

**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 Human Service Center of Southern Metro-East	Date of Application Filing 6/25/09
Street/Mailing Address, City, and Zip Code (Not just P. O. Box) 10257 State Route Three, Red Bud, Illinois 62278	Federal Tax Identification Number (TIN) 51-0137833
List general area served (counties, city, areas as applicable) (Detail in Part 5, Page 9) Randolph	Type of Applicant (see pg. 4 Section A) Private Non-Profit: 5310 Section 5311 Grantee: IDOT Certified Public Body: _____
County Randolph HSTP Region (if rural-see page 43) HSTP Office (see pages 44)	Illinois State Tax Exempt Number E-9987-4806-05
Application Contact Person: Joni Chandler Title: Director of Day Services Phone: 618-282-6233 Vehicle Issues Contact Person: Mark Bollmann Title: Transportation Coord. Phone: 618-282-6233	App. Contact E-Mail: <u>j.chandler@humanservicegroup.com</u> Fax: 618-282-6220

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) **Human Service Center of Southern Metro-East** 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.

Gary L. Buatte Tel. 618-282-6233 6/24/09
Signature of Authorized Representative Date
(As authorized by board resolution, see Appendix C)

Gary L. Buatte Executive Director
Print name of Authorized Official Title

READ ALL INFORMATION CAREFULLY

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

Applicant Name Human Service Center of Southern Metro-East
--

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

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

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

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

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

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

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

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

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

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

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

Applicant Name	Human Service Center of Southern Metro-East
Applicant's Current Paratransit Vehicle Inventory (attach additional pages if necessary)	
Examples:	

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

Yr.	Manufactur- er	Type	VIN (Vehicle Identification Number)	Odometer Reading (miles) 1/1/08 ----12/31/08		# OF Seats/ ADA:Y/N	1 st Year (O)Owned (L)Leased	IDOT Funded Vehicle? Contract #
95	Ford	Med Bus	1FDKE30F0THB08894	189559	191175	14/Y	2-19-97	2327
96	Chevy	Heavy Bus	1GBKH37N0S3330523	111350	111748	24/Y	6-15-01	NO
97	Ford	Med Bus	1FDLE40F2VHB41876	171671	172084	14/Y	9-24-97	2445
98	Ford	Med Bus	1FDXE40F3WHB85744	168725	179638	14/Y	2-10-99	2616
99	Ford	Med Bus	1FDXE40F5XHA85422	121546	132901	14/Y	7-22-99	3017
00	Ford	Med Bus	1FDXE45F6YHB85247	105621	123469	14/Y	1-24-01	3017
02	Ford	Med Bus	1FDXE45F62HB40588	58890	79278	14/Y	5-13-03	206CVP
03	Ford	Light Bus	1FDWE35L33HB88062	62714	86400	11/Y	4-1-04	305CVP
05	Ford	Light Bus	1FDWE35L25HB39051	37034	59831	11/Y	10-07-05	415 CVP
08	Ford	MED BUS	1FD4E45S38DA44370	570	16239	14/Y	4-10-08	533 CVP
08	Chevy	Heavy Bus	1GBE5V19X8F403708	580	9632	22/Y	7-17-08	533CVP
95	Ford	Van	1FBHE3143SHA82597	181595	187523	10/N	1-17-95	NO
00	Ford	Van	1FBSS31L4YHA95774	133128	139980	10/N	4-26-05	NO
94	Ford	Mini Van	1FMCA11U9RZB30672	156575	165026	6/N	1-15-03	NO
00	Ford	Mini Van	2FMZA53424BB83441	78388	86675	6/N	1-22-07	NO
00	Chevy	Mini Van	1GNDX03E5YD146586	71687	79747	6/N	5-1-08	NO
01	Ford	Mini Van	2FMZA51471BB26385	97910	109535	6/N	4-16-07	NO
95	Buick	Wagon	1G4AG85M0S6488422	171935	177439	4/N	2-6-03	NO
95	Olds	Sedan	1G3AJ55M4S6364092	59763	69477	4/N	2-8-05	No
97	Ford	Sedan	1FALP52UOVG204050	90458	98164	4/N	8-30-04	NO
99	Mercury	Sadan	1MEFM53UOXA622529	143960	166161	4/N	8-30-04	NO
99	Ford	Sedan	1FAFP53U1XG175799	103219	111417	4/N	7-19-00	NO
92	Chevy	Van	1GNDM15Z5NB178606	197645	201181	2/N	8-17-99	NO
02	Ford	Sedan	1FAFP53U82G191247	62952	73322	4/N	6-17-02	NO
91	Inter- national	Box Truck	1HTSDZ7P5MH347905	545087	553571	3/N	11-26-90	NO
91	GREAT DANE	TRAILER	1GRAA9621MB095604	NONE	TAKEN	0/N	10-18-01	NO
07	Freight- liner	Semi	1FUJF0CV87LX21064	37903	76210	2/N	5-17-07	NO

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 **Human Service Center of Southern Metro-East**

Form 1 of 4 , (1 of 1 etc.)

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

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

C. Category of Request (Check appropriate category)

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

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

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

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

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

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

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

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

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

Yr.	Manufacturer	Type	Date/Mileage	(if applicable) VIN # IDOT Contract #
98	Ford E450/Eldorado	Medium Duty Bus	5/1/2009 179649	1FDXE40F3WHB85744 Contract #2616

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

Criteria 2 Justification

#1 1998 Ford E450/Eldorado Medium Duty Bus has 179,649 miles which exceeds the criteria for replacement. While the bus is used primarily as a back up bus, it has developed several issues in the recent years. It has stalled and quit running in route, developed coolant leaks, the electrical system is getting age on it, and tends to blow fuses, and there have been A/C issues. Along with numerous small issues that seem to come up when ever the bus is used. All of the stated problems have been checked out and repairs made as indicated, but the vehicle continues to experience reported problems. Repair orders as well as Maintenance/Repair history have been included via the software used by the Transportation Department.

ALL GOODS RETURNED MUST BE ACCOMPANIED BY THIS INVOICE

DUPLICATE

#30



515 S MAIN STREET

616-282-6787

RED BUD IL 62278

CUSTOMER

HUMAN SERVICES CENTER
 1000 STATE STREET
 RED BUD, IL 62278
 OLD TIRE OIL
 INVOICE REF # 1
 INVOICE # 23-84527
 LETTER # 1001
 DATE 07/17/06 PAGE 0001

QUANTITY	LINE	PART NUMBER	DESCRIPTION	CORE	LIST EA.	YOUR COST	EXTENSION
1		BKA 732-1006	HANGER		3.99	3.99	3.99
		0.00	0.00	0.00	3.99	3.99	
TOTAL UNITS:		BREIGHT:	LABOR:	MISC:	CORE TOTAL:	LIST TOTAL:	NON-TAXABLE:
						PAY THIS AMOUNT	3.99

RECEIVED
BY: X

30

RED BUD FORD-MERCURY LLC



500 WEST MARKET P.O. BOX 166
 Red Bud, ILLINOIS 62278
 Phone 618-282-2375



ALL CLAIMS AND RETURNED GOODS MUST BE ACCOMPANIED BY THIS INVOICE.
 NO RETURNS ON ELECTRICAL OR SPECIAL ORDER PARTS.
 NO RETURNS AFTER 30 DAYS. 10% RE-STOCK CHARGE ON ALL RETURNED PARTS.

DISCLAIMER OF WARRANTIES

Any warranties on the product sold hereby are those made by the manufacturer. The seller hereby expressly disclaims all warranties, either express or implied, including any implied warranty of merchantability or fitness for a particular purpose, and the seller neither assumes nor authorizes any other person to assume for it any liability in connection with the sale of said products.

DATE ENTERED 26 OCT 06	YOUR ORDER NO. 98 ESD	DATE SHIPPED 26 OCT 06	INVOICE DATE 26 OCT 06	INVOICE NUMBER 68046
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ACCOUNT NO. 218
 282-6233
 HUMAN SERVICE CENTER
 10257 STATE ROUTE 3
 RED BUD, IL 62278

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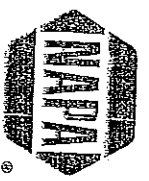
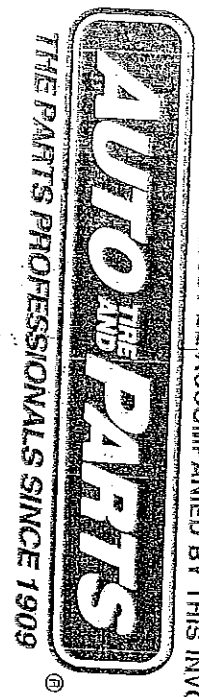
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PAGE 1 OF 1
 HUMAN SERVICE CENTER
 10257 STATE ROUTE 3
 RED BUD, IL 62278

SHIP VIA			SLSM.	B/L NO.	TERMS	F.O.B. POINT		
			105		CHARGE	RED BUD, IL		
QUANTITY	ORD	SHIP	B/L	PART NO	DESCRIPTION	LIST	NET	AMOUNT
1			0	*390622*S	40D4 RETAINER	1.15	0.86	0.86
							PARTS	0.86
							SUBLET	
							FREIGHT	0.00
							SALES TAX	0.00
CUSTOMER'S SIGNATURE							TOTAL	\$0.86
X								

ALL GOODS RETURNED MUST BE ACCOMPANIED BY THIS INVOICE

DUPLICATE



615 S MAIN STREET

618-882-6707

WED BUD IL 62278

SEE QUR USA JENSEN...
 CUSTOMER

QUANTITY	LINE	PART NUMBER	DESCRIPTION	CODE	LIST EA.	YOUR COST	EXTENSION	TAX
1	1111	45094	NEW WATER PUMP		369.99	219.99	219.99	
1	1112	1106	SEAL		3.09	1.59	1.59	
1	1113	7704	NAPA ANTIFREEZE		14.99	9.99	9.99	
1	1114	373-195	TIEMOST		17.39	11.59	11.59	
TOTAL UNITS								

RECEIVED BY: *[Signature]*

PAY THIS AMOUNT *[Stamp]*



United Access of St. Louis
 9389 Natural Bridge Rd.
 St. Louis, MO 63134
 314-989-1010 Fax: 314-426-1081
 www.unitedaccess.com

Invoice

DATE	INVOICE #
6/12/2007	32443

BILL TO	SHIP TO
HUMAN SERVICE CENTER 10257 STATE RT 3 RED BUD, IL 62278 618-282-6233	HUMAN SERVICE CENTER 10257 STATE RT 3 RED BUD, IL 62278

P.O.#	TERMS	REP	SHIP	REFERRAL	Ref. Contact	PROJECT
	COD	SB	6/12/2007	EXISTING		

QTY	ITEM CODE	DESCRIPTION	Price Ea.	AMOUNT
1	B-16942	CUSTOMER REQUESTS BRAUN SWITCH #16942		
1	XFT	SWITCH, ROCKER, RED	33.00	33.00
		ONE WAY FREIGHT	1.00	1.00
		Sales Tax	0.00%	0.00

6/12/07 M

THANK YOU FOR CHOOSING UNITED ACCESS AS YOUR MOBILITY DEALER! MOBILITY FOR LIVING SERVICE FOR LIFE	Total	\$34.00
	Payments/Credits	\$0.00
	Balance Due	\$34.00



ALL CLAIMS AND RETURNED
GOODS MUST BE ACCOMPANIED
BY THIS INVOICE

THE PARTS PROFESSIONALS SINCE 1909

515 S MAIN STREET

610-202-6707

RED HOD TL 68276

CUSTOMER
HUMAN SERVICE CENTER
10257 STATE RTE 3
OLD INV # 4856449
P/O # 80
*** CHARGE SALE ***
INVOICE # 23-209323
QUH
QUHUNT

QUANTITY	LINE I.L.	PART NUMBER	DESCRIPTION	COEFFICIENT	LIST PRICE #	YOUR COST	EXTENSION	TAX	
1	ITEM	207417	SWITCH-4/c M-16/1903		20.99	13.29	13.29		
THANK YOU									
TOTAL UNITS		FREIGHT		LABOR		DISC		CONFECTION	
ALL WARRANTIES ON PRODUCTS ARE THE MANUFACTURERS RESPONSIBILITY		11.7% PER MONTH INTEREST CHARGED ON PAST DUE ACCOUNTS THIS IS 18% ANNUALLY		RECEIVED BY: X		NON TAXABLE PAY THIS AMOUNT		TAXABLE TOTAL TAX	



ALL CLAIMS AND RETURNED
GOODS MUST BE ACCOMPANIED
BY THIS INVOICE

THE PARTS PROFESSIONALS SINCE 1909

515 S MAIN STREET
RED BUD, IL 62278

618-208-6787

RED BUD, IL 62278

QUANTITY	LINE	PART NUMBER	DESCRIPTION	CORE	LIST PRICE	YOUR COST	EXTENSION
1	TEM	274450	CLUTCH		283.50	179.55	179.55

HILMAN SERVICE CENTER
12227
RED BUD, IL 62278

OLD INV #
SLSM # 9
#30

DATE: 09/30/2007
WRITER: DJJ

*** CHARGE SALE ***
INVOICE # 23-289224

THANK YOU

95 E 350
7.3L Diesel

TOTAL UNITS	FREIGHT	1.72% PER MONTH INTEREST CHARGED ON PAST DUE ACCOUNTS THIS IS 18% ANNUALLY	RECEIVED BY: X	NON TAXABLE	TAXABLE

Midwest Transit Equipment - Swansea
725 N. Belt West

INVOICE

7223

Swansea, IL 62226

Phone # (866) 366-7173 Fax # (618) 236-3840

Bill To: (HUMA03)

HUMAN SERVICE CENTER
10257 STSTE ROTE 3
BOX 23A
RED BUD, IL 62278

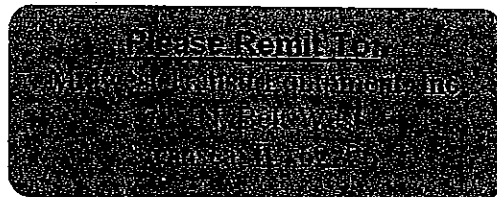
Ship To:

HUMAN SERVICE CENTER
10257 STSTE ROTE 3
BOX 23A
RED BUD, IL 62278

Invoice Date	Customer P.O. #	Salesperson	Ship Via	Packing List #
7/30/2007	MARK	Ray J. Biver	Parts Truck	3330

Order Qty	Ship Qty	Part #	Description	Warranty	Unit Price	Extension
1.00	1.00	ZSBLA-02060	Seatbelt, LAP, BLACK, 60"		10.36	10.36

#30



PARTS HOTLINE (888) 366-7173

Terms: 20% restocking charge. No returns on electrical parts. All parts must be resaleable. All returnable parts and warranty parts must be preauthorized & returned within 30 days accompanied by an RGA # & a copy of the invoice to receive credit. No returns on electrical parts.

