

**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 Community Link, Inc.	Date of Application Filing 6/30/09
Street/Mailing Address, City, and Zip Code (Not just P. O. Box) 1665 N. 4 th Street, P.O. Box 157 Breese, IL 62230	Federal Tax Identification Number (TIN) 37-0955971
List general area served (counties, city, areas as applicable) (Detail in Part 5, Page 9) Clinton County and surrounding counties	Type of Applicant (see pg. 4 Section A) Private Non-Profit: <input checked="" type="checkbox"/> X Section 5311 Grantee: _____ IDOT Certified Public Body: _____
County HSTP Region (if rural-see page 43) Region #9 HSTP Office (see pages 44) 120 Delmar Avenue, Salem, IL 62881	Illinois State Tax Exempt Number E- 9986-8016-05
Application Contact Person: Barbara Nelson Phone: 618-526-8805	Title: Director of Adult Day Programs App. Contact E-Mail: barbn@commlink.org
Vehicle Issues Contact Person: Barbara Nelson Phone: 618-526-8805	Title: Director of Adult Day Programs Fax. (618) 526-8809

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) Community Link, 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.



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

Tel. 618-526-8800 6 24 09
Date

John Foppe
Print name of Authorized Official

Executive Director
Title

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

Applicant Name Community Link, Inc.

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

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

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

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

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

(c) If applicant is in an urbanized (metropolitan) area outside the Chicago area, see page 41.

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

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

ITEM	ENCLOSED
• Application, Signed by Board authorized representative (front cover, page 1)	X
• Part I Submittal Matrix(A) and Application Checklist Completed (B), (page 4)	X
• Part II Current Vehicle Inventory (page 5)	X
• Part III Vehicle Request Form and Budget (pages 6-7)	X
• Part IV Project Justification (if applicable, page 8)	X
• Part V Applicant's Current Services and Experience (if applicable, pages 9-11)	X
• Part VI Fleet Control and Maintenance (if applicable, page 12)	X
• Part VII Driver Training (if applicable, page 13)	X
• Part VIII Proposing New or Expanded Service (pages 14 & 15)	X
• 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 IX IX
• Appendix C Executed Board Resolution authorizing applicant's Official Representative (page 34)	X
• Appendix D Application Preparation Guidance (pages 35-45)	Retain
• Appendix E Paratransit Vehicle Catalog (pages 46-56)	Retain
• Letter from MPO placing project in TIP (not applicable in Cook, Lake, DuPage, Kane, Will and McHenry Counties, or any non-urbanized area)	n/a
• Letter of support from Certified Public Provider or local Transit Authority (if applicable) Attachment 9	X
• Letters of Support from local Legislators, others (not a requirement) Attachment 10	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 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 Community Link, Inc.	Form <u>1</u> of <u>2</u>
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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.) 1st.

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

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

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

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

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

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

Yr.	Manufacturer	Type	Date/Mileage	(if applicable) VIN # IDOT Contract # N/A
97	Ford	Club Wagon	12/08 / 142,324	VIN# 1FBHE31L8VHB61126

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

CRITERIA FOR DISPOSAL OF IDOT FUNDED VEHICLES: General: Consumer Vans, RR or Mini – 120,000 miles;

Light Duty- 120,000 miles; Medium Duty Vehicles – 150,000 miles; Super Medium – 200,000 miles; Heavy Duty Transit Vehicle – 300,000 miles. Any questions: Contact the Program Manager at IDOT.

Applicant Agency Name

Community Link, Inc.

Form 1 of 2 Continued

The Family Support Program vehicle is in dire need of replacement. It is more than 10 years old, with more than 120,000 miles of use. The high mileage has resulted in an increasing repair costs—more than \$1,000 in the past year alone, per the attached report—for a vehicle with minimal fair-market value. Importantly, client activities using the van are limited to nearby and populated locations, due to fears that the van might break down.

Maintenance History

For Maintenance Recorded Between: 7/1/2008 and 6/30/2009

Van 13 1997 Ford Club Wagon

Date Purchased: 5/27/1997

Department: Intermittent CILA/FSU

Date	Maintenance Type	Repairs Completed	Performed by	Invoice #	Req #	Cost
7/28/2008	Van - 6 month inspection	Inspection	Gebke Brothers	50032	18326	\$20.00
7/28/2008	Tires Repaired/New Tires	2 new rear tires	Best One Tire		18327	\$326.00
7/28/2008	Van - 3,000 mi - Oil Change & Replace Filters	Oil Change	Breese Motor Sales	11716	18330	\$28.45
7/28/2008	Miscellaneous	checked engine miss retapped and threaded #2 cylinder replaced coil and spark plug	Breese Motor Sales	11716	18330	\$319.53
11/4/2008	Tires Repaired/New Tires	Tire Repair	Detmer Automotive	2510		\$12.36
1/20/2009	Van - 6 month inspection	Inspection	Gebke Brothers	021171	18910	\$20.00
2/4/2009	Van - 6,000 mi - Rotate Tires, Inspect & Replace Belts, Lube Steering Linkage & Drive Shaft U-Joint	Tire Rotation	Detmer Automotive	2954	18970	\$0.00
2/4/2009	Van - 3,000 mi - Oil Change & Replace Filters	Oil Change	Detmer Automotive	2954	18970	\$35.38
2/6/2009	Miscellaneous	Ball Joint - Remove & Replace	Detmer Automotive	3297	18977	\$232.68
2/6/2009	Tires Repaired/New Tires	Four wheel alignment	Detmer Automotive	3297	18977	\$59.95
				Sum		\$1,054.35

**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 Community Link, Inc.	Form <u>2</u> of <u>2</u>
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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 #

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) (d)	Estimated Unit Cost (e)	Estimated Total Cost Line Total x Unit Cost (d) x (e)
		Replacement (a)	Expansion (b)	New (c)			
Mini-Van Paratransit (w/ ramp) MV	6 pass.	1	1		2	\$36,000	\$72,000
Light Duty Paratransit Vehicle (w/lift) LD	12 pass.					\$52,000	\$
Medium Duty Paratransit Vehicle (w/lift) MD	14 pass.					\$59,000	\$
Super Medium Duty Paratransit Vehicle (w/lift) SMD	22 pass.					\$94,000	\$

Total CVP Request: \$72,000

Comments:

Community Link must be able to provide transportation to meet the basic needs of persons served—needs such as medical appointments, grocery shopping and banking. Community Link operates in Clinton County, a rural county with extremely limited public transportation through South Central Transit. Persons served by Community Link rely on their formal caregivers such as Community Link to support them in meeting daily needs including transportation, as their family caregivers are aging.

Persons served in the day program, as well as their guardians, have expressed the need for learning activities that occur in the community, as well as the need for increased employment opportunities. These individuals and family members expect these increased opportunities for improving the quality of life for themselves or their loved one.

PART IV

PROJECT JUSTIFICATION

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

Applicant Name Community Link, Inc.

Community Link provides services to children and their families through the Infant Program and to adults with developmental disabilities through their Community Living Programs and Adult Day Programs. The latter two are seeking funding for two (2) minivans.

Project Narrative for Community Link Vehicle Request #1

Community Living Programs serve 70 clients—40 clients who live in Community Link’s small-group homes (Community Integrated Living Arrangements, or CILAs), and 30 clients who live independently in their own apartments or homes with the assistance of the Family Support Program. The goal of both programs is to help clients live in the least restrictive environment through supports including transportation to medical appointments, banking, grocery shopping and community-integration outings.

The Family Support Program vehicle is in dire need of replacement. It is more than 10 years old, with more than 120,000 miles of use. The high mileage has resulted in an increasing repair costs—more than \$1,000 in the past year alone—for a vehicle with minimal fair-market value. Importantly, client activities using the van are limited to nearby and populated locations, due to fears that the van might break down.

This van is also utilized by other programs, including Supported Employment (which transports supervised clients to job sites), Day Training and Work Training (which provide life-skills and vocational education), Specialized Living (which arranges outings for developmentally disabled individuals otherwise limited to a nursing-home environment), and FUSION (which connects clients with community volunteer opportunities).

Outcomes of our agency’s receiving a vehicle-replacement grant: improved safety for van riders; full access to community services, regardless of distance or isolation; and elimination of “diminishing return” maintenance expenses, consequently freeing up funds for client services.

Applicant Name Community Link, Inc.

If our agency does not receive a vehicle-replacement grant—particularly during these challenging economic times when state grants and fees-for-service have been drastically cut and payments have been delayed—then safety and services would suffer during the two to three years the agency would require to accumulate funding. Once the existing van becomes unsafe to drive or repairs become cost-prohibitive or impossible, the six homes would have to share five vehicles. This stop-gap measure of sharing and shuttling vehicles would dramatically limit community access, would siphon staff time away from client services, and potentially would leave one home without transportation for emergency situations (such as a hazardous-materials evacuation of the neighborhood).

Project Narrative for Community Link Vehicle Request #2

The Adult Day Programs provide developmental training, vocational training and employment services weekdays (Monday through Friday) year-round to almost 300 adults in Clinton County and the surrounding area. Two years ago, Community Link determined that contracting with South Central Transit (SCT) would be more cost-effective than continuing to operate agency buses; consequently, Community Link sold its buses to SCT, leaving the day program without any vehicles to utilize during the day for outings into the community and for employment. Since that time, the Community Link Adult Day Programs have purchased one accessible van, which is insufficient to meet the needs of persons served. It currently is shared by employment services (to provide transportation to a few job sites) and by the Developmental Training Program to take a group of senior citizens to the Senior Center for lunch twice a week. Community Link's Adult Day Programs request an accessible minivan to provide disabled adults, including disabled elderly individuals, with increased access to

community employment and community resources. With this minivan, the program would be able to take six to eight (6-8) persons a day into the community to access resources, to practice skills learned in the program and to enjoy some leisure time. The vehicle also could be scheduled to provide transportation to and from additional job sites in the community; the employment-related trips would serve a different number of participants at varying times each day. SCT does provide limited transportation to community volunteer sites; however, because the need and route varies daily for a few people, fixed routes have not been established. Moreover, it is cost-prohibitive to charter an SCT paratransit bus for brief outings for small (and therefore manageable) groups of program participants.

Community Link would maximize use of the requested Vehicle #2 by sharing it in the evening and on weekends with Community Link's Community Living Programs. Additionally, Community Link would, under contract, share it with Clinton County Advocates for Recreational Activities (CCARA), dedicated to providing monthly recreational activities for persons with developmental disabilities; in this case, CCARA members who also are Community Link employees would be the authorized drivers of this van.

This request for a vehicle for the Adult Day Programs will provide enhanced, quality services for persons with developmental disabilities in Clinton County—as requested by the persons served and their guardians.

If this request is not approved, the Adult Day Program will not be able to help persons with disabilities practice their learned skills outside the classroom. While staff can help individuals learn new skills in a classroom setting, the real test to ensure a skill is actually learned is for the individual use it appropriately in the natural context in the community. For example, a person may learn to give the proper number of one-dollar bills to purchase an item in a classroom setting, but the learning process needs to go a step further with the individual locating the item in a retail store, taking the item to the cashier, giving the cashier the correct number of one-dollar bills and waiting for change. Community-context practice is a key step in the learning process for the persons served in day programs.

