

**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.

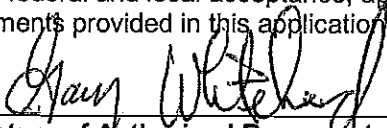
FOR OFFICE USE ONLY Received at IDOT: ____ / ____ / ____ BY: _____

LEGAL NAME of Applicant Agency Clay County Rehabilitation Center, Inc.	Date of Application Filing June 29, 2009
Street/Mailing Address, City, and Zip Code (Not just P. O. Box) 530 West 4 th Street, P.O. Box 659, Flora, IL 62839	Federal Tax Identification Number (TIN) 37-1018483
List general area served (counties, city, areas as applicable) (Detail in Part 5, Page 9) Clay County – Flora, Louisville, Iola, Xenia Marion County – Salem Richland County – Olney Wayne County - Fairfield	Type of Applicant (see pg. 4 Section A) Private Non-Profit: <u>XXX</u> Section 5311 Grantee: IDOT Certified Public Body: _____
County Clay HSTP Region (if rural-see page 43) 10 HSTP Office (see pages 44)	Illinois State Tax Exempt Number E-9990-9588-04
Application Contact Person: Gary Whitehead Title: Executive Director Phone: 618-662-4916 Vehicle Issues Contact Person: Gary Whitehead Title: Executive Director Phone: 618-662-4916	App. Contact E-Mail: <u>gwhitehead@clayrhab.com</u> Fax: (618) 662-9354

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) Clay County Rehabilitation Center, Inc. to request vehicle(s) through the State of Illinois' Consolidated Vehicle Procurement (CVP) program; and will meet all applicable state, federal and local acceptance, application and maintenance requirements. I certify that the information and statements provided in this application, and all supporting documents are correct and complete.

 Tel. 618-662-4916 06 / 29 / 2009
Signature of Authorized Representative Date
(As authorized by board resolution, see Appendix C)

Gary Whitehead Executive Director
Print name of Authorized Official Title

READ ALL INFORMATION CAREFULLY

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

Applicant Name	Clay County Rehabilitation Center, Inc.
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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)	N/A
• Appendix A FTA & IDOT Joint Certifications Assurances (pp. 22-32) signed by Official Representative (page 24),	X
• 2nd- Signed and dated Attorney's Affirmation (page 23)	X
• Appendix B Public hearing: Published notice, hearing report and public comments (page 33)	X X X
• Appendix C Executed Board Resolution authorizing applicant's Official Representative (page 34)	will send 07/02/09
• Appendix D Application Preparation Guidance (pages 35-45)	Retain
• Appendix E Paratransit Vehicle Catalog (pages 46-56)	Retain
• Letter from MPO placing project in TIP (not applicable in Cook, Lake, DuPage, Kane, Will and McHenry Counties, or any non-urbanized area)	N/A
• Letter of support from Certified Public Provider or local Transit Authority (if applicable)	X
• Letters of Support from local Legislators, others (not a requirement)	X

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

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

Applicant Name Clay County Rehabilitation Center, Inc.	
Applicant's Current Paratransit Vehicle Inventory	(attach additional pages if necessary)
<u>Examples:</u>	

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 #
00	Chev.	Bus	1GBL7T1C9YJ510442	170,222	177,305	36 / N	O 2000	N
03	Eldorado	Med-Duty	1FDXE45F23HB88025	128,465	145,277	14 / Y	O 2003	Y #285CVP
99	Chev.	Suburban	3GNEC16R8XG14229	131,360	148,106	8 / N	O 1999	N
02	Dodge	Caravan	2B4GP44R52R697006	62,840	76,090	7 / N	O 2007	N
97	Eldorado	Med-Duty	1FDLE40FAVHB47100	128,900	144,102	14 / Y	O 1996	Y #2434
98	Eldorado	Med-Duty	1FDXE40F9WHB92911	191,324	111,170	14 / Y	O 1997	Y #2798
92	Plymouth	Mini-van	2P4GH2531NR631502	185,690	187,502	7 / N	O 1995	N
05	Eldorado	Med-Duty	1FDXE45P35HB24345	70,240	92,670	14 / Y	O 2005	Y #399CVP
00	Dodge	Mini-van	1B4GP44GXYB629870	153,467	168,302	7 / N	O 1999	Y #2996
99	Eldorado	Med-Duty	1FDXER0F4XHA86478	191,141	207,485	14 / Y	O 1998	Y #2598
96	Chev.	Suburban	1GNEC16R9TJ398422	208,561	228,960	8 / N	O 1999	N
03	Ford	Taurus SW	1FAFP58U43A165922	100,870	118,147	6 / N	O 2002	N
08	Eldorado	Med-Duty	1FD4E45SX8DA44365	-----	18,027	14 / Y	O 2008	Y #507CVP
08	Eldorado	Med-Duty	1FD4E45S18DA44366	-----	21,476	14 / Y	O 2008	Y #507CVP

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

Clay County Rehabilitation Center, Inc.

Form 1 of 4, (1 of 1 etc.)**B. Vehicle Type Requested: Use the vehicle catalog to select the unit type to meet your passengers' needs:**

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

C. Category of Request (Check appropriate category)

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

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

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

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

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

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

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

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

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

Yr.	Manufacturer	Type	Date/Mileage	(if applicable) VIN # IDOT Contract #
99	Eldorado	Med.Duty	12/08--207,485	1FDXER0F4XHA86478 / #2598

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

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

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

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

A. Applicant Agency Name

Clay County Rehabilitation Center, Inc.

Form 2 of 4, (1 of 1 etc.)**B. Vehicle Type Requested: Use the vehicle catalog to select the unit type to meet your passengers' needs:**

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

C. Category of Request (Check appropriate category)

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

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

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

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

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

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

TYPE	CRITERIA 1	CRITERIA 2
Autos/Mini-Vans/Raised Roof Vans	95,000 Miles	OR 5 yrs, in documented unsafe & poor operating condition
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 #
92	Plymouth	Mini-Van	12/08—187,502	2P4GH2531NR631502

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

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

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

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

A. Applicant Agency Name
Clay County Rehabilitation Center, Inc. Form 3 of 4, (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.) 3rd.

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 #
99	Chevrolet	Suburban	12/08--148,106	3GNEC16R8XG14229

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

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

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

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

A. Applicant Agency Name

Clay County Rehabilitation Center, Inc.

Form 4 of 4, (1 of 1 etc.)**B. Vehicle Type Requested: Use the vehicle catalog to select the unit type to meet your passengers' needs:**

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

C. Category of Request (Check appropriate category)

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

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

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

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 #
03	Eldorado	Med-Duty	12/08—145,277	1FDXE45F23HB88025 / #285CVP

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

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

ESTIMATED PROJECT BUDGET MUST BE COMPLETED BY ALL APPLICANTS

G. Estimated CVP Budget							
Vehicle Type	Capacity (Approx.)	Requested Number of Units			Line Total (a)+(b)+(c)	Estimated Unit Cost	Estimated Total Cost Line Total x Unit Cost (d) x (e)
		Replacement (a)	Expansion (b)	New (c)			
Mini-Van Paratransit (w/ ramp) MV	6 pass.					\$36,000	\$
Light Duty Paratransit Vehicle (w/lift) LD	12 pass.					\$52,000	\$
Medium Duty Paratransit Vehicle (w/lift) MD	14 pass.	4			4	\$59,000	\$ 236,000.
Super Medium Duty Para-Transit Vehicle (w/lift) SMD	22 pass.					\$94,000	\$

Total CVP Request: \$ 236,000

Comments:

With the current financial situation in the State of Illinois, it has become increasingly difficult and expensive to maintain a high level of safe transportation for the consumers we serve. Without any help from the IDOT CVP Grant Program, our Agency would not be in a position to replace vehicles that are no longer reliable for transporting consumers to/from our Day Programming location and to/from worksites in Clay and Marion Counties.

PART IV

PROJECT JUSTIFICATION

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

Applicant Name

Clay County Rehabilitation Center, Inc.

Project Justification

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

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

1. Clay County Rehabilitation Center was incorporated in 1974 as a sheltered workshop that provides developmental training and vocational services to adults with developmental disabilities. Our Agency is a 501©3 not-for-profit organization that is governed by a volunteer Board of Directors. The Agency currently employs 52 full-time staff and serves approximately 163 individuals with disabilities. Our Agency has successfully participated in the CVP program since 1991, and without it, would not be able to provide access to services for the disabled individuals participating in our programs.

The significant event that is our primary motivation for this grant application is the closure of a 59-bed residential facility for which we provided transportation and day programming services. The 59-bed facility was replaced by nine (9) 8-bed facilities that are scattered throughout the local community. When the large facility closed, our transportation system was forced to transition from a centralized transportation model (59 individuals with disabilities from Point A to Point B), to a decentralized model that required smaller vehicles traveling to 9 separate small community settings. We were forced to retire a large 48-passenger bus because it no longer met the needs of the population and the nature of the transportation demands. At the small community facilities, we load and unload in the parking lot of the individual facility.

At the same time that these 9 small-scattered sites were developed, the demographics of the population we began providing services to, started to change significantly. These 9 community settings have 41 individuals who use wheelchairs and require a lift-equipped vehicle (refer to Attachment #1). Two individuals use walkers. These community facilities have a congregate total that yields a percentage of 60% of the individuals we serve who need specialized lift-equipped vehicles for transport. An additional challenge is that 2 of these community residential locations are populated by 7 non-ambulatory individuals, which requires multiple trips to transport even 1 of the community sites. As the attachment is reviewed, we feel that the reviewers of this application will understand the transportation challenges that we face. We have a significant need to replace our unreliable lift-equipped vehicles, and replace vehicles that are not lift equipped to meet the new transportation demands of the disabled individuals we serve.

Even with the replacement of these vehicles, we need additional transportation assistance. We have had discussions with Central Illinois Public Transit (C.I.P.T.) to develop active coordination by sub-contracting several trips to their agency. This will begin the growing process of active coordination and over the coming years, we expect that there will be an increasing percentage of specialized transportation for non-ambulatory disabled individuals being transported by C.I.P.T. Through our discussions with C.I.P.T., it was determined that we would approach sub-contracting services in a methodical manner. C.I.P.T. is unable to suddenly assume responsibility for such a significant demand for non-ambulatory transportation services that are compressed into 2 rather narrow time bands. The coming to work period of time comprises 2 hours, and the leaving the day program and returning home comprises approximately 2 hours. Our vehicles with non-ambulatory capabilities also stay busy during the day with community access activities for the non-ambulatory people we serve.

Although currently 60% of the populations in the community residential facilities need specialized transportation, we fully expect the number and percentage to increase over the next 3-4 years. We would not be surprised to be serving 80% non-ambulatory in 2 years. We are able to make this estimate based on the trends we have viewed over the past 5 years. There are increasingly more disabled individuals with higher medical needs living in the community. These individuals require specialized transportation for not only the objective of transport to and from the day program, but for all aspects of community access. These trips would involve activities, church attendance, non-medical appointments, etc. Having this significant number of non-ambulatory people living in a town of 5,000 that has no public transit system other than C.I.P.T., Clay County Rehabilitation Center, and the occasional facility with a lift-equipped van, presents a significant challenge to providing appropriate and adequate services to disabled people in our community.

In summary, we hope the reviewers concur that we have significant need for lift-equipped vehicles, that we are actively coordinating by seeking the assistance of Central Illinois Public Transit to augment transportation demand in the community, and that we are presenting a transportation model that will meet the needs of our community in the coming years.

Updated 6/4/09

Manor CILA

CILA	#	Consumer	W/C	Walker	Bus	#Runs
Bluebird	1	Pam A.			Red	1
6892 Old Highway 50	2	Joanie B.		X	Orange	1
Flora	3	Jerry B.			Orange	
662-2237	4	Tyrone B.	X		Orange	
	5	Loretta D.		X	Red	
Paul	6	Bob M.	X		Orange	
	7	Susie R.			Red	
PAS - Cyndie	8	Ahmad S.	X		Orange	
Carrington Villa	1	Ditra A.			Green	1
1050 Grainger Boulevard	2	Stewart B.				
Flora	3	Linda G.	X			
662-3355	4	Rose L.	X			
	5	Charlie M.				
Margaret	6	Debbie N.				
	7	Anna S.	X			
PAS - Michele	8	Dana Y.				
Diamond Ridge	1	Richard H.	X		Green	2
402 South Locust Street	2	Diane K.	X			
Flora	3	Jason M.	X			
662-4411	4	Paul N.	X			
	5	Bart T.	X			
Carrie	6	Jennifer T.	X			
PAS - Michele	7	Bruce W.	X			
Send all medical info here.	8					
Lincoln Cottage	1	CJ E.	X		Orange	1
444 Lincoln Avenue	2	Linda F.			Orange	
Flora	3	Phyllis G.	X		Orange	
662-4455	4	Ronnie G.			Blue	1
	5	John J.			Blue	
Carrie - office	6	Joyce M.	X		Orange	
	7	Joey P.	X		Orange	
PAS - Beth	8	Jeremy P.			Orange	
Park Place	1	Linda F.	X		Gold	2
728 West 7th Street	2	Cathy H.	X			
Flora	3	Kevin J.	X			
662-5330	4	Joe L.	X			
662-5350 (Fax)	5	Alida M.	X			
	6	Smith, M				
Margaret - office	7	Suggs, D.	X			
PAS - Michele	8	Mary T.	X			

Updated 3/30/09

Manor CILA

CILA	#	Consumer	W/C	Walker	Bus	#Runs
Quail Haven	1	Gladys A.	X		Red	2
260 West Shaylee Drive	2	David E.				
Flora	3	Tom H.	X			
662-6300	4	Shirley H.	X			
	5	Mike H.				
Paul - office	6	Angie R.	X			
	7	Brenda S.	X			
PAS - Michele	8	Tommy T.	X			
Rankin Estates	1	Caraline C.	X		Purple	1
1141 West 4th Street	2	Kevin K.	X		Purple	
Flora	3	Vickie L.			Blue	1
662-4800	4	Carolyn L.			Blue	
	5	Gayla M.	X		Purple	
Paul	6	Paul M.			Blue	
	7	Roger R.	X		Blue	
PAS - Beth	8	Charlie W.	X		Purple	
Sunset Crossing	1	George B.			Black	1
210 West South Avenue	2	Laverl B.				
Flora	3	Gene D.				
662-5300	4	David D.				
662-5320 (Fax)	5	Lewis H.				
	6	Kenny J.				
Patricia - office	7	Artie H.	X			
PAS - Michele	8	Wilbur S.				
Treeview Terrace	1	Diana B.	X		Gold	2
1017 Clan Street	2	Mary B.				
Flora	3	Mary J.				
662-7570	4	Jodi M.	X			
	5	Candy M.	X			
Paul	6	Debbie N.	X			
	7	Terry P.	X			
PAS - Beth	8	Ryan R.				

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	Clay County Rehabilitation Center, Inc.
----------------	-----------------------------------------

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.

Clay County: Flora – Bluebird, Prairie Estates, Rankin Estates, Quail Haven, Treeview Terrace, Flora Gardens, Flora Healthcare & Rehab, Carrington Villa, Diamond Ridge, Lincoln Cottage, Park Place, Sunset Crossing
Hord – Countryview Terrace
Louisville – Chestnut Corner
Iola – private individuals

Marion County: Salem – services provided to transport clients to work site at NAL-Salem

Richland County: Olney – Maplewood, Willowgrove, Timber Oaks, Richland Manor

Wayne County: Fairfield – Trafford Estates, Dyball, Feeney Cottage

B. Service Area Population Information

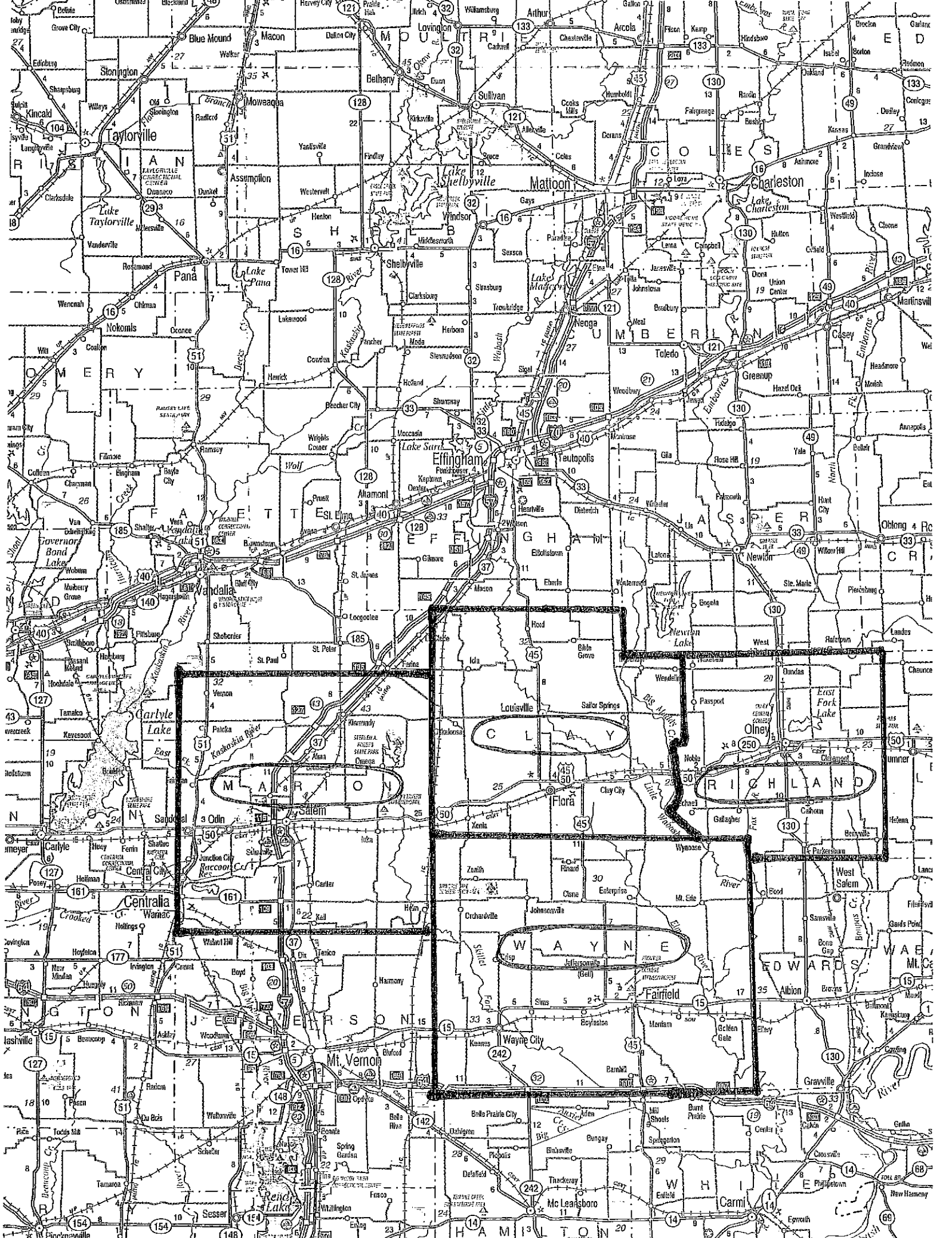
Use 2000 census data.

1. Total Population of your Current Service Area	89,551
2. Elderly (60+) Population of Service Area	15,767
3. Disabled Population of Service Area	17,223

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	177	0.2%	1	1%
Asian/Pacific Islander	489	0.5%	0	0
Black	1,687	1.9%	9	5%
Hispanic	693	0.8%	0	0
White	86,337	96.4%	153	94%
Other				
TOTAL (match B-1 above).	89,551	100 %	163	100 %



Applicant Name

Clay County Rehabilitation Center, Inc.

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

Briefly describe your organization's:

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

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

*** See attached report on "Current Services and Experience" ***

E. A) 2008 Annual Certification was submitted FOR IDOT FUNDED VEHICLES in YOUR FLEET? 07/08/08
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	7	52.5	52.5	52.5	52.5	52.5	--	--
Volunteer Drivers	--	--	--	--	--	--	--	--
Reservationists/	--	--	--	--	--	--	--	--
In-house Staff, Maint.	1	6	6	6	6	6	--	--
Administrative Staff	1	2	2	2	2	2	--	--
TOTALS	9	60.5	60.5	60.5	60.5	60.5	--	--
Total # of vehicles in use	XXXXXX	14	14	14	14	14	--	--

IDOT 2009 CVP GRANT
PART V

CURRENT SERVICES & EXPERIENCE

Clay County Rehabilitation Center was incorporated in 1974 as a sheltered workshop that provides developmental training and vocational services to adults with developmental disabilities. Our Agency is a 501©3 not-for-profit organization that is governed by a volunteer Board of Directors. The Agency currently employs 52 full-time staff and serves 163 individuals with disabilities.

Clay County Rehabilitation Center serves developmentally disabled adults at 4 locations in the City of Flora. Some of these adults are high functioning and work in the public at our local factories, work in our recycling center, and some do janitorial work. These services require different clients to be at different locations during the first and second shifts. We provide round trip transportation for clients residing in Clay, Wayne, and Richland counties to attend our workshops, and transport clients to Marion County to work in a local factory. Currently, 67% of our day training clients are wheelchair-bound and have medical problems. A large percentage of our clients are elderly. Because of our clients needs, we are required to provide a rider and/or nursing staff on each bus on a daily basis.

Due to the closure of a 59-bed residential facility housing disabled people we serve, and the placement of these individuals in 9 scattered small residential sites in the community, the logistics of providing transportation services has become very demanding. In the past we were able to use a large 48-passenger vehicle to transport individuals from the 59-bed facility to day program services, we have now had to retire this vehicle and attempt to provide adequate transportation services using smaller lift-equipped vehicles. Our inventory of lift-equipped vehicles is currently insufficient to meet the needs of the large non-ambulatory population living in the community.

Clay County Rehabilitation Center is very proud of its transportation program. Having an employee that is designated as Transportation Maintenance Director and having a full-time service facility overseeing our fleet has been a great asset. The transportation program maintains all required policies and procedures outlined in Part VI. Our Agency has been participating in the IDOT CVP program for 14 years. During these 14 years we have received only 1 recommendation during the inspection of our vehicles. We have maintained a very high compliance rate and a very active preventive maintenance program.

Clay County Rehabilitation Center is in dire need of replacing four (4) of our vehicles that have excessive mileage:

1. A 1999 Eldorado Medium Duty bus (IDOT Grant #2598) that has 207,485 miles
2. A 1992 Plymouth Mini-Van that has 187,502 miles
3. A 1999 Chevrolet Suburban that has 148,106 miles
4. A 1993 Eldorado Medium Duty bus (IDOT Grant #285CVP) that has 145,277 miles

Applicant Name

Clay County Rehabilitation Center, Inc.

Table II. Current Transportation Service Information

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

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

Indicate that data is for the annual period, from 7/1/07 to 6/30/08

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

<i>Individual Clients Served</i>	Annual Total
Elderly Riders without Disabilities	<u>0</u>
Elderly Riders with Disabilities	<u>27</u>
Non-Elderly Riders with Disabilities	<u>115</u>
Other Riders, including general public	<u>21</u>
TOTAL CLIENTS SERVED (Must match p.9)	<u>163</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>192</u>
Work Trips	<u>296/dayx243 days = 71,928</u>
Education Trips	<u>375</u>
Nutrition Trips	<u>260</u>
Shopping Trips	<u>150</u>
Social/Recreational Trips	<u>500</u>
Other Trips	<u>100</u>
TOTAL ONE-WAY PASSENGER-TRIPS PER YEAR	<u>73,505</u>
Average number of vehicles used on a daily basis to provide this service	<u>14</u>

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

Applicant Name

Clay County Rehabilitation Center, Inc.

A. Fleet Control

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

Does the file include (Check all that apply)

COPIES of: Vehicle Title 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 X N ___

Describe any off-site vehicle storage area (location, condition, security, etc.) ___ Area is on site, fenced & locked.

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? 3 years after vehicle is out of service.

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

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

Lewis Hockman, Transportation Manager

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

Gary Whitehead, Executive Director

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

Please List any/all outside contractor/service shops; and describe any specialty training: _____

Hamilton Repair, Flora, IL

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: Central States Bus Sales

Address 2450 Cassen Dr., Fenton, MO 63026

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.

CLAY COUNTY REHABILITATION CENTER, INC.

AREA: TRANSPORTATION
SUBJECT: MAINTENANCE
STANDARDS: 119.255 a.5

POLICY

To assure life safety, vehicles should be inspected and maintained regularly based upon applicable legal requirements and the need for safe operation of the vehicles.

PROCEDURES

GENERAL

1. The Agency employs a Transportation Manager that oversees the maintenance of all vehicles.
2. The Transportation Manager schedules all IDOT vehicles to be inspected as required.
3. The Transportation Manager coordinates with a local repair shop that conducts all the preventative maintenance work. Documentation is provided to the Agency from the vendor for our records. A maintenance log will be kept documenting all repairs conducted on each vehicle.
4. The Transportation Manager coordinates with the Compliance Officer for the renewal of all insurance cards and license plate renewals.
5. The Transportation Manager conducts all training on the mechanical and equipment aspects of all Agency vehicles.
6. As verification, Accounting will maintain documentation and invoices of maintenance conducted on each vehicle.

7. Transportation maintenance check sheets will be provided to indicate when maintenance needs to be performed. Staff will turn these in immediately to the Transportation Manager and Director of Operations or Program Director.

EMPLOYEE RESPONSIBILITY WHILE DRIVING ANY AGENCY VEHICLE

1. Employee must wear seat belt when driving and riding in front seat of vehicle.
2. Employee must adhere to all required safety functions of the vehicle.
3. Employee must monitor oil, water, gas, battery gauges, and check engine lights. If any of these gauges are not within normal limits, employee should turn off vehicle and contact Transportation Manager and Director of Operations or Program Director immediately to prevent damage to vehicle.
4. Employee should always look, listen, smell, and feel for vibrations for problems that might exist with tires, brakes and lights. If employee experiences any of these, turn off vehicle and contact Transportation Manager and Director of Operations or Program Director immediately to prevent damage to vehicle.

DRIVERS DAILY CHECK LIST

Drivers of the truck and bus fleets, and any vehicle hauling consumers, will complete their daily checklist log prior to driving of their shift.

WEEKLY SAFETY AND MAINTENANCE CHECKS FOR BUS AND LARGE TRUCK FLEETS

The Transportation Manager or designee completes a weekly safety and maintenance check of the lights, water level, oil level, transmission fluid, brake fluid, hydraulic fluid, washer fluid, tires, and accessibility/safety devices on each vehicle. During this check, the Transportation Manager or designee will make external inspections of the vehicle for any indication of broken glass or fluid leaks. If for any reason an accessible vehicle's equipment is not operational, and absence of the vehicle causes delays of thirty (30) minutes or over, Central Illinois Public Transit will be contacted and arrangements will be made for

accessible transportation until such time as the accessible vehicle becomes fully operational.