Service Charge: 1.8% per month on accounts over 30 days will be added. This is an annual percentage rate of 21.6%. If needed, legal charges and collection fees will be assessed.

Sub Total	10.36
Sales Tax 8.60 %	0.00
Shipping & Handling	0.00
Total Due	10.36

RED BUD FORD-MERCURY LLC



500 WEST MARKET P.O. BOX 166
 Red Bud, ILLINOIS 62278
 Phone 618-282-2375



ALL CLAIMS AND RETURNED GOODS MUST BE ACCOMPANIED BY THIS INVOICE.
 NO RETURNS ON ELECTRICAL OR SPECIAL ORDER PARTS.
 NO RETURNS AFTER 30 DAYS. 10% RE-STOCK CHARGE ON ALL RETURNED PARTS.

DISCLAIMER OF WARRANTIES

Any warranties on the product sold hereby are those made by the manufacturer. The seller hereby expressly disclaims all warranties, either express or implied, including any implied warranty of merchantability or fitness for a particular purpose, and the seller neither assumes nor authorizes any other person to assume for it any liability in connection with the sale of said products.

DATE ENTERED	YOUR ORDER NO.	DATE SHIPPED	INVOICE DATE	INVOICE NUMBER	
27 JUL 07	98 E150	31 JUL 07	31 JUL 07	233367	

S O L D T O	ACCOUNT NO. 218 282-6233 HUMAN SERVICE CENTER OF SOUTHE 10257 STATE ROUTE 3 RED BUD, IL 62278	S H I P T O	PAGE 1 OF 1 HUMAN SERVICE CENTER OF SOUTHE 10257 STATE ROUTE 3 RED BUD, IL 62278
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SHIP VIA	SLSM.	B/L NO.	TERMS	F.O.B. POINT
	39		CHARGE	RED BUD, IL

ORD.	SHIP.	QTY	PART NO.	DESCRIPTION	LIST	NET	AMOUNT
2	2	0	*N807683*S60	BOLT	5.46	4.09	8.18
<div style="border: 1px solid black; padding: 10px; width: fit-content; margin: 0 auto;"> </div>							

ENGINES AND TRANSMISSIONS!!!! NOW IN STOCK ALONG WITH THE NEW ROE COLLISON PARTS..CALL TODAY FOR PRICING..WE WILL COMPETE!!! ##### CUSTOMER'S SIGNATURE X	<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 80%;">PARTS</td> <td style="width: 20%; text-align: right;">8.18</td> </tr> <tr> <td>SUBLET</td> <td></td> </tr> <tr> <td>FREIGHT</td> <td style="text-align: right;">0.00</td> </tr> <tr> <td>SALES TAX</td> <td style="text-align: right;">0.00</td> </tr> <tr> <td>TOTAL</td> <td style="text-align: right;">\$8.18</td> </tr> </table>	PARTS	8.18	SUBLET		FREIGHT	0.00	SALES TAX	0.00	TOTAL	\$8.18
PARTS	8.18										
SUBLET											
FREIGHT	0.00										
SALES TAX	0.00										
TOTAL	\$8.18										

RED BUD FORD-MERCURY LLC



500 WEST MARKET P.O. BOX 166
Red Bud, ILLINOIS 62278
Phone 618-282-2375



ALL CLAIMS AND RETURNED GOODS MUST BE ACCOMPANIED BY THIS INVOICE.
NO RETURNS ON ELECTRICAL OR SPECIAL ORDER PARTS.
NO RETURNS AFTER 30 DAYS. 10% RE-STOCK CHARGE ON ALL RETURNED PARTS.

DISCLAIMER OF WARRANTIES

Any warranties on the product sold hereby are those made by the manufacturer. The seller hereby expressly disclaims all warranties, either express or implied, including any implied warranty of merchantability or fitness for a particular purpose, and the seller neither assumes nor authorizes any other person to assume for it any liability in connection with the sale of said products.

DATE ENTERED	YOUR ORDER NO.	DATE SHIPPED	INVOICE DATE	INVOICE NUMBER
03 JUL 07		03 JUL 07	03 JUL 07	229926

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ACCOUNT NO. 218
282-6233
HUMAN SERVICE CENTER OF SOUTHE
10257 STATE ROUTE 3
RED BUD, IL 62278

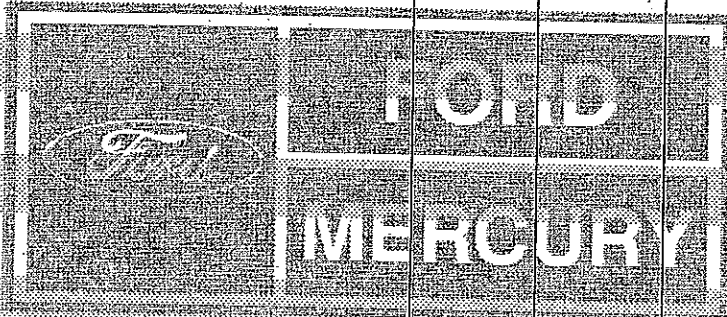
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HUMAN SERVICE CENTER OF SOUTHE
10257 STATE ROUTE 3
RED BUD, IL 62278

PAGE 1 OF 1

SHIP VIA	SLSM.	B/L NO.	TERMS	F.O.B. POINT
	105		CHARGE	RED BUD, IL
QUANTITY	PART NO.	DESCRIPTION	LIST	NET
1	F8UZ*6B209*CA	BEST TENSTONER	116.22	94.16
	#30 M-1585-11			94.16



ENGINES AND TRANSMISSIONS!!!!
NOW IN STOCK ALONG WITH THE NEW
ROE COLLISON PARTS..CALL TODAY
FOR PRICING..WE WILL COMPETE!!!
#####

CUSTOMER'S SIGNATURE

X

PARTS	94.16
SUBLET	
FREIGHT	0.00
SALES TAX	0.00
TOTAL	\$94.16

CUSTOMER #: 218
UNIT# 30

85472



500 WEST MARKET
RED BUD, ILLINOIS 62278
P.O. BOX 166
618-282-2375

INVOICE

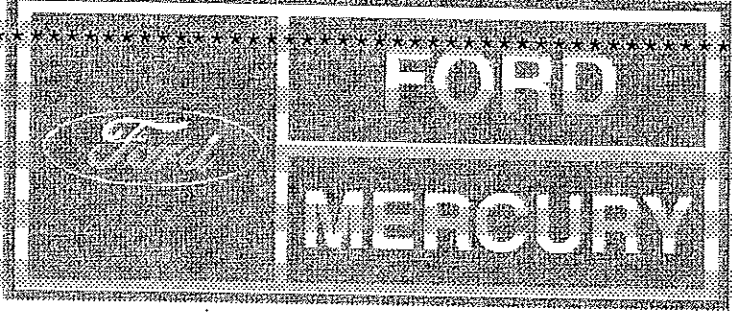
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10257 STATE ROUTE 3
RED BUD, IL 62278

PAGE 1

HOME: CONT:N/A
BUS: 282-6233 CELL:618-444-1221 SERVICE ADVISOR: 92 SCOTT BECKER

COLOR	YEAR	MAKE/MODEL	VIN	LICENSE	MILEAGE IN / OUT	TAG	
WHITE	98	FORD ECONOLINE	1FDXE40F3WHB85744		175019/175019		
DEL DATE	PROD DATE	WARR EXP	PROMISED	PO NO	RATE	PAYMENT	INV DATE
01JAN98 DD						CASH	22APR08
R.O. OPENED	READY	OPTIONS:					
		W-COMP:G ENG:7.3_Liter_D-Turbo-DI					
09:51	22APR08	10:27	22APR08				

LINE	OPCODE	TECH	TYPE	HOURS	LIST	NET	TOTAL
A	RECALL	07S57					
CAUSE: PERFORMED RECALL							
07S57B CAMSHAFT POSITION SENSOR INSPECTION AND REPLACEMENT - I							
		27	W				(N/C)
		1	F7TZ*12K073*B	SENSOR - CAMSHAFT POSITION			(N/C)
FC: PART#: COUNT:							
CLAIM TYPE: 07S57							
AUTH CODE: 6527							
PARTS:	0.00	LABOR:	0.00	OTHER:	0.00	TOTAL LINE A:	0.00



STATEMENT OF DISCLAIMER

The factory warranty constitutes all of the warranties with respect to the sale of this item/items. The Seller hereby expressly disclaims all warranties either express or implied, including any implied warranty of merchantability or fitness for a particular purpose. Seller neither assumes nor authorizes any other person to assume for it any liability in connection with the sale of this item/items.

DESCRIPTION	TOTALS
LABOR AMOUNT	0.00
PARTS AMOUNT	0.00
GAS, OIL, LUBE	0.00
SUBLET AMOUNT	0.00
MISC. CHARGES	0.00
TOTAL CHARGES	0.00
LESS INSURANCE	0.00
SALES TAX	0.00
PLEASE PAY THIS AMOUNT	0.00

*Thank You!
For allowing us
to service your vehicle.*

CUSTOMER SIGNATURE



DUPLICATE

THE PARTS PROFESSIONALS SINCE 1909

ALL CLAIMS AND RETURNED GOODS MUST BE ACCOMPANIED BY THIS INVOICE

515 S MAIN STREET

RED BUD IL 62270

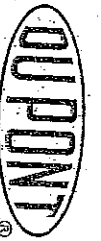
618-262-6787

WE SELL HEAVY DUTY TRUCK AND TRAILER PARTS!

HUMAN SERVICE CENTER
10257 STATE RTE 3
OLD INV #
SLSM # 9
P/O # SHOP

*** CHARGE SALE ***
INVOICE # 23-310410
WRITER: 6-30-08 WJP

QUANTITY	LINE	PART NUMBER	DESCRIPTION	CORE	LISTEA	YOUR COST	EXTENSION	TAX
1	001	782-2093	FUSE	0.00	4.49	2.99	2.99	0.00
THANK YOU								
TOTAL UNITS				0.00	4.49	2.99	2.99	0.00
ALL WARRANTIES ON PRODUCTS ARE THE MANUFACTURERS RESPONSIBILITY				RECEIVED	LIST TOTAL	NON TAXABLE	TAXABLE	TOTAL TAX
1.00% PER MONTH INTEREST CHARGED ON PAST DUE ACCOUNTS THIS IS 18% ANNUALLY				BY: X	2.99	2.99	2.99	0.00



ALL CLAIMS AND RETURNED GOODS MUST BE ACCOMPANIED BY THIS INVOICE



THE PARTS PROFESSIONALS SINCE 1909



DUPLICATE

515 S. MAIN STREET

618-282-6707

RED BUD, IL 62270

HUMAN SERVICE CENTER
 10257 STATE RTE 3
 RED BUD, IL 62270

OLD INV #
 SLIP # 9
 P/O # TRK 30
 4-17-84

*** CHARGE SALE ***
 INVOICE # 23-31934
 WRITER: MDW

QUANTITY	LINE	PART NUMBER	DESCRIPTION	CORE	LIST PRICE	YOUR COST	EXTENSION	TAX
1	138	138	INCLUDED COOLANT		65.99	65.99	65.99	
		FREIGHT			0.00			
		LABOR			0.00			
		MISC			0.00			
		TOTAL			65.99	65.99	65.99	0.00
		TOTAL TAX						0.00

THANK YOU

ALL WARRANTIES ON PRODUCTS ARE THE MANUFACTURERS RESPONSIBILITY

1.12% PER MONTH INTEREST CHARGED ON PAST DUE ACCOUNTS THIS IS 18% ANNUALLY

RECEIVED BY: X

PAY THIS AMOUNT

NON-FAVORABLE TABLE

CUSTOMER #: 218
 UNIT# 30

#30

86694

WEIR **FORD**
MERCURY

500 WEST MARKET
 RED BUD, ILLINOIS 62278
 P.O. BOX 166
 618-282-2375

INVOICE

PAGE 1

HUMAN SERVICE CENTER OF SOUTHERN MET
 10257 STATE ROUTE 3
 RED BUD, IL 62278

HOME: CONT:N/A
 BUS: 282-6233 CELL:618-444-1221

SERVICE ADVISOR: 92 SCOTT BECKER

COLOR	YEAR	MAKE/MODEL	VIN	LICENSE	MILEAGE IN / OUT	TAG	
WHITE	98	FORD ECONOLINE	1FDXE40F3WHB85744		178210/178210		
DEL. DATE	PROD. DATE	WARR. EXP.	PROMISED	PO NO.	RATE	PAYMENT	INV. DATE
01JAN98 DD						CASH	08SEP08
R.O. OPENED	READY	OPTIONS: W-COMP:G ENG:7.3_Liter_D-Turbo-DI					