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 Community Link, Inc.

A. Geographic Area Served

South Central Transit (SCT) provides transportation for the Adult Day Programs in Breese from these towns: Carlyle, Bartelso, Beckemeyer, Germantown, New Baden, Albers, Damiensville, Trenton, Aviston and St. Rose, all in Clinton County; Highland and Troy in Madison County; and Mascoutah in St. Clair County. SCT also provides transportation to Community Link's Adult Day Program in Fairview Heights from specific homes in Swansea and Fairview Heights, both in St. Clair County. The Adult Day Programs provide transportation for employment purposes at 14 sites in some of the above-listed towns.

Community Link's own Community Living Programs provide transportation to and from an individual's home to local events as well as those in the Metro East and St. Louis, to medical appoints which are also local and in St. Louis area, and to access community resources for tasks such as purchasing groceries, clothing, and for banking.

The Infant Programs provide transportation to play groups and local events for the Clinton and Washington counties.

B. Service Area Population Information: Clinton County Information Use 2000 census data.

1. Total Population of your Current Service Area	35,531
2. Elderly (60+) Population of Service Area	6,573
3. Disabled Population of Service Area	5,484

C. 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	56	0.2 %	0	0.00 %
Asian/Pacific Islander	129	0.3 %	2	0.64 %
Black	1,391	3.9 %	40	12.78 %
Hispanic	570	1.6 %	3	0.96 %
White	32,896	92.6 %	268	85.62 %
Other	489	1.4 %	0	0.00 %
TOTAL (match B-1 above).	35,531	100.0 %	313	100.00 %

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

History and years of service: Community Link, chartered as Clinton County Rehabilitation Center, Inc., was founded by a small group of parents seeking local services for their children with developmental disabilities. The agency began with a staff of six serving 27 persons in Clinton County. In 37 years, the agency has grown to serve nearly 200 families of young children at risk of developmental delay and more than 300 adults with developmental disabilities across seven Illinois counties including Clinton, Madison and St. Clair.

Primary Services: The agency provides a variety of services through its three main programs: Infant Programs, Adult Day Programs and Community Living Programs. Within these programs, services include: educational, vocational (job training, sheltered work training, supported employment and job placement), residential (six Community Integrated Living Arrangement Homes), family support, case coordination, respite, recreational and community service programs, and developmental therapies including speech, occupational and physical therapies, as well as developmental screenings. Also, a Senior Services Program serves people of retirement age who also have developmental disabilities. Services are provided from ten main locations as well as in the community.

Transportation Services: Community Link partners with South Central Transit to ensure transportation for people between their homes and Community Link for day program services. Riders are assisted by bus monitors. Most of the buses are equipped with wheelchair lifts for people with multiple disabilities. More than 250 people are transported to and from day program, Monday through Friday. The day program owns one accessible, raised-roof van to transport persons during programming hours. The Community Living Programs owns a van for each of its six homes as well as two for its other community programs. The Infant Programs own three vans, utilized for home visits as well as to transport families to monthly events and play groups.

Applicant Name
 Community Link, Inc.

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

___/___/___,

Or B) No IDOT Funded Vehicle was owned in 2008 X

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	21.00	4.50	10.00	12.50	8.75	12.50	7.25	10
Volunteer Drivers								
Reservationists/	2.00	1.50	1.50	1.50	1.50	1.50		
In-house Staff, Maint.	1.00		.50					
Administrative Staff	1.00	1.00						
TOTALS	25.00	7.00	12.00	14.00	10.25	14	7.25	10
Total # of vehicles in use		9	9	9	9	9	8	8

* The number of staff appears to be a high number, but this is due to the various locations of CILA homes, community homes, and staff on different shifts throughout the week that provide transportation for persons served. Many appointments / trips are one staff member transporting one person served.

Table II. Current Transportation Service Information

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

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

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

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

Individual Clients Served	Annual Total
Elderly Riders without Disabilities	<u> 0</u>
Elderly Riders with Disabilities	<u> 75</u>
Non-Elderly Riders with Disabilities	<u> 238</u>
Other Riders, including general public	<u> 0</u>
TOTAL CLIENTS SERVED (Must match p.9)	<u> 313</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> 1798</u>
Work Trips	<u> 4,316</u>
Education Trips	<u> 2912</u>
Nutrition Trips	<u> 1664</u>
Shopping Trips	<u> 2084</u>
Social/Recreational Trips	<u> 7292</u>
Other:	<u> 145,600</u>

These are the annual trips provided by SCT to transport individuals to and from day program.

TOTAL ONE-WAY PASSENGER-TRIPS PER YEAR 20,066 (Only Community Link numbers, not SCT numbers)

Average number of vehicles used on a daily basis to provide this service 9

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

Applicant Name
Community Link, Inc.

A. Fleet Control

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

Does the file include (Check all that apply) COPIES of:

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

Do you keep on file the last 6 months of drivers' daily pre- and post-trip vehicle inspections? Yes X N ___
 (Please attach examples). **See Attachment 1.** 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? Yes X N ___

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

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

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

Describe any off-site vehicle storage area (location, condition, security, etc.) Lighted driveway and parking lots.

Do you have a Long Term Vehicle Replacement Plan? Yes X N ___

Do you maintain and regularly update Fleet Condition Reports Yes X N ___

B. Maintenance

Does your agency have a current written maintenance policy? Yes X N ___

If yes, please include sample documentation. (e.g. Maintenance; Administration, Policy, Agency Authorization) **See Attachment 2.**

Do you perform preventative scheduled maintenance for all vehicles? Yes X N ___

(Attach examples.) **See Attachment 3.**

Do you perform inspection and manually operate/ check all ADA and access equipment? Yes X N ___

Do you file all repairs (including routine maintenance) or adjustment advisories/orders? Yes X N ___

Do you keep records of all vehicle inspections? (Attach an example.) **See Attachment 4.** Yes X N ___

How long do you keep vehicle inspection records on file? ___ mos. seven (7) years (6 months recommended)

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

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

Kristi Johnson, the CLP Administrative Assistant, maintains the vehicle data base from which preventative maintenance and repair orders are issued to the respective program.

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

Each program director is responsible for ensuring proper maintenance of vehicles assigned to his/her program.

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

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

Dettmer Automotive, Southern Illinois Bus and Mobility, Gebke Brothers. Southern Illinois Bus and Mobility specializes in the sale and repair of paratransit vehicles.

Is the shop experienced in servicing the type of vehicle(s) being applied for? Yes X N ___

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

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

Name: Southern Illinois Bus and Mobility Address: 12950 Koch Lane, Breese, Illinois 62230 Do you have any major outstanding vehicle or accessory warranty or repair issues? Y ___ No X

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

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

Applicant Name
Community Link, Inc.

Driver/Dispatch Training is vital and necessary.

Include and/or describe your formal driver training policy, programs, your training administration procedures (See Attachment 5), and the name and title of the designated trainer:

The Human Resources Director, Dennis Jenkins, and the Staff Development Coordinator, Jamie Diekemper, are responsible for the agency training. Other staff may be designated/qualified to train on specific topic areas, and outside resources may be used, but the overall coordination and ensurance that staff is trained to do the job as designated in their job description is the responsibility of Mr. Jenkins and Mrs. Diekemper.

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

- 1) Your training master plan/outline (See Attachment 6), and
- 2) a current training schedule (See Attachment 7), and
- 3) an Individual Personnel Training record, etc. (See Attachment 8)

Do you maintain individual Driver Files? Yes X N ___

Does each driver's file reflect training, licensing, achievements, etc Yes X N ___

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

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

Do you provide to the drivers:

Special Passenger Care Training Yes X N ___ Emergency Local Contacts and Resources Yes X N ___

C.P.R. Training Yes X N ___ Emergency Response Training Yes 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:

All agency staff receives HIPAA/Confidentiality Training. CDL drivers for production work follow regulations stipulated by IDOT regarding CDL license. Drivers who are direct-support providers also receive Direct Support Person Training, and CPI, CPR and First Aid training.

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

What is your normal Training cycle? Annually, and per expiration dates

Do you include Dispatchers in vehicle orientation? Y ___ No X

Do you include occasional drivers, or people with other specialties? Y ___ No X

Does your formal training include:

ADA policy as it applies to your clients Yes X N ___

Operation of access equipment (including manual lift operation and cautions)? Yes X N ___

Formal vehicle and accessory orientation Yes X N ___

Route or territory orientation? Yes X N ___

Do you use 'on-the-road' communications with drivers? Yes X N ___ Define: Staff utilize cell phones.

PART VIII

PROPOSED NEW OR EXPANDED TRANSPORTATION SERVICE ONLY

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

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

Same

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

Same: Monday through Friday from 9:30 to 14:30.
Some variance may apply based upon job sites and employment schedules.

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

The client group would be the same persons who currently receive services through the day program. With a van, the program would be able to increase the opportunities for people to access the community for events, resources and jobs throughout the programming day.

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.)**

Access in the community will continue to be based upon each client's Individual Service Plan and/or Employment Plan, as well as event scheduling by the clients' program managers.

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	Estimated <u>New</u> Clients	Annual <u>Total</u>
Elderly Clients without Disabilities	<u>0</u>	<u>0</u>	<u>0</u>
Elderly Clients with Disabilities	<u>75</u>	<u>0</u>	<u>75</u>
Non-Elderly Clients with Disabilities	<u>238</u>	<u>10</u>	<u>248</u>
Other Clients	<u>0</u>	<u>0</u>	<u>0</u>
TOTAL CLIENTS	<u>313</u>	<u>10</u>	<u>323</u>

Applicant Name
Community Link, Inc.

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)

*The increased riderships include 10 new enrollees and the increased number of trips for current enrollees. Clinton County Advocates for Recreational Activities, a non-profit who provides recreational events and transportation to local events for persons with disabilities, would use a volunteer and this vehicle for 324 trips. The trips listed as other are assorted community access activities.

Medical Trips 0
Work Trips 400
Nutrition/Food Trips 36
Shopping 0
Other Trips 2,804

TOTAL ONE-WAY PASSENGER-TRIPS: 3,240

Number of new vehicles being requested to provide these trips One (1)

7. Proposed Staffing

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

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

New or Additional Staff	Total Number of New or Added Staff	Sum of Hours Worked by All New or Added Staff by Day						
		Mon.	Tues.	Wed.	Thurs.	Fri.	Sat.	Sun.
Paid Drivers	1	2.00	2.00	2.00	2.00	2.00		
Volunteer Drivers	1	-	-	-	-	-	.5	
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	56	0.2 %	0	0.00 %
Asian/Pacific Islander	129	0.3 %	2	0.62 %
Black	1,391	3.9 %	42	13.00 %
Hispanic	570	1.6 %	3	0.93 %
White	32,896	92.6 %	275	85.14 %
Other	489	1.4 %	1	0.31 %
TOTAL:	35,531	100.0 %	323	100.00 %

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?
South Central Transit	618-532-0189	M – F	08:00 – 16:00	SCT provides transportation for persons with disabilities and elderly with disabilities for Community Link’s day program. It also provides service to the general public in Clinton County and other counties.	
Private ICF/DD homes provide transportation for their residents only on limited basis to meet their daily living needs such as medical appointments.		S – S	As needed		
Clinton County Advocates for Recreational Activities		Saturday	Per event	This organization coordinates transportation services with SCT and would also use a van from the day program for smaller group excursions which would be a cost savings to this organization.	

