox"/> Reverse Commute (pg. 3-11)
	<input type="checkbox"/> Accelerating Reimbursement (pg. 3-13)
	<input type="checkbox"/> Joint Purchasing (pg. 3-15)
	<input type="checkbox"/> Sharing Resources (pg. 3-16)
	<input type="checkbox"/> Contracting with Agency Operators (pg. 3-17)
	<input type="checkbox"/> Contracting with common Service Providers (pg. 3-18)
	<input type="checkbox"/> Consolidating Functions (pg. 3-19)
	<input type="checkbox"/> Improving Service Convenience (pg. 3-21)
	<input type="checkbox"/> Accessibility Improvements at Non-Key Rail Stations (pg. 3-23)
	<input type="checkbox"/> Accessibility Improvements at Fixed Route Bus Stops (pg. 3-24)
	<input type="checkbox"/> Deployment of Tools that Improve Data Integrity, Fare Collection, Cost Sharing/Allocation, Billing/Reporting, and Transfers (pg. 3-26)
	<input type="checkbox"/> Deployment of Tools that Support Live Dispatch (pg. 3-27)

APPENDICES

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

Name of Applicant

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.

JUN 08 2009

LAW OFFICES OF
CRAIN, MILLER & WERNSMAN, LTD.

623 EAST BROADWAY

P.O. BOX 867

CENTRALIA, ILLINOIS 62801

618-532-4744

WEBSITE www.crainmiller.com

WILLIAM E. HALL (1913-1983)
ROBERT M. CRAIN (1910-1985)
JAMES H. COOKSEY (1943-1993)
WILLIAM P. CRAIN
MARVIN G. MILLER
BRIAN C. WERNSMAN
EVIE S. HORN

TOLL FREE 800-245-2285
TELEFAX 618-532-7648

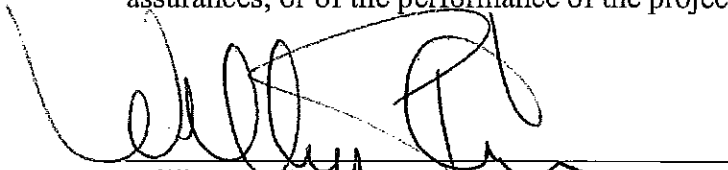
AFFIRMATION OF APPLICANT'S ATTORNEY

For Charleston Transitional Facility, 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.

June 18, 2009


William P. Crain
Crain, Miller & Wernsman, Ltd.
Attorney for Applicant
ARDC#00535397

JOINT CERTIFICATION AND ASSURANCES FOR IDOT & FTA PROGRAMS

Please Print or Type: Name of Applicant/Agency: Charleston Transitional Facility

Name and Relationship of Board Authorized Representative: Tracy Waverling, Vice President - Community Se

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: 10/26/09

Tracy Waverling Vice President - Community
Authorized Representative of Applicant Service

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.

Appendix B

Public Hearing Notice

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

(Sample Language)

Notice of Public Hearing

(Fill in Name of Applicant Agency)

RE: State of Illinois Paratransit Vehicle Grant for, (Brief Description of Service Area)

Notice is hereby given that a public hearing will be held by: (Name of Applicant/Agency).

On: (Date)

At: (Time)

Where: (Name of Place)

In: (Specific Location or Room)

- I. For the purpose of considering a project for which financial assistance is being sought from the Illinois Department of Transportation, pursuant to the Illinois Department of Transportation's general authority to make such Grants, and which is generally described as follows:
 - A. Description of Project (Brief Description of the Service to be provided, including the types, capacities and budgeted costs of vehicles requested).

This project will be included in a Consolidated Vehicle Procurement Program undertaken by the State of Illinois on behalf of **(Name of Applicant)**, with State and Federal Funds.

- B. Relocation Relocation Assistance will not be required.
 - C. Environment This project is being implemented to minimize environmental impact.
 - D. Comprehensive Planning This project is in conformance with comprehensive transportation planning in the area.
 - E. Elderly and Disabled All new equipment included in this project will meet ADA accessibility rules for the elderly and persons with disabilities.
- II. At the hearing the (Applicant Name) 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 (Name and Address of Applicant).

(Contact Person Name), (Title)

(Address)

(Telephone)

*** Note to Applicants:** Please Submit public hearing minutes, as well as written and verbal comments from the proceedings, with your completed Application to IDOT-DPIT.

Notice of Public Hearing
Charleston Transitional Facility (CTF)
RE: State of Illinois Paratransit Vehicle Grant

Notice is hereby given that a public hearing will be held by Charleston Transitional Facility (CTF) on June 22nd at 9:00 AM in the CTF's community room at 1511 13th Street, Lawrenceville, IL 62439.

Charleston Transitional Facility (CTF) is applying for an Illinois Department of Transportation, Federal Transit Administration Section 16 (5310) grant to replace buses/vehicles presently serving Coles, Cumberland, Douglas, and Moultrie Counties. These vehicles are presently used to transport individuals with developmental disabilities served by CTF to/from CTF sites, job sites, and other sites in the community.

This project will be included in a Consolidated Vehicle Procurement Program undertaken by the State of Illinois on behalf of CTF, with State and Federal Funds. All new equipment included in this project will meet ADA accessibility rules for elderly and persons with disabilities.

This notice is to afford an opportunity for interested persons or agencies to be heard with respect to social, economic and environmental aspects of the project. Interested persons may submit orally or in writing, evidence and recommendations with respect to said project.

A copy of the application for the proposed project for the intended service area will be made available for public inspection at CTF 1511 13th Street, Lawrenceville, IL 62439. If you have any questions in regards to the grant application, you may contact Taja Wheeler at 618-943-3812.

PUBLIC HEARING REPORT AND WRITTEN COMMENTS

A Public Hearing was scheduled for June 22, 2009 at 9:00 AM at Charleston Transitional Facility (CTF). Notice for the meeting was published in the local paper. The meeting was held in CTF's Meeting Room located at the 1511 13th street, Lawrenceville, IL 62439.

No one from the public attended the hearing and no written comments or concerns were received.

Tracy Wavering
Vice President – Community Services

BOARD RESOLUTION

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

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

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

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

NOW, THEREFORE, BE IT RESOLVED BY THE GOVERNING BOARD OF CHARLESTON TRANSITIONAL FACILITY:

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 offsetting certain general public and/or Elderly and Disabled Transportation Program capital costs of Charleston Transitional Facility.

Section 2. That Tracy Wavering, Vice President – Community Services, an employee Charleston Transitional Facility is hereby authorized and directed to execute and file such application on behalf of Charleston Transitional Facility.

Section 3. That Tracy Wavering, Vice President – Community Services for Charleston Transitional Facility is authorized to furnish such additional information as may be required by the Division of Public & Intermodal Transportation in connection with the aforesaid application for said grant.

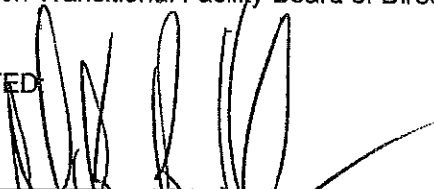
Section 4. That Tracy Wavering, Vice President – Community Services for Charleston Transitional Facility is hereby authorized and directed to execute and file on behalf of the Charleston Transitional Facility any grant agreement pursuant to said application

PRESENTED and ADOPTED this 18th day of June 2009.



Charley Smith, Chair
Charleston Transitional Facility Board of Directors

ATTESTED



Mark R. Klaus, President/CEO
Charleston Transitional Facility