13:51 05SEP08 14:00 05SEP08

LINE	OPCODE	TECH	TYPE	HOURS	LIST	NET	TOTAL
A	OVER THE COUNTER PART						

CAUSE: OTC PART SOLD 8-20-08 CONF. CODE A0191374 ON 1878 F ORM, PART CAME IN, CIRCUIT BOARD TORN ON CLUSTER OR DER ANOTHER CLUSTER CONF. NUMBER A0197

OTC OVER THE COUNTER PART

999 W

1 F8UZ*10849*LR INSTRUMENT CLUSTER

(N/C)
 (N/C)

FC: G32 28

PART#: 10849

COUNT:

CLAIM TYPE: SPW

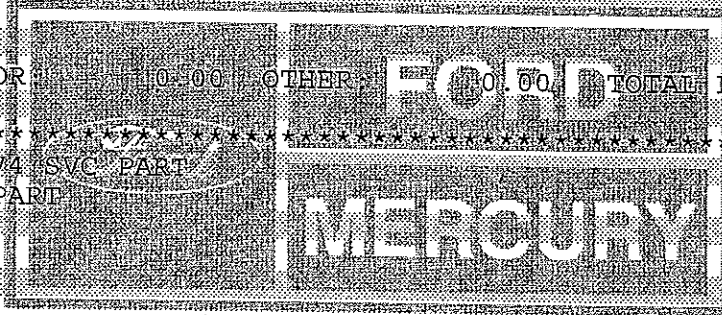
AUTH CODE:

PARTS:	0.00	LABOR:	10.00	OTHER:	0.00	TOTAL:	LINE A:	0.00
--------	------	--------	-------	--------	------	--------	---------	------

LC: A REF. RO: 191374 SVC PART

DATE: 08/20/08 SVC PART

DISTANCE: 1



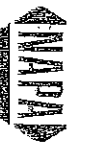
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DESCRIPTION	TOTALS
LABOR AMOUNT	0.00
PARTS AMOUNT	0.00
GAS, OIL, LUBE	0.00
SUBLET AMOUNT	0.00
MISC. CHARGES	0.00
TOTAL CHARGES	0.00
LESS INSURANCE	0.00
SALES TAX	0.00
PLEASE PAY THIS AMOUNT	0.00

*Thank You!
 For allowing us
 to service your vehicle.*

CUSTOMER SIGNATURE



ALL CLAIMS AND RETURNED
GOODS MUST BE ACCOMPANIED
BY THIS INVOICE

THE PARTS PROFESSIONALS SINCE 1909

415 S WOOD STREET

SIDNEY OHIO 45157

REQ BID N 00270

WE SELL BRAND NEW TIREK AND TAILER PARTS
OLD END N
REPAIR SPECIALS
FREE CHARGE SALE ***
INVOICE # 22-282945
PART # UNIT 20
WARRANTY 8-15-28 WPL
No 198086

QUANTITY	LINE	PART NUMBER	DESCRIPTION	CORE	LIST EA	YOUR COST	EXTENSION	TAX
			THANK YOU					
	4011	25410	BATTERY		129.99	69.99	139.98	0.00
		TOTAL			129.99	139.98	139.98	0.00

ALL WARRANTIES ON PRODUCTS
ARE THE MANUFACTURERS
RESPONSIBILITY

1.12% PER MONTH INTEREST
CHARGED ON PAST DUE
ACCOUNTS THIS IS 18% ANNUALLY

RECEIVED
BY: X

NON PAYABLE
PAY THIS
AMOUNT

TAXABLE
139.98

TOTAL TAX



ALL CLAIMS AND RETURNED
GOODS MUST BE ACCOMPANIED
BY THIS INVOICE



THE PARTS PROFESSIONALS SINCE 1909



DUPLICATE

515 E. MAIN STREET

RED BLD. 11, 62272

ORDER

M-177693

QUANTITY	LINE	PART NUMBER	DESCRIPTION	CORE	LIST EA.	YOUR COST	EXTENSION	TAX
THANK YOU								
TOTAL UNITS		FREIGHT		LABOR		MISC.		TOTAL
		112% PER MONTH INTEREST CHARGED ON PAST DUE ACCOUNTS THIS IS 18% ANNUALLY		RECEIVED BY: X <i>[Signature]</i>		PAY THIS AMOUNT		TOTAL



ALL CLAIMS AND RETURNED
GOODS MUST BE ACCOMPANIED
BY THIS INVOICE



THE PARTS PROFESSIONALS SINCE 1909



DUPLICATE

515 E. MAIN STREET

408-912-587

RED BLD. 11, 62272

ORDER

WE SELL HEAVY DUTY TRUCK AND TRAILER PARTS
CALL OR VISIT US ONLINE
LIST STATE RITE B
CALL CHARGE SALE
INVOICE # 11-188418
DATE 11-18-11

QUANTITY	LINE	PART NUMBER	DESCRIPTION	CORE	LIST EA.	YOUR COST	EXTENSION	TAX
THANK YOU								
TOTAL UNITS		FREIGHT		LABOR		MISC.		TOTAL

Date Aug 8 2008
Mo. Day Yr.

No 14961
SERVICE INVOICE NO.

BRUNS' TOWING & WRECKER SERVICE

1255 North Sparta St. - Steeleville, IL 62288

Phone 618-965-3708 - Ralph Bruns, Owner

24 Hour Service

Bill To Hillman Service Center

Address Red Bud Ill

Make	Year	Color	Serial No.
FORD	E-450	WHITE	# 30
M-177193			

SERVICE PERFORMED

STORAGE DAYS @

TOWING NIGHT/DAY

40.00

TIME CALLED 4:00^{PM} TIME IN

MILES 22 @ 2.50

44.00

Remove Driveshaft

25.00

AMOUNT DUE

109.00

REMARKS:

Remove Shift Tow from
P destination to Red Bud

Ralph A Bruns
Driver Signature

Customer

WEIR FORD-MERCURY LLC



500 WEST MARKET P.O. BOX 166
Red Bud, ILLINOIS 62278
Phone 618-282-2375



ALL CLAIMS AND RETURNED GOODS MUST BE ACCOMPANIED BY THIS INVOICE.
NO RETURNS ON ELECTRICAL OR SPECIAL ORDER PARTS.
NO RETURNS AFTER 30 DAYS. 10% RE-STOCK CHARGE ON ALL RETURNED PARTS.

DISCLAIMER OF WARRANTIES

Any warranties on the product sold hereby are those made by the manufacturer. The seller hereby expressly disclaims all warranties, either express or implied, including any implied warranty of merchantability or fitness for a particular purpose, and the seller neither assumes nor authorizes any other person to assume for it any liability in connection with the sale of said products.

DATE ENTERED	YOUR ORDER NO.	DATE SHIPPED	INVOICE DATE	INVOICE NUMBER
28 JUL 08		04 AUG 08	04 AUG 08	285325

S O L D T O	ACCOUNT NO. 218 282-6233 HUMAN SERVICE CENTER OF SOUTHE 10257 STATE ROUTE 3 RED BUD, IL 62278	S H I P T O	PAGE 1 OF 1 HUMAN SERVICE CENTER OF SOUTHE 10257 STATE ROUTE 3 RED BUD, IL 62278
--------------------------------	---	--------------------------------	---

SHIP VIA	SLSM.	B/L NO.	TERMS	F.O.B. POINT
	105		CHARGE	RED BUD, IL

QTY	ORD	SHIP	REG	PART NO.	DESCRIPTION	LIST	NET	AMOUNT
1			0	F8U2*10849*LR	NS INSTRUMEN	341.91	256.43	256.43

PLANNING A SUMMER TRIP? CHECK YOUR BRAKES, BATTERIES, AND AIR FILTERS BEFORE YOU GO. CALL US FOR TIRES TOO. REBATES ON ENGINES AND TRANSMISSIONS CONTINUE CALL FOR PRICES.

CUSTOMER'S SIGNATURE
X

PARTS	256.43
SUBLET	
FREIGHT	0.00
SALES TAX	0.00
TOTAL	\$256.43



Vehicle Repair History Summary
1998 #30 Ford Eldorado Mini Bus

VIN: 1FDXE40F3WHB85744

Date	Odometer	Service Performed	Serviced by	Total Cost:
07/10/2006	138232	Exhaust	Vick , HSC	\$3.99
Replaced Exhaust Hanger				
07/12/2006	1391200	Lights	Vick , HSC	\$8.49
License Plate Bracket Broken , Replaced				
10/26/2006	144843	Wheel Bearings	Vick , HSC	\$79.15
Left front wheel bearing bad, replaed both side with new bearings, races, and seals				
02/08/2007	150374	Caliper	Vick , HSC	\$79.99
Left Rear Caliper piston was leaking brake fluid, had to replace				
02/08/2007	150374	Flat Tire	Red Bud Battery & Tire	\$6.00
Left side outside dual				
03/07/2007	151814	Water Pump	Vick , HSC	\$252.95
replaced water pump and thermostat also flushed system				
06/15/2007		Wheel Chair Lift	Vick , HSC	\$34.00
Up and Down button not working, switched with #29 bought new for #29				
07/03/2007	158511	Under Hood	Vick , HSC	\$94.16

**Vehicle Repair History Summary****VIN: 1FDXE40F3WHB85744****1998 #30 Ford Eldorado Mini Bus**

Date	Odometer	Service Performed	Serviced by	Total Cost:
		noise under hood found belt tensioner breakage, replaced		
07/31/2007	160020	Caliper	Vick , HSC	\$8.18
		lost front bake caliper bolts, replaced		
08/03/2007		Seat Belt	Midwest Transit Equipmet	\$10.36
		replaced seat belt		
08/31/2007	161903	A/C	Vick , HSC	\$179.55
		Replaced A/C clutch		
08/31/2007	161903	A/C	Vick , HSC	\$13.29
		Replaced low side switch		
04/29/2008	175364	Hose	Vick , HSC	\$65.99
		Replaced lower radiator hose		
08/04/2008	177390	Speed-o-meter	Weir Ford	\$256.43
		replaced speedometer, broke		
08/08/2008	177693	Tow	Brun's Towing	\$109.00
		Bus quite running on return route		
08/11/2008	177693	Supplies	Vick , HSC	\$41.45



Vehicle Repair History Summary

VIN: 1FDXE40F3WHB85744

1998 #30 Ford Eldorado Mini Bus

Date	Odometer	Service Performed	Serviced by	Total Cost:
------	----------	-------------------	-------------	-------------

Wire, connectors etc. to fix the melted wires from exhaust located drivers side, transmission hump

01/20/2009	179640	Rear Brakes	Vic, HSC	\$118.36
------------	--------	-------------	----------	----------

Left rear Brake Pad fell off metal backing plate and cause grooves in rotor, rotor was no turnable had to replace along with brake pads

02/19/2009	179640	Rotor Turn Charge	Weir Ford	\$10.80
------------	--------	-------------------	-----------	---------

They tried to turn the left rear rotor and could not, to badley warped, charged labor any ways

Sum of all Repair charges :

Start Date :	07/10/2006	Start Odom :	138,232.00
End Date :	02/19/2009	End Odom :	1,391,200.00
Total Days :	955.00	Total Dist :	1,252,968.00

Vehicle Repair Cost per Day :

Vehicle repair cost per mile :



Vehicle Maintenance History Summary

VIN: 1FDXE40F3WHB85744

1998 #30 Ford Eldorado Mini Bus

Date	Odometer	Service Performed	Location	Total Cost:
07/17/2006	138651	Monthly PreVentive Maintenance Painted Around back door, drivers side windshield has 2 little chips on lower left side	Vick , HSC	
07/25/2006	138350	State Inspection	Red Bud Ford	
08/08/2006	140037	Monthly PreVentive Maintenance 2 Chips lower left on windshield	Vick , HSC	
08/08/2006	140037	Oil - Change oil and filter also checked Exhaust for leaks and Rear End fluid level	Vick , HSC	\$29.79
11/16/2006	146054	Air filter - Replace Monthly PM	Vick , HSC	\$11.92
11/16/2006	146054	Fuel filter - Replace Monthly PM	Vick , HSC	\$18.92
11/16/2006	146054	Oil - Change oil and filter	Vick	\$9.00
11/16/2006	146054	Differential fluid - Replace fluid Monthly PM	Vick , HSC	\$3.69
11/16/2006	146054	Transmission - Change fluid	Vick , HSC	\$38.44