SAFETY AND MAINTENANCE CHECKS FOR CARS, PICK-UP TRUCKS AND CARGO VANS

1. All employees are trained to notify the Transportation Manager and Director of Operations or Program Director immediately, and complete a repair notice, if something is noticed broken or not functioning properly.
2. The Transportation Manager schedules routine maintenance on all Agency vehicles on an on-going basis.
3. The Transportation Manager or assigned staff evaluates cars, pick-up trucks and cargo vans to assure vehicles are in good operational order.
4. The Transportation Manager completes a weekly safety and maintenance check of the lights, water level, oil level, transmission fluid, brake fluid, hydraulic fluid, washer fluid, tires, and accessibility/safety devices. If any vehicles are taken to the auto repair shop for repair work, the same over-view is completed.

TIRE ROTATION, AIR PRESSURE CHECK AND INSPECTION

1. The Transportation Manager will be responsible for checking the air pressure of all car/pick-up truck/van fleet vehicles at the DT building on a weekly basis. If tire(s) are under-inflated, tire will be restored to the vehicle manufacturer's recommended air pressure for front and rear.
2. The Transportation Manager will be responsible for checking the air pressure of all car/pick-up truck/van fleet vehicles at CCI on a weekly basis. If tire(s) are under-inflated, tire will be restored to the vehicle manufacturer's recommended air pressure for front and rear tires.
3. The Transportation Manager will be responsible for checking air pressure on all buses and large trucks on a daily basis.
4. Tires will be rotated at every other oil change.

OIL CHANGE

Oil and filters will be changed every 5,000 miles for vehicles with synthetic oil and diesel vehicles. Regular gasoline vehicles will have oil and filters changed every 3,000 miles.

TRANSMISSION FLUID CHANGE

At this time, the transmission fluid will be changed between 50,000 and 60,000 miles, or when recommended by the auto repair shop.

AT MANDATORY STATE OF ILLINOIS SIX MONTH SAFETY INSPECTION

The State of Illinois Certified Inspection Stations conduct a check of all safety related equipment at six (6) month intervals. A sticker is issued to certify that the bus complies with Illinois Registration Laws for commercial vehicles. Among the items checked at this time are: tires, lug nuts, emergency door operation, lights, wheel bearings, body bolts, tie rod/front end, u-joints and brakes. The prior mentioned list is not inclusive and if any other safety hazard is noted, the bus will not be issued a sticker until the item is corrected.

The Transportation Manager, in coordination with the auto repair shop, will schedule Level A (3000 miles or 3 months), Level B (6000 miles or 6 months), and Level C (18000 miles or 18 months) safety inspections on all vehicles. The vehicle inspection will start back to Level A after completion of Level C.

PERIODIC MAINTENANCE

A maintenance file is maintained on each vehicle. Each vehicle will be maintained in correspondence with the operational manual for the specific vehicle. Accessibility features will receive periodic maintenance corresponding to recommendations provided in the vehicle maintenance manual.

In the case of a vehicle malfunction or discrepancy, a Vehicle Repair Notice is to be completed by the driver. Repair Notices will be forwarded directly to the Transportation Manager and Director of Operations or Program Director. Repairs will be made as soon as practically possible. Vehicles removed from service will be supplemented by Central Illinois Public Transit when necessary to assure expedient consumer transportation.

WASHING AND CLEANING OF VEHICLES

BUS AND LARGE TRUCK FLEET

1. All bus drivers are to do a walk-through of their bus, pick up trash, sweep and/or mop if needed, on a daily basis.

2. All bus drivers are to clean windows, sweep and/or mop, clean out wheel chair tracks, clean seats and dashboards on a bi-weekly basis.
3. Assigned drivers will wash the outside of the bus monthly. However, during winter months, the washing of the outside of the bus would have to be scheduled by the Transportation Manager due to mechanical and electrical complications.

CARS, PICK-UP TRUCKS AND CARGO VANS

1. Director of Operations or Program Director are responsible to assign an employee to do a walk-through of vehicle, pick up trash, sweep and/or mop if needed, on a bi-weekly basis.
2. Director of Operations or Program Director will assign an employee to clean windows, sweep and/or mop, clean wheel chair tracks, clean seats and dashboards on a bi-weekly basis.
3. Director of Operations or Program Director will assign an employee to wash outside of vehicles monthly. However, during winter months, the washing of the vehicles would have to be scheduled by the Transportation Manager due to mechanical and electrical complications.

TRIP INSPECTION

Vehicle #: 9

April - 2008

Week Ending: 2ND

PROGRAM INITIALS	28	29	30	1	2
Daily Checks	Monday Pre-Check	Tuesday Pre-Check	Wednesday Pre-Check	Thursday Pre-Check	Friday Pre-Check
Tires					
Turn Signals					
Taillights					
Headlights					
Brake Lights					
Emergency Flashers					
Clearance/Running Lights					
Horn					
Fresh Body Damage					
Wipers					
Clean & Sweep					
Aux. On/off					
Emergency Exit					
Under Vehicle Leaks					
Lift/Ramp					
Parking Brake					
Fuel Level					
Belts Up					
DRIVERS INITIALS	<u>BW</u>	<u>BW</u>	<u>BW</u>	<u>BW</u>	<u>BW</u>

WEEKLY CHECKS BY TRANSPORTATION MANAGER: Sony DATE CHECKED: 4/29/08

Oil Level
Steering
Transmission
Safety Equipment:
Fire Exting./Flare
Manual Lift Bar
Seat Belt Cutter
Dash Gauges
Brake Fluid Level
Radiator Level
Battery Level
W/Wiper Fluid
Radio
Lift/Ramp
Tires

NOTE: If a problem is noticed at any time, fill out Vehicle Repair Notice (Form #TR-0099) immediately and turn in to Agency Director.

Per instructions on Vehicle Repair Notice: A verbal notice must be given to Agency Director and, if available, the Transportation Manager.

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Trip Inspection Checklist (Monthly by Week)					
For Month of <u>APRIL</u> , 2008					
Vehicle Number	Week #1 Wk. Ending	Week #2 Wk. Ending	Week #3 Wk. Ending	Week #4 Wk. Ending	Week #5 Wk. Ending
	4-4	4-11	4-18	4-25	
1	X	X	X	X	
2	X	X	X	X	
3*	X	X	X	X	
4	X	X	X	X	
5	X	X	X	X	
6	X	X	X	X	
7	X	X	X	X	
8*	X	X	X	X	
9*	X	X	X	X	
10	X	X	X	X	
11	X	X	X	X	
12 22	X	X	X	X	
13	X	X	X	X	
14	X	X	X	X	
15*	X	X	X	X	
16*	X	X	X	X	
17	X	X	X	X	
18*	X	X	X	X	
19*	X	X	X	X	
20*	X	X	X	X	
21	X	X	X	X	
22					
23					
24					
25					
* CCI Vehicles					

VEHICLE SAFETY INSPECTION
Level A (3000 miles or 3 months)

Invoice # _____

Vehicle No. #9 License No. _____ Mileage 95962 Date 3-14-08

OK Needs Attn: Unsafe

BODY EXTERIOR

- _____ Check for body or fender damage
- _____ Check all windows
- _____ Check sideview mirrors
- _____ Check attached body parts for looseness
- _____ Check windshield wiper blades

TIRES

- _____ Check tire wear
- _____ Check for nails, glass, etc.
- _____ Check for tread separation
- _____ Check air pressure
- _____ Check lug nuts for tightness

UNDER HOOD

- _____ Pressure test cooling system
- _____ Check coolant/antifreeze level
- _____ Check cooling system circulation
- _____ Check brake fluid level
- _____ Check power steering fluid level
- _____ Check battery & cables
- _____ Check starting & charging system
- _____ Check windshield water fluid
- _____ Check transmission fluid

ENGINE

- _____ Check all fuel lines/connections for leaks
- _____ Check all belts for looseness/signs of wear
- _____ Check all hoses for leaks/signs of wear
- _____ Check for loose wiring or vacuum lines
- _____ Check air filter-clean
- _____ Check accelerator linkage
- _____ Change oil & filter

UNDERCARRIAGE

- _____ Check fuel tank lines for leaks
- _____ Check differential for leaks
- _____ Check rear springs, shackles & shocks
- _____ Check driveshaft center support/u-joint
- _____ Check transmission for leaks
- _____ Check shift & clutch linkage
- _____ Check front suspension & shocks
- _____ Check steering linkage
- _____ Check exhaust system

BRAKES

- _____ Check shoes & pads for lining wear
- _____ Check brake lines for leaks
- _____ Check brake vacuum hoses
- _____ Check brake adjustment
- _____ Check brake pedal clearance
- _____ Check emergency brake

OK Needs Attn: Unsafe

CONTROL PANEL

- _____ Check warning lights & buzzers
- _____ Check dash lights
- _____ Check interior lighting
- _____ Check gauges
- _____ Check headlamps & running lights
- _____ Check license plate light
- _____ Check dimmer switch
- _____ Check brake, lights & directional signals
- _____ Check emergency flasher
- _____ Check reverse lights
- _____ Check horn
- _____ Check windshield wiper operation

ACCESSORIES

- _____ Check heater output
- _____ Check air conditioner output
- _____ Check wheelchair or Tommy lift operation

BODY INTERIOR

- _____ Check first aid kit
- _____ Check fire extinguisher
- _____ Check seats for tears & looseness
- _____ Check floors for tears
- _____ Check floors for loose wheelchair tracks
- _____ Check fare box bracket for secureness
- _____ Check emergency exit
- _____ Check window operation
- _____ Check rearview mirror
- _____ Check for loose body bolts

RECOMMENDATIONS:

Exhaust split By leaf spring
power steering hose leak
Rear step Bent WHEEL BUCKLE

Schedule recommended work immediately
Critical _____ Major _____ Minor _____

Schedule recommended work in the near future

Date scheduled: _____

Inspector's Signature Baynes

VEHICLE REPAIR NOTICE

VEHICLE NAME AND NUMBER: # 9

DATE: 4-16-08

PROBLEM: LEFT TAIL LIGHT OUT

CRITICAL MAJOR MINOR (to be determined by Transportation Manager and/or the Agency Director(s) after verbal review)

Staff must verbally review all mechanical issues with Agency Director.

Notified: Raymond Pearson
Agency Director

Date 4/16/08 Time 8:30 AM Location CCR

Notified: _____
Transportation Manager

Date _____ Time _____ Location _____

Turn this report in to appropriate Agency Director immediately. NOTE: An Agency Director will always be notified of all transportation issues.

WRITTEN BY: Bill L White

STATUS OF REPAIR: _____ DATE: _____
(to be filled in by Transp. Mgr.)

TRANSPORTATION MANAGER: [Signature]

COMPLETION DATE: [Signature] 4/17/08

HAMILTON REPAIR SERVICE

7980 OLD HIGHWAY 50

FLORA IL 62839

(618) 662-3090

We are your neighborhood full service NAPA AutoCare Center.

We thank you for your business!

3/17/2008 9:40 AM

page 1

Invoice #2527

CLAY COUNTY REHAB

P O BOX 659

FLORA IL 62839

Vehicle : 1989 FORD F700

VIN : 1FDXK74PXKVA25532

Fleet # : 9

Created : 3/17/2008 9:38:10 AM

Odometer In : 95982

Complete : 3/17/2008 9:40:31 AM

Odometer Out : 95982

Invoiced : 3/17/2008 9:40:31 AM

Contact : GARY

Labor/Notes

Code/Tech*	Description	Price
	SERVICE AND INSPECTION	\$45.00

Qty	Code/Tech*	Description	Condition	Unit Price	Price
2		OIL FIL		\$20.27	\$40.54
5		OIL		\$13.56	\$67.80

Labor	\$45.68	less discount : \$0.68	\$45.00
Parts			\$108.34
Sublet/Misc.			\$0.00
shop supplies			\$0.95
Charges			\$0.00
Sales Tax		Tax @ \$0.00 * 6.2500%	\$0.00
Total Due			\$154.29

I hereby authorize the repair work herein set forth to be done along with the necessary material and agree that you are not responsible for loss or damage to vehicle or articles left in vehicle in case of fire, theft or any other cause beyond your control. I hereby grant you and/or your employees permission to operate the vehicle herein described on streets, highways or elsewhere for the purpose of testing and/or inspection. An express garagekeeper's lien is hereby acknowledged on above vehicle to secure the amount or repairs thereto. All Vehicles left over 48 hrs. after repairs are completed WILL INCUR A \$5.00 PER DAY STORAGE FEE. 12 Month or 12,000 Mile Warranty On Repairs.

Customer Signature _____



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

Applicant Name Clay County Rehabilitation Center, Inc.

Driver/Dispatch Training is vital and necessary.

Include and/or describe your formal driver training policy, programs, your training administration procedures and the name and title of the designated trainer.

Lewis Hockman, Transportation Manager

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

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

Do you maintain individual Driver Files? Y X N ___

Does each driver's file reflect training, licensing, achievements, etc.? Y X N ___

Are all drivers formally trained in the following core passenger transport subjects?

Client Assistance Y X N ___, Defensive Driving Y X N ___, Emergency Procedures Y X N ___

Do you provide to the drivers:

Special Passenger Care Training Y X N ___,

Emergency Local Contacts and Resources Y X N ___

C.P.R. Training Y X N ___

Emergency Response Training Y X N ___

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

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

RTAC courses given to new drivers or post-accident: Defensive Driving Knowledge Test, Emergency Procedures Knowledge Test, and Passenger Assistance Knowledge Test

Do you offer regular updates/refreshers? Y X N ___

What is your normal Training cycle? ___

New employees, post accident, annual reviews

Do you include Dispatchers in vehicle orientation? N/A

Y ___ 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: _____

In vehicle radios and cell phones

2008 Staff Training/Inspection Schedule

January

- Emergency Vehicle Evacuation (Drivers/Riders)
- Review Emergency Special Provision List (Safety Committee)
- Fire drill at DT Building

February

- CPR Training (Trained Instructor)
- 1st Aid Training (Trained Instructor)
- CPI Training (Trained QMRP)
- General Safety Policies & Procedures (Safety Officer & Videos)
- Review Disaster & Emergency Response Plan (Safety Officer/All staff)
- Power Tools Safety Review (Safety Officer/All Maintenance)
- Vehicle Emergency Procedures Review (Drivers/Riders)
- Vehicle Passenger Assistance Review (Drivers/Riders)
- Fire drill at DT Building

March

- Universal Precautions (Videos)
- Tornado Training & Drill (All staff)
- Lawn Mowing Training (Safety Officer/Mowing Crew & Raymond)
- Thunderstorm/Lightning Safety Review
- HIPPA Regulations (All staff)
- Air Conditioning Units Evaluation
- Fire Marshall Inspection (Scheduled after yearly DHS survey)
- Fire drill at DT Building

April

- Extreme Heat Conditions (All staff working outdoors)
- Eyestrain and CVS Review
- Review Emergency Special Provision List (Safety Committee)
- Bomb Threat Review (All staff)
- Insurance Reprs. Inspection/Walk-thru (Mary)
- Conduct ADA Walk-Thru Inspection
- Fire drill at DT Building

May

- Completion of Activity Planning Guide Review
- Completion of Staff/Consumer Accident Reports Review
- Ergonomics (Assessment Safety Officer/Rhonda/Raymond)
- Utilities Shut-off Review (All staff)
- Fire drill at DT Building

June

Proper Lifting/Transferring Techniques
Forktruck Training Review (CCI-1 & 2, Workshop, Warehouse Staff)
Fire drill at DT Building
Earthquake Drill and/or Review

July

Fire Drill Review and Inservice (All staff)
Utility Knife Safety Review
Review Emergency Special Provision List (Safety Committee)
Fire drill at DT Building
Annual Bus Driver Training

August

Fire Suppression Inservice (Trained Instructor – All staff)
PPE - Personal Protective Equipment (All staff)
Fire drill at DT Building
Suicide Prevention Review (all staff)

September

Furnace Units Evaluation
Confined Space Training (CCI Loading docks/manhole & CCR Furnace room)
Haz/Com Training (Raymond/Rhonda)
MSDS Sheet Review
Fire drill at DT Building
Lock Out/Tag Out Training

October

CPR Training (Trained Instructor)
1st Aid Training (Trained Instructor)
CPI Training (Trained QMRP)
Review Emergency Special Provision List (Safety Committee)
Medical Emergency Review (All staff)
Fire drill at DT Building
Setting Up Vehicle Flares Review (All Drivers/Riders)

November

Defensive Winter Driving (All Drivers/Riders)
Extreme Cold Conditions (All staff)
Review Emergency Evacuation Drills
Fire drill at DT Building
ADT Check of Alarm System (Safety Officer will set up appointment)

December

Fire Extinguisher Annual Check (Safety Officer will set up appointment)
Slips, Trips and Falls Inservice (Safety Officer)
Fire drill at DT Building
Completion of Staff Accident Report Review (Safety Officer)

Driver Vehicle Training Checklist

Vehicle # Trained On: _____

UNDERSTANDS REQUIREMENT
 YES NO N/A

1. Look all around vehicle to check for new damage, flat tires, etc. _____
2. Open door and turn on auxiliary switch-Turn off switch at the end of the last run _____
3. Turn key on-**DO NOT START ENGINE** "START ENGINE LIGHT" (out-start) _____
4. **NOTE:** Do not put foot on accelerator when starting engine _____
5. Check out **ALL** lights (if you have a rider have them help, if not get another driver to help you check lights) _____
6. Review braking system on the vehicle being trained on. _____
7. Review operation of wheelchair lift (do not turn off wheelchair buses when lift is deployed.) _____
8. Review procedure to manually operate wheelchair lift in case of electric malfunction. If problem needs immediate attention notify Program Director or Director of Operations immediately per agency cell phone or vehicle radio. _____
9. Review and complete Trip Inspection Checklist (make sure date, initials, and vehicle number are completed) **NOTE: This must be done before leaving lot** _____
10. Leave Trip Inspection Checklist in vehicle. Transportation Manager will collect at end of the week. _____
11. If there is a problem, complete a vehicle repair notice. Turn notice into CCR Program Director or CCI Director of Operations as soon as possible. If problem needs immediate attention notify Program Director or Director of Operations immediately per agency cell phone or vehicle radio. _____
12. Explain designated driving routes _____
13. Driver is trained on designated route for vehicle being trained on. _____
14. Be aware of consumers around vehicles at all times. Make sure area is clear before moving vehicle. Always be aware of your surroundings. _____
15. Do not block the emergency exits or walkways. _____

Driver Vehicle Training Checklist

UNDERSTANDS REQUIREMENT

YES NO N/A

- | | | | | |
|-----|--------------------------------------------------------------------------------------------------|-------|-------|-------|
| 16. | Identify where safety flares and fire extinguishers are located in the vehicle being trained on. | _____ | _____ | _____ |
| 17. | Review procedure for using flares and triangles. | _____ | _____ | _____ |
| 18. | Review procedure for emergency situations. | _____ | _____ | _____ |
| 19. | Make sure agency cell phone and vehicle are on at all times while operating the vehicle. | _____ | _____ | _____ |
| 20. | Identify how to use agency cell phone and vehicle radio. | _____ | _____ | _____ |
| 21. | It is the driver's responsibility to keep the vehicle clean inside. | _____ | _____ | _____ |

Driver Vehicle Training Checklist

Fuel Instructions:

22. Driver is trained on vehicle fueling procedure and policies.

Refer to SOS #SA-0093 Fueling Vehicles

Training Completion Date: _____

Trainer: _____ Driver: _____

Transportation Manager Signature Driver Signature

Signature: _____ (if applicable)

Title: _____

Rider Vehicle Training Checklist

Vehicle # Trained On: _____
 Training Completion Date: _____

	UNDERSTANDS REQUIREMENT		
	YES	NO	N/A
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____
4.	_____	_____	_____
5.	_____	_____	_____
6.	_____	_____	_____
7.	_____	_____	_____
8.	_____	_____	_____
9.	_____	_____	_____
10.	_____	_____	_____
11.	_____	_____	_____
12.	_____	_____	_____
13.	_____	_____	_____
14.	_____	_____	_____
15.	_____	_____	_____
16.	_____	_____	_____
17.	_____	_____	_____
18.	_____	_____	_____
19.	_____	_____	_____
20.	_____	_____	_____
21.	_____	_____	_____
22.	_____	_____	_____

1. Review operation of wheelchair lift (do not turn off wheelchair buses when lift is deployed.)
2. Be aware of consumers around vehicles at all times. Make sure area is clear before vehicle moves. Always be aware of your surroundings.
3. Do not block the emergency exits or walkways.
4. Drivers, riders and consumers must wear seat belts when available in the vehicle.
5. Make sure the empty vehicle walk-through is completed at the end of the last run.
6. Make sure the attendance sheets AM/PM are complete and turned into Program Director or Director of Operations at the end of each month.
7. Identify where first aid/emergency kit and fire extinguishers are located in the vehicle being trained on.
8. Review procedure for using emergency equipment.
9. Review procedure for emergency situations.
10. Review vehicle evacuation procedures.
11. Make sure agency cell phone and vehicle are on at all times while operating the vehicle.
12. Identify how to use agency cell phone and vehicle radio.
13. When dropping consumers off at their residence, make sure a residential staff member is present or the consumers are in the building.
14. Driver is responsible for completing attendance sheets AM/PM and turning into Program Director or Director of Operations at end of each month.
15. Review vehicle evacuation procedures.
16. Identify where emergency numbers, transportation policies and procedures are kept in the vehicle you are being trained on.
17. No eating, drinking or use of tobacco products while in an agency vehicle.
18. When transporting consumers on an outing that involves food and/or drink, park the vehicle while the consumers eat and/or drink.
19. Do not leave the vehicle unattended when the vehicle is on.
20. Do not leave consumers on the vehicle unattended.
21. When supplies are used, complete an inventory list and turn into CCR Program Director or CCI Director of Operations as soon as possible.
22. When available in vehicle, driver must wear seat belts.

Rider Vehicle Training Checklist

UNDERSTANDS REQUIREMENT

YES NO N/A

- | | | | |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------|-------|-------|-------|
| 23. No eating, drinking or use of tobacco products while operating agency vehicle. | _____ | _____ | _____ |
| 24. When transporting consumers on an outing that involves food and/or drink, park the vehicle while the consumers eat and/or drink. | _____ | _____ | _____ |
| 25. Do not leave the vehicle unattended when the vehicle is on. | _____ | _____ | _____ |
| 26. Do not leave consumers on the vehicle unattended. | _____ | _____ | _____ |
| 27. It is the driver's and rider's responsibility to keep the vehicle clean inside (pick up loose paper and empty trash containers.) | _____ | _____ | _____ |
| 28. When supplies are used, complete an inventory list and turn into CCR Program Director or CCI Director of Operations as soon as possible. | _____ | _____ | _____ |
| 29. All ambulatory individuals and individuals who transfer are to be loaded first. | _____ | _____ | _____ |
| 30. Ambulatory consumers are to use the steps. Individuals using the lift must be in a wheelchair. NEVER load an individual on the lift standing up. | _____ | _____ | _____ |
| 31. Turn off electric wheelchair when on the lift and when securing inside the vehicle. | _____ | _____ | _____ |
| 32. All wheelchairs are to be loaded on the lift with the wheelchair backed on to the lift. | _____ | _____ | _____ |
| 33. Center the wheelchair on the lift. Make sure the wheelchair is as far back on the lift as possible. | _____ | _____ | _____ |
| 34. Demonstrate how to properly secure a wheelchair on the lift. The driver and rider should work together to secure the wheelchair. | _____ | _____ | _____ |
| 35. Lock brakes on the wheelchair and hold on to the wheelchair as the lift is raised or lowered. | _____ | _____ | _____ |
| 36. Do not step on the lift guard when raising or lowering the lift. | _____ | _____ | _____ |
| 37. Put empty wheelchairs on vehicles using the lift. Do not use the steps to load/unload empty wheelchairs. | _____ | _____ | _____ |
| 38. Demonstrate how to properly secure a wheelchair in the vehicle. | _____ | _____ | _____ |
| 39. Shoulder straps are to be used when securing the wheelchairs. | _____ | _____ | _____ |
| 40. Do not twist the belts. Seat belts must be snug when securing wheelchairs. | _____ | _____ | _____ |
| 41. Belts are to be taken out of the floor tracks when wheelchairs are being unloaded. | _____ | _____ | _____ |
| 42. Belts are to be put away in storage area at the end of the last run in the AM and PM. | _____ | _____ | _____ |

Trainer: _____ Driver: _____
 Transportation Manager Signature Driver Signature

Signature: _____ (if applicable)

Title: _____

TRIP INSPECTION

Vehicle #:

Week Ending:

PROGRAM INITIALS					
Daily Checks	Monday Pre-Check	Tuesday Pre-Check	Wednesday Pre-Check	Thursday Pre-Check	Friday Pre-Check
Tires					
Turn Signals					
Taillights					
Headlights					
Brake Lights					
Emergency Flashers					
Clearance/Running Lights					
Horn					
Fresh Body Damage					
Wipers					
Clean & Sweep					
Aux. On/off					
Emergency Exit					
Under Vehicle Leaks					
Lift/Ramp					
Parking Brake					
Fuel Level					
Belts Up					
DRIVERS INITIALS					

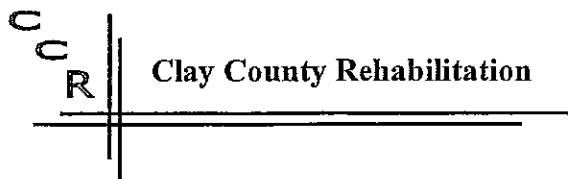
WEEKLY CHECKS BY TRANSPORTATION MANAGER:

DATE CHECKED: _____

Oil Level	
Steering	
Transmission	
Safety Equipment:	
Fire Exting./Flare	
Manual Lift Bar	
Seat Belt Cutter	
Dash Gauges	
Brake Fluid Level	
Radiator Level	
Battery Level	
W/Wiper Fluid	
Radio	
Lift/Ramp	
Tires	

NOTE: If a problem is noticed at any time, fill out Vehicle Repair Notice (Form #TR-0099) immediately and turn in to Agency Director.

Per instructions on Vehicle Repair Notice:
A verbal notice must be given to Agency Director and, if available, the Transportation Manager.



VEHICLE REPAIR NOTICE

VEHICLE NAME AND NUMBER: _____

DATE: _____

PROBLEM:

CRITICAL MAJOR MINOR *(to be determined by Transportation Manager and/or the Agency Director(s) after verbal review)*

Staff must verbally review all mechanical issues with Agency Director.

Notified: _____
Agency Director

Date _____ Time _____ Location _____

Notified: _____
Transportation Manager

Date _____ Time _____ Location _____

Turn this report in to appropriate Agency Director immediately. *NOTE: An Agency Director will always be notified of all transportation issues.*

WRITTEN BY: _____

STATUS OF REPAIR: _____ DATE: _____
(to be filled in by Transp. Mgr.)

