

**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.

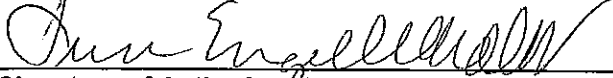
FOR OFFICE USE ONLY Received at IDOT: ___/___/___ BY: _____

LEGAL NAME of Applicant Agency FIVE STAR INDUSTRIES	Date of Application Filing 6/29/09
Street/Mailing Address, City, and Zip Code (Not just P. O. Box) 1308 WELLS STREET ROAD, P.O. BOX 60 DU QUOIN, IL 62832	Federal Tax Identification Number (TIN) 37-0996081
List general area served (counties, city, areas as applicable) (Detail in Part 5, Page 9) PERRY COUNTY, ILLINOIS	Type of Applicant (see pg. 4 Section A) Private Non-Profit: <input checked="" type="checkbox"/> X Section 5311 Grantee: _____ IDOT Certified Public Body: _____
County PERRY HSTP Region (if rural-see page 43) 11 HSTP Office (see pages 44) South Central Illinois Regional Planning & Dev Com	Illinois State Tax Exempt Number E-9984-8902-05
Application Contact Person: John Childs Title: Controller Phone: 618-542-5421, ext 118 Vehicle Issues Contact Person: David Woosley Title: Property Operations Mgr Phone: 618-542-5421, ext 133	App. Contact E-Mail: _jchilds@5starind.com_____ Fax. (618)_542-5556_____

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

 Tel. 618-542-5421, ext 132 6/29/09
Signature of Authorized Representative Date
(As authorized by board resolution, see Appendix C)

SUSAN ENGELHARDT _____ EXECUTIVE DIRECTOR _____
Print name of Authorized Official Title

READ ALL INFORMATION CAREFULLY

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

Applicant Name
FIVE STAR INDUSTRIES, 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)	X
• Appendix A FTA & IDOT Joint Certifications Assurances (pp. 22-32) signed by Official Representative (page 24),	X
• 2nd- Signed and dated Attorney's Affirmation (page 23)	X
• Appendix B Public hearing: Published notice, hearing report and public comments (page 33)	X X X
• Appendix C Executed Board Resolution authorizing applicant's Official Representative (page 34)	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)	NA
• Letter of support from Certified Public Provider or local Transit Authority (if applicable)	X
• Letters of Support from local Legislators, others (not a requirement)	X

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

PART 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 FIVE STAR INDUSTRIES, INC.	Form <u> 1 </u> of <u> 2 </u> , (1 of 1 etc.)
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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.) 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 #
1997	Ford	Med Duty	06/09; 204,473	1FDLE40FIVHB51170; 2441

Criteria 2 Justification (i.e., documentation vehicle is unsafe or in poor condition –include, photos, receipts)
CRITERIA FOR DISPOSAL OF IDOT FUNDED VEHICLES: General: Consumer Vans, RR or Mini – 120,000 miles; Light Duty- 120,000 miles; Medium Duty Vehicles – 150,000 miles; Super Medium – 200,000 miles; Heavy Duty Transit Vehicle – 300,000 miles. Any questions: Contact the Program Manager at IDOT.

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

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

A. Applicant Agency Name FIVE STAR INDUSTRIES, INC.	Form <u> 2 </u> of <u> 2 </u> , (1 of 1 etc.)
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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)
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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
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Heavy Duty Transit Vehicle (>30 pass)	280,000 Miles	OR 10 yrs, in documented unsafe & poor operating condition

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

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

Yr.	Manufacturer	Type	Date/Mileage	(if applicable) VIN # IDOT Contract #
1995	Dodge	Mini-Van	06/09; 181,284	2B4GH2532SR331092; NA

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

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

ESTIMATED PROJECT BUDGET MUST BE COMPLETED BY ALL APPLICANTS

G. Estimated CVP Budget							
Vehicle Type	Capacity (Approx.)	Requested Number of Units			Line Total (a)+(b)+(c)	Estimated Unit Cost	Estimated Total Cost Line Total x Unit Cost
		Replacement (a)	Expansion (b)	New (c)			
Mini-Van Paratransit (w/ ramp) MV	6 pass.					\$36,000	\$
Light Duty Paratransit Vehicle (w/lift) LD	12 pass.	2			2	\$52,000	\$ 104,000
Medium Duty Paratransit Vehicle (w/lift) MD	14 pass.					\$59,000	\$
Super Medium Duty Para-Transit Vehicle (w/lift) SMD	22 pass.					\$94,000	\$

Total CVP Request: \$ 104,000

Comments:

PART IV

PROJECT JUSTIFICATION

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

Applicant Name FIVE STAR INDUSTRIES, INC.

Project Justification

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

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

SEE ATTACHED

PART IV-PROJECT JUSTIFICATION

Overview

Five Star Industries, Inc. has been in existence since 1974 and is the only provider of day time and residential services to people with disabilities in Perry County. Five Star serves an average of 80-90 clients each day and provides residential services to approximately 50 clients. Clients involved in day programming receive a variety of services including self care training, independent living skills training, recreational and socialization training, vocational training, as well as sheltered and supported employment. Day programming occurs Monday through Friday, from 8:00 am until 3:00 pm. For clients residing in the residential facilities, Five Star is responsible for their care seven days per week, 24 hours per day. The state of Illinois through the Dept of Human Services is the primary funding source for these programs.

Five Star is located southwest of DuQuoin, just outside of city limits. DuQuoin, itself, is located in the southeastern corner of Perry County, which is rural in nature. Very few of the clients served have access to private transportation either due to financial constraints or the severity of their disability. Public transportation is virtually nonexistent within Perry County. As a result, Five Star has assumed the responsibility for the transportation of its clients to and from services.

During 2007 Five Star commenced a Senior Day Program in Pinckneyville, the county seat, located in central Perry County. It is the only day program in Pinckneyville serving seniors. The program is currently serving 6 individuals and the transportation demands are minimal. We fully expect that as the program grows so to will the transportation needs.

During 2008 Five Star also opened another residential site in Pinckneyville, serving 5 clients.

Since its inception Five Star has provided basically two systems of transportation services for the disabled individuals and now the seniors it serves:

Community Demand/Response

As clients' rehabilitation programs dictate, transportation is provided for a variety of community activities, i.e., recreation, medical appointments, shopping, etc. These trips are generally local in nature (2-4 mile radius).

Daily Fixed Route

In order to provide day time services Monday through Friday, Five Star runs a fixed route throughout Perry County. This route may be modified depending on the location of the clients served. Five Star uses several medium sized vans, and 2 medium-duty paratransit vehicles. In October, 2007 Five Star and South Central Transit(SCT), the designated transportation provider in Perry County, entered into an agreement, whereas, SCT would provide service for the daily fixed route for a fee and use of Five Star's two Paratransit vehicles and two Raised-Roof vehicles.

At its inception Five Star's route basically covered only the two larger towns in the county, DuQuoin and Pinckneyville, about 25% of the area, of the county. Now, in order to serve the county more completely, Five Star's routes cover 60% - 70% of the county. This has increased daily highway milage from 60-70 miles to about 200 miles.

Initially Five Star leased a station wagon and over the next 15-20 years purchased several small buses and a larger bus. This was funded through a continuing operating grant from the IL Dept. of Mental Health. However, no increase in operating grants have been available in order to enable Five Star to establish a viable vehicle replacement plan.

Consequently Five Star over the past 12 years has applied for 3 medium-duty, 2 raised roof paratransit vehicles, 2 mini-vans and 4 light duty paratransit vehicle through the IDOT Public Transportation Capital Assistance Grant. To date nine vehicles have been received, and 1 more is scheduled to be received this year. The IDOT vehicles have been integral in the delivery of services to Five Star's clients. However, due to the recent expansion of programs described above and the age and utilization of some of the vehicles, it is necessary to request replacements.

Benefits

The replacement vehicles would provide the following benefits to elderly and disabled persons of Perry County:

1. **Additional Flexibility** -The Light Duty Paratransit vehicle would be appropriate for demand/response routes, and can also be used for fixed routes. Its ability to serve both ambulatory and non-ambulatory passengers in several configurations is extremely beneficial.
2. **Safety** - The replacement vehicles would greatly diminish the possibility of breakdowns and the interruption of services. This is a serious concern to Five Star in a rural area serving such a fragile population of individuals.
3. **Suitability** - Because of their size the vehicles, especially the Light Duty are practical for both community demand/response and fixed routes.
4. **Accessibility** - The removable passenger seats allow for both ambulatory and wheelchair passengers.