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
Community Link, 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.

Letters of support received		
South Central Transit	Centralia, IL	Attachment 9
Parents and Friends of the Specialized Living Center	Swansea, IL	Attachment 10a
Royal Living Center	New Baden, IL	Attachment 10b
Clinton County Advocates for Recreational Activities	Clinton County, IL	Attachment 10c

Letters of support requested and still pending	
Caring First Nursing Home	Breese, IL
Oakview Home	Trenton, IL
Trenton CILA Home	Trenton, IL
Aviston Terrace	Aviston, IL
Westlake Home	Carlyle, IL
Clinton Manor Living Center	New Baden, IL

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.

Applicant Name
Community Link, Inc.

PART X PARATRANSIT SERVICE FINANCIAL PLAN

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

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

Applicant's Fiscal Year Budget Period July 1, 2008 to June 30, 2009

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			
Operating Income from Service Contracts (see section B on next page)			
Operating Income from other Grants (see section B on next page)			
Donations			
General agency funds	667,603	684,553	
Other			
Total Revenues (should equal expenses)	667,603	684,553	
Expenses – Operations			
Driver Salaries and Fringe Benefits	51,320	57,622	
Dispatch/Supervisor Salaries and Fringe Benefits	9,111	9,384	
Maintenance (Parts and Labor)	20,877	9,671**	
Materials and Supplies	230	936	
Fuel, Oil, Tires	27,426	26,424*	
Insurance	14,820	14,523	
Vehicle Storage	0	0	
Other- Contracted transportation, depreciation, interest	468,753	492,648	
Expenses – Administration	592,537	611,208	
Management Salaries and Fringe			
Clerical/Bookkeeping Wages			
Rent, Utilities, Taxes			
Marketing /Promotion/Driver Training costs			
Other- Management expenses including salaries	71,104	73,345	
Total Expenses (should equal revenues)	663,641	684,553	

* One vehicle in actual spending column was sold at end of year.

** One vehicle in actual spending column had major repairs that are not budgeted to reoccur.

Applicant Name Community Link, 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:			
N/A			
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

This part is not applicable to Community Link, Inc.

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 Community Link, 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.

JOINT CERTIFICATION AND ASSURANCES FOR IDOT & FTA PROGRAMS

Please Print or Type: Name of Applicant/Agency: Community Link, Inc., EIN 37-0955971

Name and Relationship of Board Authorized Representative: Mr. John Foppe, Executive Director

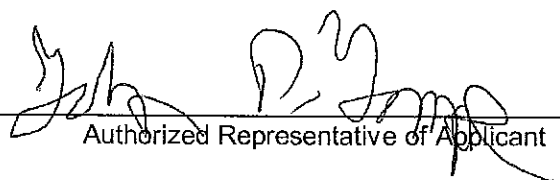
BY SIGNING BELOW, on behalf of the Applicant, I declare that the Applicant has duly authorized me to make these certifications and assurances and bind the Applicant's compliance. Thus, the Applicant agrees to comply with all State and Federal statutes, regulations, executive orders, and Federal requirements 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: 6-24-09



Authorized Representative of Applicant

AFFIRMATION OF APPLICANT'S ATTORNEY

For Community Link, Inc., EIN 37-0955971
(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.

Shawn C. Miles
Signature of Applicant's Attorney

6/24/09
Date at Signature

3123500
Print Name of Applicant's Attorney
ARDC Registration Number

STEVEN C. MILLS
ATTORNEY AT LAW
206 S. SIXTH STREET
SPRINGFIELD, IL 62701
PHONE (217) 753-2444
FAX (217) 753-8615

June 24, 2009

AFFIRMATION OF GRANTEE'S ATTORNEY


To: Illinois Department of Transportation ("IDOT")
and Federal Transit Administration ("FTA")
Assistance Programs

For: Community Link, Inc.
A Not -For -Profit Corporation
1644 N. 4th Street, P.O. Box 157
Breese, IL 62230

As the undersigned legal counsel for the above referenced Grantee, I hereby affirm that the Grantee 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 Grantee.

I further affirm 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. Furthermore, if I become aware of circumstances that change the accuracy of the foregoing statements, I will notify the Grantee, FTA and IDOT.

Dated this 24th day of June, 2009.

By: 
Steven C. Mills, Attorney, ARDC Reg.
No. 3123500

Appendix B

Public Hearing Notice

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

(Sample Language)

Notice of Public Hearing

(Fill in Name of Applicant Agency)

RE: State of Illinois Paratransit Vehicle Grant for, (Brief Description of Service Area)

Notice is hereby given that a public hearing will be held by: (Name of Applicant/Agency).

On: (Date)

At: (Time)

Where: (Name of Place)

In: (Specific Location or Room)

- I. For the purpose of considering a project for which financial assistance is being sought from the Illinois Department of Transportation, pursuant to the Illinois Department of Transportation's general authority to make such Grants, and which is generally described as follows:
 - A. Description of Project (Brief Description of the Service to be provided, including the types, capacities and budgeted costs of vehicles requested).

This project will be included in a Consolidated Vehicle Procurement Program undertaken by the State of Illinois on behalf of **(Name of Applicant)**, with State and Federal Funds.

- B. Relocation Relocation Assistance will not be required.
- C. Environment This project is being implemented to minimize environmental impact.
- D. Comprehensive Planning This project is in conformance with comprehensive transportation planning in the area.
- E. Elderly and Disabled All new equipment included in this project will meet ADA accessibility rules for the elderly and persons with disabilities.
- II. At the hearing the (Applicant Name) will afford an opportunity for interested persons or agencies to be heard with respect to the social, economic and environmental aspects of the project. Interested persons may submit orally or in writing, evidence and recommendations with respect to said project.
- III. A copy of the application for a state grant for the proposed project for the intended service area will be made available for public inspection at (Name and Address of Applicant).

(Contact Person Name), (Title)
(Address)
(Telephone)

*** Note to Applicants:** Please Submit public hearing minutes, as well as written and verbal comments from the proceedings, with your completed Application to IDOT-DPIT.

PUBLIC HEARING NOTICE

COMMUNITY LINK

RE: State of Illinois Paratransit Vehicle Grant for Community Link's Adult Day Programs and Community Living Programs who provide services within Clinton County to adults with developmental disabilities.

Notice is hereby given that a public hearing will be held by: Community Link

On: June 24, 2009 At: 6:30 p.m.
Where: Community Link East In: Conference Room
1665 N. 4th Street
Breese, IL 62230

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. Community Link's Adult Day Programs is requesting an accessible wheelchair minivan to use during its day program hours of 9:15 a.m. through 2:45 p.m., Monday – Friday for the purpose of aiding persons in the program to access community resources and to provide transportation to and from their jobs. The program currently has one van to provide this service for approximately 180 persons enrolled in the program. The program does contract with South Central Transit to provide transportation to and from the day program. This van has a capacity to hold up to 2 wheelchairs and 3 additional passengers. The cost of this van is \$36,000.

Community Link's Community Living Programs is requesting an accessible wheelchair minivan to use during evening hours, weekends and some daily hours for the purposes of aiding persons with developmental disabilities to and from medical appointments, community events and community resources. This van would replace a current van that is over 10 years old with mileage exceeding 140,000 miles. This van has a capacity to hold up to 2 wheelchairs and 3 additional passengers. The cost of this van is \$36,000.

The project will be included in a Consolidated Vehicle Procurement Program undertaken by the State of Illinois on behalf of Community Link with State and Federal Funds.

B. Relocation: Relocation Assistance will not be required.

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

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

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

II. At the hearing Community Link 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 Community Link, 1665 N. 4th Street, P.O. Box 157, Breese, IL 62230. For more information, contact:

Barb Nelson, Director of Adult Day Programs
Community Link
1665 N. 4th Street, P.O. Box 157
Breese, IL 62230
618-526-8805

CERTIFICATE OF PUBLICATION

State of Illinois

County of Clinton



ss.

THE BREESE JOURNAL vs.

Community Link for publication of Hearing notice.

I, the undersigned, hereby certify that the advertisement hereto attached, was published one time in The Breese Journal, a weekly newspaper of general circulation, printed and published regularly in Breese, Clinton County, Illinois, for more than six months prior to date of publication of this notice, the publication being on June 11, 2009.

Publisher-Editor

Public Hearing Notice Community Link

RE: State of Illinois Paratransit Vehicle Grant for Community Link's Adult Day Programs and Community Living Programs who provide services within Clinton County to adults with developmental disabilities.

Notice is hereby given that a public hearing will be held by: Community Link

(On: June 24, 2009

At: 6:30 p.m.

Where: Community Link East, 1665 N. 4th Street, Breese, IL 62230

In: Conference room

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

A. Community Link's Adult Day Programs is requesting an accessible wheelchair minivan to use during its day program hours of 9:15 a.m. through 2:45 p.m. Monday-Friday for the purpose of aiding persons in the program to access community resources and to provide transportation to and from their jobs. The program currently has one van to provide this service for approximately 180 persons enrolled in the program. The program does contract with South Central Transit to provide transportation to and from the day program. This van has a capacity to hold up to 2 wheelchairs and 3 additional passengers. The cost of this van is \$36,000.

Community Link's Community Living Programs is requesting an accessible wheelchair minivan to use during evening hours, weekends and some daily hours for the purposes of aiding persons with developmental disabilities.



Board of Directors

PUBLIC HEARING MINUTES

Officers

Date: June 24, 2009

Larry Davis
President

On June 24, 2009, a public hearing was held regarding Community Link's Consolidated Vehicle Procurement application. Chris Gebke, Director of Community Living Programs, and Barb Nelson, Director of Adult Day Programs, represented Community Link.

Kathy Droege
Vice President

Mike Nettekmeier
Treasurer

There were no other attendees. The hearing was scheduled for 6:30 p.m. at Community Link's East Building. The directors allowed a half hour for attendees to show. At that time the hearing ended.

Jan Wilburn
Secretary

Members

Minutes submitted by:
Barb Nelson
Director of Adult Day Programs

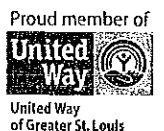
- Michael Berndsen
- Sharon Bickl
- Barbara Gerstner
- John Hudspeth
- Kathy M. Jansen
- John Lengerman
- Gary Robert
- Pat Voss

John P. Foppe
Executive Director



1665 North Fourth Street ♦ PO Box 157 ♦ Breese, IL 62230
www.commlink.org ♦ Phone/TDD: (618) 526-8800 ♦ Fax: (618) 526-2021

Adult Day, Community Living, and First Step programs are accredited by CARF—The Rehabilitation Accreditation Commission.
Community Link is a charitable, not-for-profit organization; all contributions are tax deductible.