Vehicle Maintenance History Summary

VIN: 1FDXE40F3WHB85744

1998 #30 Ford Eldorado Mini Bus

Date	Odometer	Service Performed	Location	Total Cost:
		Monthly PM		
11/16/2006	146054	Monthly PreVentive Maintenance	Vick , HSC	
12/21/2006	149103	Tires, New 2 new tires on front	Red Bud Battery & Tire	\$208.28
01/16/2007	149003	State Inspection nothing to report	Vick , HSC	
01/18/2007	149103	Monthly Preventive maintenance no problems to report, finally put on 2 new front tire	Vick , HSC	
02/01/2007	150374	Monthly Preventive maintenance NO PROBLEMS	Vick , HSC	
03/07/2007	151814	Monthly Preventive maintenance no problems found	Vick , HSC	
03/07/2007	151814	Tires Replaced 4 rear tires with new ones	Red Bud Battery & Tire	\$416.56
03/09/2007	151814	Antifreeze-Coolant - Replace fluid	Vick , HSC	



Vehicle Maintenance History Summary

VIN: 1FDXE40F3WHB85744

1998 #30 Ford Eldorado Mini Bus

Date	Odometer	Service Performed	Location	Total Cost:
03/12/2007	151990	Oil - Change oil and filter	Vick , HSC	\$9.00
03/19/2007	152410	Tires - Rotate and balance complaints about wobble at certain speeds, had front tires balanced	Red Bud Battery & Tire	\$10.00
04/09/2007	153675	Monthly Preventive maintenance no problems found	Vick , HSC	
06/21/2007	158038	Oil - Change oil and filter	Vick , HSC	\$9.00
06/21/2007	158038	Monthly Preventive maintenance no problems found	Vick , HSC	
07/23/2007	159700	State Inspection	Red Bud Ford	\$20.80
07/27/2007	160097	Monthly Preventive maintenance no problems found	Vick , HSC	
08/20/2007	161207	Monthly Preventive maintenance no problems found	Vick , HSC	



Vehicle Maintenance History Summary

VIN: 1FDXE40F3WHB85744

1998 #30 Ford Eldorado Mini Bus

Date	Odometer	Service Performed	Location	Total Cost:
09/18/2007	162826	Belts - Replace	Vick , HSC	\$41.19
09/19/2007	162911	Brakes Replaced rear brake pads	Vick , HSC	\$29.90
09/19/2007	162911	Monthly Preventive maintenance no problems found	Vick , HSC	
10/09/2007	164064	Oil - Change oil and filter	Vick , HSC	\$9.00
10/09/2007	164064	Fuel filter - Replace	Vick , HSC	\$17.46
10/09/2007	164064	Air filter - Replace	Vick , HSC	\$11.92
10/19/2007	164705	Monthly Preventive maintenance no problems found	Vick , HSC	
11/28/2007	166847	Monthly Preventive maintenance no problems found	Vick , HSC	
01/01/2008	169078	State Inspection	Red Bud Ford	\$20.80



Vehicle Maintenance History Summary

VIN: 1FDXE40F3WHB85744

1998 #30 Ford Eldorado Mini Bus

Date	Odometer	Service Performed	Location	Total Cost:
01/25/2008	170146	Monthly Preventive maintenance no problems found	Vick , HSC	
01/25/2008	170146	Oil - Change oil and filter	Vick , HSC	\$9.00
02/25/2008	171587	Monthly Preventive maintenance No problems found	Vick , HSC	
03/27/2008	173469	Monthly Preventive maintenance no problems found	Vick , HSC	
04/29/2008	175364	Monthly Preventive maintenance no problems found	Vick , HSC	
05/13/2008	175449	Oil - Change oil and filter	Vick , HSC	\$9.32
06/10/2008	175891	Monthly Preventive maintenance no problems found	Vick , HSC	
06/11/2008	175953	Wiper Blades replaced	Vick , HSC	\$18.16

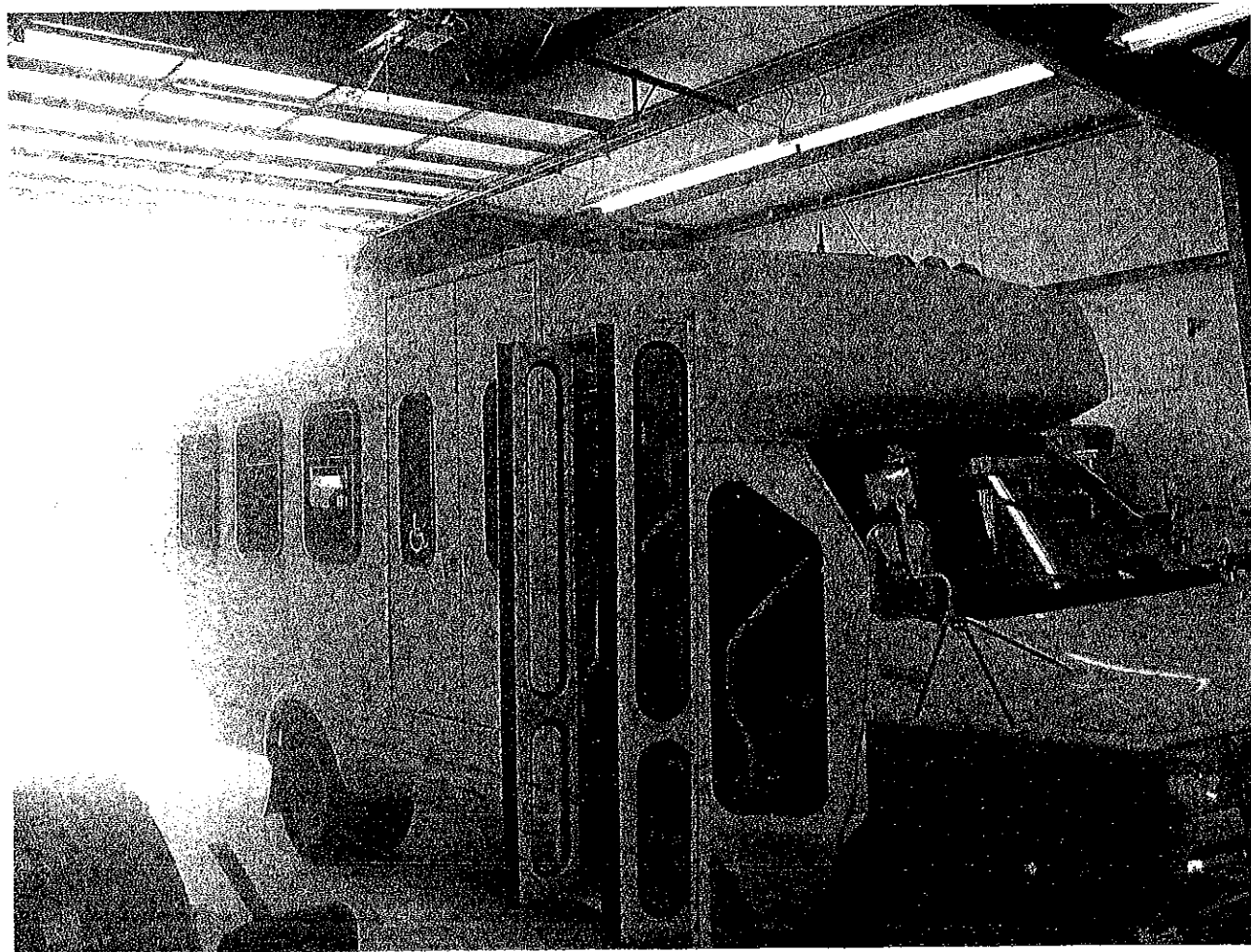


Vehicle Maintenance History Summary

VIN: 1FDXE40F3WHB85744

1998 #30 Ford Eldorado Mini Bus

Date	Odometer	Service Performed	Location	Total Cost:
06/17/2008	176038	Tires 2 new front tires	Vick , HSC	\$193.26
07/01/2008	177388	State Inspection	Weir Ford	\$20.50
07/11/2008	177386	Monthly Preventive maintenance No problems other than Speedometer quit	Vick , HSC	
08/15/2008	178086	Batteries Replaced both batteries, they were over 5 years old and went dead	Vick , HSC	\$139.98
08/19/2008	178208	Monthly Preventive maintenance no problems found	Vick , HSC	
09/16/2008	178405	Monthly Preventive maintenance No problems found	Vick , HSC	
10/16/2008	179494	Monthly Preventive maintenance no problems found	Mike H., HSC	
12/04/2008	177388	Monthly Preventive maintenance no problems found	Mike, HSC	



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 Human Service Center of Southern Metro-East

Form 2 of 4 , (1 of 1 etc.)

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

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

C. Category of Request (Check appropriate category)

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

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

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

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

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

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

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

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

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

Yr.	Manufacturer	Type	Date/Mileage	(if applicable) VIN # IDOT Contract #
99	Ford E450/Eldorado	Medium Duty Bus	5/1/2009 133102	1FDXE40F5XHA85422 Contract # 3017

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

Criteria 2 Justification

#2 1999 Ford E450/Eldorado Medium Duty Bus has 133,102 miles which exceeds the criteria for replacement. While the bus is used primarily as a back up bus, it has developed several issues in the recent years. This bus has developed several issue, A/C system, wheel seal, exhaust issues, sensors, wheel chair lift, entrance door wiring, and interior panels coming loose and screws falling out. All of the stated problems have been checked out and repairs made as indicated, but the vehicle continues to experience reported problems. Repair orders as well as Maintenance/Repair history have been included via the software used by the Transportation Department

ALL GOODS RETURNED MUST BE ACCOMPANIED BY THIS INVOICE DUPLICATE



THE PARTS PROFESSIONALS SINCE 1909



515 S MAIN STREET
 618-282-6707
 RED BUD IL 62276

SEE OUR NEW ENERGO 618-282-6707 NO WE DISHONOR THE RETURN CHECK 618-282-6707
 HUMAN SERVICE CENTER (800) 444-4444
 1257 STATE ST. ST. LOUIS, MO 63103
 REF AND FILE 618-282-6707

QUANTITY	LINE	PART NUMBER	DESCRIPTION	CORE	LIST EA.	YOUR COST	EXTENSION	TAX
1	NDS	24017	SEAL		19.19	6.09	6.09	
TOTAL UNITS: 1 MISCELLANEOUS: 0.00 FREIGHT: 0.00 TAX: 0.00 TOTAL: 6.09								

RECEIVED BY: X *[Signature]* **PAY THIS AMOUNT** \$ 6.09

RED BUD FORD-MERCURY LLC



500 WEST MARKET P.O. BOX 166
 Red Bud, ILLINOIS 62278
 Phone 618-282-2375



ALL CLAIMS AND RETURNED GOODS MUST BE ACCOMPANIED BY THIS INVOICE.
 NO RETURNS ON ELECTRICAL OR SPECIAL ORDER PARTS.
 NO RETURNS AFTER 30 DAYS. 10% RE-STOCK CHARGE ON ALL RETURNED PARTS.

DISCLAIMER OF WARRANTIES

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DATE ENTERED 09 MAR 07	YOUR ORDER NO. UNIT 31	DATE SHIPPED 09 MAR 07	INVOICE DATE 09 MAR 07	INVOICE NUMBER 214240
---------------------------	---------------------------	---------------------------	---------------------------	--------------------------

S
O
L
D

T
O

ACCOUNT NO. 218
 282-6233
 HUMAN SERVICE CENTER OF SOUTHE
 10257 STATE ROUTE 3
 RED BUD, IL 62278

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PAGE 1 OF 1
 HUMAN SERVICE CENTER OF SOUTHE
 10257 STATE ROUTE 3
 RED BUD, IL 62278

SHIP VIA	SLSM.	B/L NO.	TERMS	F.O.B. POINT	
	105		CHARGE	RED BUD, IL	
QUANTITY	PART NO.	DESCRIPTION	LIST	NET	AMOUNT
1	F85Z*2L373*AC	051K SENSOR AS	22.95	17.21	17.21
ENGINES AND TRANSMISSIONS!!!! NOW IN STOCK ALONG WITH THE NEW ROE COLLISON PARTS..CALL TODAY FOR PRICING..WE WILL COMPETE!!! #####			PARTS		17.21
CUSTOMER'S SIGNATURE			SUBLET		
X			FREIGHT		0.00
			SALES TAX		0.00
			TOTAL		\$17.21

LT# 31

218

81878



HUMAN SERVICE CENTER OF SOUTHERN MET
10257 STATE ROUTE 3
RED BUD, IL 62278

INVOICE

500 WEST MARKET
RED BUD, ILLINOIS 62278
P.O. BOX 166
618-282-2375

HOME: BUS:282-6233

PAGE 1

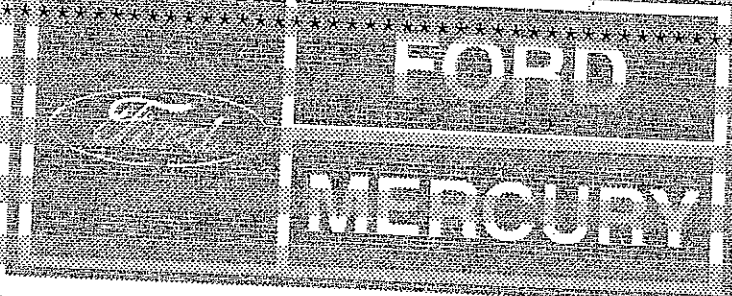
CELL:618-444-1221

SERVICE ADVISOR: 92 SCOTT BECKER

COLOR	YEAR	MAKE/MODEL	VIN	LICENSE	MILEAGE IN / OUT	TAG
WHITE	99	FORD F450 SUPER DUTY	1FDXE40F5XHA85422	16586CV	117586/117586	
DEL. DATE	PROD. DATE	WARR. EXP	PROMISED	PO NO.	RATE	PAYMENT
						INVT. DATE
IS	R.O. OPENED	READY	OPTIONS:	CHG	23MAY07	
09:54	30APR07	09:42	23MAY07	ENG:7.3D_TURBO_DI		