Summary

Five Star Industries has provided specialized transportation for individuals with disabilities for over 35 years. To some extent Five Star Industries will continue to transport elderly and disabled individuals to and from their respective day and residential programs and to assist those individuals in their personal needs. Unfortunately, with no funding increases anticipated from the State of Illinois for the coming fiscal year and dramatic increases in almost all costs ranging from food to fuel, it is impractical if not virtually impossible for Five Star to be able to fund suitable replacement vehicles. Thus Five Star relies on the CVP for safe, reliable and respectable paratransit vehicles, which do ensure that disabled and elderly individuals can continue to be served. In order to avoid interruption or contraction of these

services, it is critical that Five Star is able to secure replacement vehicles. In addition the partnership with SCT has hopefully laid the foundation for more interaction and coordination of transportation services for SCT not only with Five Star, but with other human services and also with the general public. A part of this agreement is Five Star's ability to provide functional vehicles. Without this partnership not only would Five Star's transportation program be jeopardized but so could SCT's efforts to coordinate a broader range of transportation services throughout Perry County.

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 FIVE STAR INDUSTRIES, INC.

A. Geographic Area Served

List the Cities, Towns, Counties and workplaces, etc. of clients served by your current transportation program. Include a map showing the service area if you feel it would help our understanding.

Five Star Industries is located southwest of DuQuoin in the southeastern corner of Perry County. Five Star Industries' services are available to all disabled citizens of Perry County, some of whom are elderly, and thus provides transportation for a large portion of the county. Some of the towns which are served on the daily fixed route are: DuQuoin, Pinckneyville, Tamaroa, Cutler and Willisville. Total mileage covered daily is about 200 miles.

B. Service Area Population Information

Use 2000 census data.

1. Total Population of your Current Service Area	23,094
2. Elderly (60+) Population of Service Area	4,666
3. Disabled Population of Service Area	3,907

C. Service to Minority Group Persons

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

Racial/Ethnic Group	Service Area		Applicant's Client Population	
	Total	% of Total	Total	% of Total
American Indian/Alaskan Native	53	.23	0	0
Asian/Pacific Islander	64	.28	0	0
Black	1,851	8.01	3	3.41
Hispanic	406	1.76	0	0
White	20,681	89.55	85	96.59
Other	39	.17	0	0
TOTAL (match B-1 above).	23,094	100 %	88	100 %

Applicant Name
 FIVE STAR INDUSTRIES, INC.

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

Briefly describe your organization's:

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

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

SEE ATTACHED

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

7 / 25 / 08,

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

F. Table I. Transportation Program Employees and Staffing

Use the table below to show the number of paid employees and/or volunteers used in the operation of your transportation service for a typical week in the most recent operating year. Provide the total hours, by day of the week, worked by all employees/volunteers.

Example: If a bookkeeper works on the transportation program 1 hour each weekday (on average), show 1 on the table, in column 'A' and for or each day insert 1(one) hour, 2 (two) hours etc.

Staff	'A' # Staff	Total # of Hours Worked by Transportation Staff by Day						
		Mon.	Tues.	Wed	Thurs.	Fri.	Sat	Sun
Paid Drivers-Demand Resp	10	5	5	5	5	5	7	7
Volunteer Drivers *SCT	4	11	11	11	11	11		
Reservationists/								
In-house Staff, Maint.	2	1	1	1	1	1		
Administrative Staff								
TOTALS	16	19	19	19	19	19	7	7
Total # of vehicles in use	XXXXXX	13	13	13	13	13	9	9

Applicant Name FIVE STAR INDUSTRIES, INC.

Table II. Current Transportation Service Information

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

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

Indicate that data is for the annual period, from 6/1/08 to 5/31/09

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

Table with 2 columns: Individual Clients Served, Annual Total. Rows include Elderly Riders without Disabilities, Elderly Riders with Disabilities (16), Non-Elderly Riders with Disabilities (72), Other Riders, including general public, and TOTAL CLIENTS SERVED (Must match p.10) (88).

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.

Table with 2 columns: Trip Purpose, Estimated Annual Total. Rows include Medical Trips (2,000), Work Trips (30,000), Education Trips, Nutrition Trips, Shopping Trips (10,000), Social/Recreational Trips (10,000), Other Trips, and TOTAL ONE-WAY PASSENGER-TRIPS PER YEAR (52,000).

Average number of vehicles used on a daily basis to provide this service 13

PART V-CURRENT SERVICES AND EXPERIENCE

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

Five Star Industries, Inc. was established in 1974 and is the only day time and residential service to people with disabilities in Perry County. Five Star serves an average of 80-90 disabled individuals (clients) each day and provides residential services to approximately 50 clients. Clients involved in day programming receive a variety of services including self care training, independent living skills training, recreational and socialization training, vocational training, as well as sheltered and supported employment. Day programming occurs Monday through Friday from 8:00 am until 3:00 pm. For clients residing in the residential facilities, Five Star is responsible for their care seven days per week, 24 hours per day.

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Community Demand/Response

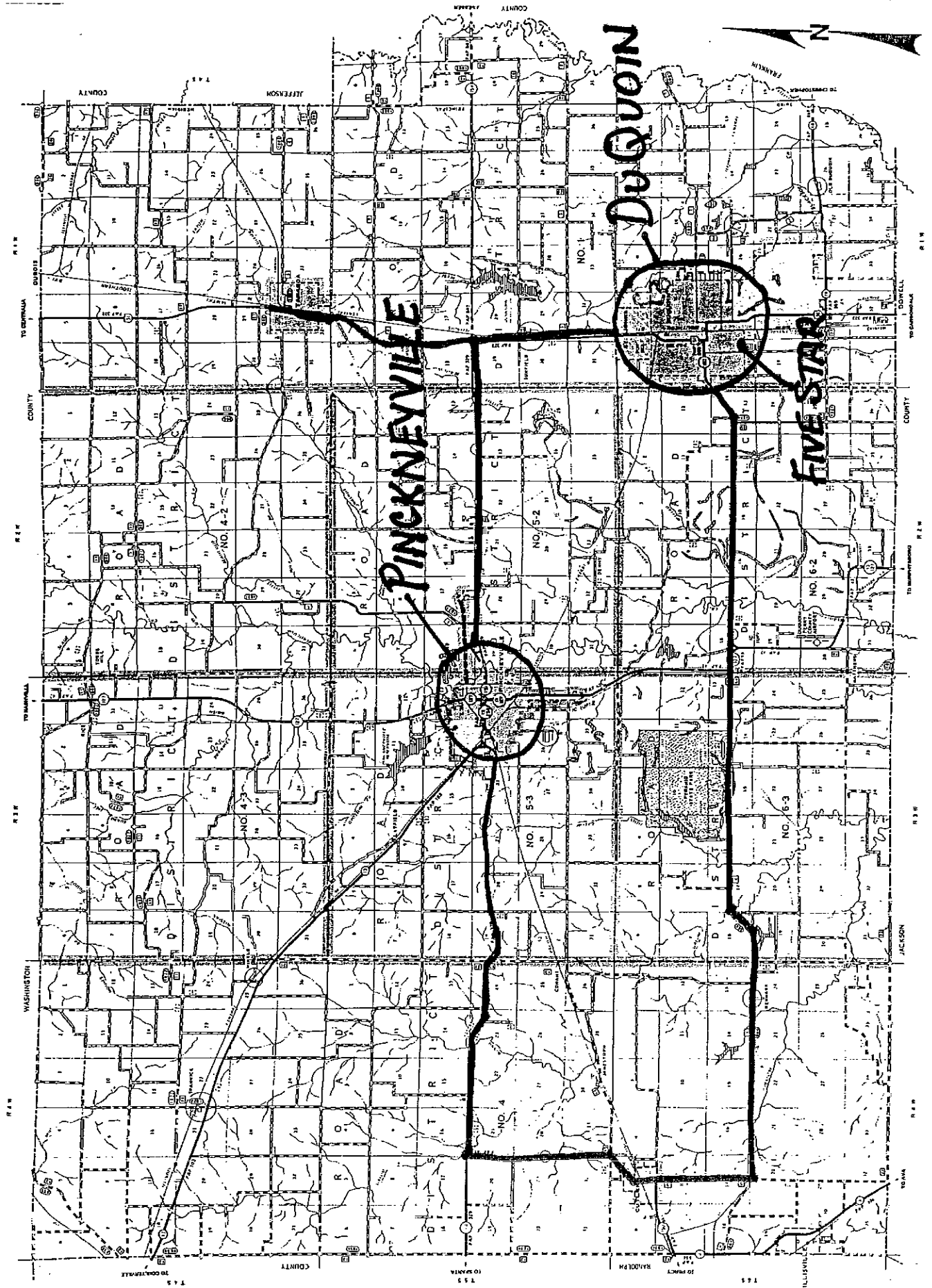
As clients' rehabilitation programs dictate, transportation is provided for a variety of community activities, i.e., recreation, medical appointments, shopping, etc. These trips are generally local in nature (2-4 mile radius), and can be available 24 hours/day, 7 days/week.