PUBLIC HEARING SIGN IN

June 24, 2009

Guest	Agency / Company	Address	City/State/Zip	Phone

Appendix C

BOARD RESOLUTION (cover sheet)

Note: Please follow this format, or verify that you included all elements.

NO. _____

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

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

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

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

NOW, THEREFORE, BE IT RESOLVED BY THE GOVERNING BOARD OF THE *(Insert Legal Name of Applicant)*

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

Section 2. That *(Insert Name or title of Designated Official)*, an employee or board member of *(Insert Name of Applicant)*, is hereby authorized and directed to execute and file such application on behalf of *(Insert Name of Applicant)*.

Section 3. That *(Insert Name or title of Designated Official)* of *(Insert Name of Applicant)* is authorized to furnish such additional information as may be required by the Division of Public & Intermodal Transportation in connection with the aforesaid application for said grant.

Section 4. That *(Insert Name or title of Designated Official)* of the *(Insert Name of Applicant)* is hereby authorized and directed to execute and file on behalf of the *(Insert Name of Applicant)* any grant agreement pursuant to said application

PRESENTED and ADOPTED this _____ day of _____, 2009

(Signature of Board Official)

(Printed Name of Board Official)

Title

ATTESTED: _____

Title



COMMUNITY LINK, INC.
BOARD RESOLUTION

Resolution 5310 Grant Vehicles authorizing application for and execution of a Public Transportation Capital Assistance Grant under the Illinois Department of Transportation's general authority to make such Grants.

Board of Directors

Officers

Larry Davis
President

Kathy Droege
Vice President

Mike Nettekmeier
Treasurer

Jan Wilburn
Secretary

Members

Michael Berndsen
Sharon Bickl
Barbara Gerstner
John Hudspeth
Kathy M. Jansen
Brent Maschhoff
Fred Rakers
Pat Voss

John P. Foppe
Executive Director

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

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

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

Now therefore, be it resolved by the governing board of Community Link, Inc.:

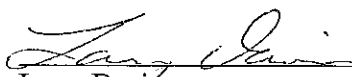
Section 1. That an application be made to the Division of Public and Intermodal Transportation, Department of Transportation, State of Illinois, for a financial assistance grant under the Illinois Department of Transportation's general authority to make such Grants, for the purpose of off-setting certain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

Section 2. That the Executive Director, an employee of Community Link, Inc., is hereby authorized and directed to execute and file such application on behalf of Community Link, Inc.

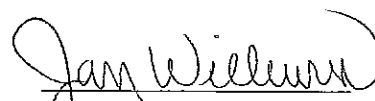
Section 3. That the Executive Director of Community Link, Inc. is authorized to furnish such additional information as may be required by the Division of Public and Intermodal Transportation in connection with the aforesaid application for said grant.

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

Presented and adopted this 16th day of June, 2009


Larry Davis
Board President

Attested:


Board Secretary (Title)

1665 North Fourth Street ❖ PO Box 157 ❖ Breese, IL 62230
www.commlink.org ❖ Phone/TDD: (618) 526-8800 ❖ Fax: (618) 526-2021



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Community Link is a charitable, not-for-profit organization; all contributions are tax deductible.



ATTACHMENTS

Attachment 1

Examples of Drivers' Pre- and Post-Trip Vehicle Inspections

(cover sheet)

1-A

OK

needs topped off

COMMUNITY LINK
WEEKLY VEHICLE INSPECTION AND MILEAGE REPORTING FORM

Underhood-Check Oil, Coolant, Washer fluid, Unlock all doors.
Start vehicle: (turn headlights & flashers on)

Walk around vehicle & inspect for:

VAN #	25
NAME/DRIVER	Kenae Donoho
Program/CILA:	H-CIA
DATE:	5-19-09

	Please initial.
Body Damage	
Tire Inflation	Looks same -
Lights & Flashers	didn't check - no AIR GAUGE
Ramp & Lift	OK -
Interior For Damage	no
Seat & Belt Conditions	Looks OK -
Fire Extinguisher	look ok
First Aid Supplies	OK -
Heater/ Air	OK -
Wheelchair Tiedowns	OK -
Vehicle okay	Yes () No ()
Needs service	Yes () No () OIL

VEHICLE MILEAGE SHEET

Change

Vehicle # 25

The mileage of this vehicle for the week ending before is 17,950 miles.

FUEL USAGE DURING THE ABOVE WEEK

DATE	MILEAGE	GALLONS	INITIALS
<u>5-19-09</u>	<u>17,950</u>	<u>9.737</u>	<u>ED</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

**COMMUNITY LINK
WEEKLY VEHICLE INSPECTION AND MILEAGE REPORTING FORM**

Underhood-Check Oil, Coolant, Washer fluid, Unlock all doors.

Start vehicle: (turn headlights & flashers on)

Walk around vehicle & inspect for:

VAN #	24
NAME/DRIVER	Stacy Holmes
Program/CILA:	Carlog
DATE:	6-17-09

Please initial.

Body Damage	sk
Tire Inflation	sk
Lights & Flashers	sk
Ramp & Lift	sk
Interior For Damage	sk
Seat & Belt Conditions	sk
Fire Extinguisher	sk
First Aid Supplies	sk
Heater/ Air	sk
Wheelchair Tiedowns	N/A
Vehicle okay	Yes (X) No ()
Needs service	Yes () No (X)

VEHICLE MILEAGE SHEET

Vehicle # 24

The mileage of this vehicle for the week ending 7 is 7 miles.

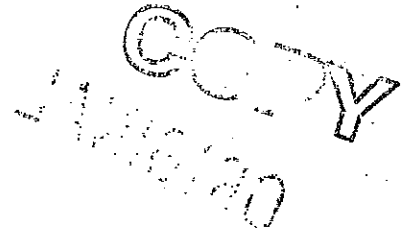
FUEL USAGE DURING THE ABOVE WEEK

<u>DATE</u>	<u>MILEAGE</u>	<u>GALLONS</u>	<u>INITIALS</u>
<u>6-17-09</u>	<u>12832</u>	<u>16.310</u>	<u>sk</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Attachment 2

Formal Maintenance Policy/ Procedures

(cover sheet)



POLICY ON TRANSPORTATION

COMMUNITY LINK will ensure transportation is provided for individuals in accordance with guidelines and rules of each program and service. COMMUNITY LINK will also ensure compliance with all applicable federal and state requirements.

Transportation for programming services will not exceed one hour in length for a one way trip.

Kelley Murphy
Reviewed & Approved by the
EHS Policy Council

5-11-07
Date

Steve Schomler
Reviewed & Approved by the
Board of Directors

4/28/07
Date

COPY

COMMUNITY LINK
Breese, Illinois

VEHICLE OPERATION
GUIDELINES AND PROCEDURES

To ensure the safety of Community Link's employees and any passengers riding in an agency owned vehicle or an employee owned vehicle the following will apply:

Drivers

Only licensed, insured drivers can operate an agency owned vehicle. The agency ensures that employees who use their own vehicles for work adhere to Community Link's policies and procedures regarding drivers. Drivers refer to employees driving an agency owned vehicle as well as employees who drive their own vehicles in the course of their work. All drivers will have a Motor Vehicle Review completed prior to driving for work and annually thereafter. All drivers must carry appropriate insurance which is monitored via the Human Resources data base. All drivers will receive appropriate training per their position.

General Safety

The driver is responsible for the safety of everyone in the vehicle. The driver ensures everyone wears a seatbelt. All drivers are expected to follow all state laws and general "Rules of the Road." If a driver receives any ticket or written violation, the driver is responsible for the cost and may be subject to disciplinary action. Any tickets received must be reported to the employee's supervisor. Drivers are to provide assistance as needed to the passengers entering or exiting the vehicle.

No one may operate an agency vehicle or transport persons served when under the influence of alcohol or any illegal substances. Drivers may not pick up any non-authorized person or smoke in either an agency vehicle or when transporting others in the course of their work.

Lifts and Tie Downs

Only the driver may operate the lift of a vehicle. Only the person and their wheelchair may be on the lift. The driver will not leave the passenger unattended when on the lift. The driver will ensure lift safety lip is in place and the wheelchair brakes are locked prior to lifting a passenger. When electric wheelchairs are used and the client is unable to maneuver onto the lift, always ensure the wheelchair power is turned off to allow manual on/off load of the wheelchair client. Wheelchair clients may be transferred to passenger seats if necessary, with approval of the person's Program Manager. If a person is transferred and their wheelchair is stored in the vehicle, the driver is to ensure the wheelchair is secured and doesn't block passenger exits.

Inspections/Maintenance

All drivers will complete a pre-trip inspection of the agency's vehicle before operating. The pre-trip inspection will include a general visual inspection of the vehicle to ensure it is in good condition as well as a check of fluids and tires. Any needed repairs will be documented and submitted to the department's director. The director ensures needed repairs are completed.

Community Link

Breese, Illinois

MOTOR VEHICLE REVIEW PROCEDURE (Revised 12/18/03)

The following procedure is set up to establish guidelines for timely and consistent review of an employee's driving record. The procedure is designed to ensure the safety of Community Link's employees and to limit Community Link's liability related to driver safety.


A Motor Vehicle Review (MVR) will be conducted on all employees whose job duties require operation of a vehicle as stated in the employee's job description. This applies whether the vehicle is company-provided or is the individual's personal vehicle.

MVR's will be checked:

1. Before or during the extension of an offer of employment.
2. Before or during the extension of an offer of a new position that requires the operation of a vehicle.
3. On an annual basis to ensure that appropriate driving standards are being maintained. This annual review will be at the beginning of the month of the employee's anniversary date of hire.

The Human Resource Generalist will be responsible for ensuring that the MVR information is reviewed annually and that any unacceptable reports are addressed immediately. Employees will be given a copy of their MVR if any adverse action is taken on the basis of the information contained in the report.

Loss or suspension of license may result in termination.



Submitted by Lora Weiss
Human Resource Generalist

12-18-03
Date

COMMUNITY LINK
Breese, Illinois

COPY

VEHICLE EMERGENCY PROCEDURES

Community Link employees who drive in the course of their job duties are expected to follow all the rules of the road, alert persons responsible for maintenance of any needed repairs, and keep appropriate documentation for preventative maintenance in order to prevent any unnecessary vehicle emergency. In case an emergency does occur, the driver is responsible to ensure the safety of any passengers.