TRANSPORTATION MANAGER: _____

COMPLETION DATE: _____



MEETING ATTENDANCE RECORD

DATE OF SESSION 4-10-08 START _____ FINISH _____
 SUBJECT _____ LENGTH OF SESSION _____
 TYPE OF MEETING Training on Bus driver/ride responsibilities
 FACILITATOR Stacy Diagonson, QRP
 SIGNATURE _____ TITLE _____

ATTENDEES NAME (PLEASE PRINT)	SIGNATURE	TITLE/FUNCTION
MARY O'Dell	Mary O'Dell	DSP
Constance R Smith	Constance R Smith	DSP
Donna Lemons	Donna Lemons	DSP
Carol Landwehr	Carol Landwehr	DSP
Carrie Lee	Carrie Lee	DSP
Amber Mayberry	Amber Mayberry	DSP
Shawn Kirby	Shawn Kirby	Records
Debbie Coble	Debbie Coble	QMRP 4-11-08
Paula West	Paula West	DSP
Joyce Robey	Joyce Robey	DSP
Terry Albert	Terry H. Albert	DSP

ACTION ITEMS:	ASSIGNED TO:	COMPLETION DATE:
Soni Booth	Soni Booth	DSP
Betty Bryant	Betty Bryant	DSP
Bridgette Heath	Bridgette Heath	DSP
Donna Russell	Donna Russell	DSP
Tina Caudle	Tina Caudle	DSP
Javan Harpster	Javan Harpster	DSP
Jessica Burnmeister	Jessica Burnmeister	DSP
Mandy L. Johnson	Mandy L. Johnson	DSP
Pam Woods	Pam Woods	DSP
Rhonda Fitch	Rhonda Fitch	DSP



MEETING ATTENDANCE RECORD

DATE OF SESSION
SUBJECT
TYPE OF MEETING
FACILITATOR

3/19/08
Training
Bus
[Signature]
SIGNATURE TITLE 3/19/08

START 8:00 FINISH 8:15 am
LENGTH OF SESSION

ATTENDEES NAME (PLEASE PRINT)	SIGNATURE	TITLE/FUNCTION
Donna Russell	[Signature]	ASP
Tina Caudle	[Signature]	DSP
Jovan Harper	[Signature]	DSP
Mandy L. Foreman	[Signature]	DSP

ACTION ITEMS:	ASSIGNED TO:	COMPLETION DATE:
- Bus Riders are to make sure that consumers are hooked in with 4 Straps at all times.		



MEETING ATTENDANCE RECORD

DATE OF SESSION 3-19-08 START _____ FINISH _____
 SUBJECT _____ LENGTH OF SESSION _____
 TYPE OF MEETING Hooking all 4 strips on bus
 FACILITATOR Leslie Cole OMAA
 SIGNATURE _____ TITLE _____

ATTENDEES NAME (PLEASE PRINT)	SIGNATURE	TITLE/FUNCTION
Amber Mayberry	Amber Mayberry	DSP
Carrie Lee	Carrie Lee	DSP
Betty Bryant	Betty Bryant	DSP
PAULIA West	Paulia West	DSP
Busan Spitz	Busan Spitz	DSP
Rhonda Fitch	Rhonda Fitch	DSP
Joyce Robey	Joyce Robey	DSP
ESSICA BURMEISTER	ESSICA BURMEISTER	DSP
Bridgett Heath	Bridgett Heath	DSP
Dena O'Dell	Dena O'Dell	DSP
Donna Lemons	Donna Lemons	DSP
Carla Handke	Carla Handke	DSP

ACTION ITEMS:	ASSIGNED TO:	COMPLETION DATE:
Shawn Kirby	Shawn Kirby	Records
Pam Woods	Pam Woods	DSP 3-19-08
Joe Burnell	Joe Burnell	Driver
Mark Harvey	Mark Harvey	3-19-08
Terry G. Albert	Terry G. Albert	DSP
Joni Booth	Joni Booth	DSP
GARY HAMILTON	GARY HAMILTON	3-19-08
Fred Russell	Fred Russell	3-19-08
Nancy Newton	Nancy Newton	RECORDED 3/19/08



MEETING ATTENDANCE RECORD

DATE OF SESSION 3/19/08 START 8am FINISH 8:15am
 SUBJECT Bus LENGTH OF SESSION _____
 TYPE OF MEETING Training
 FACILITATOR Cory Stronfer AMP 3/19/08
 SIGNATURE _____ TITLE _____

ATTENDEES NAME (PLEASE PRINT)	SIGNATURE	TITLE/FUNCTION
Tina Caudle	<i>Tina Caudle</i>	DSP
Donna Russell	<i>Donna Russell</i>	DSP
Kuan Harpster	<i>Kuan Harpster</i>	DSP
Mandy Foreman	<i>Mandy Foreman</i>	DSP

ACTION ITEMS:	ASSIGNED TO:	COMPLETION DATE:
- Richland Manor / Maplewood bus Run is to pick up Adam W. from OCC in the afternoons and pick him up from home and drop him off at OCC in the Mornings.		

MEETING ATTENDANCE RECORD

DATE OF SESSION
3-19-08
SUBJECT
TYPE OF MEETING
FACILITATOR

START
FINISH
LENGTH OF SESSION
TITLE
SIGNATURE

3-19-08
3-19-08
10:00 AM - 11:00 AM
Bridgette Heath
Amber Mauderly
Beth Bryant
Paula West
Susan Spitz
Rhonda Fitch
George Robey
Bridgette Heath
10:00 AM - 11:00 AM
Emma Lemons
Cate headketh

ATTENDEES NAME (PLEASE PRINT)	SIGNATURE	TITLE/FUNCTION
Carrie Lee	Carrie Lee	DSP
Amber Mauderly	Amber Mauderly	DSP
Beth Bryant	Beth Bryant	DSP
Paula West	Paula West	DSP
Susan Spitz	Susan Spitz	DSP
Rhonda Fitch	Rhonda Fitch	DSP
George Robey	George Robey	DSP
Bridgette Heath	Bridgette Heath	DSP
10:00 AM - 11:00 AM	10:00 AM - 11:00 AM	DSP
Emma Lemons	Emma Lemons	DSP
Cate headketh	Cate headketh	DSP

ASSIGNED TO: _____
COMPLETION DATE: _____

ASSIGNED TO:	COMPLETION DATE:
Shawn Kirby	3-19-08
Tam Woods	3-19-08
Mark Aloney	3-19-08
Terry G. Albert	3-19-08
Tom Bond	3-19-08
EMERY HAMILTON	3-19-08
Fred Russell	3-19-08
Adony Newton	3-19-08

CLAY COUNTY REHABILITATION CENTER, INC.

AREA: TRANSPORTATION

SUBJECT: SAFETY RULES/LOADING, IN-TRANSIT & UNLOADING

STANDARDS: 119.255 d)

POLICY

It is the policy of this Center that all consumers and staff are aware and know the safety rules that apply during transportation procedures.

PROCEDURE

The purpose of this policy is for the consumers and staff to be aware and follow safety rules during transport procedures for the safety and well being of themselves and those around them.

1. Consumers will board and exit the bus in a safe and orderly manner.
2. Consumers should stay a safe distance from the curb where the bus stop is located. Rule of thumb for staff, 10 feet from the edge of the sidewalk area.
3. Consumers are encouraged to find their own seat on the bus. If there is a problem, staff will assign consumers to a seat.
4. During transit, consumers may converse with each other. Should the volume exceed norms, staff members may instruct the consumers to lower their voices.
5. During transit, any standing, wild movements, yelling or fighting is prohibited. Staff will take needed action to assure that such incidents are ceased immediately to ensure the safety of all aboard the vehicle.
6. No eating, drinking, or smoking will be allowed by staff or other individuals during transit in a Center vehicle.
7. Center vehicles are intended to provide transportation from the Center to the consumer's home. These transportation routes are not intended to be used for other purposes such as shopping, errands, etc.

8. Seatbelts must be worn when riding in Center vehicles that have them. This ensures the utmost safety for each individual.

9. Continued disruptive behavior and infractions of transportation rules affecting safety may result in suspension from receiving Center transportation services.

CLAY COUNTY REHABILITATION CENTER, INC.

AREA:

TRANSPORTATION

SUBJECT:

SAFETY TRAINING & PREVENTATIVE MEASURES

STANDARDS:

POLICY

The purpose of this directive is to ensure the safe operation of Center vehicles, so as to prevent accidents, injuries and/or property damage and to promote good public relations by setting an example of careful driving habits and professionalism.

PROCEDURES

1. Written procedures for accidents and road emergencies are kept in all Center vehicles.
2. All Center drivers and riders will receive orientation training, and annual training thereafter, before serving as driver or rider on any Center vehicle. A system is established and utilized so that only properly licensed drivers with verified driving records acceptable to the Center operate the Center's vehicles.
3. All drivers and riders will be trained by the Transportation Manager and designated staff on all safety, accident and road emergency procedures. As transportation and safety policies and procedures are changed and/or vehicle and/or equipment changes are made, additional training should be provided to vehicle operators.
4. A telephone and/or radio are available in most Center vehicles. An emergency map and a list of the nearest medical personnel, fire department, police and poison control is available in each vehicle. All drivers and riders will be trained on the use of the Center telephones and radios.
5. All drivers will receive defensive driving and driving under severe weather conditions training.
6. To avoid emergency situations, drivers and riders will be trained to obey speed limits, traffic signs and drive carefully. All drivers and riders will be trained to remain alert to potential driving hazards.

7. All Center staff will have a pre-employment drug test, physical and background check before employment.
8. A system will be in place by which each vehicle operator transporting consumers can be identified as an authorized representative of the Center.
9. All drivers and riders will be trained and have current First Aid, CPR certification, fire suppression training, and behavior management techniques.
10. All drivers and riders will be trained annually and utilize fire, safety, emergency preparedness procedures, weather emergency procedures, on the road breakdown procedures, poison control procedures, evacuation procedures and death procedures.
11. All drivers and riders will be trained by the Transportation Manager and designated staff on safe operation of vehicles, wheelchair lifts, the proper methods of transporting people with multiple physical handicaps, occupant restraint system.
12. Copies of the procedures for handling of vehicle accidents and road emergencies are maintained in each vehicle. All drivers and riders will be trained on the location of the procedures and emergency information.
13. All drivers and riders will have training on the transfer of medications from residential facilities to the Center. Medications may be transferred from the residential facility to the Center on the bus as long as an employee-to-employee transfer is made.
14. All drivers will be trained on pre-trip vehicle inspections.
15. All drivers will be trained to report vehicle and transportation problems to the DT Program Director or the CCI Director of Operations.
16. All Center vehicles will be equipped with all standard and required safety devices such as emergency reflectors/triangles, fire extinguishers and First Aid kits. All drivers and riders will be trained on the location of and proper use of all safety devices.
17. All drivers shall be aware of safety rules that apply during transportation:
 - a. Before driving your vehicle, make sure it is safe. Always check the interior of the vehicle to ensure rider safety,
 - b. aisles and stairwells must always be clear,
 - c. make sure your vehicle has the fire extinguisher and emergency reflectors required by law. The vehicle must also have spare electrical fuses unless equipped with circuit breakers,
 - d. the driver's seat should have a seatbelt. Always use it for safety. e.
 - e. staff/consumers board and exit the vehicle in a safe and orderly manner,
 - f. staff/consumers will wait a safe distance from the vehicle stop,
 - g. consumer seating is assigned by designated staff when necessary,

- h. during transit, staff/consumers may converse keeping noise level within normal limits,
- i. during transit, there will not be standing, excessive noise, fighting, etc.,
- j. no tobacco usage (smoking or chewing) is permitted on vehicles.

CLAY COUNTY REHABILITATION CENTER, INC.

AREA:

TRANSPORTATION

SUBJECT:

VEHICLE ACCIDENTS

STANDARDS:

POLICY

It is the policy of this Agency to promote safe operation of Agency vehicles; however, the Agency realizes that accidents do happen at times. The Agency will train its employees on how to deal with any accident or emergency when operating any Agency's vehicles.

PROCEDURES

1. Written procedures for accidents and road emergencies are kept in all Agency vehicles.
2. In case of an accident/emergency, emergency telephone numbers are kept in all Agency vehicles.
3. Employees are trained to locate and follow the written emergency procedures and telephone numbers.
4. When you are in an accident and yourself or no one else is seriously hurt, you need to act to prevent further damage or injury to yourself and the consumers. The basic steps to be taken at any accident are to: (a) Protect the area (place reflective triangles) (evacuate as necessary), (b) notify authorities (police/ambulance/administration), (c) care for injured.
5. The first thing to do at an accident scene is to keep another accident from happening at the same spot. Protect the accident area by: (a) If your vehicle is involved in the accident, do not move the vehicle, but get as far away from vehicle as possible and call law enforcement immediately. Put on your flashers and set out reflective triangles to warn other traffic. Make sure they can be seen by other drivers in time for them to avoid the accident.

6. Use Agency cellular telephone to make an emergency call. Procedure:
(a) **Press power**, (b) **press 911**, (c) **press send button**. You will be connected with either the Sheriff's Department, directly to Illinois State Police, or to the City of Flora, depending on what area you are in. Provide concise information concerning your location, nature of the emergency, and number and suspected extent of injuries. Emergency phone numbers are posted in each vehicle. See attached emergency phone number list.

1. The Center occasionally has to contract for transportation services, the Center provides the contractors with necessary information.
2. All drivers and riders will be trained by the Transportation Manager and designated staff on all safety, accident and road emergencies procedures.
3. Copies of the procedures for handling of vehicle accidents and road emergencies are maintained in all Center vehicles. All drivers and riders will be trained on the location of the emergency information.
4. A telephone and/or radio are available in most Center vehicles. An emergency map and a list of the nearest emergency medical personnel, fire department, police and poison control is available in each vehicle. All drivers and riders will be trained on the use of the Center telephones and radios.
5. The CCRC Program Director, CCI Director of Operations and Executive Director have cell phones and can be reached in case of an emergency. A list of Center contacts and telephone numbers are listed and available in each Center vehicle. All drivers and riders will be trained on the location of the list of contacts.
6. All drivers and riders will be trained to use their personal judgment in case of emergency to contact the police, fire department, poison control, medical emergency personnel, etc. as necessary.

PROCEDURES

The purpose of this directive is to ensure the safe operation of Center vehicles, so as to prevent accidents, injuries and/or property damage and to promote good public relations by setting an example of careful driving habits and professionalism.

POLICY

AREA: TRANSPORTATION
SUBJECT: EMERGENCY PREPARDNESS PLAN
STANDARDS: 119.255 d) e)

CLAY COUNTY REHABILITATION CENTER, INC.

7. All drivers and riders will be trained to contact designated Center personnel in case of an emergency.
8. The designated Center personnel will notify residential facilities and private consumers of the emergency situation.
9. The designated Center personnel will be trained to contact emergency roadside services depending on the emergency situation.
10. The designated Center personnel will dispatch other Center vehicles, as needed, to assist in transporting consumers to their destination.
11. The Center has an agreement with Hamilton's Repair, telephone 618-662-3090, to provide roadside service for mechanical emergencies and on-the-road vehicle break down.
12. The Center has an agreement with Olney Marathon, telephone 618-393-2137, to provide 24hr. road service to change tires in the Olney.
13. The Center has an agreement with Stan Tire, telephone 618-847-3001, to provide 24hr. road service to change tires in the Fairfield area.
14. The Center has an agreement with Salem Tire, telephone 618-548-5045, to provide 24hr. road service to change tires in the Louisville, Iola, Ford and Salem areas.
15. To avoid emergency situations, drivers and riders will be trained to obey speed limits, traffic signs and drive carefully. All drivers and riders will be trained to remain alert to potential driving hazards.
16. Drivers and riders will be trained that when an accident occurs, they are to act to prevent further damage or injury. The basic steps to be taken at any accident are to:
 - a. Protect the area
 - b. If possible, move vehicle out of way of oncoming traffic
 - c. Turn on vehicle flashers
 - d. Place reflective triangles
 - e. Evacuate the vehicle as necessary (weather permitting)
 - f. Notify authorities (police/ambulance/administration)
 - g. Provide authorities with concise information concerning location, nature of the emergency, and estimated number of suspected injuries
 - h. Care for injured individuals, don't move severely injured individuals unless the danger of fire or passing traffic make it necessary
 - i. If qualified medical emergency personnel are on scene, stay out of the way unless asked to assist

17. FIRE

CAUSES OF FIRE:

- a. After accidents
- b. Tires
- c. Electrical system
- d. Fuel

FIRE PREVENTION:

- a. Pre-trip inspection
- b. Follow safe procedures
- c. Monitoring
- d. Caution

FIREFIGHTING:

- a. Pull off the road
- b. Keep the fire from spreading
- c. Use the fire extinguisher
- d. Extinguish the fire

18. TORNADO

The Center is equipped with NOAA weather related warning radios. Center also has hand-held radios that receive frequencies from National Weather Service and the local ESDA, State Police and Sheriff's Department for up-to-date warnings and watches.

The Executive Director, Director of Operations, and Program Director also monitor weather conditions via the local radio station and the Internet, and if conditions are severe enough, Management will notify all drivers that their routes could be cancelled or delayed until conditions are safe to drive in. Drivers are also trained that once they have left the Center, if they personally feel that conditions are unsafe, they can turn around and return to the Center.

If any driver of any Center vehicle is caught in a severe thunderstorm or tornado, the driver will try to seek safe shelter at any location in their area. At no time is a driver to ever drive into flooded areas.

19. EARTHQUAKE

If driving a vehicle, pull off the road and stop (as soon as possible and with caution). Remain in the vehicle until the disturbance subsides. When you drive on, watch for

hazards created by the earthquake, such as fallen or falling objects, downed electric wires, and broken or undermined roadways.

20. FLOODS

KEEP THESE THINGS IN MIND:

- a. Leave early enough so as not to be stranded by flooded roads, fallen trees, and wires.
- b. Make sure you have enough gasoline in your vehicle
- c. Follow recommended routes
- d. As you travel, keep listening to the radio for additional information and instructions.
- e. Watch for washed-out or undermined roadways, earth slides, broken sewer or water mains, loose or downed electric wires, and falling or fallen objects.
- f. Watch out for areas where streams may flood suddenly.
- g. Don't try to cross water unless you are certain that the water will not be above the middle of your vehicle's wheels, all the way across. If you decide it is safe to drive across, put your vehicle in low gear and drive very slowly, to avoid splashing water on your engine and causing it to stop. Also, remember that your brakes may not work well after the wheels of your vehicle have been in deep water. Try them out a few times when you reach the other side.

21. WINTER STORMS

Center will only dispatch vehicles if management has reasonable expectation that transportation of consumers can be conducted in a safe manner. It is noted, however, that on occasion unforeseen situations may occur. The following are steps to be followed in the case of a winter weather emergency:

- a. Make sure your vehicle is in good operating condition, properly serviced.
- b. If the vehicle stops, all occupants must stay inside the bus. Use cellular telephone to call for help as noted in procedures #6. If unable to contact by cellular phone, driver may seek help if houses are nearby.
- c. Have emergency "winter storm supplies" in the vehicle, such as a container of sand, shovel, windshield scraper, etc.
- d. Attempt to travel by daylight and use major highways if you can. Keep radio turned on for weather information.
- e. Drive with all possible caution.
- f. Stop, turn back, or seek help if conditions threaten that may test your ability or endurance, rather than risk being stalled, lost or isolated. If you are caught in a blizzard, seek refuge immediately.
- g. Center possesses four-wheel drive vehicles that are available for use in the case of emergency.

22. FLAT TIRE

- a. All truck and bus fleet vehicles will refer to the emergency phone list to call tire companies to change a flat tire.
- b. All regular autos will change their own flat tire if consumers are not present. If staff does not feel comfortable in changing the flat tire, they then can follow the emergency procedures and refer to the emergency phone numbers and call for assistance.

23. ON THE ROAD VEHICLE BREAKDOWN

- a. Pull the vehicle off the road a safe distance.
- b. Display appropriate emergency warning triangles, also put up hood.
- c. There are radios or cellular phones on vehicles that travel out of town. The driver or staff member should call the Center or the local law enforcement for help.
- d. If there is only a driver and no staff rider, the driver should flag down another motorist and have them get help.
- e. If there is another staff member on board, one of you may go for help if it can be reached within a reasonable time.
- f. If there is any doubt as to the safety of the vehicle, have the consumers exit the vehicle and stay a safe distance from the vehicle.

CLAY COUNTY REHABILITATION CENTER, INC.

AREA: TRANSPORTATION

SUBJECT: EVACUATION

STANDARDS:

POLICY
To assure life safety test of emergency provisions shall be conducted regularly.

PURPOSE

To insure a safe transportation for consumers to and from Clay County Rehabilitation Center, Inc.

PROCEDURE

BUS FIRE SAFETY

1. Mock fire drills will be held annually on all transportation vehicles.
2. Director of Operations or Program Director will be responsible for assigning a staff member to hold mock fire drills in Center vehicles assigned to their building. Designated staff will announce "fire and location of fire" on bus. Designated staff will ask drivers, riders and consumers which exit door they would use for evacuating the bus. Drivers and riders will state what exit door consumers would use in case of actual fire.
3. In case of an actual fire, a head count would be taken immediately after evacuation.
4. No smoking on bus at any time for safety reasons.
5. Drivers and riders should always be monitoring for smoke that could be coming from underneath the hood of the vehicle, from electrical wires throughout the bus, and heaters and air conditioning systems.
6. Bus drivers and riders are trained annually on fire suppression and on the use of vehicle fire fighting equipment.

1. All Center drivers and riders will receive orientation training, and annual training thereafter, before driving or serving as a rider on any Center vehicle.
2. The Center will review the Emergency preparedness plan and revise as necessary on an annual basis. The Center will ensure that records and reports of fire and disaster training are maintained and corrective actions will be completed as necessary.
3. No individual shall be transported in a one-way trip that exceeds one hour, excluding field trips.
4. All individuals participating in the Center developmental training program will be provided transportation that is the responsibility of Clay County Rehab Center. No individual participating in DT will be charged fees for transportation services.
5. A comprehensive insurance package will be carried at all times for the Transportation Program.
6. Clay County Rehab Center is a drug-free Center and conducts pre-employment and random drug testing for all employees and for CDL drivers.
7. All drivers and riders will be trained on all safety, medical and emergency procedures.
8. All drivers and riders will be trained on all accessibility issues.

PROCEDURES

It is the Policy of the Center to provide safe, effective and be compliant with all DHS rule 119 transportation regulations to its consumers that is served.

POLICY

AREA: TRANSPORTATION
SUBJECT: GENERAL
STANDARDS: 119:200 c)(d)

CLAY COUNTY REHABILITATION CENTER, INC.

CLAY COUNTY REHABILITATION CENTER, INC.

AREA:

TRANSPORTATION

SUBJECT:

MEDICAL EMERGENCY

STANDARDS:

POLICY

It is the policy of this Agency that all possible steps will be taken to ensure the safety of the consumers medical needs during transporting in Agency vehicles.

PROCEDURE

The purpose of this policy is that in the event of an emergency situation, steps should be followed to ensure the safety and well-being of consumers and staff alike.

All drivers and riders are trained in CPR and First Aid classes. Also, the Agency's nurse and QMRP's conduct ongoing training on each consumer's medical needs. All Agency buses have documentation with each consumer's medical issues, medications that they take, seizures, etc. The Compliance Officer makes route maps for the drivers and riders in case of a medical emergency. The maps instruct the driver/rider that if they are in a certain area of their route and have a medical emergency and need to go to a hospital, the maps direct them to the closest hospital.

All buses are equipped with radios and/or cell phones for emergency use.

SEIZURES

1. When it appears someone could possibly be having a seizure, the very first thing the driver needs to do is pull the vehicle off the road to a safe area.
2. Staff needs to evaluate the situation to determine that the consumer is having a seizure and not a behavior problem. In most cases with seizures, the individual is non-responsive, but not always. Just like any other medical emergency, staff needs to follow the individual's medical procedures and get to nearest hospital as soon as possible if necessary.

3. Make sure the affected consumer does not harm himself or herself. Get consumer out of their seat, lay them on their side, and make sure they don't swallow their tongue.
4. All you can do is ensure against the consumer hurting him or herself until they come out of the seizure.

RESPIRATORY EMERGENCY

1. Stop the vehicle and call 911.
2. Start CPR and First Aid if necessary.
3. Keep communication with medical emergency personnel and follow their instructions.
4. Follow Agency's instructions on what hospital to contact.

DRIVER QUALIFICATION FILE CONTENTS SHEET FOR 20-F

- (1) Driver Qualification File Contents Sheet (648-F) (Rev. 1/07)
- (1) Check Sheet for Driver Qualification Forms (21-F) (Rev. 1/06)
- (1) Application for Employment (15-F) (Rev. 2/05)
- (2) Request for Check of Driving Record (16-F) (Rev. 1/07)
- (1) Fair Credit Reporting Act Disclosure Statement (16-F-A) (Rev. 7/98)
- (1) Medical Examination Report (649-F) (Rev. 10/03)
- (1) Medical Examiner's Certificate (657-FS-L2) (Rev. 7/03)
- (1) Record and Certificate of Road Test (13-F) (Rev. 5/02)
- (1) Record of Violations/Annual Review Certificate (643-F) (Rev. 5/02)
- (1) Certificate of Compliance (90-F) (Rev. 2/05)
- (1) Driver Statement of On-Duty Hours - New Hire (644-F) (Rev. 2/98)
- (1) Certification of Road Test (6-BC) Pocket Card
- (1) Driver Qualification and Identification Certificate (7-BC) Pocket Card
- (1) Employment Eligibility Verification 19 (91-F) (Rev. 6/05)

Clay County Rehabilitation Center is a member of
Mid-West Truckers Association.

All CDL drivers' files contain executed copies of
the attached forms.

CHECKLIST FOR QUALIFICATION OF NEW DRIVERS

NAME OF DRIVER: _____

SOCIAL SECURITY NO.: _____

ADDRESS: _____

(Number and Street)

(City)

(State)

(Zip Code)

INSTRUCTIONS TO CARRIER: The following checklist is intended to help the motor carrier obtain all of the documents required by the Federal Motor Carrier Safety Regulations. Record the information to acknowledge receipt of the documents. Alcohol and controlled substance and safety performance history information must be maintained in a confidential file.

Date Request Forwarded	Date Document Returned	Document Approved Date	Signature
------------------------	------------------------	------------------------	-----------

1. Application for Employment (15-F)

2. Fair Credit Reporting Act Disclosure Statement (16-F-A or 116-FS-C2)

3. Request for Check of Driving Record (16-F)
(List state agencies written to)

4. Medical Examiner's Certificate (657-FS-L2)
NOTE: Medical Examination Report form should be maintained in a confidential file

5. Record and Certificate of Road Test (13-F)

6. Certificate of Compliance (90-F)

7. Driver's Statement of On-Duty Hours (644-F)

8. Entry-Level Driver Training Certificate (664-FS-A2)
(If using an Entry-Level Driver)

9. Longer Combination Vehicles Driver Certification
(If using the driver to operate Longer Combination Vehicles)

10. Employment Eligibility Verification I-9 (91-F)
OTHER DOCUMENTS

11.

ALCOHOL AND CONTROLLED SUBSTANCES TESTING

(NOTE: THESE DOCUMENTS MUST BE MAINTAINED IN A SECURE LOCATION WITH CONTROLLED ACCESS)

1. Inquiries to previous employers (past 3 years) for Part 382 drug and alcohol test information (849-F) (May be used with 17-F to obtain complete Safety Performance History)

2. Pre-employment test - controlled substances (Employer copy of Chain of Custody Form and Test Result)

3. Certificate of receipt - company drug and alcohol policy (872-FS-C2)

4. Previous Pre-Employment Employee Alcohol and Drug Statement (886-F)

OTHER DOCUMENTS

5.

6.