Daily Fixed Route

In order to provide day time services Monday through Friday, Five Star runs a fixed route throughout Perry County. This route may be modified depending on the location of the clients served. Five Star uses several medium sized vans, and 2 medium-duty paratransit vehicles. In October, 2007 Five Star and South Central Transit (SCT), the designated transportation provider in Perry County, entered into an agreement, whereas, SCT will provide service for the daily fixed route for a fee and use of Five Star's two Paratransit vehicles and two Raised-Roof vehicles.

PERRY COUNTY

FIXED ROUTE



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

Applicant Name FIVE STAR INDUSTRIES, INC.

A. Fleet Control

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

Does the file include (Check all that apply)

COPIES of: Vehicle Title X___, Warranties X___, Insurance policy card X___, Vendor Contact Information X___

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

All warranty claims X___

Details on any malfunctions of ADA/lift equipment? X___

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

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

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

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

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

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

Do you have a Long Term Vehicle Replacement Plan? Y ___ N ___ X___

Do you maintain and regularly update Fleet Condition Reports? Y ___ N ___ X___

B. Maintenance

Does your agency have a current written maintenance policy? Y X___ N ___.

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

Do you perform preventative scheduled maintenance for all vehicles? (Attach any examples). Y X___ N ___

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

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

Do you keep records of all vehicle inspections? (attach an example) Y X___ N ___

How long do you keep vehicle inspection records on file? ___ mos. 1 years ___ (6 months recommended)

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

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

DAVID WOSLEY, MAINTENANCE AND TRANSPORTATION SUPERVISOR

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

DAVID WOSLEY, MAINTENANCE AND TRANSPORTATION SUPERVISOR

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

Please List any/all outside contractor/service shops; and describe any specialty training: ALVIS AUTO REPAIR

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

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

Name & Address of shop certified in servicing the ADA equipment offered: Name: SOUTHERN BUS & MOBILITY
Address 12950 KOCH LANE, BREESE, IL

Do you have any major outstanding vehicle or accessory warranty or repair issues? Y ___ N ___ X___

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

Maintenance Program

The purpose and objectives of the Maintenance Program is to properly maintain the physical properties owned/leased (where applicable) by Five Star Industries in a safe and operable condition. The Maintenance Program is to support and promote Five Star Industries' stated purposes.

In order to meet its objectives, the Maintenance Dept. will develop a system of preventive maintenance for all physical assets and, also, a system of communication for all staff to report actual or perceived problems with any physical property. The system should include checks and balances to ensure all problems are addressed with integrity.

	<u>Preventive Maintenance</u>	<u>Problem Identification Reporting & Resolving</u>
VEHICLES	Each driver is to fill out daily inspection sheet on their vehicle before driving the vehicle.	Same, also, needed maintenance to be performed before being driven.
	Each Monday a maintenance person will check all vehicles and complete maint. and safety checklist.	Staff identifying problems should promptly complete a maintenance request form and submit to Maintenance Coord. Requests are prioritized as to severity.
	Annual IDOT inspection.	Maint. Coord. to refer major problems to a qualified mechanic.
	Complete services are to be performed every 3,000 miles by a qualified mechanic.	
BUILDINGS & EQUIPMENT	Safety & environmental inspections are performed and documented monthly by assigned management staff.	Staff identifying problems should promptly complete a maintenance request form and submit to Maintenance Coord. Requests are prioritized as to severity.
	Schedules for each site are attached for trash pick-up, lawn care, Painting, floor care. Furnances/air conditioners And other as needed.	Maint. Coord. to refer major problems to a qualified service professional.

MAINTENANCE AND SAFETY CHECKLIST

Checker: KD

Reviewer: DW

2005 Ford VAN 350

48285

Vehicle, Tool, Machine

Mileage/Hours

ITEM/AREA	FREQUENCY TO BE CHECKED OR DONE	DATE CHECKED - DONE - COMMENTS
		<u>6-15-09</u>
Head Lights Dim/Bright	Weekly	OK
Horn	Weekly	OK
Tail Lights	Weekly	OK
Brake Lights	Weekly	OK
Signal Lights	Weekly	OK
Flasher Lights	Weekly	OK
Back up Lights	Weekly	OK
Oil Checked	Weekly	OK
Oil Changed	2 months or 3000 miles	
Oil Filter Changed	2 months or 3000 miles	
Air Filter Checked	Monthly	
Air Filter Changed	5 months or 10000 miles	
First Aid Kit	Monthly	OK
Fire Extinguisher	Annually	OK
Tire Air Pressure	Weekly	OK Rear Tires
Transmission Fluid	Monthly	
Rear End Oil	Monthly	
Grease	2 months or 3000 miles	
Parking Brake Check	Monthly	OK
Flare Box	Monthly	
Battery Water	Monthly	
Radiator Level	Monthly	
Radiator Drain Refill	Annually	
Windshield Washer fluid	Weekly	OK

PRE-TRIP INSPECTION AND POST TRIP REPORTING FORM

PRE-TRIP:

Open Hood, Check: oil; coolant; washer fluid; unlock all doors. (Mandatory to unlock rear emergency door)

Start Vehicle: (Turn on headlights & 4-way flashers)

Walk around vehicle & inspect for:

- OK Body damage
- OK Tire inflation (visual)
- wok Lights and flasher operation
- N/A Ramp/Lift Operation
- OK Interior for damage
- OK Seat and belt condition
- OK Fire Extinguisher
- OK First Aid Supplies
- OK Heater - A/C operation
- N/A Wheel Chair lift operation
- N/A Wheel Chair Tie Downs

DURING TRIP:

Note all operational conditions of vehicle

- OK Vehicle operation okay
- NO Vehicle requires repair or service

Pat Helms
Driver

6/2/09
Date

Ending Odometer: 46970

Vehicle: Gardens

VEHICLE LOG

Every driver must sign the log and note starting mileage and ending mileage.

The first driver of the day must also complete the vehicle checklist and turn it in to Maintenance or through group at the agency or through group name boxes

All maintenance forms should be completed and turned in to Maintenance at the agency or through group name boxes.

If there is a safety-related problem, the driver should place the "DO NOT DRIVE" sticker on the steering wheel, remove the keys and notify Maintenance.

Date	Start Mileage	Vehicle Check Completed	Maintenance Issue?	Vehicle Tagged Out?	Signature	Stop Mileage
12.21.08	46156.6	NO	NO	NO	Mary Benedict	46158.3
12.23.08	46158.3	NO	NO	NO	T. Sechlicky	46167.7
1.4.09	46167.7	NO	NO	NO	Mary Benedict	46195.6
1-8-09	46202.2	NO	NO	NO	Grace Jemel	46209.2
1-11-09	46209.2	NO	NO	NO	Tyech Sechlicky	46237.6
1-13-09	46237.6	NO	NO	NO	Pat Helms	46320.0
2.8.09	46322.0	NO	NO	NO	Mary Benedict	46324.9
2.15.09	46340.0	NO	NO	NO	Mary Benedict	46388.8
3.1.09	46388.5	NO	NO	NO	Mary Benedict	46489.5
3/3/09	46494.8	yes	NO	NO	Pat Helms	46499.7
3/26/09	46527.6	yes	NO	NO	Grace Jemel	46536.6
4.2.09	46537.6	yes	NO	NO	Pat Helms	46548.4
4.5.09	46548.5	yes	NO	NO	Mary Benedict	46565.9
4.14.09	46566.9	yes	NO	NO	Pat Helms	46576.3
4.16.09	46579.4	yes	NO	NO	Pat Helms	46590.0
4/20/09	46633.7	yes	NO	NO	Pat Helms	46644.4
5/3/09	46644.4	yes	NO	NO	Pat Helms	46719.7

Use both side please!!