LINE	OPCODE	TECH	TYPE	HOURS	LIST	NET	TOTAL
CUSTOMER STATES THAT THE ABS LIGHT IS ON AND THE EMERGENCY BRAKE LIGHT							
M CHECK CODES IN PCM ENG SENSORS WERE UNPLUGGED							
REINSTALL-RETEST TEST ABS CODE FOLLOW FLOW							
CHARTS CAME DOWN TO ABS MODULE REPLACED							
MODULE							
27	CTS	9	70				
1	4C2Z*2C219*	EARM	REMAN	MODULE - ABS CONTROL	385.65	450.00	450.00
ARTS:	385.65	LABOR:	450.00	OTHER:	0.00	TOTAL LINE A:	835.65

REMOVED BRAKE LINES TO ACCESS INSTALL MOD AND R EINSTALL UNIT BLEED AIR FROM SYSTEM CLEAR CODES TEST DRIVE

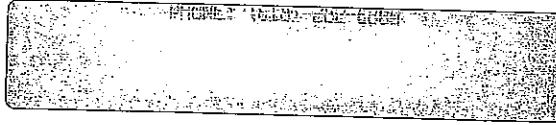


*Thank You!
For allowing us
service your vehicle.*

STATEMENT OF DISCLAIMER		DESCRIPTION	TOTALS
The factory warranty constitutes all of the warranties with respect to the sale of this item/items. The Seller hereby expressly disclaims all warranties either express or implied, including any implied warranty of merchantability or fitness for a particular purpose. Seller neither assumes nor authorizes any other person to assume for it any liability in connection with the sale of this item/items.		LABOR AMOUNT	450.00
		PARTS AMOUNT	385.65
		GAS, OIL, LUBE	0.00
		SUBLET AMOUNT	0.00
		MISC. CHARGES	0.00
		TOTAL CHARGES	835.65
		LESS INSURANCE	0.00
		SALES TAX	0.00
		PLEASE PAY THIS AMOUNT	835.65
		CUSTOMER SIGNATURE	



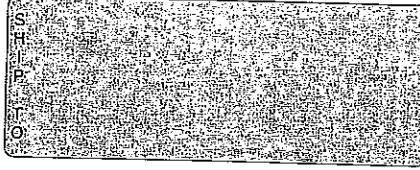
COTTON'S ACE HARDWARE-RED BUD
 1350 SOUTH MAIN ST.
 RED BUD IL 62278



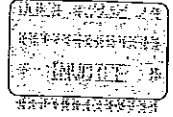
CUSTOMER NO.	JOB NO.	PURCHASE ORDER NO.	REFERENCE	TERMS	CLERK	DATE	TIM

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HUMAN SERVICE CENTER
 18257 STATE RT. 3
 RED BUD IL 62278
 (618) 242-6233



DATE: 4/15/08
 TERMS: NET 30
 RESL#: E9907-400041
 TAX: 004-RED BUD



QUANTITY	UNITS	PRICE/UNIT	EXTENSION
1		1.99	1.99

Thank You

X *[Signature]*

AGREED TO And RECEIVED BY

** AMOUNT CHARGED TO STORE ACCOUNT **
 ACE REWARDS ID # 1975714218

1.99 TAXABLE
 NON-TAXABLE
 SUBTOTAL
 TAX AMOUNT

UNIT# 31

218

84282

RED BUD **FORD**
MERCURY

HUMAN SERVICE CENTER OF SOUTHERN MET
10257 STATE ROUTE 3
RED BUD, IL 62278
HOME: BUS:282-6233
CELL:618-444-1221

INVOICE

500 WEST MARKET
RED BUD, ILLINOIS 62278
P.O. BOX 166
618-282-2375

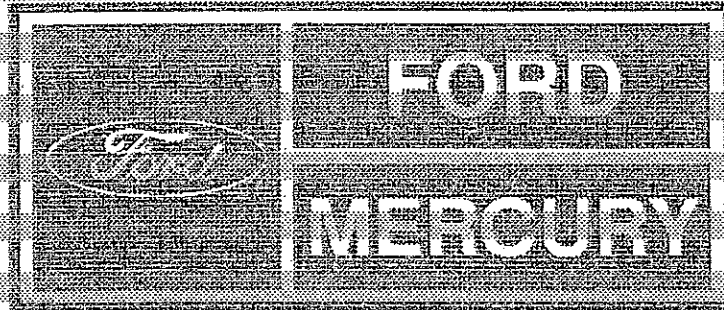
PAGE 1

SERVICE ADVISOR: 92 SCOTT BECKER

COLOR	YEAR	MAKE/MODEL	VIN	LICENSE	MILEAGE IN / OUT	TAG
WHITE	99	FORD E450 SUPER DUTY	1FDXE40F5XHA85422	16586CV	121263/121263	
DEL DATE	PROD DATE	WARR EXP	PROMISED	PO NO	RATE	PAYMENT
						CHG
R.O. OPENED		READY	OPTIONS: ENG:7.3D_TURBO_DI			

IS						CHG	27DEC07
13:11	19DEC07	13:57	27DEC07				

LINE	OPCODE	TECH	TYPE	HOURS	LIST	NET	TOTAL
A CUSTOMER STATES VEH HAS A FUEL LEAK RIGHT SIDE CHECKED BY THE MOTOR MOUNT DIDN'T SEE ANYTHING THEMSELVES							
M DIA GUEL LEAK AT DRAIN FOR FUEL FILTER REMOVE HOUSING AND R&R DRAIN TEST DROVE OK							
				15		595.00	595.00
1	F81Z*9A153*AA	VALVE ASY - VENT			55.32	55.32	55.32
PARTS:	55.32	LABOR:	595.00	OTHER:	0.00	TOTAL LINE A:	650.32



<i>Thank You! For allowing us to service your vehicle.</i>	STATEMENT OF DISCLAIMER The factory warranty constitutes all of the warranties with respect to the sale of this item/items. The Seller hereby expressly disclaims all warranties either express or implied, including any implied warranty of merchantability or fitness for a particular purpose. Seller neither assumes nor authorizes any other person to assume for it any liability in connection with the sale of this item/items.	DESCRIPTION	TOTALS
	CUSTOMER SIGNATURE	LABOR AMOUNT	595.00
		PARTS AMOUNT	55.32
		GAS, OIL, LUBE	0.00
		SUBLET AMOUNT	0.00
		MISC. CHARGES	3.00
		TOTAL CHARGES	653.32
		LESS INSURANCE	0.00
		SALES TAX	0.00
		PLEASE PAY THIS AMOUNT	653.32

LT# 31

218

84563



500 WEST MARKET
RED BUD, ILLINOIS 62278
P.O. BOX 166
618-282-2375

HUMAN SERVICE CENTER OF SOUTHERN MET
10257 STATE ROUTE 3
RED BUD, IL 62278

INVOICE

PAGE 1

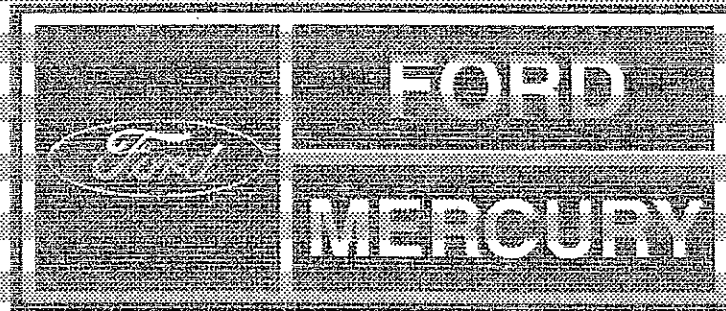
HOME: BUS:282-6233

CELL:618-444-1221

SERVICE ADVISOR: 6 COLLETTE PEGG

COLOR	YEAR	MAKE/MODEL	VIN	LICENSE	MILEAGE IN / OUT	TAG	
WHITE	99	FORD E450 SUPER DUTY	1FDXE40F5XHA85422	16586CV	121263/121263		
DEL DATE	PROD DATE	WARR EXP	PROMISED	PO NO	RATE	PAYMENT	INV DATE
						CHG	23JAN08
R/O OPENED		READY	OPTIONS: ENG:7.3D_TURBO_DI				
12:57	22JAN08	10:40	23JAN08				

LINE	OPCODE	TECH	TYPE	HOURS	LIST	NET	TOTAL
A	INSTALL	BALLJOINTS	IN	CARRIED			
M	REMOVE	OLD	BALLJOINTS	AND			
		15	CTS			76.50	76.50
	1	FSUZ*3V049*A	JOINT	ASY - BALL	44.70	44.70	44.70
	1	XC2Z*3V050*AA	KIT - STEERING	GEAR TIE ROD RE	49.40	49.40	49.40
PARTS:	94.10	LABOR:	76.50	OTHER:	0.00	TOTAL LINE A:	170.60



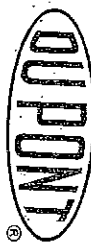
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CUSTOMER SIGNATURE

DESCRIPTION	TOTALS
LABOR AMOUNT	76.50
PARTS AMOUNT	94.10
GAS, OIL, LUBE	0.00
SUBLET AMOUNT	0.00
MISC. CHARGES	3.00
TOTAL CHARGES	173.60
LESS INSURANCE	0.00
SALES TAX	0.00
PLEASE PAY THIS AMOUNT	173.60



ALL CLAIMS AND RETURNED GOODS MUST BE ACCOMPANIED BY THIS INVOICE



THE PARTS PROFESSIONALS SINCE 1909



DUPPLICATE

519 S MAIN STREET

618-282-6787

RED BUD IL 62270

HUMAN SERVICE CENTER
 10257 STATE RTE 3
 QUANTITY: 1
 PART NUMBER: BKA 732-1006
 DESCRIPTION: HANGER
 DLD INV # 518-282-6787
 BLSM # 9
 P/O # UNIT 31
 M# 118928
 *** CHARGE SALE ***
 INVOICE # 23-207392
 WRTTR:

QUANTITY	LINE	ILL. PART NUMBER	DESCRIPTION	GOVERN. #1	LIST PRICE	UNIT PRICE	EXTENSION	TAX
1	BKA	732-1006	HANGER		12.49	6.99	6.99	
THANK YOU								
TOTAL UNITS				FREIGHT	LABOR	MISC.	OPER. TOTAL	LIST TOTAL
1								
ALL WARRANTIES ON PRODUCTS ARE THE MANUFACTURERS RESPONSIBILITY				1 1/2% PER MONTH INTEREST CHARGED ON PAST DUE ACCOUNTS THIS IS 18% ANNUALLY				
RECEIVED BY: X				NON PAYABLE PAY THIS AMOUNT				
				TAXABLE TOTAL TAX				
				6.99				

UNIT# 31

218

82198



INVOICE

HUMAN SERVICE CENTER OF SOUTHERN MET
10257 STATE ROUTE 3
RED BUD, IL 62278

500 WEST MARKET
RED BUD, ILLINOIS 62278
P.O. BOX 166
618-282-2375

PAGE 1

HOME: BUS:282-6233

CELL:618-444-1221

SERVICE ADVISOR: 92 SCOTT BECKER

COLOR	YEAR	MAKE/MODEL	VIN	LICENSE	MILEAGE IN / OUT	TAG	
WHITE	99	FORD E450 SUPER DUTY	1FDXE40F5XHA85422	16586CV	118043/118043		
DEL DATE	PROD DATE	WARR EXP	PROMISED	PO NO	RATE	PAYMENT	INV DATE
						CASH	18JUL07

IS

R.O. OPENED

READY

OPTIONS: ENG:7.3D_TURBO_DI

07:51 01JUN07 08:38 18JUL07

LINE OPCODE TECH TYPE HOURS LIST NET TOTAL

A CHECK FOR LEAKS BRAKES PEDAL WENT TO THE FLOOR
M CHECK SYSTEM FOR LEAKS TEST DRIVE ABS CAME ON
RUN CODES TEST EUTM FOUND BAD CONNECTION AT
REAR WHEEL SENSOR REPAIR CONNECTION REPLACE
HCU

15 CTS 20.80

27 CTS 5.70

26.50

782.63 782.63

1 F85Z*2L373*AC SENSOR ASY

25.27 25.27 25.27

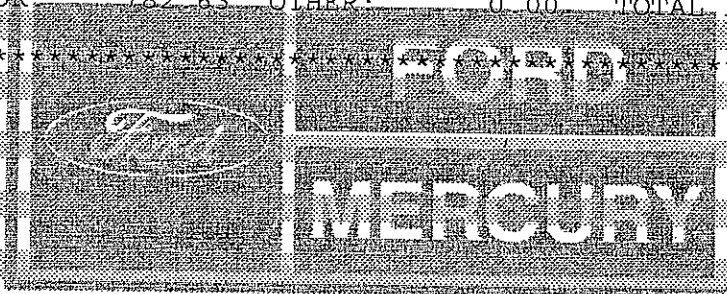
1 F2UZ*14526*L CIRCUIT BREAKER ASY

2.04 2.04 2.04

1 3C2Z*2C286*AARM REMAN MODULE

735.42 735.42 735.42

PARTS: 762.73 LABOR: 782.63 OTHER: 0.00 TOTAL FINE A: 1548.36



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DESCRIPTION	TOTALS
LABOR AMOUNT	782.63
PARTS AMOUNT	762.73
GAS, OIL, LUBE	0.00
SUBLET AMOUNT	0.00
MISC. CHARGES	3.00
TOTAL CHARGES	1548.36
LESS INSURANCE	0.00
SALES TAX	0.00
PLEASE PAY THIS AMOUNT	1548.36