Motor Vehicle Accident


If you are involved in a motor accident, you must call 911 to report the accident and then proceed with the following steps as necessary:

- A. **Ambulance:** If anyone appears to be injured, call 911 and render first aid as appropriate. ~~If persons served or staff appears to be injured or~~ complain of pain, an Accident/Illness form must be completed and given to the Human Resources director as soon as possible.
- B. **Fire:** If fire occurs, call 911 and ask for the fire department. If everyone is safe outside the vehicle, the driver may use the fire extinguisher to extinguish the fire.
- C. **Police:** State Laws require that police be summoned in case of motor vehicle accidents. If police are not present, call 911. All accidents must be reported to the police. The driver is responsible for completing any reports required by the police. The driver must give a copy of any reports to the Director of Finance and Administration.
- D. **Forestall Further Trouble:** To prevent additional accidents, damage, or injury, the driver will ensure guards, flashers or flares are utilized to warn oncoming traffic to proceed with caution. If gasoline has been spilled, it must be hosed down with a fire extinguisher. Additionally, all vehicle engines in the vicinity of gasoline spills should be shut off. When sand or dirt is available, it should be spread over spilled gasoline as soon as possible.
- E. **Removing the Vehicle From The Scene:** Do not move the vehicle from the location of the accident unless you are directed to do so by authorized personnel (police, fire dept., etc.) If you must move the vehicle because of safety reasons, all the necessary data relating to the accident must be obtained first. Ensure the exact position of all vehicles and/or objects is marked prior to moving them.

BREAK DOWNS

If your vehicle malfunctions, take the following action:

- A. Assess the situation and try to determine if roadside repair is possible. Before the driver completes any repairs, the driver is to ensure the repair is occurring in a safe location and all passengers are safe. If there is uncertainty, the driver is to contact their supervisor for further instructions. If the passengers are persons served, do not leave them unattended. If roadside repair is not possible, call 911 and your supervisor for further assistance. The driver will turn on flashers and place road hazard signs if available.


Barbara Nelson

Director of Adult Day Programs

9/5/07
Date

**COMMUNITY LINK
Breese, Illinois**

**VEHICLE MAINTENANCE TRACKING SYSTEM PROCEDURES FOR
DRIVERS**

Vehicle Inspection and Mileage Sheet

The driver is responsible for a vehicle and its passengers. The driver will document the mileage for each trip on the Vehicle Mileage Sheet. The completed form for the previous week is routed to the Community Living Programs' Administrative Assistant to enter into the database each Monday. This form tracks the miles and fuel used and the information is used to schedule preventative maintenance as well as to promptly respond to needed repairs.

Vehicle Repair Request Form

The driver completes a Vehicle Repair Request if their vehicle needs a specific type of repair such as loose door handle, interior light bulb, or headlight won't dim.

The form is routed to the specific Program Director.

The Program Director will review the request and decide how/where to complete the repair. Once the request is approved, the director will schedule the repair and notify staff of the vehicle's appointment time. Staff who takes the vehicle in for repair will:

- Ensure the Vehicle Repair Request form is completed by the vendor listing work done;
- Will attach a copy of the vendor's bill;
- Will attach completed requisition for the bill;
- Route above items to the Community Living Programs' Administrative Assistant who enters the information into the Vehicle Maintenance database.

Vehicle Work Orders

Based upon the mileage of your vehicle, routine maintenance will be completed per recommended guidelines from each vehicle's manual. The Community Living Programs' Administrative Assistant will generate a Vehicle Work Order explaining the maintenance to be completed. The staff will schedule the work to be completed with the appropriate vendor. The staff will give the vendor the Vehicle Work Order and ensure the vendor completes the form. The staff will:

- Ensure the Vehicle Work Order form is completed by the vendor;
- Will attach a copy of the vendor's bill;
- Will attach completed requisition for the bill;

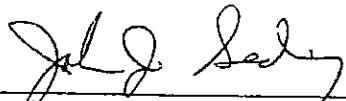
COPY



**PROCEDURES FOR STAFF AND CLIENTS
WHO DRIVE TO AND FROM COMMUNITY LINK**

To ensure the safety of all individuals at COMMUNITY LINK, all employees and clients who drive to and from COMMUNITY LINK must do the following:

1. Everyone who parks their vehicle on COMMUNITY LINK property must submit proof of a valid driver's license and proof of their vehicle insurance.
2. All drivers must drive safely on COMMUNITY LINK'S property at a proper rate of speed and be alert for persons walking around the building or between parked buses and cars.
3. All drivers must be alert for cars pulling in or out of a parking space. Drivers may park in any space not otherwise designated for a specific purpose such as the Handicap Parking area or Visitor Parking area.
4. All drivers will be courteous to other drivers.
5. All documentation required as proof of insurance and a valid driver's license will be filed in the client or personnel file, as appropriate.
6. It will be the supervisor's responsibility to ensure the appropriate documentation is on file.
7. All drivers will follow the driving laws and regulations as stated by state and federal governments.



John J. Sedivy
Executive Director

5-9-06

Date

Attachment 3

Examples Documenting Preventative Scheduled Maintenance

(cover sheet)

Maintenance Schedule For: Van 13 1997 Ford Club Wagon
--

Department Name: Intermittent CILA/FSU

Employee Responsible: Siegler, Tina

	Date Completed	Completed Last	Current Mileage/ Date	Next Check	Status
Van 13 Van - 3,000 mi - Oil Change & Replace Filters Oil Change	2/4/2009	142,309	144,774 - 5/6/2009	145,309	535 miles to go
Van 13 Van - 6,000 mi - Rotate Tires, Inspect & Replace Belts, Lube Steering Linkage & Drive Shaft U-Joint Tire Rotation	2/4/2009	142,309	144,774 - 5/6/2009	148,309	3535 miles to go
Van 13 Van - 15,000 mi - Inspect Cooling System, Hoses, & Clamps & Inspect Exhaust System Inspect cooling system, inspect exhaust system	5/21/2007	128,299	144,774 - 5/6/2009	143,299	-1475 miles PAST DUE Van 13 PAST DUE
Van 13 Van - 30,000 mi - Change Transmission Fluid/Filter, Replace Air Filter & Replace Fuel Filter Transmission filter, fuel filter, serviced transmission	8/21/2006	117,973	144,774 - 5/6/2009	147,973	3199 miles to go
Van 13 Van - 60,000 mi - Replace PVC Valve	6/24/2004	91,141	144,774 - 5/6/2009	151,141	6367 miles to go
Van 13 Van - 90,000 mi - Inspect/Lubricate Front Wheel Bearings	6/24/2004	91,141	144,774 - 5/6/2009	181,141	36367 miles to go
Van 13 Van - 99,000 mi - Replace Spark Plugs, Replace Rear Axle Lube See items above	1/31/2005	98,315	144,774 - 5/6/2009	197,315	52541 miles to go

Vehicle Work Order

Tina Siegler,

Intermittent CILA/FSU

Your vehicle is due to have the PAST DUE items completed. Please schedule your van with your dealer to have these items completed. This form must accompany your vehicle. Have the dealer sign off that all the PAST DUE items were checked/replaced. If you have questions or the dealer has questions, please contact me.

After Completion: ATTACH THE BILL TO THIS WORK ORDER AND ROUTE TO ME.

Thanks, Kristi Johnson - East Bldg.

Van 13 1997 Ford Club Wagon

1FBHE31L8VHB61126

	Date Completed	Completed Last	Current Mileage/ Date	Next Check	Status
Van 13 Van - 3,000 mi - Oil Change & Replace Filters Oil Change	2/4/2009	142,309	144,774 - 5/6/2009	145,309	535 miles to go
Van 13 Van - 6,000 mi - Rotate Tires, Inspect & Replace Belts, Lube Steering Linkage & Drive Shaft U-Joint Tire Rotation	2/4/2009	142,309	144,774 - 5/6/2009	148,309	3535 miles to go
Van 13 Van - 15,000 mi - Inspect Cooling System, Hoses, & Clamps & Inspect Exhaust System Inspect cooling system, inspect exhaust system	5/21/2007	128,299	144,774 - 5/6/2009	143,299	-1475 miles PAST DUE Van 13 PAST DUE
Van 13 Van - 30,000 mi - Change Transmission Fluid/Filter, Replace Air Filter & Replace Fuel Filter Transmission filter, fuel filter, serviced transmission	8/21/2006	117,973	144,774 - 5/6/2009	147,973	3199 miles to go
Van 13 Van - 60,000 mi - Replace PVC Valve	6/24/2004	91,141	144,774 - 5/6/2009	151,141	6367 miles to go
Van 13 Van - 90,000 mi - Inspect/Lubricate Front Wheel Bearings	6/24/2004	91,141	144,774 - 5/6/2009	181,141	36367 miles to go
Van 13 Van - 99,000 mi - Replace Spark Plugs, Replace Rear Axle Lube See items above	1/31/2005	98,315	144,774 - 5/6/2009	197,315	52541 miles to go

Repair Facility -- Please Complete Below Information

Repair Facility: Please complete the PAST DUE items listed above. If other repairs are needed at this time, please call Kristi Johnson for pre-approval (526-8800, Ext. 320)

Company Name: _____

Date Completed: _____ Cost of Service Completed: _____

(√) _____ All requested repairs completed, Mechanic/Authorized Signature: _____

Other Pre-Approved Tasks Completed: _____

Repair Facility Notes: _____

Future Repair Recommendations: _____

Please return this form and a copy of the bill with the vehicle.

VAN USE BILLING FORM

MONTH/YEAR: 6-29

BEGINNING WEEKLY MILEAGE: 18,183

ENDING WEEKLY MILEAGE: _____

Date	Department	Staff	Destination	Beginning Mileage	Ending Mileage	Total Miles Used
6-13	A-cia	Jim	BANK	18783	18793	10
6-13	"	Jim	Belleville	18793	18862	69
6-13	"	Jim	Belleville	18862	18932	70 70
6-13	"	Jim	Ride + Subst	18932	18956	24
6-13	"	Jim	St. Paul's	18956	18959	3
6-14	"	Jim	Bankers	18959	19010	51
6-14	"	Jim	Bankers	19010	19052	42
6-14	"	Jim	Subst Gas	19052	19068	16
6-17	"	Jim	Ariston, East	19068	19139	71
6-17	"	Jim	Bank, Mail-Nor	19139	19142	3
6-18	"	Jim	Imperial East	19142	19210	68
6-18	"	Jim	Rider-Sub	19210	19219	9

Route Weekly Mileage Chart to: Fran Taylor

Community Link
Vehicle Repair Request

Today's Date: _____

Requested Completion Date: _____

Vehicle Number: _____

Department: _____

Description of the requested repair: _____

Employee Requesting Repair: _____

Supervisor Approving Request: _____

Repair Completion

The above work request has been completed.

Completed by: _____ Date: _____ Cost: _____

Repair Notes: _____

Attachment 4

Examples Documenting Vehicle Inspections

(cover sheet)

MARKING INSTRUCTIONS
 CORRECTLY INCORRECT
 If an error is made, cross mark completely.
 If a "YES" response, mark the box with an "X".
 If a "NO" response, leave the box blank.