MAINTENANCE REQUEST

Date Submitted: 5/31/09 Date Received: _____

Person Requesting: Candace R Approved: yes _____ no _____

immediate health/safety Date completed: 6-1-09

general maintenance Worker completing: _____

by specific date: _____ Additional Comments: _____

Name of site: WELLS

Description of request: The tires
are low on the van

White-Admin: Yellow-Site Mgr.
Residential to Dir. Of Res. Programs
Day Program to Dir. of Day Programs

Pink/Gold: Maintenance
Production to Production Manager
Admin: Office to Office Manager

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

Applicant Name FIVE STAR INDUSTRIES, INC.

Driver/Dispatch Training is vital and necessary.

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

___DAVID WOOSLEY, MAINTENANCE & TRANSPORTATION SUPERVISOR_____

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

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

Do you maintain individual Driver Files?

Y_X_N__

Does each driver's file reflect training, licensing, achievements, etc.?

Y_X_N__

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

Client Assistance Y_X_N__, Defensive Driving Y_X_N__, Emergency Procedures Y_X_N__,

Do you provide to the drivers:

Special Passenger Care Training Y_X_N__, Emergency Local Contacts and Resources Y_X_N__

C.P.R. Training Y_X_N__ Emergency Response Training Y_X_N__

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

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

Crisis Prevention Intervention, Health Observations, Reporting Abuse and Neglect, First Aid, CPR,

Transporting Passengers with Special Needs, Medicar Defensive Driving

Do you offer regular updates/refreshers?

Y_X_N__

What is your normal Training cycle?

___Annual refresher training is mandatory_____

Do you include Dispatchers in vehicle orientation? NA

Y__N__

Do you include occasional drivers, or people with other specialties?

Y_X_N__

Does your formal training include: ADA policy as it applies to your clients

Y_X_N__

Operation of access equipment (including manual lift operation and cautions)?

Y_X_N__

Formal vehicle and accessory orientation?

Y_X_N__

Route or territory orientation?

Y_X_N__

Do you use 'on-the-road' communications with drivers? Y_X_N__ Define: ___Cell phones are available in all vehicles.

Review

TRAINING AND DEVELOPMENT PLAN

The purpose of staff training and development is to ensure that quality services are being provided in a safe manner that meets the needs of the people we serve, reflects the mission of the agency and accomplishes goals established by the agency.

All new employees will be provided with initial orientation to the organization. This includes an overview of general safety practises, specific blood borne pathogens and TB training.

The individual's supervisor will review the structure of the agency, goals of the agency, specific job descriptions, personnel manual and site safety procedures with each new hire.

Additional training will be provided as pertains to the position held.

Each year staff will be required to update general training in the areas of:

CPR/First Aid

CPI

Blood borne pathogens

Emergency evacuation procedures

Use of fire extinguishers

HAZCOM

Lock out/Tag out

Workplace Violence

Sexual Harrassment

Drug Free Workplace Act

Staff Grievance Procedure

On an annual basis staff will be asked to give input into training that they feel would benefit the organization or their specific department. Important training areas will be included in the strategic and tactical plans for the organization and incorporated into the agency's training program.

Staff with continuing education requirements which pertain to their positions are expected to maintain compliance with their professional standards. The agency will provide time off and financial assistance for staff to comply with these requirements.

Staff are provided with information on trainings held outside the agency. Staff may request time off and financial support for attending such training as well as college coursework detailed in the Personnel Manual. The approval of this training will depend on the number of requests recieved, how relative the training is to the position held or aspired to, and the availability of staff coverage and training funds.

Staff are expected to attend training as scheduled. If the staff is unable to attend training for any reason, it is their responsibility to notify their supervisor and to make arrangements to make-up the missed training within a month os when it is scheduled.

Attendance at training will be documented via sign-in sheets. Staff are expected to stay for all of the training during the session. Any exceptions must be approved by the Trainer and the person's supervisor. Arrangements must be made to make-up any missed information within one month of training.

Staff are expected to demonstrate competency on post-tests at the 70% level unless the specific training reequires a higher standard. Accomodations for testing staff with disabilities may be made to determine proficiency if the staff person is otherwise able to perform the essential

functions of the job, unless doing so would compromise the safety of the people we serve. Staff are expected to demonstrate 100% of performance standards at the "meets expectation" level on on-the-job performance evaluations.

Supervisors are responsible to make sure that the staff they supervise have successfully completed each training area, maintain current certification where applicable, and that the training is documented in the personnel file. During the course of employment it may be determined that an employee needs to repeat some or all sections of mandated training. Wage increases will be contingent on the completion and maintenance of training. Failure to complete or maintain required training may result in disciplinary action up to and including termination.

All program staff will be required to complete the following 48 hour classroom training within 120 days of their employment:

Introduction to Developmental Disabilities

Human Rights

Personal Care/ADLs

Abuse/Neglect Prevention and Mandated Reporting

Health Observation

CPR/First Aid

Blood-borne Pathogens & Infection Control

Interpersonal Relations, Cultural Diversity and Communication

IPP Assessment, Planning, Implementation

CPI & Behavior Management

General Safety-emergency procedures, safe driving techniques, vehicle loading and unloading for special populations, Lock out/Tag out, Hazardous Communications, Accident prevention and Accident reporting.

All program staff are required to complete an 80 hour on-the-job training program within 120 days of employment and demonstrate proficiency on each task.

Case Managers, Program Directors, Site Managers and other program staff with supervisory responsibility are required to complete 40 hours of QMRP training in the following areas and demonstrate specific proficiencies within 6 months of their assuming sole responsibility for client cases. Other program staff interested in advancing their knowledge and education in the field are also encouraged to attend these trainings:

Roles and Responsibilities of QMRPs

Leadership and Communication

TEL. 714. 211. 1111

Trainings ~ Meetings ~ Staffings

May 2009

May 2009						
S	M	T	W	T	F	S
3	4	5	6	7	8	9
10	11	12	13	14	15	16
17	18	19	20	21	22	23
24	25	26	27	28	29	30
31						

Monday	Tuesday	Wednesday	Thursday	Friday
4	5	6	7	
	10:00am *Diana H. Staffing	1:00pm RESIDENTIAL MTG 2:00pm Case Management Mtg	MARGIE OFF	MARGIE OFF PAYDAY
11	12	13	14	
MARGIE OFF	MARGIE OFF	2:00pm Case Management Mtg 2:00pm *Paul W. Staffing	4:30am *Nate R. Staffing 1:00pm *Ray D. Staffing 3:30pm *Bethany F. Staffing 4:00pm *Megan F.	DUSTY OFF ROSE OFF
18	19	20	21	
CARRIE OFF COA SURVEY ROSE OFF	CARRIE OFF COA SURVEY	CARRIE OFF COA SURVEY	CARRIE OFF 8:00am REFRESHER TRAINING	CARRIE OFF JANET OFF MARGIE OFF PAYDAY
25	26	27	28	
CHRIS ON CALL HOLIDAY	MARGIE OFF 1:00pm Terrace Staff Mtg 2:00pm Twin Oaks Staff Mtg	ERIN OFF 10:00am Safety/ Supervisor Mtg 2:00pm Case Management 3:00pm Production Mtg	ERIN OFF 8:00am IPP Training	ERIN OFF

CERTIFICATE OF TRAINING

This certifies that _____

has completed the Required Annual Refresher Courses:

_____ 3 hr. CPI Training

_____ CPR/1ST AID/BLOODBORNE PATHOGENS

_____ EMERGENCY EGRESS/FIRE EXTINGUISHERS/HAZCOM
LOCKOUT/TAGOUT/TRANSPORTATION PROCEDUR
DEFENSIVE DRIVING

_____ SEXUAL HARASSMENT/DRUG FREE WORKPLACE
WORKPLACE VIOLENCE/ERGONOMICS

_____ REPORTING ABUSE & NEGLECT

1) A driver with any one of the listed "Serious Violations" committed in the last three years.