*Thank You!
For allowing us
to service your vehicle.*

CUSTOMER SIGNATURE



Vehicle Repair History Summary
1999 #31 Ford Eldorado Mini Bus

VIN: 1FDXE40F5XHA85422

Date	Odometer	Service Performed	Serviced by	Total Cost:
09/07/2006	104908	A/C Work	Vick , HSC	\$145.35
Replaced Ac clutch				
03/09/2007	114554	Speed Sensor	Vick , HSC	\$17.21
replaced the rear wheel speed sensor, it was bad				
05/23/2007	117586	Brakes	Red Bud Ford	\$835.65
ABS Light on, they diagnosed and replaced ABS module				
07/18/2007	118043	Brakes	Red Bud Ford	\$1,548.36
Major brake problems, no brakes they replaced main hydraulic module				
08/13/2007	118978	Exhaust	Vick , HSC	\$6.99
Tail pipe hanger broke				
12/27/2007	121263	Fuel Leak	Red Bud Ford	\$653.32
Fuel leak at the water seperator valve had repaired				
01/23/2008	121263	Ball Joints	Red Bud Ford	\$173.60
Replaced upper and lower ball joints on Passenger side				
03/13/2008	0	Maintenance	Vick , HSC	\$1.99



Vehicle Repair History Summary

VIN: 1FDXE40F5XHA85422

1999 #31 Ford Eldorado Mini Bus

Date	Odometer	Service Performed	Serviced by	Total Cost:
		Interior molding came off, replaced with installing Pop rivets		
03/25/2008	125573	Battery's	Gary / HSC	\$139.90
		Both battery's bad, replaced		
06/03/2008	129006	Tires Balanced	Red Bud Battery & Tire	\$10.00
		Had front tires balanced		

Sum of all Repair charges :

Start Date :	09/07/2006	Start Odom :	0.00
End Date :	06/03/2008	End Odom :	129,006.00
Total Days :	635.00	Total Dist :	129,006.00
Vehicle Repair Cost per Day :			
Vehicle repair cost per mile :			



Vehicle Maintenance History Summary

VIN: 1FDXE40F5XHA85422

1999 #31 Ford Eldorado Mini Bus

Date	Odometer	Service Performed	Location	Total Cost:
08/23/2006	104186	Monthly PreVentive Maintenance Everything Checked out	Vick , HSC	
09/07/2006	104908	Monthly PreVentive Maintenance	Vick , HSC	
10/03/2006	106239	State Inspection State Inspection	Red Bud Ford	\$19.80
10/06/2006	106559	Oil Change il Change	Vick , HSC	\$9.00
10/09/2006	106559	Monthly PreVentive Maintenance No problems found	Vick , HSC	
12/13/2006	110084	Monthly PreVentive Maintenance Small leak around water pump area, coolant sensor area. Repacked driver side wheel bearing	Vick , HSC	
12/13/2006	110084	Wheel Bearing Repacked Left Front wheel bearing	Vick , HSC	\$8.09
12/21/2006	110527	Tires, New 2 New tires on front	Red Bud Battery & Tire	\$208.28



Vehicle Maintenance History Summary

VIN: 1FDXE40F5XHA85422

1999 #31 Ford Eldorado Mini Bus

Date	Odometer	Service Performed	Location	Total Cost:
01/17/2007	111824	Monthly Preventive Maintenance	Vick , HSC	
01/29/2007	112467	Oil - Change oil and filter	Vick , HSC	\$9.00
01/29/2007	112467	Fuel filter - Replace	Vick , HSC	\$18.92
02/01/2007	112467	Monthly Preventive Maintenance	Vick , HSC	
02/09/2007	113070	Monthly Preventive Maintenance no problems found	Vick , HSC	
03/14/2007	114795	Monthly Preventive Maintenance no problems found	Vick , HSC	
04/01/2007	116003	State Inspection	Red Bud Ford	\$20.80
04/12/2007	116566	Tires 4 new rear tires	Red Bud Battery & Tire	\$416.56
04/17/2007	116805	Monthly Preventive Maintenance	Vick , HSC	



Vehicle Maintenance History Summary

VIN: 1FDXE40F5XHA85422

1999 #31 Ford Eldorado Mini Bus

Date	Odometer	Service Performed	Location	Total Cost:
		no problems found, washed out a/c condensor		
04/27/2007	117505	Windshield wipers - Replace Stock Item	Vick , HSC	
05/18/2007	117761	Oil - Change oil and filter	Vick , HSC	\$9.00
05/18/2007	117761	Air filter - Replace	Vick , HSC	\$11.92
05/22/2007	117761	Monthly Preventive Maintenance No problems found	Vick , HSC	
07/18/2007	118043	Monthly Preventive Maintenance small chip in windshield,	Vick , HSC	
08/17/2007	119254	Monthly Preventive Maintenance no problems found	Vick , HSC	
09/14/2007	119939	Monthly Preventive Maintenance no problems found	Vick , HSC	
10/01/2007	120083	State Inspection	Red Bud Ford	\$20.80



Vehicle Maintenance History Summary

VIN: 1FDXE40F5XHA85422

1999 #31 Ford Eldorado Mini Bus

Date	Odometer	Service Performed	Location	Total Cost:
10/15/2007	120177	Monthly Preventive Maintenance no problems found	Vick , HSC	
11/08/2007	120177	Monthly Preventive Maintenance no problems found	Vick , HSC	
12/19/2007	121734	Monthly Preventive Maintenance No Problems found	Vick , HSC	
01/22/2008	122576	Monthly Preventive Maintenance No Problems found	Vick , HSC	
02/21/2008	123990	Oil - Change oil and filter	Vick , HSC	\$9.00
02/21/2008	123990	Monthly Preventive Maintenance no problems foud	Vick , HSC	
03/26/2008	125651	Monthly Preventive Maintenance no problems found	Vick , HSC	
04/01/2008	126042	State Inspection	Red Bud Ford	\$20.80



Vehicle Maintenance History Summary

VIN: 1FDXE40F5XHA85422

1999 #31 Ford Eldorado Mini Bus

Date	Odometer	Service Performed	Location	Total Cost:
04/24/2008	127210	Transmission - Change fluid	Vick , HSC	\$23.11
04/30/2008	127525	Monthly Preventive Maintenance No problems found	Vick , HSC	
05/01/2008	127642	Fuel filter - Replace	Vick , HSC	\$18.08
06/03/2008	129006	Monthly Preventive Maintenance No Problems found	Vick , HSC	
06/30/2008	130382	Oil - Change oil and filter	Vick , HSC	\$9.32
07/03/2008	130614	Monthly Preventive Maintenance no problems found	Vick , HSC	
08/04/2008	131314	Monthly Preventive Maintenance no problems found	Vick , HSC	
09/08/2008	132466	Monthly Preventive Maintenance no problems found	Vick , HSC	



Vehicle Maintenance History Summary

VIN: 1FDXE40F5XHA85422

1999 #31 Ford Eldorado Mini Bus

Date	Odometer	Service Performed	Location	Total Cost:
10/01/2008	132901	State Inspection	Weir Ford	\$20.80
10/09/2008	132896	Monthly Preventive Maintenance No Problems found	Mike H., HSC	
12/04/2008	132466	Monthly Preventive Maintenance no problems found	Mike H., HSC	
01/07/2009	132466	Monthly Preventive Maintenance no problems found	Mike H., HSC	
02/18/2009	133097	Monthly Preventive Maintenance No Problems found	Vic, HSC	
03/26/2009	133097	Monthly Preventive Maintenance no problems found	Vic, HSC	
04/08/2009	133481	State Inspection	Weir Ford	\$20.80
04/16/2009	133097	Monthly Preventive Maintenance no problems found	Vic, HSC	



Vehicle Maintenance History Summary

VIN: 1FDXE40F5XHA85422

1999 #31 Ford Eldorado Mini Bus

Date	Odometer	Service Performed	Location	Total Cost:
------	----------	-------------------	----------	-------------

Begin Date :	08/23/2006	Start Odom :	104,186.00
End Date :	04/16/2009	End Odom :	133,481.00
Total Days :	967.00	Total Dist. :	29,295.00
Vehicle maintenance cost per day :			
Vehicle maintenance cost per mile :			



1999 #31 Ford Eldorado Mini Bus

Current Odometer : 133,481.0

Current Date : 05/18/2009

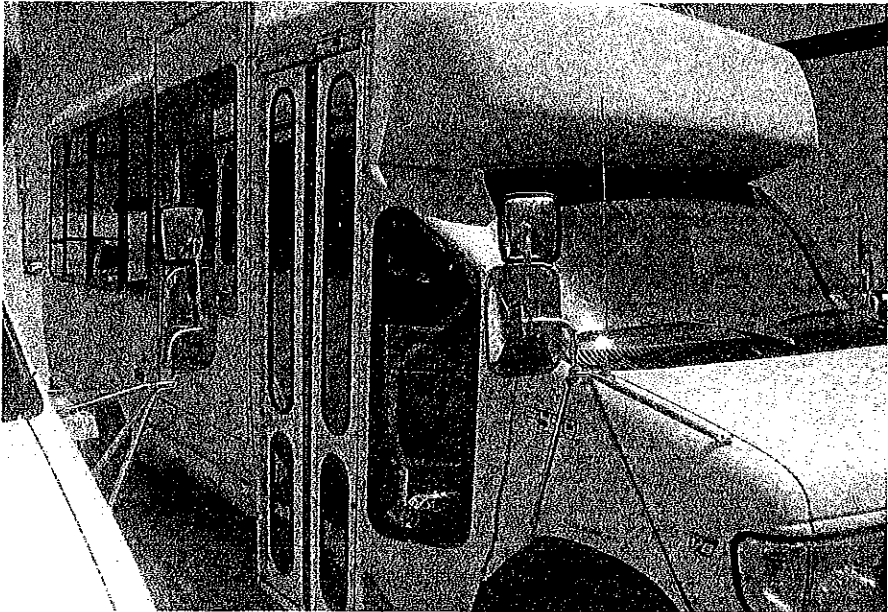
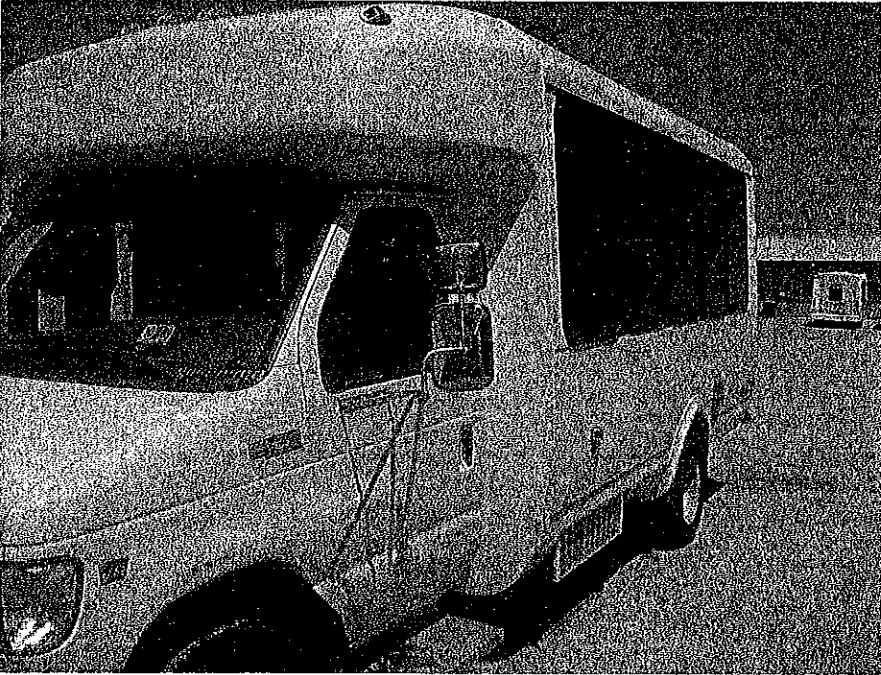
VIN: 1FDXE40F5XHA85422

NOTE: type indicates due by Odometer

(This report displays all maintenance enabled for this vehicle)

BOLD type indicates due by Date

Scheduled Maintenance Description	Type	Time Req (days)	Dist Req (mi)	Date Due	Odometer Due
Air filter - Replace	Maintenance	0	20,000	05/18/2007	137,761
Antifreeze-Coolant - Replace fluid	Maintenance	0	200,000	12/14/2006	200,001
Belts - Replace	Maintenance	0	70,000	12/14/2006	140,000
Differential fluid - Replace fluid	Maintenance	0	75,000	12/14/2006	150,000
Fuel filter - Replace	Maintenance	365	15,000	05/01/2009	142,642
Hoses - Replace	Maintenance	0	200,000	12/14/2006	200,001
Oil - Change oil and filter	Maintenance	365	6,000	06/30/2009	136,382
Shock absorbers - Replace	Maintenance	0	200,000	12/14/2006	200,001
Transmission - Change fluid	Maintenance	0	60,000	04/24/2008	187,210
State Inspection	User defined	182	0	10/07/2009	133,481
PCV Valve	User defined	0	75,000	12/14/2006	150,000
Monthly Preventive Maintenance	User defined	30	0	05/16/2009	133,097



**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 **Human Service Center of Southern Metro-East**

Form 3 of 4 , (1 of 1 etc.)