INVC INTERSTATE

5. Date of Test: 10/11/07
 6. Start Time: 08:00 AM
 7. End Time: 03:15 PM
 8. Date C/S Applied: 10/11/07

9. Time C/S Applied: 03:15 AM
 10. Station: 08/15/07
 11. C/S: 11/15/07
 12. Certificate of Safety Number: 90413308550

13. Odometer Reading: 111207
 14. Total Test Fee: 9.25
 15. Repeat over 30 days:
 16. Replacement C/S: 0

19. Model Year: 2007
 20. Vehicle Type: 07
 22. Vehicle Make: 08

21. Trailer Make: 01
 23. Detects: Brakes
 Coupling Devices
 Exhaust System
 Fuel System
 Lighting Devices
 Steering Mechanism
 Suspension
 Tires/Steering Axle
 Lugs/Non-Steering Axle
 Windshield
 Tow-Truck
 Special Category

24. Trailer Make: 01
 25. FRU: 02
 26. GREAT DANE
 27. TRANS
 28. UTILITY
 29. WABASH
 30. OTHER

29. License Plate: 2979CV
 30. Vehicle Identification Number: 1P1EL2808813

BRACKS
 Pass Fail
 Absence of Braking Missing Broken Loose Parts
 Bowed/Adjustment Faults
 Leaks
 Lining Pads
 Parking Brake
 Drum/Rotors
 Mechanical Access Axle
 Hose-Tube-Cracked-Broken-Crimped
 Low Pressure Warning Device
 Tractor Protection Valve
 Compressor
 Electric Brakes
 Breakaway
 Hydraulic Master-Reserve
 Check Valve Missing Inoperable
 Hydraulic Brake Failure Light
 Power Assist Unit
 Vacuum Reserve
 Low Vacuum Warning Device

Coupling Devices
 Gross One
 Fifth Wheel
 Pintle Hook
 Drawbar/Towbar Tongue
 Drawbar/Towbar Tongue
 Safety Device
 Saddle Mount

EXHAUST SYSTEM
 Muffler
 Missing Components
 Cracked Worn Weld Repairs
 Latching Ineffective

FUEL SYSTEM
 Fuel Cap
 Loose Components
 Leaks

SAFE LOADING
 Spare Tire
 Cargo Secure
 Front End Structure

LIGHTING DEVICES
 Headlight Element
 Tailight
 Parking Light
 Stoplight
 Clearance Light
 License Plate Light
 Signal
 Turn Signal
 Missing Broken Parts

THIS COPY TO DRIVER

Illinois Department of Transportation
Division of Traffic Safety
Commercial Vehicle Safety Section
3215 Executive Park Drive / P.O. Box 19212
Springfield, Illinois 62794-9212

Nonscheduled Inspection Report
Date 4/17/09

Owner / Operator <u>Community Link</u>		Phone <u>618 526-8800</u>
Address / City / County <u>1665 North 4th Breese 62230 Clinton</u>		
School District / Church / Organization Served <u>Community Link</u>		
Chassis Make/Year <u>Ford 07</u>	Bus License No. <u>29769 CV</u>	Unit No.
C/S No. <u>80741505745</u>	Mileage - Actual <u>11,199</u>	Mileage - Due
		Violation Decal No. <u>CV 7747</u>

Violations: 1 Expired Safety Inspection 10/09

none

No Visible Defects

Out-of-Service: Requires bus to be inspected at an Official Testing Station before being placed back in service. The C.S.T. shall complete this section and return the original and second copies to the bus owner/operator. The owner/operator shall retain the original copy and return the second copy of this form to the Commercial Vehicle Safety Section after passing inspection at an Official Testing Station.

New C/S No. <u>90433085506</u>	Applied by (Station No. and C.S.T. I.D.) <u>0450-10</u>	Date <u>4/17/09</u>
-----------------------------------	--	------------------------

Three-Day Notice: Requires violation to be corrected within three working days of the nonscheduled inspection. Department officers will return after the third day for a follow-up inspection and will complete this section. The owner/operator will retain the original copy, and the I.D.O.T. Inspector will return the second copy to the Commercial Vehicle Safety Section.

Reinspection by I.D.O.T. due	Inspector's Name	Mileage at time of reinspection	Date
------------------------------	------------------	---------------------------------	------

Warning: Violations must be corrected within 30 days of the nonscheduled inspection. The owner/operator shall complete this section, retain the original copy and return the second copy of this form to the Commercial Vehicle Safety Section after repairs are complete.

Signature of Repairman	Authorized Official	Date
------------------------	---------------------	------

Inspector(s) <u>TGJ/02</u>	Inspector No.(s) <u>VI77</u>
-------------------------------	---------------------------------

I acknowledge having received this report  4/17/09
Signature Date

- White - Vehicle Owner/Operator
- Canary - Vehicle Owner/Operator
- Pink - CVSS
- Gold - I.D.O.T. Inspector

Attachment 5

Formal Driver Training Policy / Programs / Procedures

(cover sheet)

G. TRAINING POLICY

The Human Resource Director and Training Generalist are responsible for the overall development and coordination of the orientation program and for implementing the portions that cover corporate history, philosophy, policies, benefits, and new employee files and documentation. Each supervisor is responsible for orientation as it applies to introducing the new employee to the specific job and department and may select a co-worker to serve as a mentor (or sponsor) to facilitate the new employee's transition.

The objective of the Center is to assist individuals with disabilities so that they are able to achieve their maximum potential. This requires well-trained, highly professional staff. In order to meet these objectives, employees must continually develop their skills.

Administrative staff will attempt to advise employees about appropriate staff development opportunities, but individual members will be expected to make suggestions concerning their own training needs. It is customarily the responsibility of the supervisor to provide additional help and training while the employee is on the job. Community Link will provide special training programs for safety and health matters when deemed necessary, or as required by regulation.

Each year, if possible, a portion of the budget is designated for expenses incurred due to such training. Within limits of the budget, employees will receive as much financial support as possible. The amount of financial support will be determined by the Executive Director. With this in mind, Community Link requires each employee to participate in one or more of the following activities on an annual basis: academic training, professional meetings, and/or seminars.

A portion, if possible, of the facility budget will be designated for on-site training seminars throughout the year. Designated employee will be required to attend. Each individual who attends a conference, seminar and/or in-service is expected to submit a training form, and certificate when applicable to the Training Generalist.

**CCRC COMMUNITY LINK
Breese, Illinois**

STAFF TRAINING GUIDELINES AND PROCEDURES
(Revised 6/00)

Community Link will ensure providers of services, support staff and management staff are appropriately trained for their position of employment. Community Link will orientate all staff to the agency, their specific job duties and various other training that will enhance quality services.

Staff is expected to complete the orientation process for direct service staff and support staff within one month of hire. Management staff will complete their orientation within three months of their hire date. Attendance in the training sessions is mandatory and will be documented. Any sessions missed due to illness or another reason must be completed before competency is measured. Competency is considered a score of 80% or above.

All CILA and Developmental Training Qualified Mental Retardation Professionals (QMRP) and Direct Support Persons (DSP) will be trained using the Department of Human Services (DHS) curriculum for Qualified Mental Retardation Professionals and Direct Service Persons. The new employee's supervisor is responsible for ensuring all training is completed within the above time frames and the new employee has met competency measures.

All CILA staff will be trained by a certified Nurse Trainer using the Department of Human Services Administration of Medication in Community Settings Curriculum. All authorized direct care staff shall be reevaluated by the nurse-trainer at least annually or more frequently at the discretion of the RN.

All CILA direct care staff who fail to qualify for competency to administer medication shall be given additional education and testing to meet criteria for delegation authority to administer medications. Any direct care staff who fails to qualify as an authorized direct service staff after initial training and testing must, within three months, be given another opportunity for retraining and retesting. A direct care staff person who fails to meet criteria for delegated authority to administer medication, including, but not limited to, failure of the written test on two occasions, shall be given consideration for shift transfer or reassignment, if possible. No employee shall be terminated for failure to qualify during the three-month time period following initial testing. Refusal of testing may be grounds for immediate dismissal.

No authorized direct care staff person delegated to administer medication shall be subject to suspension or discharge for errors resulting from the staff person's acts or omissions when performing the functions unless the staff person's actions or omissions constitute willful or wanton conduct.

Staff Training Guidelines
and Procedures

Revised 6-00

Page: 2

Further training in-house and through outside agencies will be provided to all staff as needed to enhance quality of services. Staff will be retrained on specific topics as per video(s) annually. All QMRP staff must have at least 12 hours of continuing education each year according to DHS standards. The QMRPs are responsible for ensuring their training meets requirements.

All training sessions and seminars are recorded in a data base. Staff members are responsible for completing the informational form and routing it to the Human Resource Generalist if the training occurred through another company or to the Training Generalist if the training was in-house. Both the Human Resource Generalist and the Training Generalist are responsible for keeping the training information current in the data base.

A requisition must be completed and the training approved by the Director of the Program and/or the Executive Director before scheduling. The director of each program is responsible for scheduling their staff.



Michele McDaniel
Training Generalist

Attachment 6

Formal Driver Training Master Plan / Outline

Annual Retraining Program Plan - Fiscal Year 2009

AGENCY TRAINING	WHO GETS TRAINED	TRAINER	FREQUENCY
Ethics & Sensitivity	All Agency Staff	Jamie Diekemper	Annually
Diversity	All Agency Staff	Jamie Diekemper	Annually
Sexual Harassment	All Agency Staff	Jamie Diekemper	Annually
Slips, Trips, & Falls	All Agency Staff	Laura Braasch	Annually
Abuse & Neglect	All Agency Staff	Jamie Diekemper	Annually
Human Rights	All Agency Staff	Jamie Diekemper	Annually
Blood Borne Pathogens	All Agency Staff	Jamie Diekemper	Annually
Emergency Preparedness Procedures	All Agency Staff	Jamie Diekemper	Annually
HIPAA & Confidentiality	All Agency Staff	Jamie Diekemper	Annually
Driving	Agency Drivers	Laura Braasch	Annually
Safe Lifting Procedures	All Agency Staff	Jamie Diekemper	Annually
Heartsaver CPR	All Agency Staff	Michele McDaniel/ Lori Prunty/ Alyssa Bassler	On Going/ As Needed
Basic First Aid	All Agency Staff	Alyssa Bassler	On Going/ As Needed
Crisis Prevention Intervention	All DSPs	Jamie Diekemper/ Michele McDaniel/ Courtney Schweickhardt	On Going/ As Needed
TB Signs & Symptoms	All Agency Staff	Jamie Diekemper	Annually

Annual Retraining Program Plan - Fiscal Year 2010

AGENCY TRAINING	WHO GETS TRAINED	TRAINER	FREQUENCY
Ethics & Sensitivity	All Agency Staff	Jamie Diekemper	Annually
Diversity	All Agency Staff	Jamie Diekemper	Annually
Sexual Harassment	All Agency Staff	Jamie Diekemper	Annually
Slips, Trips, & Falls	All Agency Staff	Laura Braasch	Annually
Abuse & Neglect	All Agency Staff	Jamie Diekemper	Annually
Human Rights	All Agency Staff	Jamie Diekemper	Annually
Blood Borne Pathogens	All Agency Staff	Jamie Diekemper	Annually
Emergency Preparedness Procedures	All Agency Staff	Jamie Diekemper	Annually
HIPAA & Confidentiality	All Agency Staff	Jamie Diekemper	Annually
Driving	Agency Drivers	Laura Braasch	Annually
Safe Lifting Procedures	All Agency Staff	Jamie Diekemper	Annually
Heartsaver CPR	All Agency Staff	Michele McDaniel/ Lori Prunty/ Alyssa Bassler	On Going/ As Needed
Basic First Aid	All Agency Staff	Alyssa Bassler	On Going/ As Needed
Crisis Prevention Intervention	All DSPs	Jamie Diekemper/ Michele McDaniel/ Courtney Schweickhardt	On Going/ As Needed
TB Signs & Symptoms	All Agency Staff	Jamie Diekemper	Annually