2) A driver with more than three "Serious Violations" committed between three years and eight years ago.

** Any driver with a past history, from 3-8 years old, with two to three "Serious Violations" will be considered marginal. See section III on monitoring marginal drivers.*

SERIOUS VIOLATIONS

- a) DWUI/DWI - Drugs or Alcohol
- b) Hit and Run
- c) Failure to Report an Accident
- d) Negligent homicide using a motor vehicle.
- e) Driving while license is suspended or revoked
- f) Using a motor vehicle for the commission of a felony
- g) Operating a motor vehicle without the owner's authority (grand theft)
- h) Permitting an unlicensed person to drive
- i) Speed Contest
- j) Illegal passing of a school bus
- k) Reckless Driving

3) A driver, within 3 years, with any combination of accidents (regardless of fault) and other moving violations which total three. **Any driver with a combination of two will be considered marginal. See section III on monitoring marginal drivers.*

4) A driver with an international or foreign driver's license.

5) A driver licensed less than three (3) years regardless of age.

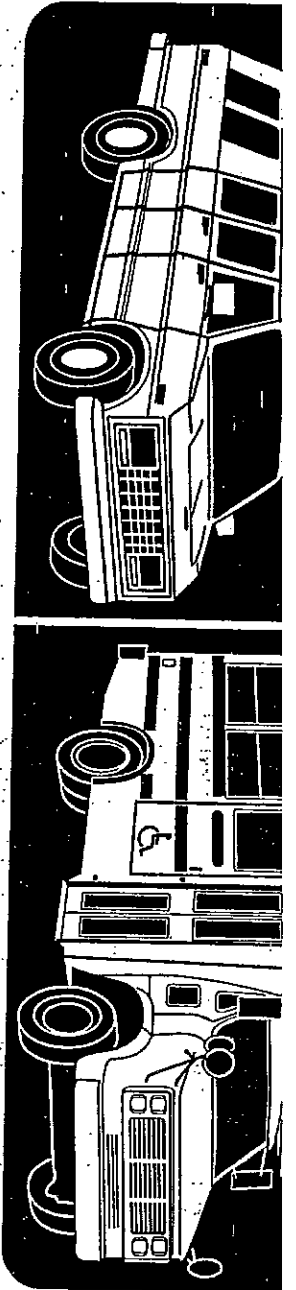
6) State law may require drivers to be re-licensed within a certain time frame (e.g., 60 days) of their move to the state. Any driver who is not licensed in the state where they reside within the required time is an unacceptable driver.

- 2) Two violations (any type) in the last three years
- 3) Operation of "heavy" trucks or tractors beyond a 50 mile radius
- 4) Operation of public autos or vehicles transporting flammable, explosive or toxic cargo

III. Follow-Up

- 1) Monitor all drivers by checking MVR at least annually. A driver's motor vehicle record may become unacceptable during the course of employment
- 2) Marginal drivers, including any driver 21 years of age or younger, should have MVR checks at least twice annually.
- 3) Unacceptable drivers must be suspended for one year or indefinitely. Any exceptions must be reviewed with the carrier
 - a) If exception is made, suspension will last for six months and an MVR run prior to reinstatement to verify there are no new convictions and/or accidents.
 - b) MVR will then be run every six months for at least two years to verify there are no new convictions and/or accidents.
 - c) If there are any incidents on the MVR driving privileges will be suspended for at least six months (depending on conviction and/or accident and frequency).
- 4) A combination of classroom training and behind-the-wheel coaching may aid in sharpening the driving skills of unacceptable/marginal drivers.
- 5) An unacceptable driver may become eligible for reinstatement of driving privileges, if there are now new accidents/convictions on their MVR after one year. This will depend on age of existing accidents/convictions/accidents recorded.

my guidelines



A COACHING PROGRAM TM

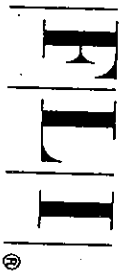
INSTRUCTOR'S GUIDE

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FLL Learning Systems, Inc. has used the "Coaching" approach as a cornerstone for their adult learning programs since 1982. In fact, this program was designed in response to requests from professionals in the transit industry currently using other FLL "Coaching" programs, including those for van, transit bus and school bus drivers.

ACKNOWLEDGMENTS

Since the first "Coaching" course was introduced in 1982, FLL has received invaluable feedback from the hundreds of instructor training sessions that have been conducted and the thousands of actual "Coaching" sessions that have been held. By responding to the requests and comments of those currently involved with "Coaching" programs--instructors, trainees, fleet managers and other loss control professionals--FLL has been able to develop quality vehicle-specific driver training courses. "Transporting Passengers with Special Needs: A Coaching Program" is a direct result of this field input.

Special thanks are extended to the following for their assistance in providing technical information and/or equipment for this course:

Montgomery Fire Dept. #2
Blawenburg, NJ
Capitol Metro
Austin, TX
Carrier Foundation
Belle Mead, NJ
Courage Center
Golden Valley, MN
Elderly Services
Middlebury, VT

New Jersey Dept. of Human Services
Div. of Developmental Disabilities
St. Paul Fire & Indemnity
St. Paul, MN
Vermont Achievement Center
Rutland, VT
Wheels, Inc.
Memphis, TN

2. Situation and Collision Analyses

After each video presentation, drivers apply key information presented to specific driving and/or passenger assistance situations. Each analysis is subsequently discussed by the entire group.

3. "Collision Reporting Procedures"

In this section, drivers review specific organization/company policy concerning proper procedures in the event of a collision.

4. Course Summary

Drivers "test" themselves on key instructional points highlighted during the course.

5. Course Completion Certificate

Before the course begins, instruct each trainee to tear out and hand in the certificate included at the back of the Response Book. Consider the following possibilities for presenting the certificates at the end of the course:

- Distribute certificates on the final day of the course.
- Mail the certificate to each driver's home with an accompanying letter from a company/organization official to demonstrate management support.
- Present the certificates at a subsequent safety meeting or a high visibility function such as an awards banquet.

Each Trainee should retain his or her copy of the Driver

Response Book to serve as a recall document for post-course review.

answers. It is recommended that you practice presenting the course to become more familiar with the format and material. Develop your own teaching aid by filling out one of the Driver Response Books. This will allow you to move around the classroom while leading discussions.

As an instructor, be on the lookout for verbal and non-verbal communication from your audience. Check to see if all participants are following an instructional point, if they need more clarification, or if they disagree with a point that has been discussed. If you sense disagreement, encourage participants to speak up, so that the point can be discussed in class, rather than among peers during a break or after class. Compliment trainees for their answers and participation; this sets a positive, non-threatening tone that encourages others to participate.

The analysis situations in the Response Book are extremely important to the success of this course. As the instructor, you should encourage trainees to look beyond quick answers and easy solutions to the analysis questions. Don't jump in to answer the analysis questions if you don't get an immediate response from the group. If necessary, prompt trainees with another question. Remember, you want them to do the thinking.

Although the Table of Contents gives approximate time periods for various segments of the training, you will find that these times will vary if you get into a "hot" topic. Use your judgment on how long to allow the discussion to continue, but be prepared to move on quickly once the recommended answers have been covered.

At the end of each class, make a list of the sessions or parts of sessions that went well and a list of areas that could be

- NO more than one client on the lift at a time
- Make sure a phone is in the van and that it works.
- Every person must have a seat (and sit in it) and a seatbelt.
- Don't drive when vision is blocked.
- Don't use cell phones when driving.
- No smoking in vehicles.
- No unauthorized eating or drinking.
- Park only in designated areas.
- Do not leave lift down and unattended.
- Look before backing.
- If clients using wheelchairs transfer to seats, secure wheelchair in the vehicle.
- Don't leave running vehicle unattended or leave keys in it.
- Don't leave clients unattended in the vehicle.
- Safety pull off to the side of the road if the noise level becomes too great, or a behavioral or medical emergency occurs. Turn on flashers.

refueling:

- Fuel up when clients are not in vehicle if possible.
- Use the correct fuel at an approved station.
- Refuel when a quarter of a tank or more is in vehicle
- Turn engine off and don't use cell phone or smoke while refueling.