SAFETY PERFORMANCE HISTORY

(NOTE: THESE DOCUMENTS MUST BE MAINTAINED IN A SECURE LOCATION WITH CONTROLLED ACCESS)

1. Safety Performance History Records Request (850-F)

2. Request for Information From Previous Employer (17-F) (May be used with 849-F to obtain complete Safety Performance History)

3. Previous Employee Safety Performance History (854-F)

4. OTHER DOCUMENTS

DRIVER'S APPLICATION FOR EMPLOYMENT

Applicant Name _____ (print)

Date of Application _____

Company _____

Address _____

City _____

State _____

Zip _____

In compliance with Federal and State equal employment opportunity laws, qualified applicants are considered for all positions without regard to race, color, religion, sex, national origin, age, marital status, veteran status, non-job related disability, or any other protected group status.

TO BE READ AND SIGNED BY APPLICANT

I authorize you to make such investigations and inquiries of my personal, employment, financial or medical history and other related matters as may be necessary in arriving at an employment decision. (Generally, inquiries regarding medical history will be made only if and after a conditional offer of employment has been extended.) I hereby release employers, schools, health care providers and other persons from all liability in responding to inquiries and releasing information in connection with my application.

In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I understand, also, that I am required to abide by all rules and regulations of the Company.

I understand that information I provide regarding current and/or previous employers may be used, and those employer(s) will be contacted, for the purpose of investigating my safety performance history as required by 49 CFR 391.23(d) and (e). I understand that I have the right to:

- Review information provided by previous employers;
- Have errors in the information corrected by previous employers and for those previous employers to re-send the corrected information to the prospective employer; and
- Have a rebuttal statement attached to the alleged erroneous information, if the previous employer(s) and I cannot agree on the accuracy of the information.

Signature _____

Date _____

FOR COMPANY USE

PROCESS RECORD

APPLICANT HIRED _____ REJECTED _____

DATE EMPLOYED _____ POINT EMPLOYED _____

DEPARTMENT _____ (IF REJECTED, SUMMARY REPORT OF REASONS SHOULD BE PLACED IN FILE)

CLASSIFICATION _____

SIGNATURE OF INTERVIEWING OFFICER _____

TERMINATION OF EMPLOYMENT

DATE TERMINATED _____

DEPARTMENT RELEASED FROM _____

DISMISSED _____

VOLUNTARILY QUIT _____

OTHER _____

TERMINATION REPORT PLACED IN FILE _____

SUPERVISOR _____

This form is made available with the understanding that J. J. Keller & Associates, Inc. assumes no responsibility for the use of this form, or any decision made by an employer which may violate local, state, or federal law.

EMPLOYMENT HISTORY (continued)

EMPLOYER		DATE	
NAME	FROM	TO	YR.
ADDRESS	POSITION HELD		
CITY	STATE	ZIP	SALARY/WAGE
CONTACT PERSON	PHONE NUMBER		
REASON FOR LEAVING			
WERE YOU SUBJECT TO THE FMCSRs [†] WHILE EMPLOYED? <input type="checkbox"/> YES <input type="checkbox"/> NO			
WAS YOUR JOB DESIGNATED AS A SAFETY-SENSITIVE FUNCTION IN ANY DOT-REGULATED MODE SUBJECT TO THE DRUG AND ALCOHOL TESTING REQUIREMENTS OF 49 CFR PART 40? <input type="checkbox"/> YES <input type="checkbox"/> NO			

EMPLOYER		DATE	
NAME	FROM	TO	YR.
ADDRESS	POSITION HELD		
CITY	STATE	ZIP	SALARY/WAGE
CONTACT PERSON	PHONE NUMBER		
REASON FOR LEAVING			
WERE YOU SUBJECT TO THE FMCSRs [†] WHILE EMPLOYED? <input type="checkbox"/> YES <input type="checkbox"/> NO			
WAS YOUR JOB DESIGNATED AS A SAFETY-SENSITIVE FUNCTION IN ANY DOT-REGULATED MODE SUBJECT TO THE DRUG AND ALCOHOL TESTING REQUIREMENTS OF 49 CFR PART 40? <input type="checkbox"/> YES <input type="checkbox"/> NO			

EMPLOYER		DATE	
NAME	FROM	TO	YR.
ADDRESS	POSITION HELD		
CITY	STATE	ZIP	SALARY/WAGE
CONTACT PERSON	PHONE NUMBER		
REASON FOR LEAVING			
WERE YOU SUBJECT TO THE FMCSRs [†] WHILE EMPLOYED? <input type="checkbox"/> YES <input type="checkbox"/> NO			
WAS YOUR JOB DESIGNATED AS A SAFETY-SENSITIVE FUNCTION IN ANY DOT-REGULATED MODE SUBJECT TO THE DRUG AND ALCOHOL TESTING REQUIREMENTS OF 49 CFR PART 40? <input type="checkbox"/> YES <input type="checkbox"/> NO			

EMPLOYER		DATE	
NAME	FROM	TO	YR.
ADDRESS	POSITION HELD		
CITY	STATE	ZIP	SALARY/WAGE
CONTACT PERSON	PHONE NUMBER		
REASON FOR LEAVING			
WERE YOU SUBJECT TO THE FMCSRs [†] WHILE EMPLOYED? <input type="checkbox"/> YES <input type="checkbox"/> NO			
WAS YOUR JOB DESIGNATED AS A SAFETY-SENSITIVE FUNCTION IN ANY DOT-REGULATED MODE SUBJECT TO THE DRUG AND ALCOHOL TESTING REQUIREMENTS OF 49 CFR PART 40? <input type="checkbox"/> YES <input type="checkbox"/> NO			

EMPLOYER		DATE	
NAME	FROM	TO	YR.
ADDRESS	POSITION HELD		
CITY	STATE	ZIP	SALARY/WAGE
CONTACT PERSON	PHONE NUMBER		
REASON FOR LEAVING			
WERE YOU SUBJECT TO THE FMCSRs [†] WHILE EMPLOYED? <input type="checkbox"/> YES <input type="checkbox"/> NO			
WAS YOUR JOB DESIGNATED AS A SAFETY-SENSITIVE FUNCTION IN ANY DOT-REGULATED MODE SUBJECT TO THE DRUG AND ALCOHOL TESTING REQUIREMENTS OF 49 CFR PART 40? <input type="checkbox"/> YES <input type="checkbox"/> NO			

*Includes vehicles having a GVWR of 26,001 lbs. or more, vehicles designed to transport 16 or more passengers (including the driver), or any size vehicle used to transport hazardous materials in a quantity requiring placarding.

†The Federal Motor Carrier Safety Regulations (FMCSRs) apply to anyone operating a motor vehicle on a highway in interstate commerce to transport passengers or property when the vehicle: (1) weighs or has a GVWR of 10,001 pounds or more, (2) is designed or used to transport more than 8 passengers (including the driver), OR (3) is of any size and is used to transport hazardous materials in a quantity requiring placarding.

REQUEST FOR CHECK OF DRIVING RECORD

NOTE TO MOTOR CARRIER: SEE BACK SIDE FOR STATES THAT ACCEPT THIS FORM.

I hereby authorize you to release the following information to _____
(Prospective Employer)
for purposes of investigation as required by Sections 391.23 and 391.25 of the Federal Motor Carrier Safety Regulations. You are released from any and all liability which may result from furnishing such information.

(Applicant's Signature)

(Date)

In accordance with the provisions of Sections 604 and 607 of the **Fair Credit Reporting Act**, Public Law 91-508, as amended by the Consumer Credit Reporting Act of 1996 (Title II, Subtitle D, Chapter 1, of Public Law 104-208), I hereby certify the following:

1. The consumer (applicant) has authorized in writing the procurement of this report;
2. The consumer (applicant) has been informed in a separate written disclosure that a consumer report may be obtained for employment purposes;
3. The information requested below will be used for a "permissible purpose" (i.e., information for employment purposes) and will be used for no other purpose;
4. The information being obtained will not be used in violation of any federal or state equal opportunity law or regulation; and
5. Before taking an adverse action based in whole or in part on the report the consumer (applicant) will receive a copy of the requested report and the summary of consumer rights as provided with the report by the consumer reporting agency.

I also hereby certify that this report request and the above applicant's release notice meet the definition of "permissible uses" of state motor vehicle records under the provisions of the **Driver's Privacy Protection Act of 1994** (Public Law 103-322, Title XXX, Section 30002(a)).

(Signature of Requester)

(Date)

TO: _____

DEAR SIR/MADAM:

- The following named person has made application with our company for the position of _____
_____. In accordance with Section 391.23, Federal Department of Transportation Regulations, please furnish the undersigned with the applicant's driving record for the past three years.
- The following named person is employed with our company in the position of _____
_____. In accordance with Section 391.25, Federal Department of Transportation Regulations, please furnish the undersigned with the employee's driving record for the past year.

NAME OF APPLICANT/DRIVER _____

ADDRESS _____
(Number & Street) (City) (State) (Zip Code)

FORMER ADDRESS _____
(Number & Street) (City) (State) (Zip Code)

DATE OF BIRTH _____ SSN _____ LICENSE NO. _____

REQUESTED BY

(Name of Company)

(Typed Name)

(Address)

(Title)

(City)

(State)

(Signature)

Company Name _____

FAIR CREDIT REPORTING ACT DISCLOSURE STATEMENT

In accordance with the provisions of Section 604(b)(2)(A) of the Fair Credit Reporting Act, Public Law 91-508, as amended by the Consumer Credit Reporting Act of 1996 (Title II, Subtitle D, Chapter I, of Public Law 104-208), you are being informed that reports verifying your previous employment, previous drug and alcohol test results, and your driving record may be obtained on you for employment purposes. These reports are required by Sections 382.413, 391.23, and 391.25 of the Federal Motor Carrier Safety Regulations.

Applicant's signature

Date

Print name

Social Security number

RECORD OF ROAD TEST

Driver's Name _____ Address _____

License No. _____ State _____ Equipment Driven: Truck _____ Tractor _____ Trailer _____

Checked From _____ To _____ Date _____

For those items that apply, checkmark (✓) if driver's performance is satisfactory, mark with an X if driver's performance is unsatisfactory.
 Explain unsatisfactory items under Remarks. Use not applicable (NA) for items that do not apply.

PART 1 - PRE-TRIP INSPECTION AND EMERGENCY EQUIPMENT

- Checks general condition approaching unit _____
- Looks for leakage of coolants, fuel, lubricants _____
- Checks under hood - oil, water, general condition of engine compartment, steering _____
- Checks around unit - tires, lights, trailer hookup, brake and light lines, body, doors, horn, windshield wipers _____
- Tests brake action, tractor protection valve, and parking (hand) brake _____
- Checks horn, windshield wipers, mirrors, emergency equipment; reflectors, flares, fuses, tire chains (if necessary), fire extinguisher _____
- Checks instruments for normal readings _____
- Checks dashboard warning lights for proper functioning _____
- Cleans windshield, windows, mirrors, lights, reflectors _____
- Reviews and signs previous report _____

PART 2 - COUPLING AND UNCOUPLING

- Lines up units _____
- Connects glad hands to trailer to apply trailer brakes before coupling _____
- Connects glad hands and light line properly _____
- Couples without difficulty _____
- Raises landing gear fully after coupling _____
- Visually checks king pin assembly to be certain of proper coupling _____
- Checks coupling by applying hand valve or tractor-protection valve (trailer air supply valve) and gently applying pressure by trying to pull away from trailer _____
- Assure that surface will support trailer before uncoupling _____

PART 3 - PLACING VEHICLE IN MOTION AND USE OF CONTROLS

A. ENGINE

- Places transmission in neutral before starting engine _____
- Starts engine without difficulty _____
- Allows proper warm-up _____
- Understands gauges on instrument panel _____
- Maintains proper engine speed (rpm) while driving _____
- Does not abuse motor _____

B. CLUTCH AND TRANSMISSION

- Starts loaded unit smoothly _____
- Uses clutch properly _____
- Times gearshifts properly _____
- Shifts gears smoothly _____
- Uses proper gear sequence _____

C. BRAKES

- Knows proper use of tractor protection valve _____
- Understands low air warning _____
- Tests service brakes _____
- Builds full air pressure before moving _____

D. STEERING

- Controls steering wheel _____
- Good driving posture and good grip on wheel _____

E. LIGHTS

- Knows lighting regulations _____
- Uses proper headlight beam _____
- Dim lights when meeting or following other traffic _____
- Adjusts speed to range of headlights _____
- Proper use of auxiliary lights _____

PART 4 - BACKING AND PARKING

A. BACKING

- Gets out and checks before backing _____
- Looks back as well as uses mirror _____
- Gets out and rechecks conditions on long back _____
- Avoids backing from blind side _____
- Signals when backing _____
- Controls speed and direction properly while backing _____

B. PARKING (City)

- Does not hit nearby vehicles or stationary objects _____
- Parks proper distance from curb _____
- Sets parking brake, puts in gear, chocks wheels, shuts off motor _____
- Checks traffic conditions and signals when pulling out from parked position _____
- Parks in legal and safe location _____

C. PARKING (Road)

- Parks off pavement _____
- Avoids parking on soft shoulder _____
- Uses emergency warning signals when required _____
- Secures unit properly _____

**MOTOR VEHICLE DRIVER'S
Certification of Violations/Annual Review of Driving Record**

MOTOR CARRIER INSTRUCTIONS: Each motor carrier shall at least once every 12 months, require each driver it employs to prepare and furnish it with a list of all violations of motor vehicle traffic laws and ordinances (other than violations involving only parking) of which the driver has been convicted, or on account of which he/she has forfeited bond or collateral during the preceding 12 months (Section 391.27). Drivers who have provided information required by Section 383.31 need not repeat that information on this form.

DRIVER REQUIREMENTS: Each driver shall furnish the list as required by the motor carrier above. If the driver has not been convicted of, or forfeited bond or collateral on account of any violation which must be listed, he/she shall so certify (Section 391.27).

COMPLETED BY DRIVER - CERTIFICATION OF VIOLATIONS

NAME OF DRIVER: (PRINT)	SOCIAL SECURITY NUMBER	DATE OF EMPLOYMENT
HOME TERMINAL (CITY AND STATE)	DRIVER'S LICENSE NUMBER	STATE EXPIRATION DATE

I certify that the following is a true and complete list of traffic violations required to be listed (other than those I have provided under Part 383) for which I have been convicted or forfeited bond or collateral during the past 12 months.

(If you have had no violations, check the following box – None.)

DATE	OFFENSE	LOCATION	TYPE OF VEHICLE OPERATED

If no violations are listed above, I certify that I have not been convicted or forfeited bond or collateral on account of any violation (other than those I have provided under Part 383) required to be listed during the past 12 months.

Date of Certification _____ Driver's Signature _____

COMPLETED BY MOTOR CARRIER - ANNUAL REVIEW OF DRIVING RECORD

MOTOR CARRIER INSTRUCTIONS: Review the Certification of Violations listed above and other information described in Section 391.25 of the Federal Motor Carrier Safety Regulations. Complete the information requested below.

I have hereby reviewed the driving record of the above named driver in accordance with Section 391.25 and find that he/she (check one):

- Meets minimum requirements for safe driving Is disqualified to drive a motor vehicle pursuant to Section 391.15
- Does not adequately meet satisfactory safe driving performance

Action taken with driver: _____

Reviewed by: _____
Signature _____ Date _____
Printed Name _____ Title _____

Motor Carrier Name _____ Motor Carrier Address _____

MAINTAIN THIS DOCUMENT IN THE DRIVER'S QUALIFICATION FILE. THIS DOCUMENT MAY BE PURGED AFTER 3 YEARS FROM DATE OF EXECUTION.

Motor Vehicle Driver's

CERTIFICATION OF COMPLIANCE WITH DRIVER LICENSE REQUIREMENTS

MOTOR CARRIER INSTRUCTIONS: The requirements in Part 383 apply to every driver who operates in intrastate, interstate, or foreign commerce and operates a vehicle weighing 26,001 pounds or more, can transport more than 15 people, or transports hazardous materials that require placarding.

The requirements in Part 391 apply to every driver who operates in interstate commerce and operates a vehicle weighing 10,001 pounds or more, can transport more than 15 people, or transports hazardous materials that require placarding.

DRIVER REQUIREMENTS: Parts 383 and 391 of the Federal Motor Carrier Safety Regulations contain some requirements that you as a driver must comply with. They are as follows:

- 1) **POSSESS ONLY ONE LICENSE:** You, as a commercial vehicle driver, may not possess more than one motor vehicle operator's license.
- 2) **NOTIFICATION OF LICENSE SUSPENSION, REVOCATION OR CANCELLATION:** Sections 391.15(b)(2) and 383.33 of the Federal Motor Carrier Safety Regulations require that you notify your employer the NEXT BUSINESS DAY of any revocation or suspension of your driver's license. In addition, Section 383.31 requires that any time you violate a state or local traffic law (other than parking), you must report it within 30 days to: 1) your employing motor carrier, and 2) the state that issued your license (If the violation occurs in a state other than the one which issued your license). The notification to both the employer and state must be in writing.

The following license is the only one I possess:

Driver's License No. _____ State _____ Exp. Date _____

DRIVER CERTIFICATION: I certify that I have read and understood the above requirements.

Driver's Name (Printed): _____

Driver's Signature: _____ Date: _____

Notes: _____

(This form is not required for DOT compliance)

DRIVER STATEMENT OF ON-DUTY HOURS (For Newly Hired Drivers)

INSTRUCTIONS: Motor carriers when using a driver for the first time shall obtain from the driver a signed statement giving the total time on-duty during the immediately preceding 7 days and time at which such driver was last relieved from duty prior to beginning work for such carrier. Rule 395.8(j)(2) Federal Motor Carrier Safety Regulations. NOTE: Hours for any compensated work during the preceding 7 days, including work for a non-motor carrier entity, must be recorded on this form.

Driver Name (Print) _____

Social Security Number _____

Driver's License: State _____ Number _____ Class _____ Endorsement(s) _____ Restriction(s) _____

Type of License _____ Issuing State _____

DAY	1 (yesterday)	2	3	4	5	6	7	
DATE								
HOURS WORKED								TOTAL HOURS

I hereby certify that the information given above is correct to the best of my knowledge and belief, and that I was last relieved from work at

A.M.
P.M. On _____ Day _____ Month _____ Year

Time

Driver's Signature

Date

DRIVER CERTIFICATION FOR OTHER COMPENSATED WORK

INSTRUCTIONS: When employed by a motor carrier, a driver must report to the carrier all on-duty time including time working for other employers. The definition of on-duty time found in Section 395.2 paragraphs (8) and (9) of the Federal Motor Carrier Safety Regulations includes time performing any other work in the capacity of, or in the employ or service of, a common, contract or private motor carrier, also performing any compensated work for any nonmotor carrier entity.

(check one)

Are you currently working for another employer? Yes No

At this time do you intend to work for another employer while still employed by this company? Yes No

I hereby certify that the information given above is true and I understand that once I become employed with this company, if I begin working for any additional employer(s) for compensation that I must inform this company immediately of such employment activity.

Driver's Signature

Date

Witness: _____
Company Representative

Date

Employment Eligibility Verification

Please read instructions carefully before completing this form. The instructions must be available during completion of this form. **ANTI-DISCRIMINATION NOTICE:** It is illegal to discriminate against work eligible individuals. Employers **CANNOT** specify which document(s) they will accept from an employee. The refusal to hire an individual because of a future expiration date may also constitute illegal discrimination.

Section 1. Employee Information and Verification. To be completed and signed by employee at the time employment begins.

Print Name: Last	First	Middle Initial	Maiden Name
Address (Street Name and Number)		Apt. #	Date of Birth (month/day/year)
City	State	Zip Code	Social Security #
<p>I am aware that federal law provides for imprisonment and/or fines for false statements or use of false documents in connection with the completion of this form.</p>		<p>I attest, under penalty of perjury, that I am (check one of the following):</p> <input type="checkbox"/> A citizen or national of the United States <input type="checkbox"/> A Lawful Permanent Resident (Alien #) A _____ <input type="checkbox"/> An alien authorized to work until ___/___/___ (Alien # or Admission #) _____	
Employee's Signature			Date (month/day/year)

Preparer and/or Translator Certification: (To be completed and signed if Section 1 is prepared by a person other than the employee.) I attest, under penalty of perjury, that I have assisted in the completion of this form and that to the best of my knowledge the information is true and correct.

Preparer's/Translator's Signature	Print Name
Address (Street Name and Number, City, State, Zip Code)	
Date (month/day/year)	

Section 2. Employer Review and Verification. To be completed and signed by employer. Examine one document from List A OR examine one document from List B and one from List C, as listed on the reverse of this form, and record the title, number and expiration date, if any, of the document(s).

List A	OR	List B	AND	List C
Document title: _____		_____		_____
Issuing authority: _____		_____		_____
Document #: _____		_____		_____
Expiration Date (if any): ___/___/___		___/___/___		___/___/___
Document #: _____		_____		_____
Expiration Date (if any): ___/___/___		_____		_____

CERTIFICATION - I attest, under penalty of perjury, that I have examined the document(s) presented by the above-named employee, that the above-listed document(s) appear to be genuine and to relate to the employee named, that the employee began employment on (month/day/year) ___/___/___ and that to the best of my knowledge the employee is eligible to work in the United States. (State employment agencies may omit the date the employee began employment.)

Signature of Employer or Authorized Representative	Print Name	Title
Business or Organization Name	Address (Street Name and Number, City, State, Zip Code)	
		Date (month/day/year)

Section 3. Updating and Reverification. To be completed and signed by employer.

A. New Name (if applicable)	B. Date of rehire (month/day/year) (if applicable)
C. If employee's previous grant of work authorization has expired, provide the information below for the document that establishes current employment eligibility.	
Document Title: _____	Document #: _____
Expiration Date (if any): ___/___/___	

I attest, under penalty of perjury, that to the best of my knowledge, this employee is eligible to work in the United States, and if the employee presented document(s), the document(s) I have examined appear to be genuine and to relate to the individual.

Signature of Employer or Authorized Representative	Date (month/day/year)
----------------------------------------------------	-----------------------

**PRE-EMPLOYMENT DRUG TEST
CONSENT FORM**

I, _____, hereby give my full consent
(Driver's Name)

to submit to a drug test in accordance with the requirements of the Federal Motor Carrier Safety Regulations, 49 CFR Parts 382 & 40, and this employer's Drug & Alcohol Abuse Policy.

I understand that before performing a safety-sensitive function, all prospective drivers must submit to a drug test and that a urine sample will be collected and tested for controlled substances. I also understand that until the employer receives either a verbal or paper negative drug test result, I cannot perform any safety-sensitive function.

I give my full consent to the release of my drug test result to the authorized Medical Review Officer (MRO), who will then release the result to the Consortium, which will forward the result to the below-named employer.

(Employer Name)

I agree that if I test positive for the use of controlled substances, refuse to test or do not sign the Release of Drug and Alcohol Testing Information and Results from Co/Previous Employer Forms (Attachment B) for any previous employer within the past 2 years, I will not be further considered for employment.

Furthermore, I have informed the employer if I have tested positive or refused to test on any pre-employment drug or alcohol test administered by an employer for a DOT safety-sensitive position (but did not obtain employment) during the past two years. If I had tested positive or refused to test in this time, I have obtained documentation of having successfully completed the return to duty process and have provided it to the above-named employer. I understand if I have not successfully completed the return to duty process, I cannot perform any safety-sensitive functions for this employer.

Agreed to _____
Date

by _____
Applicant's Signature

Social Security Number

Print Applicant's Name

Home Phone Number

Witness Signature

Date

RELEASE OF DRUG & ALCOHOL TESTING INFORMATION FROM CO/PREVIOUS EMPLOYER

THIS FORM MUST BE COMPLETED IN ITS ENTIRETY

In accordance with 49 CFR Part 391.23, the co/previous employer shall release within 30 days, pursuant to this driver's written authorization, the following information for the previous 3 years from the date of application to this employer or date of transfer, which will automatically comply with the requirements in 49 CFR Parts 40 and 382. The co/previous employer shall also release, pursuant to this driver's written authorization the following information in accordance with 49 CFR Part 382.301(b)(c):

TO BE COMPLETED BY DRIVER

I understand my co/previous employer listed below may release any drug or alcohol test information in their possession from any other previous employers under Part 40 or other applicable DOT regulations. If I have violated a DOT drug and alcohol regulation, I authorize my co/previous employer to release all documentation of my successful completion of the DOT return to duty requirements, including follow-up tests, to the employer named below. If I successfully completed the DOT return to duty requirements on my own, I agree to provide the documentation to the employer named below. I authorize my previous employer to release all information requested on this form, including drug & alcohol test results, to the subsequent employer named below.

Driver's signature: _____ Driver's printed name: _____

TO BE COMPLETED BY PREVIOUS EMPLOYER

Driver Name: _____ Social Security Number: _____

Co/Prev. Employer: _____ Co/Prev. Employer Phone: _____

Co/Prev. Employer Address: _____ Dates of Employment: FROM: ___/___/___ TO: ___/___/___

Co/Prev. Contact Printed Name: _____ Co/Prev. Signature: _____

In compliance with Part 391.23, for the previous 3 years from the date of application or date of transfer, has the driver:	NO	YES	If Yes, enter Dates
had an alcohol test result of .04 breath alcohol concentration (BAC) or greater?	<input type="checkbox"/>	<input type="checkbox"/>	
had a verified positive drug test?	<input type="checkbox"/>	<input type="checkbox"/>	
refused to test (including verified adulterated or substituted drug test results)?	<input type="checkbox"/>	<input type="checkbox"/>	
violated the alcohol & controlled substances prohibitions under Subpart B of Part 382 or Part 40?	<input type="checkbox"/>	<input type="checkbox"/>	
completed a SAP-prescribed rehabilitation program while under your employ, including return-to-duty and follow-up tests if the driver had violated a DOT drug and alcohol regulation?	<input type="checkbox"/>	<input type="checkbox"/>	
had a subsequent alcohol test result of 0.04 or greater, a verified positive drug test, or refuse to be tested after he/she successfully completed a SAP's rehabilitation referral and remained under your employ?	<input type="checkbox"/>	<input type="checkbox"/>	

In compliance with Part 382.301 (b)(c):

		NO	YES
1	Within the previous 30 days, has the driver participated in a controlled substance testing program that meets the requirements of 49 CFR Parts 382 and 40?	<input type="checkbox"/>	<input type="checkbox"/>
2	Name and address of the current/previous drug and alcohol testing program the driver participated in:		
3	While participating in your program:		
	a) was the driver tested for controlled substances within the past 6 months?	<input type="checkbox"/>	<input type="checkbox"/>
	OR b) did the driver participate in the random controlled substances testing program for the previous 12 months?	<input type="checkbox"/>	<input type="checkbox"/>
4	Do you have knowledge from a prior employer that the driver had violated the controlled substances use rule of 49 CFR Part 382 or the controlled substances use rule of another DOT agency in the previous 6 months?	<input type="checkbox"/>	<input type="checkbox"/>
5	Is the driver qualified to perform safety sensitive functions under 49 CFR Part 382, including that the driver has not refused to be tested for controlled substances?	<input type="checkbox"/>	<input type="checkbox"/>
6	Date the driver was last tested for controlled substances? ___/___/___		
7	List results of any tests taken within the previous 6-months:		
	Date	Type of Test (e.g., random, pre-employment)	Result
8	List any other violations of 49 CFR Part 382, Subpart B within the previous 6-months:		
	Date	Violation	

TO BE COMPLETED BY SUBSEQUENT EMPLOYER (*Note: Subsequent Employer must attempt to get this information within 30 days)

Contact Name: _____

Employer Name: _____

Address: _____

Phone: _____ Fax: _____

Date contacted previous employer: ___/___/___;

or attempts made: ___/___/___;

___/___/___; ___/___/___.

Date information received from previous employer:

___/___/___.

EMPLOYER'S RECORD OF POST-ACCIDENT TEST

Post Accident Test:

Date of Accident _____ Time of Accident _____ AM/PM

Location of Accident _____

Driver's Name _____ Social Security Number _____

Call to Employer by Driver:

Date _____ Time _____ AM/PM

Description of Accident Situation: _____

Request for Test: Drug & Alcohol Drug Alcohol

Date _____ Time _____ AM/PM Talked to _____

With _____

Location where test is to be performed _____

Time Promised _____ AM/PM

FAILURE TO COMPLETE TEST(S):

Alcohol (2 hours no test) Reason _____

Alcohol (8 hours no test) Reason _____

Drugs (32 hours no test) Reason _____

DO NOT WAIT ANY LONGER FOR TESTS!