Attachment 7

Formal Driver Training Current Schedule

Annual Retraining Program Plan - Fiscal Year 2009

AGENCY TRAINING	WHO GETS TRAINED	TRAINER	FREQUENCY	EXPECTED COMPLETION DATE
Ethics & Sensitivity	All Agency Staff	Jamie Diekemper	Annually	February
Diversity	All Agency Staff	Jamie Diekemper	Annually	February
Sexual Harassment	All Agency Staff	Jamie Diekemper	Annually	July & October
Slips, Trips, & Falls	All Agency Staff	Laura Braasch	Annually	June
Abuse & Neglect	All Agency Staff	Jamie Diekemper	Annually	July & October
Human Rights	All Agency Staff	Jamie Diekemper	Annually	July & October
Blood Borne Pathogens	All Agency Staff	Jamie Diekemper	Annually	July & October
Emergency Preparedness Procedures	All Agency Staff	Jamie Diekemper	Annually	July & October
HIPAA & Confidentiality	All Agency Staff	Jamie Diekemper	Annually	July & October
Driving	Agency Drivers	Laura Braasch	Annually	November
Safe Lifting Procedures	All Agency Staff	Jamie Diekemper	Annually	July & October
Heartsaver CPR	All Agency Staff	Michele McDaniel/ Lori Prunty/ Alyssa Bassler	On Going/ As Needed	On Going/ As Needed

Attachment 7.B

Basic First Aid	All Agency Staff	Alyssa Bassler	On Going/ As Needed	On Going/ As Needed
Crisis Prevention & Intervention	All DSPs	Jamie Diekemper/ Michele McDaniel/ Courtney Schweickhardt	On Going/ As Needed	On Going/ As Needed
TB Signs & Symptoms	All Agency Staff	Jamie Diekemper	Annually	July & October

Annual Retraining Program Plan - Fiscal Year 2010

AGENCY TRAINING	WHO GETS TRAINED	TRAINER	FREQUENCY	EXPECTED COMPLETION DATE
Ethics & Sensitivity	All Agency Staff	Jamie Diekemper	Annually	February
Diversity	All Agency Staff	Jamie Diekemper	Annually	February
Sexual Harassment	All Agency Staff	Jamie Diekemper	Annually	July & October
Slips, Trips, & Falls	All Agency Staff	Laura Braasch	Annually	June
Abuse & Neglect	All Agency Staff	Jamie Diekemper	Annually	July & October
Human Rights	All Agency Staff	Jamie Diekemper	Annually	July & October
Blood Borne Pathogens	All Agency Staff	Jamie Diekemper	Annually	July & October
Emergency Preparedness Procedures	All Agency Staff	Jamie Diekemper	Annually	July & October
HIPAA & Confidentiality	All Agency Staff	Jamie Diekemper	Annually	July & October
Driving	Agency Drivers	Laura Braasch	Annually	November
Safe Lifting Procedures	All Agency Staff	Jamie Diekemper	Annually	July & October
Heartsaver CPR	All Agency Staff	Michele McDaniel/ Lori Prunty/ Alyssa Bassler	On Going/ As Needed	On Going/ As Needed

Basic First Aid	All Agency Staff	Alyssa Bassler	On Going/ As Needed	On Going/ As Needed
Crisis Prevention & Intervention	All DSPs	Jamie Diekemper/ Michele McDaniel/ Courtney Schweickhardt	On Going/ As Needed	On Going/ As Needed
TB Signs & Symptoms	All Agency Staff	Jamie Diekemper	Annually	July & October

Community Link
Breese, IL

STAFF ORIENTATION CHECKLIST

Employee: _____

Employment Date: _____

ADMINISTRATIVE FORMS

DATE / REVIEWED BY

- 1. Personnel Record _____ / _____
- 2. Illinois & U.S. Withholding Forms _____ / _____
- 3. Employee Eligibility Verification Form(I-9) _____ / _____
- 4. Affirmative Action Data Record _____ / _____
- 5. Verification of Automobile Insurance Form _____ / _____
- 6. Verify Credentials
(Bckgrd Chks, Education, CPR, First Aid, etc.) _____ / _____
- 7. MVR 21 Years Old Yes No _____ / _____
- 8. Community Link Brochures _____ / _____
- 9. Organizational Chart _____ / _____
- 10. Final Pay Agreement _____ / _____
- 11. Take Picture _____ / _____
- 12. Review Volunteer Procedures with Supervisors _____ / _____

ADMINISTRATIVE POLICIES/PROCEDURES

- 1. Employee Handbook
 - Code of Ethics _____ / _____
 - Grievance Procedures _____ / _____
 - Policies on Non-Discrimination _____ / _____
 - Smoking Policy _____ / _____
 - Drug Free workplace Policy _____ / _____
 - Evaluation Procedures _____ / _____

9. Health:

- Safety Management Plan
- Emergency Preparedness Procedures
- Blood Borne Pathogen Exposure Control Plan
And Procedures
- Blood Spill Clean-up Procedures
- Laundry Procedures for Blood and Other
Potentially Infectious Materials
- Medical and Communicable Disease Procedures
- CPR
- First Aid
- Vital Signs

_____/_____
 _____/_____
 _____/_____
 _____/_____
 _____/_____
 _____/_____
 _____/_____
 _____/_____
 _____/_____

10. Safety:

- Door Security Procedures

_____/_____

SUPPORT STAFF WORKING WITH ADULT PROGRAMS

- 1. Introduction to Mental Retardation

_____/_____

- 2. Seizure

_____/_____

DIRECT SUPPORT PERSONS:

- 1. Computer Training
- 2. DHS Curriculum
 - 6 Modules
 - TABE
 - Medication Administration

_____/_____
 _____/_____
 _____/_____
 _____/_____
 _____/_____

3. Reports:

- Client Accident/Illness Report & Instructions
- Employee Accident/Illness Report & Instructions
- Incident Reports & Instructions
- Seizure Reports & Instructions
- Medical Concerns & Instructions
- Case Notes & Instructions

_____/_____
 _____/_____
 _____/_____
 _____/_____
 _____/_____
 _____/_____

- 4. Mobility/Transfer Assistance Procedures

- Gait Belt Instructions
- Mechanical Lift Instructions

_____/_____
 _____/_____
 _____/_____

- 5. Behavior Management Principles & Guidelines

_____/_____

- 6. Behavior Management Committee Procedures

_____/_____

L:\WPDOCS\HR\FORMS\ORIENTATION\STAFFOR11

Init: 1/80 Revised: 1/14/93, 9/15/95, 12/27/95, 4/9/98, 7/15/99, 12/14/00, 3/26/01, 10/13/01, 7/22/02, 07/18/05, 07/01/06, 1/9/07, 06/19/07, 11/6/07, 04/03/08, 6/18/08, 7/7/08

Community Link

Breese, Illinois

STAFF ORIENTATION CHECKLIST DEVELOPMENTAL PROGRAM MANAGER

Employee: _____ Employment Date: _____

GENERAL ORIENTATION

DATE COMPLETED

- 1. Tour of their specific work area/building _____
- 2. Computer codes _____
- 3. Introduction to co-workers _____
- 4. Lunch break/Lunchroom key _____
- 5. Mailbox and routing system _____
- 6. Time card procedures _____
- 7. Supervisor expectations/work ethics _____
 - Personnel Handbook
 - Dress codes
 - Issues/concerns
- 8. Use of office phone/equipment _____
- 9. Suggestion boxes _____
- 10. Information Boards/Staff Calendar _____
- 11. PTO System/PTO Books _____
- 12. Organizational Chart _____

PROGRAM ORIENTATION

- 1. Job Description reviewed/signed _____
- 2. ADP Policy and Procedures Manual _____
- 3. Location of blank forms, client information, materials used for daily activities, materials for resources, diet sheets, daily charts, checklists _____
- 4. Client attendance system _____
- 5. Requisitions: Purchases/Reimbursements _____

PROGRAM ORIENTATION CONTINUED**DATE COMPLETED**

6. Individual Program Plan (IPP)

- Checklist
- Forms
- Role as team member

7. Software Applications

- Kronos (Timekeeper)
- EC3 (Client Database/IPP/Strategies/Progress Notes)
- Word
- Internet/Intranet/Website/E-mail/Calendar

8. Community Link Committees

- Human Rights Committee
- Behavior Management Committee
- Safety Committee
- Case Record Review Committee
- Quality Assurance Committee

9. Consumer Handbook, Safety Handbook
and Complaint form

10. Monthly Meetings

- Managers' Meeting (Weekly)
- Supervisors' Meeting
- All ADP Meeting

11. QMRP Curriculum Completed

12. Surveys and Licensing

- Department of Human Services (DHS)
- Commission on Accreditation of Rehabilitation
Facilities (CARF)

13. Files read/reviewed and IPP & Special Instruction

Sheet Acknowledgments signed
(See attached list)

14. Driving Training

I have received the above training and have had any questions answered at this time. I understand that if I have any other questions or concerns, to ask my supervisor. I understand that a copy of the Employee Handbook and ADP Policy and Procedures Manual are located in the front office of both locations for my reference.