After:

- Return vehicles and keys in a timely manner.
- Return vehicles in a clean condition.
- Return vehicles with plenty of fuel.
- Buckle up seat belts when not in use.
- Put wheelchair tie downs away.
- Make sure all clients are out of the vehicle.
- Report all vehicle problems to the Property Operations Manager.
- Give gas receipts to the accounting clerk.

Accident:

- Take immediate action to prevent further damage at the scene: pull onto shoulder or side of road, turn on flashers, etc.
- Call 911 for police, request medical assistance if needed, fire department if on fire.
- Exchange information from insurance ID card with other drivers, get name/address/phone for all witnesses make no comments about assuming responsibility.
- Answer police question. Be courteous to all.
- Complete Incident Notice and turn into Management staff.
- As soon as possible, report accident to Supervisor &/or Management Staff.

Clients are to be seated

Seat belts must be fastened

Wheel chairs must be strapped down

Report equipment problems to maintenance (refer to lock out/tag out procedures)

If a client is not at the pick up point, call their home number to check on their whereabouts.

If you have not been able to verify their whereabouts, call the day program to let the supervisor know.

Pull up to the pavilion to pick up or drop off clients in the AM

Make visual and verbal contact with the staff who are receiving clients.

No clients can be dropped off before 7:30 AM.

Any client arriving after 8AM will need to be escorted to their assigned area.

No client can be dropped off at a group home until staff are present.

Only one van will load/unload at a time

Help clients off van

Check each client off the vehicle.

Relay pertinent information to receiving staff

Report all absenteeism to the receiving staff.

RECEIVING/SENDING STAFF:

Make sure all communication boxes are locked and are given only to the drivers.

Meet the drivers

Help client on or off vans.

Check clients onto the van and off the van using checklist

Clients with designated intensive levels of supervision will be immediately connected with the assigned dsp and the reminder bracelet will be worn by that dsp until supervision of the client is transferred to another dsp. At the end of the day the dsp who is supervising the client will hand off the bracelet to the staff who is checking the client onto the van.

Staff checking clients in should report all absenteeism to their supervisor or designee.

The supervisor or designee will begin immediately to verify the whereabouts of any client not present.

The supervisor or designee will begin the Missing Person's procedure, if the client not present might be at imminent risk of harm without staff supervision is not located within five minutes.

If a client will not be returning home on the regularly scheduled van, the supervisor will let the group home or family know this and will relay the information to the driver.

EMERGENCY CHANGE IN TRANSPORTATION TIMES

In cases where the transportation time must be changed due to inclement weather or other emergency, only clients with written authorization from their guardian may be dropped off early at home and those clients who live independently and are not at imminent risk of harm without staff supervision. If the family or guardian can not be reached, the client can remain at the workshop or a designated group home while contact is attempted with the family or guardian.

- Make sure all wheelchair lock down devices are removed from the floor before clients enter the van. This is to prevent tripping hazards.
- Ambulatory clients are to be loaded first. The wheel chair lift must be up and doors shut while ambulatory clients are loading.
- **Individuals in wheelchairs are loaded first. (This is when using the raised roof vehicles). When using the other vehicles, individuals in wheelchairs should be loaded last.**
- Make sure that wheelchair has completely cleared the lift before raising the platform.
- Use proper lock down procedures for all wheelchairs.
- Driver must stand at the passenger door as clients are loading to assist with getting into van.

Unloading Clients:

- **Individuals in wheelchairs are to be unloaded first.**
- Unlock wheelchairs, and remove lock down devices from floor.
- Make sure that wheelchair has completely cleared the lift before lowering the platform.
- After lift is back into up position and doors are shut, then ambulatory clients can exit the vehicle.
- Driver must stand by passenger door to assist clients as they exit the vehicle.

Push button that says **Deploy** until platform is level.

Then, push **down** bottom to lower to ground until front guard unfolds and lays flat on the ground.

Load wheel chair onto platform with their back to the van.

Set brake on wheel chair.

Push **up** button until platform is level with the floor of the van. Make sure the platform ramp is level with the floor of the van.

Hang control box on hanger, and get back in van.

Pull wheel chair into van and position wheel chair over lock-down spots; secure wheel chair with lock down system.

Repeat process until all wheel chairs are loaded.

Get back off van and remove control box from hanger and stand to the side.

Push the **up** button until you hear the clicking sound.

Fold platform by pushing **stow** button until platform is folded all the way up.

Hang control box on hanger, close side passenger door and get back in van.

Check passengers.

Release parking brake.

Monitor by-standers, check traffic and safely continue on your trip.

Before you shut the engine off, make sure lift is folded back in van and door is closed.

Take control box off hanger and stand to the side of lift.

Push button that says **unfold** until platform is level.

Then, push **down** bottom to lower to ground until front guard unfolds and lays flat on the ground.

Load wheel chair onto platform with their back to the van.

Set brake on wheel chair.

Push **up** button until platform is level with the floor of the van. Make sure the platform ramp is level with the floor of the van.

Hang control box on hanger, and get back in van.

Pull wheel chair into van and position wheel chair over lock-down spots; secure wheel chair with lock down system.

Repeat process until all wheel chairs are loaded.

Get back off van and remove control box from hanger and stand to the side.

Push the **up** button until you hear the clicking sound.

Fold platform by pushing **fold** button until platform is folded all the way up.

Hang control box on hanger, close side passenger door and get back in van.

Check passengers.

Release parking brake.

Monitor by-standers, check traffic and safely continue on your trip.

Before you shut the engine off, make sure lift is folded back in van and door is closed.

1. There are sometimes no locks on the boxes.
2. There is confidential information in the boxes.
3. There are at times medications transferred from home to workshop & visa versa.
4. It is a safety issue.

Drivers and staff, whether it be Residential or Day Program staff, there is to always be visual contact, verbal contact, & proper exchanges made of clients when coming and going from the homes to Day Programs on a daily basis. There is a client check off list available in each vehicle for drivers to utilize for client safety and attendance. The driver should try and contact those clients that require a phone check if they are not at the pick up point. The client checklist provides drivers with client numbers for those who need to be a called. Day Program staff and Residential staff in the mornings and afternoons should meet drivers to retrieve clients. If you have concerns about supervision levels for clients, talk to your supervisor. The reason for this is:

1. It is a safety measure in making sure that all clients are secured in the appropriate environment. (Workshop or Residential Homes)

If clients arrive to the workshop after 8:00 P.M., the driver should escort the D.T. clients to the program area. The reason for this is:

1. The safety of our clients as well as the accountability of their attendance.

The transfer of client care will include:

1. No client should be dropped off at Day Program until 7:30 A.M., nor should clients be dropped off at the Residential homes until staff are scheduled to be there. (You will know this if you are making contact as requested)
2. Clients are checked off as they arrive and leave the workshop for the day by a staff person, so please allow time for this to happened.
3. Drivers should pull up to the pavilion to pick up or drop off clients.
4. Any absentees should be reported to the staff who are checking clients off on the check list as other clients arrive.
5. Absences should be immediately reported to the Case Manager for further follow-up on client absences.

Your supervisor. Thank you for seeing that the clients we provide services to, are SAFE.

Signature _____

_____ Date

3. The vehicle procedure must be followed, (see vehicle procedures form). This means follow the rules when using agency vehicles.

4. Before returning the vehicle, be sure you fill up the gas tank, clean the vehicle of trash, and return the keys to Kathy Glass.

Please remember:

No smoking, eating, or drinking in agency vehicles.

If you have clients out during the day after 3:00 P.M., it is your responsibility to get them home.

Only persons with copies of keys are: David Woosley/David Kling, regular drivers, and activity staff. If anyone else has keys, they **must** be returned to Kathy Glass.

It is staff's responsibility to assist in keeping the agency's vehicles in good condition, and to use positive role modeling skills in front of the clients. Encourage clients to pick up after themselves. We all need to cooperate in keeping our vehicles looking nice, and in making them last longer to provide transportation to our clientele. Only we as staff can make the difference!