REASONABLE CAUSE OBSERVATION FORM

(EMPLOYER NAME)

(This form must be completed by this employer's designated person(s) any time a driver is suspected of drug or alcohol use by action, appearance or conduct when reporting for duty, while on duty, or at the conclusion of being on duty)

Driver Name _____

Date Observed _____

Time Observed From _____ To _____

Location _____

Observed Behavior:

<u>SPEECH</u>	<u>BALANCE</u>	<u>WALKING</u>	<u>AWARENESS</u>	<u>APPEARANCE</u>
Normal _____	Normal _____	Normal _____	Normal _____	Reddened Eyes _____
Slurred _____	Falling _____	Falling _____	Confused _____	Runny Nose _____
Whispering _____	Staggering _____	Stumbling _____	Paranoid _____	Needle Marks _____
Silent _____	Swaying _____	Swaying _____	Sleepy _____	Nervousness _____
Confused _____	<u>BODY ODORS</u> _____	Arms Raised for Balance _____	Stupor _____	Constricted Pupils _____
Incoherent _____		Reaching for Support _____	Lack of Coordination _____	Dilated Pupils _____

Other Behaviors: _____

The above action witnessed by:

Signature Date

Signature Date

I certify that I have received 1 hour reasonable cause supervisory training for drugs and 1 hr. reasonable cause supervisory training for alcohol as per 49 CFR Part 382.603.

DRUG & ALCOHOL ABUSE POLICY RECEIPT CERTIFICATE
(to be completed by driver after reading and initialing the Drug & Alcohol Abuse Policy)

I, _____, do hereby certify that I have received, read,
(DRIVER'S NAME)

and understand the Drug and Alcohol Abuse Policy of _____
(EMPLOYER)

that went into effect on _____ and that I have initialed and dated each page of the Policy.
(POLICY EFFECTIVE DATE)

I understand that this Policy not only meets, but exceeds the Federal Motor Carrier Safety Regulations of which I must follow as a CDL driver, but also as a condition of employment for this employer.

I understand I will be required to take alcohol tests and/or drug tests according to the terms of this Policy. I agree to comply with all of the requirements of this Policy and 49 CFR Parts 382 and 40, and all other federal, state and local rules and laws that are applicable.

I give my full consent for the release of my urine drug test results to the authorized Medical Review Officer (MRO), who will then release the results to the Consortium, which will forward the results to the above-named employer.

I further consent to the release of my alcohol test results to the collection company performing the tests which will provide copies to the employer. I also consent to the simultaneous reporting of my alcohol tests results to the Consortium, if applicable (.02 or greater alcohol test results).

Furthermore, I have informed the employer on whether I have tested positive or refused to test on any pre-employment drug or alcohol test administered by an employer for a DOT safety-sensitive position, but did not obtain, during the past two years. If I had tested positive or refused to test in this time, I have obtained documentation of having successfully completed the return to duty process and have provided it to the above-named employer. I understand if I have not successfully completed the return to duty process, I cannot perform any safety-sensitive functions for this employer.

I further understand that my failure to honor all the terms of this certificate and the employer's Drug and Alcohol Abuse Policy will result in disciplinary action including possible termination.

Print Employee Name

Social Security Number

Employee Signature

Date

Home Phone Number

Witness Signature

Date

Clay County Rehabilitation Center, Inc.

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

Gary Whitehead, Executive Director
gwhitehead@clayrhab.com

DRUG & ALCOHOL ABUSE POLICY

Section 1 - PURPOSE

It is the policy of this company to provide a safe, healthful, drug and alcohol-free work environment for our drivers. Our company also recognizes that our own health and future are dependent upon the physical and psychological health of our drivers. To insure that we achieve that goal we have adopted the following policy that not only meets, but exceeds the Federal Motor Carrier Safety Administration (FMCSA) regulations on drug and alcohol abuse as set forth in 49 CFR Parts 40 and 382. This policy supersedes any previous company policy or agreement that may be in existence prior to the effective date of this policy.

All CDL drivers are subject to drug testing as required in 49 CFR Parts 40 and 382. All CDL drivers are subject to alcohol testing whenever they are performing a safety sensitive function, just prior to performing a safety sensitive function, or immediately after performing such functions.

Under the FMCSA drug and alcohol testing regulations for safety-sensitive drivers, the testing for the following five drugs and alcohol is required: *marijuana, cocaine, opiates, phencyclidine* and *amphetamines*. When drugs are mentioned in this policy it will include these five drugs. When alcohol is mentioned in this policy, it will include the intoxicating agent in beverage alcohol, ethyl alcohol or other low molecular weight alcohols, including methyl or isopropyl alcohol.

This policy becomes effective September 1, 2007.

Any questions or assistance needed regarding our company's CDL drug & alcohol testing program should be directed to:

NAME(S) Gary Whitehead

OFFICE LOCATION 530 W. 4th St., Flora, IL 62839

PHONE (DAY) 618/662-4916 (NIGHT) 618/676-4497

Driver's Initials _____ Date

Section 2 - DEFINITIONS

ADULTERATED SPECIMEN. A specimen that contains a substance that is not expected to be present in human urine or contains a substance expected to be present but is at a concentration so high that it is not consistent with human urine.

AIR BLANK. A reading by an evidential breath testing device (EBT) of ambient air containing no alcohol. (In EBT's using gas chromatography technology, a reading of the device's internal standard).

ALCOHOL SCREENING DEVICE (ASD). A breath or saliva device, other than an EBT, that is approved by the National Highway Traffic Safety Administration and placed on the Conforming Products List for such devices.

ALCOHOL USE. The drinking or swallowing of any beverage, liquid mixture or preparation (including any medication), containing alcohol.

BREATH ALCOHOL TECHNICIAN (BAT) is an individual who instructs and assists individuals in the alcohol testing process and operates an EBT. A BAT may also act as a Screening Test Technician (STT) who instructs and assists individuals in the alcohol testing process and operates an ASD.

CANCELED OR INVALID TEST. A drug or alcohol test that has a problem identified that cannot be or has not been corrected, or in which 49 CFR Part 40 otherwise requires a test to be cancelled. A cancelled test is neither a positive nor a negative test.

COLLECTOR is a person who instructs and assists individuals at a collection site and who receives and makes a screen examination of the urine specimen provided by individuals.

COMMERCIAL DRIVERS LICENSE (CDL) means a license issued by a State or other jurisdiction, in accordance with the standards contained in 49 CFR Part 383, to an individual which authorizes the individual to operate a class of commercial motor vehicle.

COMMERCIAL MOTOR VEHICLE (CMV) means a motor vehicle or combination of motor vehicles used in commerce to transport passengers or property if the motor vehicle --

(1) has a gross combination weight rating of 26,001 or more pounds inclusive of a towed unit with a gross vehicle weight rating of more than 10,000 pounds; or

(2) has a gross vehicle weight rating of 26,001 or more pounds; or

(3) is designed to transport 16 or more passengers, including the driver; or

(4) is of any size and is used in the transportation of materials found to be hazardous for the purposes of the Hazardous Materials Transportation Act and which require the motor vehicle to be placarded under the Hazardous Materials Regulations.

COMPANY means the same as Employer.

CONFIRMATION (or confirmatory) TEST. In drug testing, a second analytical procedure performed on a urine specimen to identify and quantify the presence of a specific drug or drug metabolite. Gas chromatography/mass spectrometry (GC/MS) is the only authorized confirmation method of cocaine, marijuana, opiates, amphetamines, and phencyclidine. In alcohol testing, a second test, following a screening test with a result of 0.02 or higher that provides a quantitative data of alcohol concentration.

CONSORTIUM is the Mid-West Truckers Association Drug and Alcohol Testing Consortium (hereinafter called the Consortium). The Consortium is a service agent that provides and coordinates the provisions of a variety of drug and alcohol testing services through other services agents for its participants.

DEPARTMENT OF HEALTH AND HUMAN SERVICES (DHHS). The Department or any designee of the Secretary, Department of Health and Human Services.

DILUTE SPECIMEN. A specimen with creatinine and specific gravity values that are lower than expected for human urine.

DOT means the U.S. Department of Transportation.

DRIVER means any person who operates any commercial motor vehicle. This includes, but is not limited to: full time, regularly employed drivers; casual, intermittent or occasional drivers; leased drivers and independent owner-operator contractors who are either directly employed by or under lease to an employer or who operate a commercial motor vehicle at the direction of or with the consent of an employer. Driver includes both applicants for employment (subject to pre-employment testing) and current drivers employed by this employer.

EMPLOYEE means the same as Driver.

EMPLOYER means a person or entity employing one or more employees (including an individual who is self-employed) that is subject to 49 CFR Parts 382 and 40. The term employer includes an employer's officers, designated representatives or management personnel.

EVIDENTIAL BREATH TESTING DEVICE (EBT). A device approved by the National Highway Traffic Safety Administration (NHTSA) for the evidential testing of breath at the .02 and .04 alcohol concentrations, placed on NHTSA's Conforming Products List (CPL) of Evidential Breath Measurement Devices, and identified on the CPL as conforming with model specifications available from NHTSA's Traffic Safety Programs.

FEDERAL MOTOR CARRIER SAFETY ADMINISTRATION (FMCSA). The federal agency responsible for the administration of federal regulations for commercial motor vehicle drivers.

INITIAL TEST (or screening test). In drug testing, the test used to differentiate a negative specimen from one that requires further testing for drugs or drug metabolites. In alcohol testing, an analytical procedure to determine whether an employee may have a prohibited concentration of alcohol in a breath or saliva specimen.

LICENSED MEDICAL PRACTITIONER means a person who is licensed, certified, and/or registered, in accordance with applicable Federal, state, local, or foreign laws and regulations, to prescribe controlled substances and other drugs.

MEDICAL REVIEW OFFICER (MRO) is a licensed physician (Medical Doctor or Doctor of Osteopathy) responsible for receiving and reviewing laboratory results generated by an employer's drug testing program and evaluating medical explanations for certain drug test results. The MRO must be knowledgeable of and have clinical experience in controlled substances abuse disorders, including detailed knowledge of alternative medical explanations for laboratory confirmed drug test results. The MRO must be knowledgeable of issues relating to adulterated and substituted specimens as well as the possible causes of specimens having an invalid result.

PRIMARY SPECIMEN. In drug testing, the urine specimen bottle that is opened and tested by a first laboratory to determine whether the employee has a drug or drug metabolite in his or her system; and for the purpose of validity testing.

_____ *Driver's Initials* _____ *Date*

REFUSAL TO TEST (alcohol or controlled substances) means that a driver:

- 1) Fails to show up for any test within a reasonable time after being directed to do so by the employer or to remain at the testing site until the testing process is complete. This includes the failure of a driver (including an owner/operator) to appear for a test when called by the Consortium;
- 2) Fails to provide a urine specimen or fails to attempt to provide a saliva or breath specimen for any drug or alcohol test as required by this policy and 49 CFR Parts 382 and 40;
- 3) In the case of a directly observed or monitored collection in a drug test, fails to permit the observation or monitoring in providing a specimen;
- 4) Fails to sign the certification at Step 2 of the Alcohol Testing Form;
- 5) Fails to provide a sufficient amount of urine or a sufficient amount of breath, when directed; unless it has been determined, through a required medical evaluation, that there was an adequate medical explanation for the failure;
- 6) Fails or declines to take a second test the employer or collector has directed the driver to take;
- 7) Fails to undergo an additional medical examination or evaluation as directed by the MRO as part of the verification process, or as directed by the employer concerning the evaluation as part of the shy bladder or insufficient breath procedures;
- 8) Fails to cooperate (e.g., leaves the test site before the testing process is completed, refuses to empty pockets) with any part of the drug or alcohol testing process; or
- 9) Verbally refuses to test as required by this policy and 49 CFR Parts 382 and 40.

It is also considered a refusal to test (which is the same as a positive test) when the MRO reports to the employer/Consortium that a driver has a verified adulterated or substituted drug test result.

SAFETY SENSITIVE FUNCTION means the time period when a driver begins to work or is required to be in readiness to work until the time he/she is relieved from work and all responsibility for performing work.

Safety Sensitive Functions shall include:

- (1) All time at an employer or shipper plant, terminal, facility or other property, or any public property, waiting to be dispatched, unless the driver has been relieved from duty by the employer;
- (2) All time inspecting equipment as required by 49 CFR Parts 392.7 and 392.8 or otherwise inspecting, servicing or conditioning any commercial motor vehicle at any time;
- (3) All time spent at the driving controls of a commercial motor vehicle in operation;
- (4) All time, other than driving time, in or upon any commercial motor vehicle except time resting in a sleeper berth (a berth conforming to requirements of 49 CFR Part 393.76);
- (5) All time loading and unloading a vehicle, supervising or assisting in the loading or unloading, attending a vehicle being loaded or unloaded, remaining in readiness to operate the vehicle, or in giving or receiving receipts for shipments loaded or unloaded; and
- (6) All time repairing, obtaining assistance, or remaining in attendance upon a disabled vehicle.

SCREENING TEST TECHNICIAN (STT). A person who instructs and assists individuals in the alcohol testing process and operates an alcohol screening device (ASD).

SPLIT SPECIMEN. A part of the urine specimen that is sent to a first laboratory and retained unopened, and which is transported to a second laboratory in the event that the employee requests it to be tested following a verified positive, adulterated or substituted test of the primary specimen.

_____ *Driver's Initials* _____ *Date*

SUBSTANCE ABUSE AND MENTAL HEALTH SERVICES ADMINISTRATION (SAMHSA). A federal agency under the Department of Health and Human Services (DHHS) responsible for the certification of laboratories used as part of the drug testing program.

SUBSTANCE ABUSE PROFESSIONAL (SAP) means a licensed physician (Medical Doctor or Doctor of Osteopathy); or a licensed or certified psychologist, licensed or certified social worker, or a licensed or certified employee assistance professional; or addiction counselor (certified by the National Association of Alcoholism and Drug Abuse Counselors Certification Commission or by the International Certification Reciprocity Consortium/Alcohol & Other Drug Abuse). A qualified SAP must be knowledgeable of and have clinical experience in the diagnosis and treatment of alcohol and controlled substances-related disorders, must be knowledgeable of the SAP function as it relates to employer interests in safety-sensitive duties and, must be knowledgeable of 49 CFR Parts 382 and 40, the DOT SAP Guidelines and stay current on any changes to these materials.

SUBSTITUTED SPECIMEN. A urine specimen with creatinine and specific gravity values that are so diminished that they are not consistent with human urine.

VALIDITY TEST. The initial validity testing is conducted to determine if a urine specimen is adulterated, diluted or substituted. The confirmation validity testing is a second test conducted on a urine specimen to further support a validity test result.

VERIFIED TEST. A drug test result or validity test result from a DHHS/SAMHSA-certified laboratory that has undergone review and final determination by the MRO.

_____ *Driver's Initials* _____ *Date*

Section 3 - USE PROHIBITED

49 CFR (Code of Federal Regulations) Parts 382 and 40 prohibit the use/misuse of controlled substances and/or alcohol by drivers of commercial motor vehicles.

Notwithstanding the disciplinary action as cited in this policy, under this employer's independent authority, the unlawful manufacture, distribution, dispensation or possession of drugs are prohibited on all company premises, in any company-owned or leased commercial motor vehicle, or other location at which the driver is to perform work. If this employer proves a driver is engaging in activities as stated above, the driver shall be subject to termination. Any driver who faces criminal action as a result of engaging in activities as stated above will be immediately suspended without pay until the court makes a final determination. If the driver is convicted, the driver will be immediately terminated. If the driver is found not guilty, the driver will be placed back into a safety sensitive function. No retroactive pay will be given to the driver.

Under this employer's independent authority, we may conduct reasonable searches for illegal drugs or alcohol on company premises or in company-owned or leased motor vehicles. Searches of drivers and their personal property may be conducted when there are reasonable grounds to believe the driver is in violation of this policy. All drivers are expected to cooperate in such searches. A driver's refusal to cooperate or consent to such searches may result in disciplinary action, including termination.

The only exception to alcohol possession in this Policy is alcohol not intended for human consumption or products containing alcohol which, when ingested would not impair driving ability while performing safety-sensitive functions.

Our company will maintain a pre-employment screening program designed to prohibit the hiring of anyone who uses any illegal drugs.

No driver, at any work site, in any company vehicle or leased vehicle, will possess any quantity of any controlled substance or alcohol, lawful or unlawful, which in sufficient quantity could result in impaired performance. The only exception is a substance administered by or under the direction of a licensed medical practitioner, as stated elsewhere in this Section.

No driver will report for duty or remain on duty requiring the performance of safety-sensitive functions (including driving a CMV) when the driver uses any controlled substance (marijuana, amphetamines, cocaine, opiates and phencyclidine), while on or off duty, except as provided in the following paragraph of this Section. No driver shall report for duty, remain on duty or perform safety-sensitive functions (including driving a CMV) if the driver tests positive or has adulterated or substituted a drug test. No employer having actual knowledge that the driver has tested positive or has adulterated or substituted a drug test, shall permit the driver to perform or continue to perform safety-sensitive functions (including driving a CMV). The employer can obtain actual knowledge that a driver has used alcohol or drugs based on the employer's direct observation of the employee, information provided by the driver's previous employer(s), a traffic citation for driving a CMV while under the influence of alcohol or drugs or an employee's admission of alcohol or drug use.

A driver may use a substance administered by or under direction of a licensed medical practitioner who has advised the driver that the substance will not adversely affect the driver's ability to safely perform safety-sensitive functions. A driver may use an over-the-counter substance that will not adversely affect the driver's ability to safely perform safety-sensitive functions. Under this employer's independent authority, the driver may be required to inform the employer of any prescribed or over-the-counter substances which may impair their ability to perform a safety-sensitive function. The employer may require written verification from the licensed medical practitioner or pharmacist that the substance will not adversely affect their ability to safely perform a safety-sensitive function. The driver shall promptly provide such written verification to the employer. If the substance should adversely affect their ability to perform a safety-sensitive function, or, if the driver does

Driver's Initials _____ *Date*

not promptly provide written verification from the licensed medical practitioner or pharmacist, the employer will temporarily remove or reassign the driver from a safety-sensitive function, if deemed appropriate.

The consumption of alcohol is prohibited while the driver is performing a safety-sensitive function. No driver shall report for duty or remain on duty, requiring the performance of safety-sensitive functions, while consuming or having consumed alcohol within four hours of reporting for such duties, or having a BAC of .04 or greater. No employer having knowledge of such conditions shall allow a driver to perform or continue to perform safety-sensitive functions. Any driver having a BAC of .04 or greater shall be subject to the disciplinary action set forth in Section 10 of this policy.

No driver required to take a post-accident alcohol test shall use alcohol for up to eight hours after the accident or until a post-accident test is completed.

No driver shall refuse to submit to a drug or alcohol test (see Refusal to Test definition in Section 2) when required in accordance with 49 CFR Parts 382 and 40. It is a violation of this policy when a driver refuses to test. A driver shall not be permitted to perform or continue to perform safety-sensitive functions when he/she refuses to submit to a drug or an alcohol test and will be subject to the Disciplinary Action in Section 10 of this policy.

Any driver who has engaged in conduct prohibited in this Section shall be advised by our company of the resources available in evaluating and resolving problems associated with the misuse of alcohol and/or drugs by providing the driver with the name, address and telephone number of one or more SAP's and treatment facilities. The driver will also be subject to the Disciplinary Action in Section 10 of this policy.

Section 4 - TYPES OF TESTING - According to Part 382, drivers shall be subject to six types of drug and/or alcohol testing - pre-employment, random, post-accident, reasonable cause, return-to-duty and follow-up. (See Section 10 of this policy for disciplinary action resulting from alcohol and/or drug misuse.)

(A) PRE-EMPLOYMENT TESTING

Prior to the first time a driver performs a safety-sensitive function for this employer, the driver shall be pre-employment drug tested except when the conditions of the exceptions listed below apply. This employer shall not allow a driver who it intends to hire or use, to perform safety-sensitive functions until the employer has received a verified negative drug test result for the driver from the MRO/Consortium. (Attachment A must be completed by the driver)

Exceptions to pre-employment drug testing – This employer is not required to pre-employment test a driver if the driver has participated in a qualified drug and alcohol testing program that meets the requirements of 49 CFR 382 and 40 within the previous 30 days and, while participating in that program, **either** was drug tested within the past six months (from date of application with the employer) **or** has participated in a random drug and alcohol testing program for at least the previous 12 months (from date of application with the employer). The employer must insure that no previous employer of the driver of whom the employer is aware of has records of a violation of 49 CFR Part 382 or the drug testing rule of any other DOT agency within the previous six months. (Attachment B must be signed by the driver in order to get this information)

In order to find out if the conditions of the exceptions above apply, this employer shall send or fax the Attachment B to the co/previous employer through which the driver participates or participated in its drug and alcohol testing program. This employer shall obtain and retain from the co/previous employer the completed Attachment B which includes the information in the preceding paragraph and the following: the name and address of the program, verification the driver participates or participated in the program, verify the program conforms to 49 CFR Part 40, verify the driver is qualified under the rules of 49 CFR Part 382, including the driver has not refused to be tested for drugs, the date the driver was last tested for drugs, and the results of any tests taken within the previous six months, and any other violations as stated in Section 3 (Use Prohibited). If this employer cannot verify the above information, this employer shall conduct a pre-employment drug test on the driver.

The Return to Duty and Follow-Up Testing provisions of this Section do not apply to a driver who refuses to submit to a pre-employment drug test or who receives a positive pre-employment drug test result, if this employer does not intend to hire the driver.

(B) RANDOM TESTING

All drivers covered by this policy will be included as a part of the Mid-West Truckers Association Drug and Alcohol Testing Consortium group from which the Consortium will ensure a sufficient number of drivers for testing each calendar year is being selected and tested to equal an annual rate of not less than a minimum annual percentage for random alcohol (currently 10 percent) and drug testing (currently 50 percent) as determined by the FMCSA Administrator.

On a monthly basis, our MRO will, from the total group, randomly select by a computer-based random number generated program that is matched with the membership numbers, the drivers' names and their social security numbers. Under the selection process used, each driver shall have an equal chance of being selected each time selections are made.

Once the MRO makes the monthly selections, the random list will be forwarded to the Consortium who will notify the employers under whose drug and alcohol policies those selected are covered. If any of the employer's drivers are selected, this employer will be given a date before which the driver must be tested per

the random selection process. Failure of this employer to ensure the random testing is conducted within the time allotted will cause the employer to be out of compliance with the random testing requirement of Section 382.305 of the Federal Motor Carrier Safety Regulations.

This employer shall ensure that random drug and alcohol tests conducted under the random testing regulations are unannounced.

A driver shall only be tested for alcohol while the driver is performing safety-sensitive functions, just before the driver is to perform safety-sensitive functions, or just after the driver has ceased performing such functions.

(C) POST-ACCIDENT

As soon as possible following an accident involving a CMV on a public road, a post-accident drug and alcohol test shall be conducted when either of the two circumstances below applies:

1. If an accident involves a fatality;
2. If a driver receives a citation for a moving traffic violation **and either** the accident involves bodily injury to a person who as a result of the accident immediately receives medical treatment away from the scene of the accident, **or**, one or more motor vehicles incur disabling damage as a result of the accident, requiring the motor vehicle(s) to be transported away from the scene by a tow truck or other motor vehicle.

If a post accident alcohol test is not conducted within two hours following the accident, this employer shall prepare and maintain on file a record stating why the alcohol test was not promptly administered. If the alcohol test is not conducted within eight hours following the accident, this employer shall cease all attempts to complete the alcohol test and shall prepare and maintain a record stating why the alcohol test was not promptly administered. (See Attachment C)

If a post-accident drug test is not conducted within 32 hours following the accident, this employer shall cease all attempts to conduct the drug tests and prepare and maintain on file a record stating why the drug test was not promptly administered. (See Attachment C)

A driver who is subject to post-accident testing shall remain readily available for such testing or may be deemed by this employer as a refusal to test. Nothing in this section shall be construed to require the delay of necessary medical attention for injured people following an accident or to prohibit a driver from leaving the scene of an accident for the period necessary to obtain assistance in responding to the accident, or to obtain necessary medical care.

This employer shall provide the driver with necessary post-accident information, procedures and instructions prior to the driver operating a CMV, so that the driver will be able to comply with the requirements of this section. (See Attachment D)

Drug and/or breath or blood alcohol tests conducted by federal, state or local officials, having independent authority for the test, shall be considered to meet the post-accident testing requirements, provided such testing conforms to the applicable federal, state or local drug and/or alcohol testing requirements and that the results are obtained by the employer.

(D) REASONABLE CAUSE TESTING

All persons designated by this employer who supervise the employer's drivers must complete supervisory training in accordance with Part 382.603. When the designated person(s) has reasonable suspicion that a driver has violated the "Use Prohibited" provision of Section 3 of this Policy, that driver shall be required to submit to an alcohol and/or drug test. This employer's determination that reasonable suspicion exists to

Driver's Initials _____ Date

require the driver to undergo an alcohol and/or drug test must be based on specific contemporaneous, articulable observations concerning the appearance, behavior, speech or body odor of the driver. (See Attachment E)

Alcohol testing is authorized only when observations of the driver are made during, just before or just after the period of the work day the driver is required to be in compliance with Part 382. The driver may be required to undergo reasonable suspicion alcohol testing while the driver is performing safety-sensitive functions, just before the driver is to perform safety-sensitive functions, or just after the driver has ceased such functions.

If a reasonable cause alcohol test is not conducted within two hours after observing the driver, this employer shall prepare and maintain on file a record stating the reason why the test was not promptly administered. If the test is not conducted within eight hours after observing the driver, this employer shall cease attempts to conduct the test and prepare and maintain on file a record stating the reasons why the test was not administered.

No driver shall report for duty or remain on duty when this employer's designated person(s) has observed the driver as under the influence of alcohol or impaired by alcohol. This employer shall not permit the driver to perform or continue to perform safety-sensitive functions until an alcohol test is conducted and the driver's alcohol test result is less than .02 or 24 hours have elapsed since this employer's first suspicion of the driver being under the influence of or impaired by alcohol.

Refusal to submit to a reasonable cause test shall be considered a positive test.