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

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

C. Category of Request (Check appropriate category)

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

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

Based on needs, the requested vehicle on **this** form is to be considered for funding (1st, 2nd, etc.) 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 #
94	Ford Areostar	Mini Van	5/1/2009 166009	1FMCA11U9RZB30672 Contract – None, Own

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

Criteria 2 Justification

#3 1994 Ford AeroStar Mini Van has 166009 miles which exceeds the criteria for replacement. This van is used in our residential housing and community support services. It has developed many different problems over the last several years. Cooling system. Starting system, charging system, drive train, interior issues and overall appearance. All of the stated problems have been checked out and repairs made as indicated, but the vehicle continues to experience reported problems. Repair orders as well as Maintenance/Repair history have been included via the software used by the Transportation Department.

This is a non wheelchair accessible vehicle; we are seeking to replace it with a wheel chair accessible mini van that will allow increased availability of an accessible vehicle as the physical needs of the client are increasing.

ALL GOODS RETURNED MUST BE ACCOMPANIED BY THIS INVOICE

DUPLICATE



THE PARTS PROFESSIONALS SINCE 1909



515 S MAIN STREET

618-282-6787

RED BUD, IL 62278

CUSTOMER

SEE OUR NEW ENERGY MASTERS...
HUMAN SERVICE CENTER
1403 N. MAIN ST.
RED BUD, IL 62278
M. 1403 49

QUANTITY	LINE	PART NUMBER	DESCRIPTION	CORE	DATE	LIST EA.	YOUR COST	EXTENSION	TAX
1	RYL	244-9243	STARTER			79.50	119.00	119.00	
								PAY THIS AMOUNT	
								119.00	

RECEIVED BY: *Wanda Hickey*

RECEIVED BY: X

ALL GOODS RETURNED MUST BE ACCOMPANIED BY THIS INVOICE



THE PARTS PROFESSIONALS SINCE 1909

DUPLICATE



515 S MAIN STREET

618-282-6787

RED BUD IL 62270

QUANTITY	LINE	PART NUMBER	DESCRIPTION	CORE	LIST EA	YOUR COST	EXTENSION	TAX
2	NLJ	E10-0153	U-JOINT		16.22	10.70	21.40	
RECEIVED BY: <i>X [Signature]</i>								
TOTAL UNITS: <i>0.00</i> LABOR: <i>0.00</i> TAX: <i>0.00</i> TOTAL: <i>21.40</i>								

SEE OUR NEW ENERGY SAVING... HUMAN SERVICE CENTER... 1-800-455-...



NAME Human Service Center No. 3426
 ADDRESS _____
 CITY _____
 DATE 3-26 CUST. ORDER NO. _____ WHEN PROMISED _____ PHONE _____
 YEAR AND MAKE OF CAR - TYPE OR MODEL # 49 SERIAL NO. _____
 LICENSE NO. _____ MILEAGE _____ WRITTEN BY _____

AMT.	PART No.	NAME OF PART	SALE AMT.	DESCRIPTION OF WORK	AMOUNT
				Installed UDDIN'S Cost Supplied parts	36.40
				GAS OIL & GREASE	
				CHECK BELOW LUBRICATE	
				GALS. GAS	
				QTS. OIL	
				LBS. GREASE	
				TOTAL GAS OIL AND GREASE ▶	
				LABOR ONLY	36.40
				CHANGE ENGINE OIL	
				TRANSMISSION	
				DIFFERENTIAL	
				WASH	
				POLISH	
				TOTAL SERVICE ▶	
				PARTS	
				ACCESSORIES	
				GAS, OIL AND GREASE	
				MISC. MERCHANDISE	
				SUBLET REPAIRS	
				TAX	
TOTAL PARTS ▶				AUTHORIZED BY	TOTAL ▶ 36.40

ESTIMATES ARE FOR LABOR ONLY, MATERIAL ADDITIONAL

I hereby authorize the above repair work to be done along with necessary materials. You and your employees may operate above vehicle for purposes of testing, inspection or delivery at my risk. An express mechanic's lien is acknowledged on above vehicle to secure the amount of repairs thereto. It is understood that this company assumes no responsibility for loss or damage by theft or fire to vehicles placed with them for storage, sale, repair or while road testing.

PAY THIS AMOUNT ↑

LOUIE'S AUTO CO., INC.
 821 S. Main
 RED BUD, IL 62278
 (618) 282-2131

4103

NAME <i>Humm Service Center</i>		CUST. ORDER NO.	DATE <i>3/6/77</i>
ADDRESS		WHEN PROMISED	WRITTEN BY
CITY		MILEAGE	
PHONE <i>6033</i>		LICENSE	
YEAR, MAKE OF CAR MODEL <i>94 Ford Bronco</i>		SERIAL NO./VIN#	
MOTOR NO.			
DESCRIPTION OF WORK			
LUBRICATION	CHANGE OIL	OIL FILTER	TUNE UP
TRANSMISSION	DIFFERENTIAL	WASH	WAX
<i>resurfaced 2 rotors</i>			
<i>oil filter #49</i>			
<i>M-150 453</i>			
TOTAL PARTS →			
ACCESSORIES — TIRES AND TUBES			
TOTAL ACCESSORIES →			
ESTIMATED COSTS			
PARTS	LABOR	TOTAL	TOTAL → <i>14</i>

I HEREBY AUTHORIZE THE ABOVE REPAIR WORK TO BE DONE ALONG WITH NECESSARY MATERIALS. YOU AND YOUR EMPLOYEES MAY OPERATE ABOVE VEHICLE FOR PURPOSES OF TESTING, INSPECTION OR DELIVERY AT MY RISK. AN EXPRESS MECHANIC'S LIEN IS ACKNOWLEDGED. ON ABOVE VEHICLE TO SECURE THE AMOUNT OF REPAIRS THERETO. IT IS UNDERSTOOD THAT THIS COMPANY ASSUMES NO RESPONSIBILITY FOR LOSS OR DAMAGE BY THEFT OR FIRE TO VEHICLES PLACED WITH THEM FOR STORAGE, SALE, REPAIR OR WHILE ROAD TESTING.

Change

BACK FOR ADDITIONAL PARTS

AUTHORIZED BY



DUPLICATE

ALL CLAIMS AND RETURNED GOODS MUST BE ACCOMPANIED BY THIS INVOICE

THE PARTS PROFESSIONALS SINCE 1909

615 S MAIN STREET

618-222-6787

RED BUD, IL 62278

CUSTOMER

HUMAN SERVICE CENTER
10227 STATE RTE 3

OLD INV #
SLM # 9
R/O # UNIT 49
M/15 3865

*** CHARGE SALE ***
INVOICE # 23-224623
WRITER: MJP

QUANTITY	LINE	PARTNUMBER	DESCRIPTION	CORE	LISTEA	YOUR COST	EXTENSION	TAX	
1	1	1994 Ford TRUCK BKP 660-1294	REPAIRS HTR VAL		29.99	19.99	19.99		
THANK YOU									
TOTAL UNITS					1	29.99	19.99	19.99	2.02

ALL WARRANTIES ON PRODUCTS ARE THE MANUFACTURERS RESPONSIBILITY.

1-12% PER MONTH INTEREST CHARGED ON PAST DUE ACCOUNTS THIS IS 18% ANNUALLY.

RECEIVED BY X *[Signature]*

PAY THIS AMOUNT TAXABLE TOTAL TAX

RED BUD FORD-MERCURY LLC



500 WEST MARKET P.O. BOX 166
Red Bud, ILLINOIS 62278
Phone 618-282-2375



ALL CLAIMS AND RETURNED GOODS MUST BE ACCOMPANIED BY THIS INVOICE.
NO RETURNS ON ELECTRICAL OR SPECIAL ORDER PARTS.
NO RETURNS AFTER 30 DAYS. 10% RE-STOCK CHARGE ON ALL RETURNED PARTS.

DISCLAIMER OF WARRANTIES

Any warranties on the product sold hereby are those made by the manufacturer. The seller hereby expressly disclaims all warranties, either express or implied, including any implied warranty of merchantability or fitness for a particular purpose, and the seller neither assumes nor authorizes any other person to assume for it any liability in connection with the sale of said products.

DATE ENTERED	YOUR ORDER NO.	DATE SHIPPED	INVOICE DATE	INVOICE NUMBER	
13 DEC 07	UNIT 49	14 DEC 07	14 DEC 07	252932	

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ACCOUNT NO. 218 282-6233	PAGE 1 OF 1
HUMAN SERVICE CENTER OF SOUTHE	HUMAN SERVICE CENTER OF SOUTHE
10257 STATE ROUTE 3	10257 STATE ROUTE 3
RED BUD, IL 62278	RED BUD, IL 62278

SHIP VIA	SLSM.	B/L NO.	TERMS	F.O.B. POINT
	105		CHARGE	RED BUD, IL
QTY. SHIP TO B/L	PART NO.	DESCRIPTION	LIST	NET
1	P2AZ*6C624*B	007C SENSOR AS	36.45	27.34
		<i>21-156 544</i>		
\$\$\$TIRES TIRES TIRES TIRES\$\$\$ LET US QUOTE ALL OF YOUR TIRES COLLISION-GENERAL REPAIR-ALL OTHERS PRICES SO LOW WE WANT A SHOT AT ALL YOUR TIRE BUISNESS CALL TODAY			PARTS	27.34
			SUBLET	
			FREIGHT	0.00
			SALES TAX	0.00
			TOTAL	\$27.34
CUSTOMER'S SIGNATURE				
X				



DUPLICATE

ALL CLAIMS AND RETURNED GOODS MUST BE ACCOMPANIED BY THIS INVOICE

THE PARTS PROFESSIONALS SINCE 1909

215 S MAIN STREET

015202-4787

RENO, NV 89501

CUSTOMER

ME GELL HEAVY DUTY TRUCK AND TRAILER PARTS
HUMAN SERVICE CENTER
10237 STATE RTE 3

ORDER # 15
INVOICE # 238028
DATE 11/15/86
MPC

QUANTITY	LINE	PART NUMBER	DESCRIPTION	QTY ORDERED	UNIT PRICE	LIST PRICE	EXTENSION	TAX	
1	NCP	259-2652	TIRE	1	72.90		72.90		
THANK YOU									
TOTAL UNITS		FREIGHT		LABOR		DISC		SCORE TOTAL	
1		14.00		1.00		0.00		15.00	
ALL WARRANTIES ON PRODUCTS ARE THE MANUFACTURERS RESPONSIBILITY		1.12% PER MONTH INTEREST CHARGED ON PAST DUE ACCOUNTS THIS IS 18% ANNUALLY		RECEIVED BY		PAY THIS AMOUNT		TOTAL TAX	
						72.90		0.00	

ALL GOODS RETURNED MUST BE ACCOMPANIED BY THIS INVOICE

DUPLICATE



THE PARTS PROFESSIONALS SINCE 1909



801 E. COMMERCIAL ST. HARRISBURG, PA 17101
 618-282-6787
 115 S. MAIN STREET
 HARRISBURG, PA 17101
 618-282-6787

QUANTITY	LINE	PART NUMBER	DESCRIPTION	CORE	LIST EA.	YOUR COST	EXTENSION	TAX
1	1	1000000000	1000000000					
1	2	1000000000	1000000000					
1	3	1000000000	1000000000					
1	4	1000000000	1000000000					
1	5	1000000000	1000000000					
1	6	1000000000	1000000000					
1	7	1000000000	1000000000					
1	8	1000000000	1000000000					
1	9	1000000000	1000000000					
1	10	1000000000	1000000000					
1	11	1000000000	1000000000					
1	12	1000000000	1000000000					
1	13	1000000000	1000000000					
1	14	1000000000	1000000000					
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1	97	1000000000	1000000000					
1	98	1000000000	1000000000					
1	99	1000000000	1000000000					
1	100	1000000000	1000000000					

RECEIVED BY: *[Signature]*

PAY THIS AMOUNT 119.212

ALL GOODS RETURNED MUST BE ACCOMPANIED BY THIS INVOICE

DUPLICATE



THE PARTS PROFESSIONALS SINCE 1909



515 S MAIN STREET

610-282-6707

FED. RUD. IL 62279

CUSTOMER: [REDACTED]

QUANTITY	LINE	PART NUMBER	DESCRIPTION	CORE	LIST EA.	YOUR COST	EXTENSION	TAX
2	NUJ	210-0153	U-JOINT		16.22	10.70	21.40	
RECEIVED BY: <i>X [Signature]</i>								
PAY THIS AMOUNT 21.40								

PART NO. NAME OF PART. SALE AMT.

LAUREN S. AND J. W. LAUREN, INC.

821 S. Main

RED BUD, IL 62278

(618) 282-2181

1977

NAME: *Autumn Service Center* CITY: *mark* PHONE: *6233* MILEAGE: *38707*
ADDRESS: *mark* WHEN PROMISED: *5/27/07*
CITY: *mark* LICENSE:

YEAR, MAKE OF CAR, MODEL: *94 Ford Bronco* SERIAL NO./VIN#: *M-1570452*

DESCRIPTION OF WORK: *Replaced 2 rotors*
LUBRICATION: CHANGE OIL OIL FILTER TUNE UP
TRANSMISSION: DIFFERENTIAL: WASH: WAX:

Table with columns for PART NO., NAME OF PART, and SALE AMT. Includes 'TOTAL PARTS' and 'TOTAL ACCESSORIES' rows.