SUBJECT: Use of safety belts on vans

After unloading vans hook all seat belts together. They are getting damaged and falling behind the seat, especially on the Washington Street 1999 White Dodge van and the Terrace Drive 2002 White Dodge van. Also, the wheel chair lift, safety belts on those two vans plus the 1997 Ford and 1998 Ford are getting damaged. It cost about \$30.00 to replace them.

Seat belts will be checked on the first Monday of every month.

you fill the tire with air). Take cap off valve stem, then screw on the can of Fix-A-Flat in a clock-wise motion. Contents of can will enter tire to inflate it. This temporary fix will let you get the vehicle to a place you can get the tire changed.

BREAKDOWN OR IF YOU CAN'T GET THE TIRE AIRED UP:

Call one of the following:

David Woosley

542-5421 Ext. 133 Office (during work hours)
534-9328 Cell phone

542-2364 Home (after work hours)

Amber Ainsworth

542-5421 Ext. 147 Office (during work hours)
534-9184 Cell phone

496-3006 Home (After work hours)

Helena Moonier

542-5421 Ext. 114 Office (During work hours)
534-9173 Cell phone

965-9219 Home (After work hours)

Susan Engelhardt

542-5421 Ext. 132 (During work hours)
534-9105 Cell phone
357-9493 Home (After work hours)

Collins Roll Back & Wrecker Service

542-9161

NOTE: If you know of any problem, don't drive it. Fill out a pre-trip inspection form. Call around to see if any other vehicle is available.



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

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

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

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

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

 Other Trips _____

TOTAL ONE-WAY PASSENGER-TRIPS: _____

Number of new vehicles being requested to provide these trips _____

7. Proposed Staffing

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

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

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

8. New or Expanded Service to Minority Group Persons

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

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

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?
Perry County Trans Van (General Public)	618-357-3202	Mon-Sat	6am-5pm	Demand/Response	Yes
South Central Transit (General Public)	800-660-7433	Mon-Fri	7am-5pm	Demand/Response	Yes
Gold Plate (Elderly only)	618-542-3511	Mon-Fri	8am-3pm	Fixed Route and Demand/Response	Yes

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.

program vehicles.

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

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

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

C. HSTP Endorsement

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

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

district.

A year or so later Five Star met with the Perry County Board of Commissioners to support a proposal for South Central Transit to apply for mass transportation grants, which would serve Perry County.

In the most recent years Five Star has been meeting with a group of social services agencies called together by representatives of the Delta Project in an effort to either push South Central Transit(SCT) to truly serve Perry County, or withdraw as our designated provider. The other agencies involved in this effort have included:

Perry County Counseling Center
Gold Plate Program
Perry County Health Department
Perry County Probation Department
Mantracon
SI Connect
Perry County Interagency Council
Perry County Officials
City Officials from DuQuoin and Pinckneyville

In the fall of 2007 Five Star partnered with South Central Transit to provide transportation for individuals with developmental disabilities to and from Five Star's main agency. Soon thereafter Perry County Counseling Center began to utilize SCT in a similar fashion.

Last year SCT has offered a demand/response service at very affordable prices to the residents of DuQuoin and plans to do the same for Pinckneyville sometime later this year. Five Star will continue to work cooperatively with SCT in order to expand the use of these services not only for Five Star's benefit, but the benefit of the whole county. Recent discussions with SCT have included determining the need for a similar service for the residents of Pinckneyville, the county seat.

During the past couple of years Five Star has also become involved with the Regional Human Services Transportation Committee. One of the Gaps of Service identified by the Committee, i.e., transportation services for human service recipients outside the traditional work day, is currently being addressed by Five Star and further supported with this application.

Archway, Illinois Dept of Human Services-Public Aid, Emergency Services & Disaster Agency, Farm Resource Center, Five Star Industries, Food Pantry, Illinois Dept of Rehabilitation Services, Perry County Health Dept, Perry-Jackson Child Advocacy, Pinckneyville Healthcare, Pinckneyville Hospital, Red Cross, Shawnee Alliance for Seniors, Perry County Counseling Center, Southern Illinois Regional Social Services, Western Egyptian, South Central Transit, Southern Illinois Center for Independent Living

Five Star Industries, Inc.
1308 S. Wells St. Road
P.O. Box 60
Du Quoin, IL 62832

Phone: (618) 542-5421

Fax: (618) 542-5556

Email: fivestarinic@5starind.com

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Jennifer Carrothers

Kevin Carrothers

Chuck McElvain

Byford Reidelberger

Eloise Rohner

Steve Wilbanks

Program for the Elderly and Disabled a Capital Assistance Grant
Application for the replacement of two vehicles used to provide
transportation services for elderly and disabled residents of Perry
County.

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

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

- whether the services they now are providing or, are prepared to provide, are designed to meet the special needs of elderly and disabled persons in the service area of the project.
- whether they wish to participate in some way in the provision of services proposed in the application and suggest ways in which coordination between transportation services can be best effected.
- any other comments which they have about the application that they wish the Division to consider.

Anyone wishing to provide written comment, should submit such comment within 15 days of receipt of this letter to myself:

John Childs, Controller
Five Star Industries, Inc.
P. O. Box 60
DuQuoin, IL 62832

Thank you,

Sincerely,


John Childs
Controller



June 15, 2009

Mr. John Childs
Five Star Industries, Inc.
1308 S. Wells Street Road
P.O. Box 60
DuQuoin, IL 62832

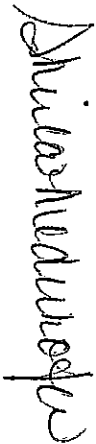
Dear John:

I am in receipt of your correspondence regarding 5-Star's intent to apply for two replacement vehicles through the Transportation Grant Program for the Elderly and Disabled (Capital Assistance Application).

As the designated public transportation provider in Perry County, South Central Transit (SCT) supports your vehicle application because your agency has diligently worked with us on coordination efforts this past year. SCT now provides a large portion of your agency's client transportation and your agency continues to work with SCT towards additional coordinated transportation in Perry County.

SCT appreciates your coordinated efforts and looks forward to a continued working relationship with your organization.

Sincerely,



Sheila Niederhofer
Managing Director

FIVE STAR INDUSTRIES, INC.
1308 S. Wells St. Road
P.O. Box 60
Du Quoin, IL 62832

Phone: (618) 542-5421
Fax: (618) 542-5556

Email: fvestarinc@5starind.com

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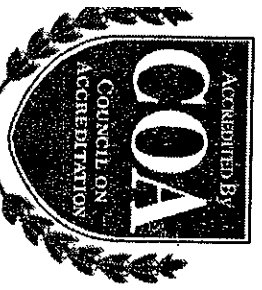
Kevin Carrothers

Chuck McElvain

Byford Reidelberger

Eloise Rohner

Steve Wilbanks



Application for the replacement of two vehicles used to provide transportation services for elderly and disabled residents of Perry County.

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John Childs, Controller
Five Star Industries, Inc.
P.O. Box 60
DuQuoin, IL 62832

Thank you,

Sincerely,

A handwritten signature in black ink, appearing to read "John Childs".

John Childs
Controller

FIVE STAR INDUSTRIES, LLC,
1308 S. Wells St. Road
P.O. Box 60

Du Quoin, IL 62832

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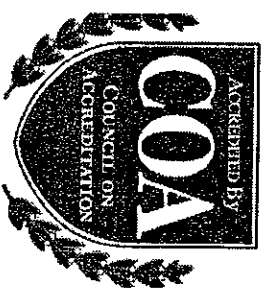
Kevin Carrothers

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Steve Wilbanks



transportation services for elderly and disabled residents of Perry County.

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

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John Childs, Controller
Five Star Industries, Inc.
P.O. Box 60
DuQuoin, IL 62832

Thank you,

Sincerely,

A handwritten signature in black ink, appearing to read "John Childs".