The reasonable cause observation form must be completed and signed by at least one of this employer's designated person(s) who made the observations either within 24 hours of the observed behavior or before the drug test results are released, whichever is earlier. (See Attachment F)

(E) RETURN TO DUTY TESTING

Any driver who has engaged in conduct prohibited in the "Use Prohibited" (Section 3) of this policy or any other DOT drug and alcohol regulation shall be advised by this employer of the resources available in evaluating and resolving problems associated with the misuse of alcohol and/or drugs by providing the driver with the name, address and telephone number of one or more SAP's and treatment facilities.

Any driver who has violated the "Use Prohibited" (Section 3) of this policy or any other DOT drug and alcohol regulation shall have a face-to-face clinical assessment and evaluation by a SAP to determine what assistance is needed for the driver to resolve problems associated with alcohol and/or drug use. The SAP must refer the driver to an appropriate education and/or treatment plan and provide a letter to the employer stating the specific recommendations of assistance for the driver. The driver shall have a face-to-face follow-up evaluation to determine if the driver has actively participated in the education and/or treatment program and has demonstrated successful compliance with the initial assessment and evaluation recommendations. Successful compliance could mean full or partial completion of the evaluation recommendations.

If the SAP feels the driver has not successfully complied with the recommendations of assistance, the SAP must provide a letter to the employer stating so. The driver will not be allowed to return to safety-sensitive functions and the employer may take employment action against the driver, up to and including termination.

If the SAP feels the driver has successfully complied or is continuing to comply with the recommendations of assistance, the SAP must provide a letter to the employer stating so. The SAP letter may include requirements for further recommendations of assistance and follow-up evaluations if the SAP believes that ongoing services are needed to assist the driver in maintaining sobriety or abstinence from drug use after the driver returns to safety-sensitive functions. The SAP letter provided to the employer shall also include the SAP's follow-up testing plan for the driver.

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The employer shall fax or mail a copy of the SAP letter to the Consortium, who will assist the employer in determining the driver has complied with the SAP's recommendations and if the employer is ready for the driver to return to safety-sensitive functions, a return to duty test will be scheduled.

The SAP may direct the driver to undergo both a drug and alcohol test if the SAP determines that return to duty testing for both drugs and alcohol are necessary for the driver. If the alcohol test result is less than .02, and the drug test result is negative, the driver may return to safety-sensitive functions.

The employer may choose to have all return to duty drug tests conducted under direct observation.

The provisions of this Section do not apply to an applicant who refuses to submit to a pre-employment drug test or who receives a positive pre-employment drug test result and will not be hired. The provisions of this Section will not apply if this employer has chosen not to rehire a driver who previously violated a provision of this employer's Policy.

(F) FOLLOW-UP TESTING

The driver will be subject to unannounced follow-up drug and/or alcohol tests following the driver's return to safety-sensitive functions. The number and frequency of such tests shall be determined by the SAP and shall consist of at least six tests in the first twelve months of the driver's return to duty. The SAP may direct the driver to undergo both drug and alcohol tests if the SAP determines that follow-up testing for both drugs and alcohol are necessary for that driver. Follow-up testing shall not exceed 60 months from the date of the driver's return to duty. The MRO will assist the employer in ensuring that follow-up testing is conducted in accordance with the plan established by the SAP.

The employer may choose to have all follow-up drug tests conducted under direct observation.

The provisions of this Section do not apply to applicants who refuse to submit to a pre-employment drug test or who receives a positive pre-employment drug test result and will not be hired. The provisions of this Section will not apply if this employer has chosen not to rehire a driver who previously violated a provision of this employer's policy.

Section 5 - DRUG TESTING

(A) DRUG TESTING PROCEDURES: All drug testing procedures will be followed in accordance with 49 CFR Part 40.

To ensure the integrity of collections, the facilities to be used for testing must be secured during drug testing by visual inspection to ensure that no foreign or unauthorized substances are present, to ensure other persons are not present and to ensure undetected access is not possible.

Bluing agents shall be put in the toilet bowl and in a moveable toilet tank (unless the tank is taped or otherwise secured). Any water source shall be secured or otherwise made unavailable to the driver. All soaps, disinfectants, cleaning agents or other possible adulterants shall be removed from the facility or otherwise secured, if not removable. All areas and items in the facility that could conceal contaminants shall be secured. All of the above shall be rechecked following each collection.

A driver shall appear at the collection site at the time specified by the employer. If the driver does not appear at the specified time, the collector shall notify the employer to determine how long it should take for the driver to arrive at the collection site. If the driver has not arrived by that time, the collector will contact the employer to inform him/her the driver has not reported for testing.

When the driver arrives at the collection site, the testing process will begin without undue delay. To ensure the security during the testing process, only one collection will be conducted at a time. The driver must have positive identification either by photo identification or by the identification of the driver by the employer representative. The collector will explain the basic collection procedures and show the driver the instructions on the back of the Federal Drug Testing Custody and Control Form (hereinafter called CCF). The driver will be instructed to remove and leave with the collector, or in a mutually agreeable location, any outer clothing (such as a coat, hat, coveralls) along with any briefcase, purse or other personal belongings. The driver may retain his/her wallet.

The driver will be directed to empty his/her pockets and display the items in them. If the collector determines none of the items could adulterate the specimen, the driver may return the items into his/her pockets. If there is any material that could adulterate a specimen, the collector must determine whether the material was accidentally brought in or intentionally brought in to adulterate the specimen. If it was accidental, the collector will retain the material and return it to the driver when the testing process is complete. If it was intentional, a direct observation test will take place immediately.

The driver will be instructed not to list any medications that he/she is currently taking on the CCF (unless it is the driver's copy).

The collector shall complete Step 1 of the CCF. The driver shall wash and dry his/her hands before providing the specimen. Thereafter, the driver will have no further access to water or other materials until the specimen is given to the collector. The driver will select a collection kit and the seal on the collection container will be broken in front of the collector and the driver. The driver will be instructed to go into the room, provide at least 45 mL of urine, not flush the toilet and return to the collector with the specimen. The driver will provide the specimen in private, except in the case of an observed or monitored collection. Any conduct that clearly indicates an attempt to tamper with a specimen will cause a new collection under direct observation to take place immediately.

The collector will ensure there is at least 45 mL of urine in the collection container and the temperature of the specimen is within the range of 90-100 degrees. If the temperature is out of that range, a new collection under direct observation will take place immediately. The specimen will also be inspected for unusual color, the presence of foreign objects or material or for other signs of tampering. If it is apparent the driver has tampered with the specimen, a new collection under direct observation will take place immediately.

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The collector shall explain to the driver the reason for a direct observation test, except when the employer is required to do so. If the collector is not the same gender as the driver, a same gender observer will watch the driver urinate into the collection container. The observer will continue to watch the specimen until it is given to the collector.

A monitored collection will only be conducted if a multi-stalled restroom is used and all sources of water or potential adulterants cannot be secured. The collector must be the same gender, unless he or she is a medical professional. An observer must be the same gender. A bluing agent shall be put in the toilet the driver will use. The driver shall provide the urine specimen behind a closed stall door with the collector/observer standing outside of the stall door listening to the driver urinate into the collection container. If the collector/observer hears sounds or makes other observations of the driver attempting to tamper with a specimen, another collection will take place immediately under direct observation.

The tabs on the specimen bottles will be broken in front of the collector and the driver. The driver will give the specimen container to the collector and the collector will pour the urine specimen into the split specimen bottles. The primary specimen shall be at least 30 mL of urine. The split specimen shall be at least 15 mL of urine. The driver should observe the specimen at all times until the lids/caps are secured and the tamper-evident bottle seals are put over the lids/caps (this is for the driver's protection to ensure it is his/her specimen). The driver is to initial the tamper-evident bottle seals on the bottles for proof that it is her/his specimen). The driver will also be required to sign the CCF as proof that the specimen identified as having been collected is in fact the driver's. The collector will complete the CCF and place the specimen bottles and Copy 1 of the CCF in the pouches of the plastic bag and secure both pouches. The driver will then be dismissed from the collection site.

Both specimens are then sent by overnight delivery to the DHHS/SAMHSA-certified laboratory for testing of the five drugs or classes of drugs (as described in Section 1) and for validity testing.

All results will be reviewed by the MRO. Negative results will be released by the MRO to the Consortium, who will forward the results to this employer.

Before a laboratory-confirmed positive test, adulterated test, substituted test or invalid test result will be released to the Consortium, the MRO will conduct a verification interview with the driver by telephone unless: the driver declines to discuss the test result; the MRO or the employer cannot make contact with the driver within 10 days of the MRO receiving the laboratory result; or more than 72 hours have passed since the employer has contacted the driver to call the MRO.

Before the start of the verification interview with the driver, the MRO will warn the driver that any medical information given to the MRO (medical conditions, medications or other substances affecting the performance of safety-sensitive functions the driver reports having or using) will be provided to third parties (the employer, a SAP evaluating a driver as part of the return to duty process, DOT, another federal safety agency or any other safety agency) if the MRO determines the information is likely to result in the driver being medically unqualified to perform safety-sensitive functions or is likely to pose a significant safety risk if the driver is allowed to continue performing safety-sensitive functions.

During the verification process, if the driver can give the MRO a legitimate medical explanation for the positive, adulterated or substituted test result, the MRO will report the verified test result as negative. If the driver cannot give the MRO a legitimate medical explanation, the verified positive test result will be reported as positive and the verified adulterated or substituted test result will be reported as a refusal to test. If the test result is invalid or contains an unexplained interfering substance and the driver cannot give the MRO an acceptable explanation or a valid prescription and the driver does not admit to adulterating or substituting the specimen, the verified test result will be reported as a cancelled test with a second collection to take place immediately on the driver under direct observation. If the driver can give the MRO an acceptable explanation,

_____ Driver's Initials _____ Date

the verified test result will be a cancelled test with no further testing needed unless a negative result is needed for pre-employment, return to duty or follow-up testing. If the driver admits to adulterating or substituting the specimen, the verified test result will be reported as a refusal to test.

All verified positive, refusal to test (adulterated or substituted) and cancelled test results will be released by the MRO to the Consortium, who will forward the results to this employer.

(B) DILUTE SPECIMENS: The employer will treat a verified positive drug test result that is dilute the same as a verified positive drug test result.

This employer may choose to have a second collection conducted on all negative dilute test results or may choose to have a second collection conducted on only certain types of negative dilute test results (e.g., all pre-employment negative dilute test results, but not any other type of test). The second collection would not be conducted under direct observation. This employer may also choose to not have any second collections conducted on negative dilute test results. If a second collection is conducted, the second test result will be the test of record. This employer will inform all drivers in advance if the employer's choice is to conduct second collections on negative dilute test results and for which types of tests. All drivers will be treated the same.

(C) SHY BLADDER: After a driver's first unsuccessful attempt to provide a minimum of 45 mL of urine, the shy bladder time starts. Any insufficient specimen shall be discarded. The driver will be urged to drink up to 40 oz. of fluids, reasonably through a period of up to 3 hours; however, it is not considered a refusal to test if the driver chooses not to drink fluids. If the driver does not provide a sufficient amount of specimen within 3 hours, the collection will be discontinued and the employer will be notified. The employer will consult with the MRO, then direct the driver to obtain, within 5 working days, an evaluation from a licensed physician, acceptable to the MRO, who has expertise in the medical issues associated with the driver's inability to provide an adequate amount of specimen. The physician must provide to the MRO a written statement of his/her recommendations and the basis for them. If the driver has a medical condition that could have prevented him/her from providing a sufficient amount of urine, and the MRO agrees with the physician's recommendation, the MRO will report the test result as a cancelled test. If the driver does not have a medical condition that could have prevented him/her from providing a sufficient amount of urine and the MRO agrees with the physician's recommendation, the MRO will report the test result as a refusal to test.

(D) SPLIT SPECIMEN TESTS: When a driver is notified of a positive drug test or a refusal to test because of adulteration or substitution, the driver has 72 hours from the time of notification by the MRO to request a test of the split specimen either verbally or in writing to the MRO. The MRO will then prepare the documentation and forward it to the laboratory that is storing the split specimen. That lab will then prepare the documentation and send both the split specimen and the documentation to another DHHS/SAMHSA lab for the split specimen testing. Pending the result of the split specimen test, the driver is not allowed to remain in a safety-sensitive function.

If the driver is unable to contact the MRO within 72 hours, the driver may present to the MRO information documenting that serious illness, injury, inability to contact the MRO, lack of actual notice of the verified test result, or other circumstances unavoidably prevented the driver from timely contacting the MRO. If the MRO concludes there is a legitimate explanation for the driver's failure to contact the MRO within 72 hours, the MRO shall direct that the test of the split specimen take place.

Another DHHS/SAMHSA laboratory will test the split specimen to either reconfirm or fail to confirm the positive, adulterated or substituted drug test result from the result of the primary specimen. If the split specimen reconfirms the positive, adulterated or substituted result, the positive or refusal to test result will stand. If the split specimen fails to confirm the positive, adulterated or substituted result, both the primary specimen and the split specimen test results will be cancelled by the MRO.

Driver's Initials _____ Date

If the driver notifies the MRO to test the split specimen and the laboratory reports to the MRO the split specimen is not available, the MRO will cancel both the primary specimen and the split specimen tests and direct the employer to conduct another collection on the driver immediately under direct observation.

Under this employer's independent authority, any driver who requests a test of his/her split specimen shall reimburse the employer for the cost of the split specimen test assessed to this employer by the Consortium.

_____ *Driver's Initials* _____ *Date*

Section 6 - ALCOHOL TESTING

[A] ALCOHOL TESTING PROCEDURES: All alcohol testing procedures will be followed in accordance with 49 CFR Part 40. All alcohol testing will be administered by a BAT/STT who has met the qualification training requirements in 49 CFR Part 40.

A driver shall only be tested for alcohol while the driver is performing a safety-sensitive function, just before a driver is to perform a safety-sensitive function, or just after the driver has ceased performing a safety-sensitive function.

If both a drug and alcohol test is to be conducted on the driver, the alcohol test must be completed before the urine collection process begins.

To ensure the security of the alcohol testing site, only authorized personnel shall be allowed to enter the testing site. The BAT/STT shall ensure that the driver is given privacy while an alcohol test is being conducted to prevent unauthorized persons from seeing or hearing the test result. Alcohol testing will be conducted on one driver at a time. The screening test and confirmation test, if needed, will be completed on a driver before the BAT/STT starts an alcohol test on another driver to be tested.

A driver shall appear at the collection site at the time specified by the employer. If the driver does not appear at the specified time, the BAT/STT shall notify the employer to determine how long it should take for the driver to arrive at the collection site. If the driver has not arrived by that time, the BAT/STT will contact the employer to inform him/her the driver has not reported for testing.

When the driver arrives at the collection site, the testing process will begin without undue delay. The driver must have positive identification either by photo identification or by the identification of the driver by the employer representative. The BAT/STT will explain the testing procedures and show the instructions on the back of the DOT Alcohol Testing Form (hereinafter called ATF) to the driver. The BAT/STT shall complete Step 1 on the ATF. The driver will then be directed to complete Step 2 on the ATF and sign the certification. If the driver refuses to sign the certification, the BAT/STT will document on the ATF that the driver has refused to test and the employer will be immediately notified.

If a saliva ASD (hereinafter called device) is used for the screening test, the BAT/STT will check the expiration date on the device and show it to the driver. If it is beyond the expiration date, the device shall be disposed of and a new device shall be used.

The BAT/STT will offer the driver the choice of using the swab himself/herself, or having the BAT/STT use the swab. If the driver uses it, the BAT/STT will instruct the driver to insert the absorbent end of the swab in his/her mouth and actively swab around the cheeks, gums and under the tongue for 30-60 seconds or until the cotton swab is thoroughly wet. Otherwise, if the driver chooses not to use the device, the BAT/STT will swab the driver's mouth. The BAT/STT will wear single-use examination or similar gloves when swabbing the driver's mouth and will change the gloves following each test given.

If the swab breaks or is contaminated (dropped on the floor or on a surface) or the swab is removed or falls from the device before the device is activated, the BAT/STT shall discard the device and conduct a new test using a new device. The BAT/STT shall note in the remarks section of the ATF the reason for the new test. The BAT/STT will offer the driver the choice of using the swab himself/herself, or having the BAT/STT use the swab, unless the BAT/STT feels the driver was responsible for the new test needing to be conducted.

On the new device, if the swab breaks or is contaminated (dropped on the floor or on a surface) or the swab is removed or falls from the device before the device is activated, the collection shall be terminated and an

Driver's Initials _____ Date

explanation shall be noted in the remarks section of the ATF. A new test shall then be conducted immediately by a BAT using an EBT for the screening test.

The BAT/STT shall place the device on a flat surface or hold the device at a slight angle and insert the swab into the entry port. The BAT/STT shall then apply gentle, steady pressure until the device indicates it is activated.

If the saliva ASD procedures are correctly followed but the device does not activate, the BAT/STT shall discard the device and conduct a new test on a new device. In all cases where a new test is necessary because the device does not activate, the BAT/STT will swab the driver's mouth.

The BAT/STT shall read the result displayed on the device 2 minutes after inserting the swab into the entry port. The BAT/STT shall show the device and its reading to the driver and shall record the result on the ATF. The BAT/STT shall also enter that a saliva ASD was used in Step 3 on the ATF.

If the result is less than .02 alcohol concentration, the BAT/STT shall sign and date Step 3 of the ATF. The BAT/STT must immediately transmit the alcohol test result using Copy 1 of the ATF by telephone, electronic means, or in person to the employer. All devices and materials used in the testing process shall be properly disposed of.

If an EBT is used for the screening test, the BAT or the driver will select an individually sealed mouthpiece. The BAT will open the sealed mouthpiece in front of the driver and insert it into the EBT. The driver will be requested to blow steadily and forcefully into the mouthpiece for at least six seconds or until the EBT indicates that enough breath has been obtained. The driver will be shown the breath alcohol test result and the result will be affixed to the ATF with tamper-evident tape.

If the result is less than .02 alcohol concentration, the BAT shall sign and date Step 3 on the ATF. The BAT must transmit the alcohol test result using Copy 1 of the ATF immediately by telephone, electronic means or in person to the employer.

If the alcohol concentration is .02 or greater, a confirmation test shall be conducted with an EBT not less than 15 minutes nor more than 30 minutes after the completion of the screening test. During that time, the driver will be asked not to eat, drink, belch or put anything into his/her mouth to prevent an accumulation of mouth alcohol that could lead to an artificially high reading on the confirmation test. The BAT/STT will note in the remarks on the ATF these instructions were given and will also note on the ATF if the driver chose to ignore the instructions. The confirmation test will still be conducted. If the confirmation test will be conducted at a different site, the BAT/STT or the employer must transport the driver to the testing site. The driver will not be allowed to drive a motor vehicle.

If the confirmation test is conducted more than 30 minutes after the result of the screening test, the BAT shall note in the remarks on the ATF the reason the confirmation test could not be conducted within the 15-30 minute time frame. The confirmation test will still be conducted.

If the screening test was conducted by a STT or if the confirmation test is to be conducted by a different BAT, the STT or BAT who conducted the screening test shall complete and sign Step 3 on the ATF and give the driver Copy 2 of the ATF. A new ATF will be used by the BAT who will be conducting the confirmation test. The BAT will require positive identification of the driver and explain the confirmation testing procedures. The BAT shall complete Step 1 on the ATF. The driver will then be directed to complete Step 2 on the ATF and sign the certification. If the driver refuses to sign the certification, the BAT/STT will document on the ATF that the driver has refused to test and the employer will be immediately notified.

Before the confirmation test is conducted, the BAT must conduct an air blank test on the EBT that reads "0.00" and show the reading to the driver. An individually sealed mouthpiece will be opened in front of the driver and

attached to the EBT. The BAT and the driver shall read the sequential test number displayed on the EBT. The driver will be requested to blow steadily and forcefully into the mouthpiece for at least six seconds or until the EBT indicates that enough breath has been obtained. The driver will be shown the breath alcohol test result and the result will be affixed to the ATF with tamper-evident tape.

If the confirmation test result is less than .02 alcohol concentration, the BAT shall sign and date Step 3 on the ATF. The BAT must transmit the alcohol test result using Copy 1 of the ATF immediately by telephone, electronic means or in person to the employer.

If the confirmation test result is .02 or greater alcohol concentration, the driver shall be directed to sign Step 4 on the ATF. If the driver does not sign, the BAT will note in the remarks on the ATF of the driver's failure to sign Step 4. The driver's failure to sign Step 4 will not be considered a refusal to test. The BAT must immediately notify the employer by any means of an alcohol test result of .02 or greater to ensure the result is immediately received by the employer.

If a screening or confirmation test is invalid, the BAT/STT will inform the driver that the test is cancelled and note the problem on the remarks line on the ATF. If a new screening or confirmation test is capable of being done, a screening test will be repeated or a retest will be conducted for the confirmation test on the driver.

[B] INABILITY TO PROVIDE AN ADEQUATE AMOUNT OF SALIVA OR BREATH: If a driver is unable to provide sufficient saliva to complete a test on the saliva ASD to activate the device, the BAT/STT shall conduct a new test using a new saliva ASD. If the driver refuses to complete the new test, the BAT/STT shall terminate testing and immediately notify the employer.

If a new test is conducted and the driver is still not able to provide sufficient saliva to complete the test, the employer shall be immediately notified and the alcohol test will then be administered by a BAT using an EBT.

If a driver is unable, or alleges he/she is unable to provide an amount of breath sufficient to give a reading on the EBT, the BAT should again instruct the driver to attempt to provide an adequate amount of breath and the proper way to do so. If the driver refuses to make a second attempt, the BAT shall discontinue the test and immediately notify the employer.

If the driver does make an attempt again and fails to provide an adequate amount of breath, the BAT may provide another opportunity to the driver if the BAT feels there is a strong likelihood the driver could provide a sufficient amount of breath. If the driver fails to provide an adequate amount of breath, the BAT shall note the failure on the remarks of the ATF and immediately notify the employer. The employer will then direct the driver to obtain, within 5 days, an evaluation from a licensed physician who is acceptable to the employer and has expertise in the medical issues associated with the driver's inability to provide a sufficient specimen. The employer will tell the physician the driver was required to take a DOT breath alcohol test but was unable to provide a sufficient amount of breath and the consequences for refusing to take the required alcohol test. The employer must also tell the physician to provide to the employer a signed statement of the physician's conclusions and the basis for them. If the physician determines the driver has a medical condition that could have prevented him/her from providing a sufficient amount of breath, the test will be cancelled. No further testing will be required except when the driver needs a test result of less than .02 for a return to duty or a follow-up test. If the physician determines the driver does not have a medical condition that could have prevented him/her from providing a sufficient amount of breath, it will be considered a refusal to test. The employer shall notify the driver of the physician's conclusions.

[C] OTHER ALCOHOL-RELATED CONDUCT: No driver tested under Section 4 of this policy who is found to have an alcohol concentration of .02 or greater, but less than .04, shall perform or continue to perform safety-sensitive functions, including driving a CMV, nor shall this employer allow a driver to perform or continue to perform safety-sensitive functions, including driving a CMV, until the start of the driver's next regularly scheduled duty period, but not less than 24 hours following the administration of the alcohol test.

_____ *Driver's Initials* _____ *Date*

Section 7 - ACCESS TO RECORDS

All records pertaining to the employer's drug and alcohol testing program shall be maintained in a secure location with controlled access and shall be maintained according to 49 CFR 382.401. Records, including drug and alcohol test results, shall only be released in the following circumstances:

Drivers are entitled to copies of their records pertaining to their use of drugs and alcohol, including any records pertaining to their drug and alcohol tests. This employer shall promptly provide records requested by the drivers. Access to the driver's records shall not be conditional upon payment for records, other than those they are specifically requesting.

Records to subsequent employers shall be made available upon receipt of a written authorization from the driver. This employer will only disclose information that is expressly authorized by the terms of the driver's authorization request. This employer shall provide such information and results requested promptly to the subsequent employer at no charge.

This employer may disclose drug and alcohol information pertaining to a driver to the decision maker in a lawsuit, grievance or other proceeding initiated by or on behalf of the driver, and arising from the results of a drug and alcohol test administered according to this policy or from this employer's determination that the driver engaged in conduct prohibited in Section 3 ("Use Prohibited")(including, but not limited to worker's compensation, unemployment compensation or other proceeding relating to a benefit sought by the driver). In addition, the employer may disclose information in criminal or civil actions resulting from the driver's performance of safety-sensitive functions, in which a court of competent jurisdiction determines that the drug and alcohol test information sought is relevant to the case and issues an order directing the employer to produce the information. The employer may release the information to the decision-maker in the proceeding only with a binding stipulation that the decision-maker to whom it was released will make it available only to parties in the proceeding. The employer must notify the driver in writing of any information released to the decision-maker in the criminal or civil proceeding.

This employer shall only release information regarding a driver's record as directed by the specific written consent of the driver to an identified person. Release of that information by the person receiving the information is permitted only in accordance with the terms of the employee's consent.

Records shall be accessible and copies shall be made available in all of this employer's facilities to the U.S. Secretary of Transportation, any DOT agency, or any state or local officials with regulatory authority over the employer or any of the employer's drivers.

Information related to the employer's administration of a post-accident alcohol and/or drug test administered following an accident under investigation by the National Transportation Safety Board (NTSB) shall be made available when requested by the NTSB.

In the event this employer chooses to rehabilitate a driver with a positive alcohol result of .04 or greater, or a refusal to test, we shall release the alcohol result and/or documentation to the Consortium and to the MRO to assist with the return to duty and follow-up testing as required under 49 CFR Part 40.

Section 8 - EMPLOYEE ASSISTANCE PROGRAM

Each driver will receive a copy of this drug and alcohol abuse policy, which includes all requirements under 49 CFR Part 382.601. Some of those requirements include: the name(s) of the person or people that can answer drivers' questions about the drug and alcohol program and testing; what period of the workday the driver is required to be in compliance; which drivers are required to comply with the federal regulations and this policy; what conduct is prohibited under the drug and alcohol program; what procedures are used to test for drugs and alcohol; and educational information concerning the effects and consequences of drug and alcohol use on the driver's personal health, safety and work environment, including signs and symptoms of a drug and alcohol problem.

Each driver will be required to sign a Drug & Alcohol Abuse Policy Receipt Certificate (See Attachment G) certifying that they received a copy of the drug and alcohol abuse policy which includes the required content as stated above. This employer will provide a copy of the Drug & Alcohol Abuse Policy Receipt Certificate to each driver and keep the original.

Federal regulations require that the drivers be made aware of the effects of drug and alcohol use on the driver's health, work and personal life. It is the driver's responsibility to report to work fit for duty, and remain fit throughout the workday in order to perform in a safe, efficient and productive manner. The driver will also be made aware of the signs and symptoms of a drug and/or alcohol problem (his/her or a co-worker's) and shall be made aware of ways to intervene when a drug and/or alcohol problem is suspected, including referral to management, referral to an employee assistance program (if available through the employer), and referral to drug and/or alcohol abuse hotlines and help-lines, as provided below.

When a driver suspects a co-worker is under the influence of drugs and/or alcohol, the driver should refer the co-worker's name to management, who shall respond accordingly.