Employee Signature/Date

Supervisor Signature/Date

Community Link

Breese, Illinois

STAFF TRAINING CHECKLIST ADP VAN

Employee: _____

Date: _____

BASIC OPERATIONS

DATE COMPLETED

- 1. Locks _____
- 2. Windows _____
- 3. Heat /A/C _____
- 4. Lights _____
- 5. Wipers _____
- 6. Radio _____
- 7. Seatbelts _____
- 8. Mirrors _____
- 9. Gauges _____
- 10. Gas _____
- 11. Oil check _____
- 12. Hazards _____
- 13. Seats _____

SAFETY

- 1. First Aid Kit _____
- 2. Fire Extinguisher _____
- 3. Emergency Triangles _____
- 4. Plastic Tote _____
- 5. Back Seat - lock & unlock _____

Attachment 8

Example of Individual Personnel Training Record Documenting Formal Driver Training

(cover sheet)

Staff Training Information

Attachment B-A

06/01/08 - 7/1/09

GEHR01

Lisa M. Gehrs

Hire Date: 5/17/1993

Full-Time Empl Date: 5/17/1993

10/1/2008	Topic: First Aid		
	Description: American Red Cross w/A Bassler		
	Duration: 4.00 Hrs	Expiration/Retrain Date:	10/1/2011

10/1/2008	Topic: Professional Development		
	Description: Med Inf/First Aid Review test w/Bassler		
	Duration: 1.00 Hrs	Expiration/Retrain Date:	

10/31/2008	Topic: All Staff Annual In-Service		
	Description: Diversity/Sensitivity/Teamwork w/J Foppe		
	Duration: 4.00 Hrs	Expiration/Retrain Date:	

12/17/2008	Topic: Professional Development		
	Description: Emerg Prep, Harrassment, TB sign/sympt		
	Duration: 0.50 Hrs	Expiration/Retrain Date:	

2/11/2009	Topic: Cardiopulmonary Resuscitation		
	Description: American Heart Association w/L Prunty		
	Duration: 1.50 Hrs	Expiration/Retrain Date:	2/11/2011

6/17/2009	Topic: Driver Training		
	Description: Van Training w/B Hake		
	Duration: 1.00 Hrs	Expiration/Retrain Date:	

Total Training Hours: 12

06/01/08 - 7/1/09

Staff Training Information

Attachment B-B

7/6/06 - 6/17/09

DIEK01

Jamie L. Diekemper

Hire Date: 7/5/2006

Full-Time Empl Date: 8/27/2006

7/20/2006	Topic: Cardiopulmonary Resuscitation
	Description: American Heart Assoc. w/Lori Prunty RN
	Duration: 4.00 Hrs
	Expiration/Retrain Date: 7/20/2008
7/25/2006	Topic: Community Link 101
	Description:
	Duration: 0.50 Hrs
	Expiration/Retrain Date:
7/25/2006	Topic: Confidentiality
	Description:
	Duration: 0.50 Hrs
	Expiration/Retrain Date:
7/25/2006	Topic: HIPAA Privacy & Security Pol & Proc
	Description:
	Duration: 0.50 Hrs
	Expiration/Retrain Date:
7/25/2006	Topic: Bloodborne Pathogen
	Description:
	Duration: 0.50 Hrs
	Expiration/Retrain Date:
7/25/2006	Topic: Professional Development
	Description: Sexual Harassment
	Duration: 0.50 Hrs
	Expiration/Retrain Date:
7/25/2006	Topic: Intro To DD Classroom Training
	Description:
	Duration: 4.00 Hrs
	Expiration/Retrain Date:
7/26/2006	Topic: Human Rights Classroom Training
	Description:
	Duration: 2.50 Hrs
	Expiration/Retrain Date:
7/27/2006	Topic: Abuse & Neglect Classroom Training
	Description:
	Duration: 3.00 Hrs
	Expiration/Retrain Date:
7/27/2006	Topic: Human Interaction & Comm ClassrmTrg
	Description:
	Duration: 2.50 Hrs
	Expiration/Retrain Date:
7/27/2006	Topic: Human Rights Classroom Training
	Description:
	Duration: 1.50 Hrs
	Expiration/Retrain Date:

Staff Training Information

Attachment B-C

7/6/06 - 6/17/09

DIEK01

7/31/2006	Topic: ISP Dev & Implamentation ClassrmTrg
	Description:
	Duration: 4.00 Hrs
	Expiration/Retrain Date:
7/31/2006	Topic: Basic Health & Safety Classroom Trg
	Description:
	Duration: 2.50 Hrs
	Expiration/Retrain Date:
7/31/2006	Topic: Human Interaction & Comm ClassrmTrg
	Description:
	Duration: 1.50 Hrs
	Expiration/Retrain Date:
8/1/2006	Topic: Basic Health & Safety Classroom Trg
	Description:
	Duration: 4.25 Hrs
	Expiration/Retrain Date:
8/2/2006	Topic: Basic Health & Safety Classroom Trg
	Description:
	Duration: 1.50 Hrs
	Expiration/Retrain Date:
8/3/2006	Topic: Basic Health & Safety Classroom Trg
	Description:
	Duration: 1.50 Hrs
	Expiration/Retrain Date:
9/6/2006	Topic: Nonviolent Crisis Intervention
	Description: w/ Michele McDaniel
	Duration: 6.00 Hrs
	Expiration/Retrain Date: 9/6/2007
5/9/2007	Topic: First Aid
	Description: American Red Cross w/Alyssa Bassler RN
	Duration: 4.00 Hrs
	Expiration/Retrain Date: 5/9/2010
7/10/2007	Topic: Professional Development
	Description: Annual Rev & Med Admin w/McDaniel/Knapp
	Duration: 2.50 Hrs
	Expiration/Retrain Date:
12/12/2007	Topic: Professional Development
	Description: Why Perf Rev Fail/What Can Do To Change
	Duration: 1.25 Hrs
	Expiration/Retrain Date:
1/31/2008	Topic: Nonviolent Crisis Intervention
	Description: Annual Retraining W/Michele McDaniel
	Duration: 2.00 Hrs
	Expiration/Retrain Date: 1/31/2009
1/31/2008	Topic: HIPAA Privacy & Security Pol & Proc
	Description: Annual Retraining W/Michele McDaniel
	Duration: 0.50 Hrs
	Expiration/Retrain Date:

Wednesday, June 17, 2009

Staff Training Information

Attachment 8-D

7/6/06 - 6/17/09

DIEK01

1/31/2008	Topic: Cardiopulmonary Resuscitation Description: American Heart Association W/M McDaniel Duration: 2.00 Hrs Expiration/Retrain Date: 1/31/2010
2/20/2008	Topic: Driver Training Description: Defensive Driving Tech w/Laura Braasch Duration: 1.50 Hrs Expiration/Retrain Date:
3/19/2008	Topic: Professional Development Description: Body Mech/Slips/Trips/Falls w/ L Braasch Duration: 1.00 Hrs Expiration/Retrain Date:
5/13/2008	Topic: Professional Development Description: Van Training w/B Hake Duration: 1.00 Hrs Expiration/Retrain Date:
5/14/2008	Topic: Qualified MR Professional Description: Module I and Module II Duration: 7.75 Hrs Expiration/Retrain Date:
5/21/2008	Topic: Qualified MR Professional Description: Module III and Module IV Duration: 7.75 Hrs Expiration/Retrain Date:
5/28/2008	Topic: Qualified MR Professional Description: Module V and Module VI Duration: 7.75 Hrs Expiration/Retrain Date:
6/4/2008	Topic: Qualified MR Professional Description: Module VII and Module VIII Duration: 7.75 Hrs Expiration/Retrain Date:
6/11/2008	Topic: Qualified MR Professional Description: Module VIII and Module IX Duration: 7.75 Hrs Expiration/Retrain Date:
10/31/2008	Topic: All Staff Annual In-Service Description: Diversity/Sensitivity/Teamwork w/J Foppe Duration: 4.00 Hrs Expiration/Retrain Date:
12/18/2008	Topic: Professional Development Description: Emerg Prep, Harrassment, TB sign/sympt Duration: 0.50 Hrs Expiration/Retrain Date:
1/16/2009	Topic: Professional Development Description: Unemployment System w/Steve Mills Duration: 2.00 Hrs Expiration/Retrain Date:

Staff Training Information

Attachment B - E

7/6/06 - 6/17/09

DIEK01

2/25/2009	Topic: Qualified MR Professional		
	Description: DD Qualified MR Professional Course Trng		
	Duration: 6.00 Hrs	Expiration/Retrain Date:	
3/13/2009	Topic: Professional Development		
	Description: Survey of Research Methodology		
	Duration: 4.00 Hrs	Expiration/Retrain Date:	
3/17/2009	Topic: OIG & Agency Proc. On Abuse/Neglect		
	Description: OIG Rule 50 -DHS		
	Duration: 6.00 Hrs	Expiration/Retrain Date:	3/18/2011
4/1/2009	Topic: Professional Development		
	Description: DD DSP Course Coordinator Training w/DHS		
	Duration: 12.00 Hrs	Expiration/Retrain Date:	
4/15/2009	Topic: Lifting Procedures		
	Description: Medicare Sit to Stand Lift w/ A Bassler		
	Duration: 0.50 Hrs	Expiration/Retrain Date:	
5/26/2009	Topic: Professional Development		
	Description: United Way Volunteer Management Training		
	Duration: 18.00 Hrs	Expiration/Retrain Date:	
Total Training Hours: 148.75			7/6/06 - 6/17/09

Attachment 9

Letter of support from Certified Public Provider or Local Transit Authority

(cover sheet)



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 8, 2009

Ms. Barb Nelson
Community Link
P.O. Box 157
Breese, IL 62230

RE: 2009 Consolidated Vehicle Procurement Program

Dear Barb:

In am in receipt of your request for a letter of support for the procurement of two vehicles through the 2009 Consolidated Vehicle Procurement Program.

SCT supports your request for these vehicles and appreciates your continuing efforts to coordinate transportation services through our transit district whenever possible.

Please call with any questions or if you need additional information. I may be reached at 618-532-0189 x103.

Sincerely,

A handwritten signature in black ink that reads 'Vicki Clift'.

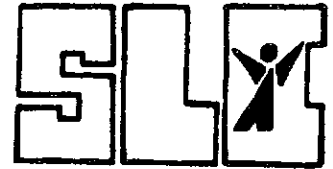
Vicki Clift
Director of Finance

Encl.

Attachment 10

Letter(s) of support from Local Legislators and Others

(cover sheet)



Not-For-Profit

Tax Exempt

Illinois Department of Transportation
June 9, 2009

To whom it may concern:

I am writing in response to Community Link's application to obtain two accessible minivans for their organization. Community Link provides quality services which enrich and enhance the lives of the developmentally disabled population which they serve. Their business is in the forefront of providing increased opportunities for community employment and community integration for the developmentally disabled. On behalf of Parents and Friends of the Specialized Living Center I support their request to obtain the minivans for their program.

Very truly yours,

Charles Keigley MS
Executive Director

Royal Living Center

200 South Ninth St.
New Baden, IL 62265
(618) 588-7295
Fax (618) 588-7290

June 3, 2009

Barb Nelson
Community Link
1665 N. 4th Street, P.O. Box 157
Breese, IL 62230

Dear Ms. Nelson,

The residents and staff of the Royal Living Center would like to enthusiastically endorse and support Community Link's application to secure two accessible minivans (we have three residents in wheelchairs). All of our residents are involved with Community Link on a daily basis (Monday – Friday) and attend either the Day Training Program or Production. Transportation is an important Quality of Life issue for all of our residents as well as for all of the clients served by Community Link. It enables all persons with disabilities to more actively participate in the community.

Respectfully,



Dolores J. Krebs, LNHA, Owner/Administrator

June 16, 2009

To Whom It May Concern:

Our organization, Clinton County Advocates for Recreational Activities, would like to send a letter in support of funding for the purchase of a van. Due to budget cuts and the economy, this grant would help developmentally disabled adults get into the community. Community Link would be using this vehicle for small community outings. This would enable home-bound individuals more freedom to get out and experience the community. This would only enhance their way of life. Community Link would also be using this vehicle to help support the Recycling Program at Community Link. This recycling program is to benefit Community Link individuals. This vehicle will help volunteers support the program.

Community Link also helps our organization transport individuals to and from our activities. Our organization has outings such as baseball games, bingos, dances, dinners, and swimming parties. This vehicle would help individuals experience these activities.

Please consider Community Link for this grant. They are a wonderful outlet and resource for people with developmental disabilities. Please feel free to contact our organization if you have any questions or concerns.



Teresa Varel,
Activity Director/President
Clinton County Advocates for Recreational Activities