John Childs
Controller

SERVICE TYPE	Replacement or Service Expansion Requests	NEW SERVICE Request	
Activity/Line-Item	Actual Spending for your Transportation Operation Previous 12 mos. (Calendar or Fiscal)	Projected Annual Budget for next 12 month period for Transportation Operations	Projected Annual Budget for next 12 month period, for All Transportation Operations
Revenues:			
Passenger Fares			
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	\$189,000	\$186,000	
Other			
Total Revenues (should equal expenses)			
Expenses – Operations			
Driver Salaries and Fringe Benefits	\$ 22,500	\$ 23,000	
Dispatch/Supervisor Salaries and Fringe Benefits			
Maintenance (Parts and Labor)			
Materials and Supplies	\$ 26,000	\$ 28,000	
Fuel, Oil, Tires			
Insurance	\$ 12,000	\$ 12,000	
Vehicle Storage			
Other-Contractual Services	\$ 84,000	\$ 85,000	
Expenses – Administration			
Management Salaries and Fringe	\$ 6,000	\$ 6,000	
Clerical/Bookkeeping Wages			
Rent, Utilities, Taxes			
Marketing /Promotion/Driver Training costs			
Other-Depreciation	\$ 38,500	\$ 32,000	
Total Expenses (should equal revenues)	\$189,000	\$186,000	

	Replacement or Service Expansion Requests	NEW SERVICE or New/Requested Vehicle(s)
Funding Sources:	Actual Revenue for previous year for Transportation Services	Projected Annual Revenues for next 12 month period for All Transportation Services
Service Contract Funding:		
Other Grant Funding:		

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

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.

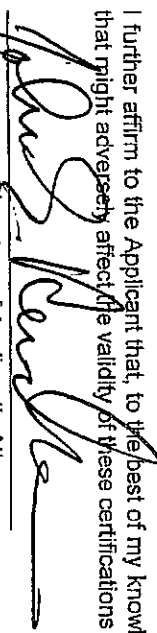
In signing this document, I declare under penalties of perjury that the foregoing certifications and assurances, and any other statements made by me on behalf of the Applicant are true and correct.

Date: 6/12/09


Authorized Representative of Applicant

state and local law to those who carry out the... further affirm that, in my opinion, the certifications and assurances have been legally made and constitute legal and binding obligations on the Applicant.

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



Signature of Applicant's Attorney

6/11/09

Date at Signature

John S. Rendleman, 6196062

Print Name of Applicant's Attorney

ARDC Registration Number

1308 S. Wells St. Road
P.O. Box 60
Du Quoin, IL 62832
Phone: (618) 542-5421
Fax: (618) 542-5556
Email: fivestarinca@5starind.com

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Public Hearing on Five Star Industries'
Section 5310 Capital Assistance Grant Application

1. Public Hearing took place on June 29, 2009 at 9:00 a.m. in the Conference Room at Five Star Industries, Inc. facility on S. Wells Road, DuQuoin, IL.
2. Present at the hearing from Five Star Industries, Inc. were Susan Engelhardt, Executive Director, John Childs, Controller and Kathy Glass, Secretary.
3. No one from the public attended the Public Hearing.


Kathy Glass, Secretary



John Croessman certifies that he is at present Publisher of the Du Quoin Evening, Call, a public newspaper published in Du Quoin, County of Perry, State of Illinois, and having a general circulation with legal 2nd class U.S. Postal Service mailing permit status.

I certify that the affixed printed matter is a true copy and was published 1 times in the Du Quoin Evening Call, and was published in said publication JUNE 18 A.D. 20 09. Said newspaper has been published for more than six months prior to, and on and since, the date of the first publication of said notice.

And, that as Publisher I am authorized to certify publication this 18th day of JUNE A.D. 20 09.

Publisher



And; further assesses printer's fee in said amount of \$ _____ on today's date of JUNE 18th, 20 09.

Du Quoin, IL
Time: 9:00 a.m. - 10:00 a.m.
Room: Conference Room

1. 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: Five Star Industries, Inc. is requesting funds for the replacement of 2 vehicles currently used to transport elderly and disabled residents of Perry County. The cost of the 2 12 passenger, light duty paratransit vehicle with lift is estimated to be \$104,000.

This project will be included in Consolidated Vehicle Procurement undertaken by the State of Illinois on behalf of Five Star Industries, Inc. with State and Federal Funds.

B. Relocation: Relocation assistance will not be required.

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

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

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

II. At the hearing Five Star Industries, Inc. will afford an opportunity for interested persons or agencies to be heard with respect to the social, economic, and environmental aspects of the project. Interested persons may submit orally or in writing evidence and recommendations with respect to said project.

III. A copy of the application for a state grant for the proposed project for the intended service area will be made available for public inspection at Five Star Industries, Inc. 1308 Wells St. Road, Du Quoin, IL 62832.

John C. Childs
Controller
1308 Wells St. Road
Du Quoin, IL 62832
(618)542-5421

LN-2502
6/18

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 Five Star Industries, Inc.

Section 2.

That the Executive Director, an employee or board member of Five Star Industries, Inc. is hereby authorized and directed to execute and file such application on behalf of Five Star Industries, Inc.

Section 3.

That the Executive Director of Five Star Industries, Inc. 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.

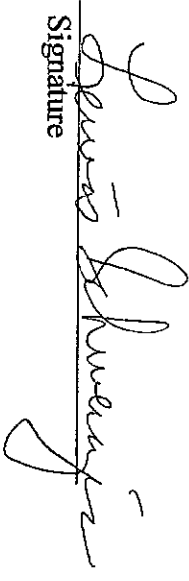
Section 4.

That the Executive Director of Five Star Industries, Inc. is hereby authorized and directed to execute and file on behalf of Five Star Industries, Inc. any Grant Agreement pursuant to said application.

PRESENTED and ADOPTED this 11th day of May, 2009


Signature of Authorized Official

ATTESTED:


Signature

Executive Director
Title

President, Board of Directors
Title

Susan Engelhardt
Printed Name

Lewis Schweitzer
Printed Name

5/11/2009
Date

5/11/2009
Date

June 15, 2009

Mr. John Childs
Five Star Industries, Inc.
1308 S. Wells Street Road
P.O. Box 60
DuQuoin, IL 62832

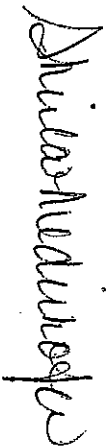
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I am in receipt of your correspondence regarding 5-Star's intent to apply for two replacement vehicles through the Transportation Grant Program for the Elderly and Disabled (Capital Assistance Application).

As the designated public transportation provider in Perry County, South Central Transit (SCT) supports your vehicle application because your agency has diligently worked with us on coordination efforts this past year. SCT now provides a large portion of your agency's client transportation and your agency continues to work with SCT towards additional coordinated transportation in Perry County.

SCT appreciates your coordinated efforts and looks forward to a continued working relationship with your organization.

Sincerely,



Sheila Niederhofer
Managing Director

June 4, 2009

Mrs. Susan Engelhardt
Executive Director
Five Star Industries, Inc.
P.O. Box 60
DuQuoin, IL 62832

Re: Transportation Grant Program for the Elderly and Disabled


Dear Mrs. Engelhardt:

Please accept this as a letter of support for a grant application by Five Star Industries, Inc. to replace two (2) vehicles used to transport disabled and elderly residents of Perry County. It is my understanding that each of the two vehicles has over 180,000 miles. I also understand Five Star does not currently have the financial resources to replace these vehicles.

The services provided by Five Star Industries, Inc. for the elderly and disabled are very much needed in Perry County. I am grateful to Five Star Industries for the quality care given to these special groups of people.

I strongly support Five Star Industries' application for funding under the Transportation Grant Program for the Elderly and Disabled.

Sincerely,



David Luechtefeld
State Senator
58th District

June 4, 2009

Mrs. Susan Engelhardt
Executive Director
Five Star Industries, Inc.
P.O. Box 60
DuQuoin, IL 62832

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I strongly support Five Star Industries' application for funding under the Transportation Grant Program for the Elderly and Disabled.

Sincerely,



Mike Bost
State Representative
115th District

June 3, 2009

Mrs. Susan Engelhardt
Executive Director
Five Star Industries, Inc.
P.O. Box 60
DuQuoin, IL 62832

Re: Transportation Grant Program for the Elderly and Disabled

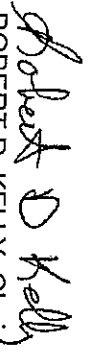
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Sincerely,


ROBERT D. KELLY, Chairman
Perry County Board of Commissioners

Mrs. Susan Engelhardt
Executive Director
Five Star Industries, Inc.
P.O. Box 60
Du Quoin, IL 62832

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Sincerely,



John Rednour, Mayor
City of Du Quoin