These hotline and help-line numbers are made available as a reference only:

Focus on Recovery Help-Line for Alcohol and Drug Abuse (800) 234-0286, (800) 234-0246, (800) 234-0420
The Center for Substance Abuse Treatments Drug Information, Treatment,
and Referral Hotline (800) 662-HELP (4357)

Under this employer's independent authority, any driver who feels he/she may have a drug and/or alcohol use problem may come forward for assistance as long as it is before the driver's notification of an impending drug and/or alcohol test and before the driver performs a safety-sensitive function. The employer shall provide the driver with referrals of where the driver can go for assistance. The driver will be removed from any safety-sensitive function, and if no other position is available, will be put on unpaid leave of absence until such time the driver has completed all evaluations and education or treatment program required by the SAP. The employer will not take any adverse action against the driver and will allow him/her sufficient opportunity to seek an evaluation and education or treatment to establish control over his/her drug and/or alcohol problem. A letter must be written by the SAP and received by the employer stating the driver has successfully completed the educational or treatment program. The employer will require the driver to complete a return to duty test for drugs and/or alcohol. If the result(s) is negative, the driver may return to performing safety-sensitive functions for the employer. The driver will then be subject to follow-up drug and/or alcohol tests as prescribed by the SAP after returning to duty. All costs associated with the evaluations and the education or treatment program will be the responsibility of the driver. The return to duty testing and follow-up testing will be pre-paid by the employer, to be immediately reimbursed by the driver.

Driver's Initials

Date

20

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MTA Rev. 8.1.01

Section 9 - INFORMATION CONCERNING THE EFFECTS OF ALCOHOL AND CONTROLLED SUBSTANCES USE ON AN INDIVIDUAL'S HEALTH, WORK & PERSONAL LIFE

Employees who abuse drugs and/or alcohol cause more absenteeism, loss in work productivity, more accidents and more medical claims. This results in a loss of \$140 billion to American businesses each year.

Compared with the average employee, a typical drug-using employee in the workplace is:

- 2.5 times more likely to be absent 8 days or more each year;
- 3 times more likely to be late for work;
- 3.6 times more likely to be involved in workplace accidents;
- 5 times more likely to file a workers' compensation claim; and,
- incur 300% higher medical claims.

Marijuana - The common name for the drug made from chopped leaves, stems and flowering tops of a cannabis plant. Some common street names for marijuana are "dope," "grass," "joint," "pot," "reefer." Marijuana can be smoked or eaten.

Marijuana is a depressant and mind-altering drug. It works on the brain and causes hallucinations. A person operating a CMV while using marijuana is more than likely to experience slowed reaction time, reduced concentration, distorted vision and depth perception, is slower in making decisions, often drives slower than the speed limit, is unable to correctly measure distance and time, and has impaired short-term memory.

Some of the symptoms and signs of marijuana use are:

- | | |
|------------------------|----------------------|
| short-term memory loss | reddened eyes |
| moodiness | increased appetite |
| slowed thinking | increased heart rate |
| dilated pupils | loss of memory |

Some visible signs noted for the presence of marijuana are:

- | | |
|-----------------------------------------------------|-------------|
| roach clips | bongs |
| cigarette rolling papers | small pipes |
| "one hitters" (usually metal - slim tubular device) | |

The active ingredient in marijuana (THC) is stored in the body fat and could be retained for days or weeks, depending on the quality of the drug, the tolerance of the user and the dosage or amount taken. Marijuana and alcohol together will magnify the effects of both many times. Chronic marijuana smoking could cause severe irritation of the lungs, heart problems, reduced immune system and possible brain damage.

Phencyclidine (PCP) - PCP was developed originally as an anesthetic but was taken off the market because it sometimes caused hallucinations. The most common street names for PCP are "angel dust," "crystal," "tea" and "THC." PCP is sold in various forms, mainly as a white, off-white or brown crystal-like powder, tablet or capsule. It can be ingested by mouth, snorted or injected intravenously. It can also be smoked when combined with marijuana or tobacco.

A person operating a CMV while using PCP is more than likely to experience impaired coordination and dulled senses, a sense of power, drowsiness, aggressive behavior, hallucinations and blurred or double-vision. In some cases a person could even experience convulsions, coma, ruptured blood vessels in the brain, heart and lung failure, or even death.

Some of the symptoms and signs of PCP use are:

confusion
anxiety
dizziness
hallucinations
increased heart rate
aggressive behavior

increased blood pressure
panic
drowsiness
disorientation
sweating

Some of the signs for the presence of PCP are:

needles
syringes
plastic packets with a powdery substance

capsules
tablets

PCP is water soluble but still could be retained in the body's system for days, depending on the quality of the drug, the tolerance of the user and the dosage or amount taken. PCP and alcohol together is dangerous and could cause an overdose. Chronic PCP use could cause hallucinations, psychosis, convulsions, coma or possible death.

Cocaine - Cocaine comes from the leaves of coca plants. Some common street names for cocaine are "coke," "crack," "rock," "snort," "toot," "blow," and "snow." Cocaine can be snorted, injected intravenously, smoked or free-based (heating the cocaine and inhaling the vapors).

Cocaine stimulates the body's central nervous system. Psychological dependence on the drug can be high with repeated use.

A person operating a CMV while using cocaine is more than likely to experience impatience, anger, overstimulated reflexes, distorted vision and depth perception, slow reaction time and false sense of security and alertness. In some cases, a person could even experience seizures, heart attacks, convulsions, hallucinations and death.

Some of the symptoms and signs of cocaine use are:

dilated pupils
paranoia
runny nose
increased blood pressure
restlessness
anxiety
depression

nose bleeds
irritability
needle marks
hallucinations
talkativeness
weight loss
nervousness

Some of the signs for the presence of cocaine are:

small spoons
needles
syringes
razor blades
small butane torch

mirrors
small plastic bags or vials
small drinking straws
rolled paper currency

Cocaine is water soluble but still could be retained in the body's system for several days, depending on the quality of the drug, the tolerance of the user and the dosage or amounts taken. Cocaine causes the most mental dependency of any known drug. Cocaine and depressants, taken together, can be very dangerous or even fatal. Intravenous users have a high risk of contracting liver disease, tetanus, serum hepatitis and AIDS

from the use of needles. Chronic cocaine use could cause seizures, heart attacks, strokes, convulsions, depression or death.

Amphetamines- Amphetamines are manufactured central nervous system stimulants used most often by drivers to stay awake. Psychological dependence on the drug can be high with repeated use. Some common street names for amphetamines are "speed," "crank," "meth," "crystal," "diet pills," "bennies" and "uppers."

In pure form, amphetamines are yellowish crystals in which some are made into tablets, pills or capsules. Amphetamines can be ingested in tablet, pill or capsule form, snorted, or injected intravenously if in powder or liquid form.

A person operating a CMV while using amphetamines is more than likely to experience delayed reaction time, overstimulated reflexes, anxiety, irritability, distorted vision and depth perception, and a false sense of security and alertness.

Some of the symptoms and signs of amphetamine use are:

loss of appetite	paranoia
weight loss	sweating
dilated pupils	increased blood pressure
dry mouth	talkativeness
sleeplessness	nervousness
needle marks	depression
hallucinations	anxiety

Some of the signs for the presence of amphetamines are:

pills	small butane torch
tablets	rolled paper currency
capsules	small drinking straws
small plastic bags or vials	razor blades
needles	syringes

Amphetamines are water-soluble, but still could be retained in the body's system for several days depending on the quality of the drug, the tolerance of the user and the dosage or amount taken. Chronic amphetamine use could cause physical collapse, delusions, hallucinations, brain damage, heart damage, toxic psychosis or death.

Opiates - Some opiates come from the seed pod of the Asian poppy. Other opiates are synthesized or manufactured. Psychological dependence can be high with repeated use. Some common street names are "horse," "junk," "smack," "downers," "M," "yellow jackets," "blues" and "ludes."

Opiates are in many different compounds and forms. The most common are the pills, tablets or capsules. Other compounds and forms are in liquid or powder form. Opiates can be injected, smoked or injected intravenously.

A person operating a CMV while using opiates is more than likely to experience distorted sense of time and distance, slowed reflexes, difficulty focusing, drowsiness and little or no concentration.

Some of the symptoms and signs of opiate use are:

nausea
loss of appetite
drowsiness
depression
reduced pain
constricted pupils
diarrhea

needle marks
confusion
cold or moist skin
short attention span
memory loss
sweating
vomiting

Some of the signs for the presence of opiates are:

pills
tablets
capsules
needles
syringes

bottle caps
small packets
eye droppers
small spoons

Opiates are water soluble, but still could be retained in the body's system for one to several days, depending on the quality of the drug, the tolerance of the user and the dosage or amount taken. Opiates taken with alcohol and other depressant drugs magnify the effects of the opiates and could lead to overdoses. Intravenous users have a high risk of contracting liver disease, tetanus, serum hepatitis and AIDS from the use of needles. Chronic opiate use could cause loss of consciousness, convulsions, coma or death.

Alcohol - Some common street names for alcohol are "booze," "juice," "brew," "sauce" and "hooch."

As a rule, a drink or two will create a feeling of well-being. What determines the rate of metabolism in the body and how fast it dissipates the alcohol depends on the altitude, the driver's body weight, metabolism, stomach content, gender, and whether the driver is sick or healthy, rested or tired. After the first drink or two, impairment begins, depending on the factors stated above. When the driver consumes alcohol that produces physical or mood-altering effects, it becomes a substance of abuse.

A person operating a CMV while using alcohol is more than likely to experience blurred or distorted vision, impaired reaction time, impaired judgment, anger, nausea, drowsiness and aggressiveness.

Some of the symptoms and signs of alcohol use are:

slurred speech
odor on breath
flushed skin
glazed eyes
blackouts
drowsiness

hostility
insomnia
loss of concentration
unsteadiness
memory loss
incoherence

Chronic alcohol use could cause brain damage, neurological damage, liver damage, pancreas and kidney damage, heart problems, strokes, cancer, coma, toxic psychosis and possible death.

Section 10 - DISCIPLINARY ACTION OPTIONS (The employer will circle the option that applies to its company, since federal law requires that all CDL drivers within a company must be treated uniformly)

OPTION #1- A violation of this policy will result in termination.

This employer will advise the driver who violated this policy of the resources available in evaluating and resolving problems associated with the misuse of drugs and/or alcohol, even though the driver is terminated.

If this employer so chooses, prior to being eligible for rehire, a driver who has previously violated this policy shall go to a SAP for a face-to-face clinical assessment and evaluation to determine what assistance is needed for the driver. The SAP must provide a letter to the employer stating the specific recommendations of assistance the driver must follow. When the driver has successfully complied with the SAP's recommendations, the driver shall go to the SAP for a face-to-face follow-up evaluation. The SAP shall confer with or obtain documentation from the appropriate education and/or treatment program the driver was referred to and determine if the driver has demonstrated successful compliance with his/her initial evaluation recommendations. If the driver has shown successful compliance with the SAP's recommendations, the SAP will provide a letter to the employer stating such and shall include the follow-up testing plan for the driver. If the driver has not shown successful compliance with the SAP's recommendations, the SAP will provide a letter to the employer stating such and the driver will not be considered for rehire until the driver has shown successful compliance with the SAP's recommendations.

All costs associated with the evaluations, rehabilitation, pre-employment testing and follow-up testing will be the responsibility of the driver. The pre-employment and follow-up testing costs shall be pre-paid by this employer, to be immediately reimbursed by the driver.

OPTION #2- After _____ violations of this policy, the driver shall be terminated.

After each violation of this policy, this employer will advise the driver of the resources available in evaluating and resolving problems associated with the misuse of drugs and/or alcohol.

Prior to being eligible for return to duty testing, a driver who has violated this policy shall go to a SAP for a face-to-face clinical assessment and evaluation to determine what assistance is needed for the driver. The SAP must provide a letter to the employer stating the specific recommendations of assistance the driver must follow. When the driver has successfully complied with the SAP's recommendations, the driver shall go to the SAP for a face-to-face follow-up evaluation. The SAP shall confer with or obtain documentation from the appropriate education and/or treatment program the driver was referred to and determine if the driver has demonstrated successful compliance with his/her initial evaluation recommendations. If the driver has shown successful compliance with the SAP's recommendations, the SAP will provide a letter to the employer stating such and shall include the follow-up testing plan for the driver. If the driver has not shown successful compliance with the SAP's recommendations, the SAP will provide a letter to the employer stating such and the driver will not be eligible for a return to duty test or to perform safety-sensitive functions until the driver has shown successful compliance with the SAP's recommendations.

All costs associated with the evaluations and rehabilitation will be the responsibility of the driver. All costs associated with the return-to-duty testing and follow-up testing will be paid by this employer.

Driver's Initials _____ Date

OPTION #3- After _____ violations of this policy, the driver shall be terminated.

After each violation(s) of this policy, this employer will advise the driver of the resources available in evaluating and resolving problems associated with the misuse of drugs and/or alcohol.

Prior to being eligible for return to duty testing, a driver who has violated this policy shall go to a SAP for a face-to-face clinical assessment and evaluation to determine what assistance is needed for the driver. The SAP must provide a letter to the employer stating the specific recommendations of assistance the driver must follow. When the driver has successfully complied with the SAP's recommendations, the driver shall go to the SAP for a face-to-face follow-up evaluation. The SAP shall confer with or obtain documentation from the appropriate education and/or treatment program the driver was referred to and determine if the driver has demonstrated successful compliance with his/her initial evaluation recommendations. If the driver has shown successful compliance with the SAP's recommendations, the SAP will provide a letter to the employer stating such and shall include the follow-up testing plan for the driver. If the driver has not shown successful compliance with the SAP's recommendations, the SAP will provide a letter to the employer stating such and the driver will not be eligible for a return to duty test or to perform safety-sensitive functions until the driver has shown successful compliance with the SAP's recommendations.

All costs associated with the evaluations, rehabilitation, return-to-duty testing and follow-up testing will be the responsibility of the driver. The return-to-duty testing and follow-up testing costs shall be pre-paid by this employer, to be immediately reimbursed by the driver.

THIS IS NOT AN EMPLOYMENT CONTRACT

_____ Driver's Initials _____ Date

Applicant Name

Clay County Rehabilitation Center, Inc.

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").

N/A

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)	<u>Estimated New Clients</u>	<u>Annual Total</u>
Elderly Clients without Disabilities	_____	_____	_____
Elderly Clients with Disabilities	_____	_____	_____
Non-Elderly Clients with Disabilities	_____	_____	_____
Other Clients	_____	_____	_____
TOTAL CLIENTS	_____	_____	_____

Applicant Name _____

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

Clay County Rehabilitation Center, Inc.

PART IX COORDINATION EFFORTS

THIS PART MUST BE COMPLETED BY ALL NON-PROFIT APPLICANTS

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

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

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

Agency/Provider	Phone #	Days	Hours	Type of Service	FollowUp?
Rides Mass Transit District	618-253-8761	M-F Sat.	8:00-5:00pm 7:30-4:00pm	Door to door accessible public transportation in Southeastern Illinois	
C.E.F.S. Econ. Opportunity Corp.	217-342-2193	M-F	8:30-4:30pm	Door to door accessible public transportation in non-urbanized areas	
Effingham Comm. on Aging	217-347-5569	M-F	8:00-5:00pm	Transportation to persons 60+ years to nutrition sites, shopping & appointments. No charge – donations Accepted	6/15/09 6/22/09
		W-F	8:00-2:30pm	Out of town pick-ups	
Lawrence Cty. Mem. Hospital	618-943-1000			Medical transport services to residents of Lawrence County for medical, dental and diagnostic needs.	
South Central IL Mass Transit	618-532-0189	M-F	7:00-5:00pm	Transportation to the public With special attention to the elderly & handicapped	

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

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

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

Applicant Name

Clay County Rehabilitation Center, Inc.

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

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

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

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

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

C. HSTP Endorsement

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

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

IDOT 2009 CVP GRANT
PART IX

COORDINATION EFFORTS

We have contacted all known agencies involved in public transportation for elderly or disabled. We are excited to begin active coordination with our local service provider, Central Illinois Public Transit (C.I.P.T.). We are currently in discussions to contract a number of trips involving the transportation of clients we serve living in small community settings to C.I.P.T. We have reviewed our current and future transportation needs for particularly non-ambulatory individuals, and found that even with the replacement of 4 lift-equipped vehicles, we will be unable to efficiently meet our current and future transportation demands.

Through discussions, both Clay County Rehabilitation Center (CCRC) and C.I.P.T. have agreed that a joint approach to meeting the local demand for transportation services to the elderly and disabled individuals we serve is appropriate, efficient, and necessary. We plan to initiate a sub-contracting relationship with C.I.P.T., with their organization providing a number of the trips that currently CCRC is attempting to provide. Our approach, in order to not suddenly shift an enormous transportation requirement to C.I.P.T., is to begin by contracting a set number of trips. We will focus on our most significant transportation needs, which are serving non-ambulatory disabled individuals living in the 9 community residential sites we serve. We plan to have this agreement in effect as soon as practical, but by January 1, 2010, at the latest.

This active coordination is significant, as although we have had short-term agreements with C.I.P.T. in the past, this arrangement will begin a permanent relationship with hopefully an increasing level of service being provided by C.I.P.T. As we noted in a previous section of this grant application, we have documented a demographic trend of an increasing number of non-ambulatory elderly disabled individuals living in community settings who require not only transportation to and from the day program, but also for medical appointments, community access, activities, church, etc.

We commend Rides Mass Transit District (RMTD) for being the pioneer of the active coordination with local 501© 3 organizations by providing subcontracted transportation services, and thank them for their letter of support. We are beginning a relationship with C.I.P.T. that is similar in nature to RMTD's relationship with Southern Illinois day programs serving the disabled. The difference is that we will be initiating this subcontracted service in phases to allow C.I.P.T. to plan for providing these transportation services over a period of time.

We anticipate with the increasing number of non-ambulatory elderly disabled people living in the community, the active coordination will not only be efficient, but absolutely necessary to provide a reasonable level of transportation services to our non-ambulatory disabled residents.

RMTD
RIDES MASS TRANSIT DISTRICT

June 10, 2009

RECEIVED
JUN 11 2009

Mr. Gary Whitehead
Executive Director
Clay County Rehabilitation Center, Inc.
P.O. Box 659
Flora, IL 62839

**Clay County
Rehabilitation Center**

Dear Gary,

Rides Mass Transit District stands ready to participate with your project on any level in which the collaboration would benefit our agencies and the communities we serve. Rides supports your coordination efforts and your application for capital funding.

Please contact me if you need any assistance.

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 8, 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

Bill Jung, CEO
Rides Mass Transit District
1200 West Poplar
Harrisburg, IL 62946

Re: Illinois Department of Transportation
2009 CVP Program, Section 5310
Capital Assistance Application

Dear Bill:

Please be advised that Clay County Rehabilitation Center, Inc. is making application for the above-referenced program. We are requesting four (4) Medium-Duty Paratransit w/lift vehicles. If awarded, these vehicles will replace current vehicles that have excessive mileage. These vehicles will be used for transporting individuals with developmental disabilities to and from work and for community integration, and will serve Clay, Marion, Richland and Wayne counties.

In an attempt to move in a direction of active coordination, Clay County Rehabilitation Center will be transitioning to a contract with C.E.F.S. for transportation services. Due to the logistics in planning, we will begin contracting for 1 or 2 routine routes transporting clients locally from their community group homes to the Day Programming and back to their homes following work. With the assistance of C.E.F.S., coordination through contracted service and the vehicles we have requested in this grant, we will be able to meet the transportation needs of the people we serve. Over a period of time, as we retire vehicles, we would like to increase our contractual transportation services with C.E.F.S. We would like this to be an orderly process that occurs over a period of time so that each agency experiences the least disruption possible, and our client's transportation needs are improved. We would appreciate your support of our 5310 Grant proposal and active coordination with C.E.F.S. If C.E.F.S. is for any reason not able to accommodate us, we would be willing to engage in active coordination with Rides Mass Transit District.

Bill Jung, CEO
June 8, 2009
Page 2

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

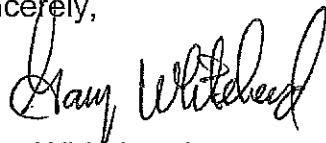
Any public and private transit operators are encouraged to submit written comments indicating whether the services you are now providing or are prepared to provide are designed to meet the special needs of elderly and handicapped persons in the service area of the project, whether you wish to participate in some way in the provision of the services proposed in the application, and any other comments which you may have about the application that you may wish IDOT to consider.

Any comments you might have should be submitted in writing to Gary Whitehead, Executive Director, at the above address. If possible, it would be appreciated if any comments could be received by June 17, 2009. I cannot express enough to you the importance of a grant such as this to our Agency for the programs and services we provide.

Should you have any questions about our application or wish to receive a copy of the final application, please contact me at (618) 662-4916 or at the above address.

Thank you in advance for your support.

Sincerely,

A handwritten signature in black ink that reads "Gary Whitehead". The signature is written in a cursive style with a large initial "G".

Gary Whitehead
Executive Director

/nt

C.E.F.S. Economic Opportunity Corporation

"Community Action Agency"



1805 S. Banker Street, P.O. Box 928
Effingham, IL 62401-0928
PHONE: (217) 342-2193 ~ FAX: (217) 342-4701
EMAIL: cefs@cefseoc.org
WEBSITE: www.cefseoc.org

PAUL D. WHITE
Chief Executive Officer

June 12, 2009

Gary Whitehead, Executive Director
Clay County Rehabilitation Center, Inc.
P.O. Box 659
Flora, IL 62893

Dear Mr. Whitehead,

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

C.E.F.S. Economic Opportunity Corporation Central Illinois Public Transit provide public transportation services in Clay, Fayette, Montgomery, Shelby, Moultrie and Douglas counties; public transportation is inclusive of the elderly and people with disabilities as general public. The vehicles dedicated to public transit are accessible to the elderly and people with disabilities.

We support all coordination efforts in Clay County and look forward to our cooperation and coordination at the local level.

Sincerely,

Kristie L. Warfel
Transportation Director

Clay County Rehabilitation Center, Inc.

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

June 8, 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

Kristie Warfel
Central Illinois Public Transit
202 N. Banker
Effingham, IL 62401

Re: Illinois Department of Transportation
2009 CVP Program, Section 5310
Capital Assistance Application

Dear Kristie:

Please be advised that Clay County Rehabilitation Center, Inc. is making application for the above-referenced program. We are requesting four (4) Medium Duty Paratransit w/lift vehicles. If awarded, these vehicles will replace current vehicles that have excessive mileage. These vehicles will be used for transporting individuals with developmental disabilities to and from work and for community integration, and will serve Clay, Marion, Richland and Wayne counties.

In an attempt to move in a direction of active coordination, Clay County Rehabilitation Center would like to begin contracting with C.E.F.S. for transportation services. Due to the logistics in planning, we would like to begin contracting for 1 or 2 routine routes transporting clients locally from their community group homes to the Day Programming, and back to their homes following work. With the assistance of C.E.F.S., coordination through contracted service and the vehicles we have requested in this grant, we will be able to meet the transportation needs of the people we serve. Over a period of time, as we retire vehicles, we would like to increase our contractual transportation services with C.E.F.S. We would like this to be an orderly process that occurs over a period of time so that each agency experiences the least disruption possible, and our client's transportation needs are improved. We will be forwarding a proposed contract in the near future.

In accordance with Federal grant program requirements, all public and private transit operators must be given a fair and timely opportunity to

Kristie Warfel
June 8, 2009
Page 2

participate in the provision of the proposed services and to submit written comments on the proposed project.

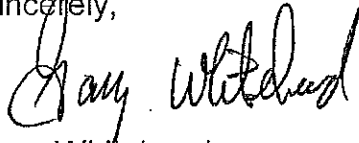
Any public and private transit operators are encouraged to submit written comments indicating whether the services you are now providing or are prepared to provide are designed to meet the special needs of elderly and handicapped persons in the service area of the project, whether you wish to participate in some way in the provision of the services proposed in the application, and any other comments which you may have about the application that you may wish IDOT to consider.

Any comments you might have should be submitted in writing to Gary Whitehead, Executive Director, at the above address. If possible, it would be appreciated if any comments could be received by June 15, 2009. I cannot express enough to you the importance of a grant such as this to our Agency for the programs and services we provide.

Should you have any questions about our application or wish to receive a copy of the final application, please contact me at (618) 662-4916 or at the above address.

Thank you in advance for your support.

Sincerely,

A handwritten signature in black ink that reads "Gary Whitehead". The signature is written in a cursive style with a large initial "G".

Gary Whitehead
Executive Director

/nt

Clay County Rehabilitation Center, Inc.

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

June 8, 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

Jean Bohnhoff
209 S. Merchant
P. O. Box 631
Effingham, IL 62401

Re: Illinois Department of Transportation
2009 CVP Program, Section 5310
Capital Assistance Application

Dear Jean:

Please be advised that Clay County Rehabilitation Center, Inc. is making application for the above-referenced program. We are requesting four (4) Medium-Duty Paratransit w/lift vehicles. If awarded, these vehicles will replace current vehicles that have excessive mileage.

These vehicles will be used for transporting individuals with developmental disabilities from outlying communities such as Olney, Hord, Salem, Iola, Fairfield and Louisville to attend our Developmental Training Program. They would also be used at various times for community integration such as transportation to work sites in Flora and Salem, group field trips, and errands that are necessary for the daily operation of our programs. We are in dire need of replacement vehicles due to the high mileage and unreliability of our current buses.

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

Any public and private transit operators are encouraged to submit written comments indicating whether the services you are now providing or are prepared to provide are designed to meet the special needs of elderly and handicapped persons in the service area of the project, whether you wish to participate in some way in the provision of the services proposed in the application, and any other comments

Jean Bohnhoff
June 8, 2009
Page 2

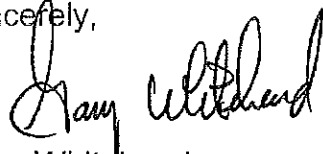
which you may have about the application that you may wish IDOT to consider.

Any comments you might have should be submitted in writing to Gary Whitehead, Executive Director, at the above address. If possible, it would be appreciated if any comments could be received by June 17, 2009. I cannot express enough to you the importance of a grant such as this to our Agency for the programs and services we provide.

Should you have any questions about our application or wish to receive a copy of the final application, please contact me at (618) 662-4916 or at the above address.

Thank you in advance for your support.

Sincerely,

A handwritten signature in black ink that reads "Gary Whitehead". The signature is written in a cursive style with a large, stylized initial "G".

Gary Whitehead
Executive Director

/nt

LAWRENCE COUNTY
MEMORIAL HOSPITAL

June 11, 2009

Mr. Gary Whitehead
Executive Director
Clay County Rehabilitation Center, Inc.
P.O. Box 659
Flora, Illinois 62839

RECEIVED
JUN 15 2009
Clay County,
Rehabilitation Center

Mr. Whitehead,

Thank you for your correspondence of June 8, 2009 regarding the 2009 CVP Program through the Illinois Department of Transportation.

Lawrence County Memorial Hospital provides medical transports services to residents of Lawrence County to meet their medical, dental and diagnostic needs. We employ a trained driver full-time to provide this service. We firmly believe that services such as those your organization and ours provide are a true benefit to our communities.

LCMH wholeheartedly supports your organizations pursuit of this capital assistance and we wish you the best of luck in obtaining it. If you are in need of any further assistance from us please contact me at 618-943-7224.

Respectfully,

Bruce Maxwell

Bruce Maxwell RN, BSN, EMT-P
Director of Emergency Services
Lawrence County Memorial Hospital
2200 West State Street
Lawrenceville, IL 62439
bmaxwell@lcmhosp.org

BM/bm

Clay County Rehabilitation Center, Inc.

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

June 8, 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

Bruce Maxwell, RN, BSN, EMT-P
Director of Emergency Services
Lawrence County Memorial Hospital
2200 West State Street
Lawrenceville, IL 62439

Gary Whitehead
Executive Director

Re: Illinois Department of Transportation
2009 CVP Program, Section 5310
Capital Assistance Application

Diane Briscoe
Chief Financial Officer/
Administrative Assistant

Dear Bruce:

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

Please be advised that Clay County Rehabilitation Center, Inc. is making application for the above-referenced program. We are requesting four (4) Medium-Duty Paratransit w/lift vehicles. If awarded, these vehicles will replace current vehicles that have excessive mileage.

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

These vehicles will be used for transporting individuals with developmental disabilities from outlying communities such as Olney, Hord, Salem, Iola, Fairfield and Louisville to attend our Developmental Training Program. They would also be used at various times for community integration such as transportation to work sites in Flora and Salem, group field trips, and errands that are necessary for the daily operation of our programs. We are in dire need of replacement vehicles due to the high mileage and unreliability of our current buses.

Rhonda Harris
Program Director

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

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

Any public and private transit operators are encouraged to submit written comments indicating whether the services you are now providing or are prepared to provide are designed to meet the special needs of elderly and handicapped persons in the service area of the project, whether you wish to participate in some way in the provision of

Bruce Maxwell
June 8, 2009
Page 2

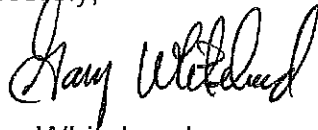
the services proposed in the application, and any other comments which you may have about the application that you may wish IDOT to consider.

Any comments you might have should be submitted in writing to Gary Whitehead, Executive Director, at the above address. If possible, it would be appreciated if any comments could be received by June 17, 2009. I cannot express enough to you the importance of a grant such as this to our Agency for the programs and services we provide.

Should you have any questions about our application or wish to receive a copy of the final application, please contact me at (618) 662-4916 or at the above address.

Thank you in advance for your support.

Sincerely,

A handwritten signature in black ink that reads "Gary Whitehead". The signature is written in a cursive style with a large, stylized "G" and "W".

Gary Whitehead
Executive Director

/nt



South Central Illinois Mass Transit District

1616 E. McCord
Post Office Drawer N
Centralla, Illinois 62801

Phone (618) 532-8076
Fax (618) 532-8078
TTY (618) 533-6104

June 15, 2009

Mr. Gary Whitehead
Clay County Rehabilitation Center, Inc.
P.O. Box 659
Flora, IL 62839

Dear Mr. Whitehead:

I am in receipt of your correspondence dated June 8, 2009, regarding your organization's intent to apply for (4) medium-duty vehicles through the Illinois Department of Transportation 2009 CVP Program.

As the designated public transportation provider for Marion County in Illinois, South Central Transit (SCT) welcomes the opportunity to discuss your agency's transportation needs within the City of Salem. SCT feels that coordination among agencies is the key to maximizing resources.

Should you wish to discuss your organization's transportation needs, please contact me at 618-532-0189 x107.

Sincerely,


Sheila Niederhofer
Managing Director

Clay County Rehabilitation Center, Inc.

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

June 8, 2009

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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

Sheila Niederhofer
South Central Illinois Mass Transit District
1616 E. McCord
Centralia, IL 62801

Re: Illinois Department of Transportation
2009 CVP Program, Section 5310
Capital Assistance Application

Dear Sheila:

Please be advised that Clay County Rehabilitation Center, Inc. is making application for the above-referenced program. We are requesting four (4) Medium-Duty Paratransit w/lift vehicles. If awarded, these vehicles will replace current vehicles that have excessive mileage.

These vehicles will be used for transporting individuals with developmental disabilities from outlying communities such as Olney, Hord, Salem, Iola, Fairfield and Louisville to attend our Developmental Training Program. They would also be used at various times for community integration such as transportation to work sites in Flora and Salem, group field trips, and errands that are necessary for the daily operation of our programs. We are in dire need of replacement vehicles due to the high mileage and unreliability of our current buses.

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

Any public and private transit operators are encouraged to submit written comments indicating whether the services you are now providing or are prepared to provide are designed to meet the special needs of elderly and handicapped persons in the service area of the project, whether you wish to participate in some way in the provision of the services proposed in the application, and any other comments

Sheila Niederhofer
June 8, 2009
Page 2

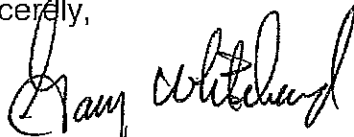
which you may have about the application that you may wish IDOT to consider.

Any comments you might have should be submitted in writing to Gary Whitehead, Executive Director, at the above address. If possible, it would be appreciated if any comments could be received by June 17, 2009. I cannot express enough to you the importance of a grant such as this to our Agency for the programs and services we provide.

Should you have any questions about our application or wish to receive a copy of the final application, please contact me at (618) 662-4916 or at the above address.

Thank you in advance for your support.

Sincerely,

A handwritten signature in black ink that reads "Gary Whitehead". The signature is written in a cursive style with a large initial "G".

Gary Whitehead
Executive Director

/nt

GENERAL ASSEMBLY

State of Illinois



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

DAVID B. REIS
STATE REPRESENTATIVE • 108TH DISTRICT

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

June 9, 2009

Mr. Gary Whitehead
Clay County Rehabilitation Center
P.O. Box 659
Flora, IL 62839

Dear Mr. Director,

I would like to thank you for contacting my office concerning Clay County Rehabilitation Center's application to the Illinois Department of Transportation for the 2009 Consolidated Vehicle Procurement Rolling Stock Capitol Assistance Program.

Please include this letter in your application to the Department of Transportation to show my full support for your application. I understand the grant will be used purchase 4 transportation vans to service your approximately 200 clients with disabilities in Clay and the surrounding counties.

These vans are a critical part of the service you provide at Clay County Rehabilitation Center and I look forward to a positive reaction from IDOT toward your grant application. If I may be of further assistance please do not hesitate to contact me in my district office in Olney at 618.392.0108.

Sincerely,

A handwritten signature in cursive script that reads "David Reis".

David Reis
State Representative

Clay County Rehabilitation Center, Inc.

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

June 4, 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

The Honorable David B. Reis
219 E. Main
P. O. Box 189
Olney, IL 62450

Dear Representative Reis:

Clay County Rehabilitation Center, Inc. is applying for grants to enable us to replace some of our aging fleet of vehicles in order to better transport the handicapped population in our service area. We are seeking to obtain (4) replacement vehicles through the 2009 Consolidated Vehicle Procurement Rolling Stock Capital Assistance Program from the Illinois Department of Transportation (Section 5310 Program). The vehicles we are requesting are four (4) Medium Duty Paratransit w/lift vehicles. These vehicles are capable of transporting 5 wheelchairs/14 passengers.

Clay County Rehabilitation Center serves approximately 200 individuals with disabilities, not only from Clay County, but Richland, Marion and Wayne counties as well. Our primary use of the vehicles would be to transport individuals from outlying communities such as Olney, Hord, Salem, Iola, Fairfield and Louisville to attend our Developmental Training Program. They would also be used at various times for community integration such as transportation to work sites in Flora and Salem, group field trips, and errands that are necessary for daily operation of our programs. We are in dire need of replacement vehicles due to the high mileage and unreliability of our current buses.

The level of community support is extremely important in the awarding of these grants. Your support could make the difference in our Agency receiving this grant. Please send any supportive comments to my attention at the above address. Your comments should reflect that you are aware of the fact that we require more reliable vehicles to continue to provide transportation services for persons with disabilities, and that there is a definite need for Clay County Rehabilitation Center to be awarded this grant.

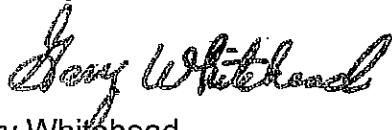
Representative David Reis
June 4, 2009
Page 2

In order to meet the deadline for the grant application, I would ask that any written comments be received in my office by June 15, 2009. I cannot express enough to you the importance of a grant such as this so that our Agency can continue providing the much needed programs and services in the counties we serve. A self-addressed stamped envelope is enclosed for your convenience.

Should you have any questions about our application or wish to receive a copy of the final application, please contact me at (618) 662-4916 or at the above address.

Thank you in advance for your continued support.

Sincerely,

A handwritten signature in cursive script that reads "Gary Whitehead".

Gary Whitehead
Executive Director

/nt

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



JOHN O. JONES
SENATOR
54TH LEGISLATIVE DISTRICT

MINORITY SPOKESMAN
LICENSED ACTIVITIES
COMMITTEE

MEMBER
JUDICIARY - CRIMINAL LAW

AGRICULTURE & CONSERVATION

STATE GOVERNMENT
& VETERANS AFFAIRS

COMMERCE &
ECONOMIC DEVELOPMENT

RECEIVED
JUN 12 2009

**Clay County
Rehabilitation Center**

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

www.Jones.senategop.org

June 11, 2009

Illinois Department of Transportation
Section 5310 Program
Capital Assistance Application

To Whom It May Concern:

I am writing this letter to show my support for Clay County Rehabilitation Center's application to obtain vehicles so that they can continue to provide transportation services for persons with disabilities.

Clay County Rehabilitation Center is seeking to obtain four replacement vehicles through this program. The vehicles that they would acquire, with this assistance, would be medium duty paratransits with lifts. These vehicles will allow the Center to transport individuals to their Developmental Training Program, to work sites in other communities, group field trips, and many other programs and activities.

As stated above, Clay County Rehabilitation Center has my full support on this application so that they may continue to serve my constituents. If I can be of further assistance or provide further information, please do not hesitate to contact my office.

Sincerely,

John O. Jones
Illinois State Senator
54th District

JOJ/bj

Clay County Board

Clay County Courthouse
P.O. Box 160
Louisville, Illinois 62858
Phone (618) 665-3523

June 6, 2009

Gary Whitehead, Executive Director
Clay County Rehabilitation Center
P. O. Box 659
Flora, IL 62839

Re: Illinois Department of Transportation
2009 CVP Program, Section 5310
Capital Assistance Application

Dear Gary:

Thank you for making the Clay County Board aware of your agency's effort to obtain funding from the above referenced source for four (4) Medium Duty Paratransit w/lift vehicles. It is my understanding that, if awarded, all of these vehicles will replace current vehicles that have excessive mileage.

Please feel free to forward this correspondence to any individual or agency you feel necessary to justify your need for these vehicles. Clay County Board is very supportive of the service your agency offers to individuals with disabilities in Clay, Marion, Richland and Wayne Counties, and will be more than happy to be of further assistance in this matter.

Sincerely,



Sue Pettit
Chairperson

Clay County Rehabilitation Center, Inc.

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

June 4, 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

Senator John O. Jones
2929 Broadway, Suite 5
P. O. Box 1787
Mt. Vernon, IL 62864

Dear Senator Jones:

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

Clay County Rehabilitation Center, Inc. is applying for grants to enable us to replace some of our aging fleet of vehicles in order to better transport the handicapped population in our service area. We are seeking to obtain (4) replacement vehicles through the 2009 Consolidated Vehicle Procurement Rolling Stock Capital Assistance Program from the Illinois Department of Transportation (Section 5310 Program). The vehicles we are requesting are four (4) Medium Duty Paratransit w/lift vehicles. These vehicles are capable of transporting 5 wheelchairs/14 passengers.

Clay County Rehabilitation Center serves approximately 200 individuals with disabilities, not only from Clay County, but Richland, Marion and Wayne counties as well. Our primary use of the vehicles would be to transport individuals from outlying communities such as Olney, Hord, Salem, Iola, Fairfield and Louisville to attend our Developmental Training Program. They would also be used at various times for community integration such as transportation to work sites in Flora and Salem, group field trips, and errands that are necessary for daily operation of our programs. We are in dire need of replacement vehicles due to the high mileage and unreliability of our current buses.

The level of community support is extremely important in the awarding of these grants. Your support could make the difference in our Agency receiving this grant. Please send any supportive comments to my attention at the above address. Your comments should reflect that you are aware of the fact that we require more reliable vehicles to continue to provide transportation services for persons with disabilities, and that there is a definite need for Clay County Rehabilitation Center to be awarded this grant.

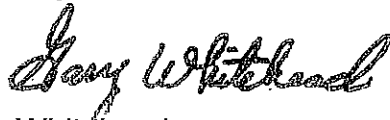
Senator John O. Jones
June 4, 2009
Page 2

In order to meet the deadline for the grant application, I would ask that any written comments be received in my office by June 15, 2009. I cannot express enough to you the importance of a grant such as this so that our Agency can continue providing the much needed programs and services in the counties we serve. A self-addressed stamped envelope is enclosed for your convenience.

Should you have any questions about our application or wish to receive a copy of the final application, please contact me at (618) 662-4916 or at the above address.

Thank you in advance for your continued support.

Sincerely,

A handwritten signature in cursive script that reads "Gary Whitehead".

Gary Whitehead
Executive Director

/nt

Clay County Rehabilitation Center, Inc.

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

June 6, 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

Mayor Bob Tackitt
Flora City Hall
P.O. Box 249
Flora, IL 62839

Dear Mayor Tackitt:

Gary Whitchad
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

Clay County Rehabilitation Center, Inc. is applying for grants to enable us to replace some of our aging fleet of vehicles in order to better transport the handicapped population in our service area. We are seeking to obtain (4) replacement vehicles through the 2009 Consolidated Vehicle Procurement Rolling Stock Capital Assistance Program from the Illinois Department of Transportation (Section 5310 Program). The vehicles we are requesting are four (4) Medium Duty Paratransit w/lift vehicles. These vehicles are capable of transporting 5 wheelchairs/14 passengers.

Clay County Rehabilitation Center serves approximately 200 individuals with disabilities, not only from Clay County, but Richland, Marion and Wayne counties as well. Our primary use of the vehicles would be to transport individuals from outlying communities such as Olney, Hord, Salem, Iola, Fairfield and Louisville to attend our Developmental Training Program. They would also be used at various times for community integration such as transportation to work sites in Flora and Salem, group field trips, and errands that are necessary for daily operation of our programs. We are in dire need of replacement vehicles due to the high mileage and unreliability of our current buses.

The level of community support is extremely important in the awarding of these grants. Your support could make the difference in our Agency receiving this grant. Please send any supportive comments to my attention at the above address. Your comments should reflect that you are aware of the fact that we require more reliable vehicles to continue to provide transportation services for persons with disabilities, and that there is a definite need for Clay County Rehabilitation Center to be awarded this grant.

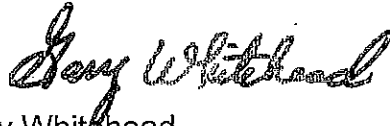
Mayor Bob Tackitt
June 6, 2009
Page 2

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Should you have any questions about our application or wish to receive a copy of the final application, please contact me at (618) 662-4916 or at the above address.

Thank you in advance for your continued support.

Sincerely,

A handwritten signature in cursive script that reads "Gary Whitehead".

Gary Whitehead
Executive Director

/nt

Applicant Name

Clay County Rehabilitation Center, Inc.

PART X**PARATRANSIT SERVICE FINANCIAL PLAN**

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

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

Applicant's Fiscal Year Budget Period 7/01/07 to 6/30/08**PLEASE NOTE: TOTAL REVENUES SHOULD EQUAL TOTAL EXPENSES**

SERVICE TYPE Activity/Line-Item	Replacement or Service Expansion Requests		NEW SERVICE Request
	Actual Spending for your Transportation Operation Previous 12 mos. (Calendar or Fiscal)	Projected Annual Budget for next 12 month period for Transportation Operations	Projected Annual Budget for next 12 month period, for All Transportation Operations
Revenues:			
Passenger Fares	3,108	2,373	
Operating Income from Service Contracts (see section B on next page)	76,690	74,115	
Operating Income from other Grants (see section B on next page)	-0-	-0-	
Donations	-0-	-0-	
General agency funds	86,438	90,436	
Other	-0-	-0-	
Total Revenues (should equal expenses)	166,236	166,924	
Expenses – Operations			
Driver Salaries and Fringe Benefits	44,506	54,285	
Dispatch/Supervisor Salaries and Fringe Benefits	-0-	-0-	
Maintenance (Parts and Labor)	39,713	34,216	
Materials and Supplies	725	1,242	
Fuel, Oil, Tires	54,663	50,913	
Insurance	8,048	8,050	
Vehicle Storage	-0-	-0-	
Other			
Expenses – Administration			
Management Salaries and Fringe	10,825	11,008	
Clerical/Bookkeeping Wages	4,586	4,500	
Rent, Utilities, Taxes	2,120	1,610	
Marketing /Promotion/Driver Training costs	1,050	1,100	
Other			
Total Expenses (should equal revenues)	166,236	166,924	

Applicant Name

Clay County Rehabilitation Center, Inc.

B. Funding Sources

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

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

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

Funding Sources:	Replacement or Service Expansion Requests		NEW SERVICE or New/Requested Vehicle(s)
	Actual Revenue for previous year for Transportation Services	Projected Annual Revenues for 12 month period for Transportation Services	Projected Annual Revenues for next 12 month period for All Transportation Services
Service Contract Funding:			
Dept. of Human Services	30,053	50,070	
Dept. of Public Aid	46,637	24,045	
Other Grant Funding:			
N/A			

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

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 Clay County Rehabilitation Center, Inc.

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

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

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

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

AFFIRMATION OF APPLICANT'S ATTORNEY

For Clay County Rehabilitation Center, Inc.
(Name of Applicant)

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

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

Mary Beth Welch Collins
Signature of Applicant's Attorney

6-12-09
Date at Signature

6230499
Print Name of Applicant's Attorney
ARDC Registration Number

JOINT CERTIFICATION AND ASSURANCES FOR IDOT & FTA PROGRAMS

Please Print or Type: Name of Applicant/Agency: Clay County Rehabilitation Center, Inc.

Name and Relationship of Board Authorized Representative: Gary Whitehead, Executive Director

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

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

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

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

Date: 6-29-09



Authorized Representative of Applicant

1. CERTIFICATIONS AND ASSURANCES REQUIRED OF APPLICANT

A. Authority of Applicant and Its Representative

The authorized representative of the Applicant and legal counsel who sign these certifications, assurances, and agreements attest that both the Applicant and its authorized representative have adequate authority under state and local law and the by-laws or internal rules of the Applicant organization to:

- (1) Execute and file the applications for federal assistance on behalf of the Applicant,
- (2) Execute and file the required certifications, assurances, and agreements on behalf of the Applicant binding the Applicant, and
- (3) Execute grant and cooperative agreements with FTA or IDOT on behalf of the Applicant.

B. Standard Assurances

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

C. Debarment Suspension and Other Responsibility Matters Primary Covered Transactions

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

- (1) Are not presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from covered transactions by any federal department or agency;
- (2) Have not within a three-year period preceding this Certification been convicted of or had a civil judgment rendered against them for commission of fraud or a criminal offense in connection with obtaining, attempting to obtain, or performing a public (federal, state, or local) transaction or contract under a public transaction; violation of federal or state antitrust statutes; or commission of embezzlement, theft, forgery, bribery, falsification or destruction of records, making false statements, or receiving stolen property;
- (3) Are not presently indicted for or otherwise criminally charged or by civil action by a governmental entity (federal, state or local) with commission of any of the offenses listed in paragraph (2) of this certification; and,
- (4) Have not within a three year period preceding this Agreement had one or more public transactions (federal, state, or local) terminated for cause or default.

The Applicant certifies that if it becomes aware of any later information that contradicts the statements in paragraphs (1) through (4) above, it will promptly inform IDOT. Should the Applicant be unable to certify to statements set forth in paragraphs (1) through (4) above, it shall so acknowledge with its signature and provide a written explanation to IDOT.

D. Drug-Free Workplace Certification

Until new U.S. DOT Drug-Free Workplace regulations that rescind the requirements for a Drug-Free Workplace certification are promulgated, and in accordance with Illinois and U.S. DOT regulations on Drug-Free Workplace Requirements (Grants) at 30 ILCS 580/1 et seq. and 49 CFR Part 29 at Subpart F, as amended by 41 U.S.C. Section 702, the Applicant certifies that it will provide a drug-free workplace by:

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

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

E. Intergovernmental Review Assurance

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

F. Nondiscrimination Assurance

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

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

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

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

G. Assurances of Nondiscrimination on the Basis of Disability

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

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

H. Procurement Compliance

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

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

The Applicant certifies that it:

- (1) Has the legal authority to apply for federal assistance and the institutional, managerial, and financial capability (including funds sufficient to pay the non-federal share of project cost) to ensure proper planning, management, and completion of the project described in its application.
- (2) Will give FTA, the Comptroller General of the United States and, if appropriate, the State, through any authorized representative, access to and the right to examine all records, books, papers, or documents related to the award; and will establish a proper accounting system in accordance with generally accepted accounting standards or agency directives.
- (3) Will establish safeguards to prohibit employees from using their positions for a purpose that constitutes or presents the appearance of personal or organizational conflict of interest or personal gain.
- (4) Will initiate and complete the work within the applicable project time periods following receipt of FTA approval.
- (5) Will comply with all statutes relating to nondiscrimination including, but not limited to:
 - (a) Title VI of the Civil Rights Act, 42 U.S.C. Section 2000d, which prohibits discrimination on the basis of race, color, or national origin;
 - (b) Title IX of the Education Amendments of 1972, as amended, 20 U.S.C. Sections 1681 through 1683, and 1685 through 1687, and U.S. DOT regulations, "Nondiscrimination of the Basis of Sex in Education Programs or Activities Receiving Federal Financial Assistance," 49 CFR Part 25, which prohibits discrimination on the basis of sex;
 - (c) Section 504 of the Rehabilitation Act of 1973, as amended, 29 U.S.C. Section 794, which prohibits discrimination on the basis of handicaps;
 - (d) The Age Discrimination Act of 1975, as amended, 42 U.S.C. Sections 6101 through 6107, which prohibit discrimination on the basis of age;
 - (e) The Drug Abuse Office and Treatment Act of 1972, Pub. L. 92-255, March 21, 1972, and amendments thereto, 21 U.S.C. Section 1174 et seq., relating to nondiscrimination on the basis of drug abuse;
 - (f) The Comprehensive Alcohol Abuse and Alcoholism Prevention Act of 1970, Pub. L. 91-616, December 31, 1970, and amendments thereto, 42 U.S.C. Section 4581 et seq., relating to nondiscrimination on the basis of alcohol abuse or alcoholism;

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

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

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

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

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

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

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

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

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

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

8. SCHOOL TRANSPORTATION AGREEMENT

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

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

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

The Applicant has or will have the necessary legal, financial, and managerial capability to apply for, receive and disburse Federal assistance authorized for 49 U.S.C. 5310; and to implement and manage the project.

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

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

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

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

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

NOTICE OF PUBLIC HEARING

Re: State of Illinois Paratransit Vehicle Grant for Clay County Rehabilitation Center to provide services to the counties of Clay, Marion, Richland and Wayne.

Notice is hereby given that a Public Hearing will be held by Clay County Rehabilitation Center, Inc.

ON: June 25, 2009
1:00 p.m.

AT: Clay County Rehabilitation Center, Inc.
Administration Office
#1 Commercial Drive
Flora, IL 62839

- 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. Four (4) Medium-Duty Paratransit vehicles with lifts. These vehicles are 23 feet in length, and are designed to permit 14 passenger seats or up to 5 wheelchair positions and 2 passenger seats. Vehicles are equipped with fully automatic 5-speed transmission, power steering, power brakes, climate control HVAC and 55-gallon fuel tank. They are equipped with safety equipment consisting of First aid kit, 5 lb. Fire extinguisher, ICC triangles, rear emergency exit and tinted glass. Estimated cost of each vehicle is \$59,000.00.

This project will be included in a Consolidated Vehicle Procurement Program undertaken by the State of Illinois on behalf of Clay County Rehabilitation Center, Inc., with State and Federal funds.

- B. Relocation: Relocation Assistance will not be required.
- C. Environment: This project is being implemented to minimize environmental impacts.
- D. Comprehensive Planning: This project is in conformance with comprehensive transportation planning in the area.
- E. Elderly and Disabled: All new equipment included in this project will meet ADA accessibility rules for the elderly and disabled.

- II. At the hearing, Clay County Rehabilitation Center, Inc. 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 Clay County Rehabilitation Center, Inc. #1 Commercial Drive, Flora, Illinois, 62839.
 - IV. Contact Person: Gary Whitehead, Executive Director, Clay County Rehabilitation Center, Inc., #1 Commercial Drive, Flora, IL 62839, 618-662-4916 or e-mail at gwhitehead@clayrhab.com
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Legal Notice

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Publisher's Certificate

FLORA, IL June 11, 2009

The undersigned, publisher of the DAILY CLAY COUNTY ADVOCATE-PRESS, a daily newspaper of general circulation, published in Flora, Clay County, Illinois hereby certifies that they are the publisher of said newspaper and that the annexed advertisement of _____

Paratransit Vehicle Grant

Notice was published in said paper

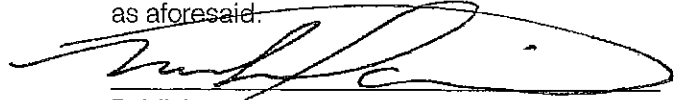
for 1 successive ^{time} weeks, the first

insertion thereof being on the 11th day

of June, 2009, and the last insertion on

the 11th day of June, 2009,

and I further certify that said paper has been published in said County for more than six months prior to the first publication of said notice as aforesaid.



Publisher,
Daily Clay County Advocate-Press

Publication Fee \$ 67.50

MINUTES OF PUBLIC HEARING

Clay County Rehabilitation Center Administration Office
1:00pm, June 25, 2009

The Public Hearing was called to order at 1:00pm by Nancy Travis, Administrative Assistant. Those in attendance were:

Gary Whitehead, Executive Director
Rhonda Harris, Director of Programs
Lewis Hockman, Transportation Manager
Diane Briscoe, Accountant
Nancy Travis, Administrative Assistant
Terry Lane, Accounting Clerk
Angela Scara, Office Clerk
Mary McCollough, Safety Officer

Nancy Travis explained that the Agency was applying for an Illinois Department of Transportation 2009 CVP Program, Section 5310, Capital Assistance Application Grant. The application is requesting four (4) Medium-Duty Paratransit w/lifts vehicles. If awarded, all 4 vehicles will replace the following vehicles with excessive mileage: '99 Medium-duty Eldorado bus, '92 Plymouth Mini-Van, '99 Chevrolet Suburban, and an '03 Medium-Duty Eldorado bus. Each vehicle is estimated to cost \$59,000.

These vehicles are needed to provide reliable transportation to the 9 community homes in Flora that we serve, as well as homes in Richland and Wayne counties. Sixty percent (60%) of the clients we serve need lift-equipped vehicles for transporting to and from day programming, and for community activities, shopping, medical visits, etc.

The Medium-Duty vehicle's specifications were discussed in detail. They are 23 feet in length, and have 14 passenger seats or up to 5 wheelchair positions and 6 passenger seats. Mary McCollough asked if the vehicles were equipped with safety equipment. They come with First Aid Kits, 5 lb. Fire Extinguishers, ICC triangles, rear emergency exit and tinted glass.

There being no further questions, the hearing adjourned at 1:30pm.

Nancy Travis
Acting Secretary