Table with columns for GALS. OF GAS, QTS. OF OIL, LBS. OF GREASE, LABOR, PARTS, ACCESSORIES, MISC. MERCHANDISE, GAS, OIL & GREASE, SUBLET REPAIRS, HAZARDOUS WASTE DISPOSAL, TAX.

Charge

AUTHORIZED BY: *[Signature]* TAX: *14* TOTAL: *14*

THANK YOU!!!

PAY THIS

ALL GOODS RETURNED MUST BE ACCOMPANIED BY THIS INVOICE

DUPLICATE



THE PARTS PROFESSIONALS SINCE 1909



515 S MAIN STREET

618-288-6797

RED BUD IL 62278

QUANTITY	LINE	PART NUMBER	DESCRIPTION	CORE	LIST EA.	YOUR COST	EXTENSION	TAX
2	BRG	BRG	BEARING		15.74	6.40	12.80	
2	BRG	BR2	BEARING		14.24	5.93	11.86	
2	NDS	19824	WHL SEAL		5.99	2.25	4.50	
TOTAL						25.16		
TOTAL TAX								2.91
TOTAL AMOUNT DUE						25.16		29.16

RECEIVED BY: X *W. Decker*

PAY THIS AMOUNT



ALL CLAIMS AND RETURNED
GOODS MUST BE ACCOMPANIED
BY THIS INVOICE

THE PARTS PROFESSIONALS SINCE 1909
CELEBRATING 100 YEARS

315 S MAIN STREET

618-282-6727

RED BUSH IL 62273

WE SELL HEAVY DUTY TRUCK AND TRAILER PARTS!

HUMAN SERVICE CENTER
10257 STATE RTE 3

OLD INV #
3L2M # 9

*** CHARGE SALE ***
INVOICE # 23-343439
WRITER: 4-2-09 MJD

M-15839
49

QUANTITY	LINE #	PART NUMBER	DESCRIPTION	CORE	DISC	YOUR COST	EXTENSION	TAX
1	FIL	1516	FILTER - OIL			10.04	3.24	
1	BKP	660-1234	MTR VAL			25.99	19.95	

THANK YOU

TOTAL UNITS	FREIGHT	TAXES	MISC	CORE TOTAL	DISC TOTAL	NON-TAXABLE	TAXABLE	TOTAL

ALL WARRANTIES ON PRODUCTS
ARE THE MANUFACTURERS
RESPONSIBILITY

1 1/2% PER MONTH INTEREST
CHARGED ON PAST DUE
ACCOUNTS THIS IS 18% ANNUALLY

RECEIVED
BY: X *[Signature]*

PAY THIS AMOUNT

**Vehicle Repair History Summary****VIN: 1FMCA11U9RZB30672****1994 #49 Ford Areostar Van**

Date	Odometer	Service Performed	Serviced by	Total Cost:
12/04/2006	147349	Starter	Vick , HSC	\$119.00
Starter not engaging when it gets cold outside, replaced				
03/28/2007	150452	Grinding noise	Vick , HSC	\$100.96
grinding noise, found bad ujoints and wheel bearings, replaced all front, also had front rotors turned they were warped				
06/12/2007	152343	Glass	Total Eclipse	\$45.00
Had windshield repair done				
10/08/2007	0	Battery	Vick , HSC	\$72.95
Van would not start, found to have bad battery, replaced				
12/14/2007	156544	Sensor	Vick , HSC	\$27.34
Check Oil sensor bad, Replaced				
02/04/2008	157486	Tie Rod Ends	Vick , HSC	\$72.98
replaced both outer tie rod ends				
02/06/2008	157488	Front end Alignment	Bill's Transmission	\$79.38
Had front end aligned after installing tie rod ends				
04/02/2009	165639	Heater Valve	Vic, HSC	\$19.99



Vehicle Repair History Summary

VIN: 1FMCA11U9RZB30672

1994 #49 Ford Areostar Van

Date	Odometer	Service Performed	Serviced by	Total Cost:
Replaced, Leaking				

Sum of all Repair charges :

Start Date :	12/04/2006	Start Odom :	0.00
End Date :	04/02/2009	End Odom :	165,639.00
Total Days :	850.00	Total Dist :	165,639.00

Vehicle Repair Cost per Day :

Vehicle repair cost per mile :



Vehicle Maintenance History Summary

VIN: 1FMCA11U9RZB30672

1994 #49 Ford Areostar Van

Date	Odometer	Service Performed	Location	Total Cost:
08/08/2006	144928	Oil - Change oil and filter Oil Changed, Air Filter Changed, Exhaust Checked, Rearend Oil Checked	Vick , HSC	\$14.10
08/08/2006	144928	Air filter - Replace	Vick , HSC	
11/10/2006	147004	Monthly PreVentive Maintenance	Vick , HSC	
11/10/2006	147004	Fuel filter - Replace	Vick , HSC	\$5.82
11/10/2006	147004	Belts - Replace	Vick , HSC	\$49.98
11/10/2006	147004	Differential fluid - Replace fluid	Vick , HSC	\$6.41
11/27/2006	147403	Belts Belts neede tightened up	Vick , HSC	
12/05/2006	147353	State Inspection	Red Bud Ford	\$20.20
01/22/2007	148955	Monthly Preventive Maintenance slight crack in windshield	Vick , HSC	



Vehicle Maintenance History Summary

VIN: 1FMCA11U9RZB30672

1994 #49 Ford Areostar Van

Date	Odometer	Service Performed	Location	Total Cost:
01/22/2007	148995	Oil - Change oil and filter	Vick	\$3.07
02/28/2007	149779	Monthly Preventive Maintenance no problems found	Mark/HSC	
02/28/2007	149779	Side slide door adjusted a lubercated slide door	Mark/HSC	
03/20/2007	150343	Transmission transmission was reported to not be shifting , brought the van here, test drove twice and was fine no problems found	Vick , HSC	
03/20/2007	150452	Monthly Preventive Maintenance no problems found	Vick , HSC	
03/20/2007	150452	Tires - Rotate and balance rotated tires, only	Vick , HSC	
04/19/2007	151189	Monthly Preventive Maintenance NO PROBLEMS FOUND	Vick , HSC	
05/22/2007	151683	Oil - Change oil and filter	Vick , HSC	\$3.07



Vehicle Maintenance History Summary

VIN: 1FMCA11U9RZB30672

1994 #49 Ford Areostar Van

Date	Odometer	Service Performed	Location	Total Cost:
05/22/2007	151683	Monthly Preventive Maintenance no problems found	Vick , HSC	
06/01/2007	152343	State Inspection	Red Bud Ford	\$20.20
06/12/2007	152343	Monthly Preventive Maintenance no problems found	Vick , HSC	
07/16/2007	153265	Anti freeze small leak found valve leaking on passenger side, replaced	Vick , HSC	\$19.99
07/16/2007	153265	Monthly Preventive Maintenance no problems found	Vick , HSC	
08/28/2007	154086	Monthly Preventive Maintenance no problems found	Vick , HSC	
09/25/2007	155003	Oil - Change oil and filter	Vick , HSC	\$3.07
09/25/2007	155003	Monthly Preventive Maintenance no problems found	Vick , HSC	
10/26/2007	155390	Monthly Preventive Maintenance	Vick , HSC	



Vehicle Maintenance History Summary

VIN: 1FMCA11U9RZB30672

1994 #49 Ford Areostar Van

Date	Odometer	Service Performed	Location	Total Cost:
		no pproblems found		
12/01/2007	156544	State Inspection	Red Bud Ford	\$20.20
12/13/2007	156544	Monthly Preventive Maintenance no problems found	Vick , HSC	
12/13/2007	156544	Windshield wipers - Replace	Vick , HSC	\$29.05
02/04/2008	157486	Monthly Preventive Maintenance Chlp in windshield	Vick , HSC	
02/29/2008	157731	Oil - Change oil and filter	Vick , HSC	\$3.07
04/23/2008	159038	Monthly Preventive Maintenance No problems found	Vick , HSC	
06/01/2008	160688	State Inspection	Weir Ford	\$20.20
06/16/2008	160685	Oil - Change oil and filter	Vick , HSC	\$3.07

**Vehicle Maintenance History Summary****VIN: 1FMCA11U9RZB30672****1994 #49 Ford Areostar Van**

Date	Odometer	Service Performed	Location	Total Cost:
06/16/2008	160685	Monthly Preventive Maintenance no problems found	Vick , HSC	
06/19/2008	160685	Tires replaced all 4 tires	Red Bud Battery & Tire	\$314.00
06/19/2008	160685	Tires - Rotate and balance received new tires	Vick , HSC	
07/30/2008	161706	Monthly Preventive Maintenance	Vick , HSC	
09/03/2008	162714	Fuel filter - Replace	Vick , HSC	\$5.82
09/03/2008	162714	Monthly Preventive Maintenance no problems found	Vick , HSC	
10/15/2008	163700	Monthly Preventive Maintenance no problem	Mike H., HSC	
11/05/2008	163438	Oil - Change oil and filter	Mike H., HSC	\$3.24
11/05/2008	163438	Monthly Preventive Maintenance No Problems found	Mike H., HSC	



Vehicle Maintenance History Summary

VIN: 1FMCA11U9RZB30672

1994 #49 Ford Areostar Van

Date	Odometer	Service Performed	Location	Total Cost:
12/01/2008	164755	State Inspection	Weir Ford	\$20.20
12/10/2008	164755	Monthly Preventive Maintenance No Problems found	Mike H., HSC	
12/10/2008	164755	Wiper Replaced Drivers side wiper blade, with refill	Mike H., HSC	\$3.93
02/04/2009	165311	Monthly Preventive Maintenance No Problems found	Vic, HSC	
02/04/2009	165311	Air filter - Replace	Vic, HSC	\$4.12
04/02/2009	165639	Monthly Preventive Maintenance no problems found	Vic, HSC	
04/02/2009	165639	Oil - Change oil and filter	Vic, HSC	\$3.24



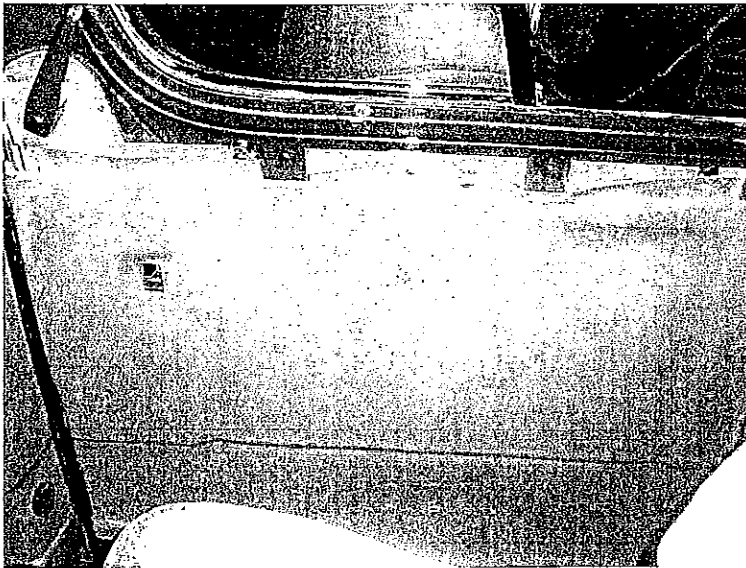
Vehicle Maintenance History Summary

VIN: 1FMCA11U9RZB30672

1994 #49 Ford Areostar Van

Date	Odometer	Service Performed	Location	Total Cost:
------	----------	-------------------	----------	-------------

Begin Date :	08/08/2006	Start Odom :	144,928.00
End Date :	04/02/2009	End Odom :	165,639.00
Total Days :	968.00	Total Dist. :	20,711.00
Vehicle maintenance cost per day :			
Vehicle maintenance cost per mile :			



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 Human Service Center of Southern Metro-East	Form <u> 4 </u> of <u> 4 </u> , (1 of 1 etc.)
---	---

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

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

C. Category of Request (Check appropriate category)

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

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

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

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

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

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

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

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

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

Yr.	Manufacturer	Type	Date/Mileage	(if applicable) VIN # IDOT Contract #
95	Buick Century	Station Wagon	5/1/2009 178100	1G4AG85M0S6488422 Contract – None, Own

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

Criteria 2 Justification

#4 1995 Buick Century Station Wagon has 178100 miles which exceeds the criteria for replacement. This car was used in the residential department, however once the A/C quit working the cost of repairing was too much money per the condition of the car. It has developed many different problems over the last several years. Starting system, charging system, window motors, interior issues and overall appearance. All of the stated problems have been checked out and repairs made as indicated, but the vehicle continues to experience reported problems. Repair orders as well as Maintenance/Repair history have been included via the software used by the Transportation Department.

This is a non wheelchair accessible vehicle; we are seeking to replace it with a wheelchair accessible mini van that will allow increased availability of an accessible vehicle as the physical needs of the client are increasing.

ALL GOODS RETURNED MUST BE ACCOMPANIED BY ORIGINAL INVOICE



THE PARTS PROFESSIONALS SINCE 1909



515 S MAIN STREET

618-292-6707

RED AUB IL 62278

SEE OUR NEW ENERGY DTC WASTE-OIL-HIGH-TEMPERATURE OIL
HUMAN SERVICE CENTER
1 WEST STATE ST. ST. LOUIS, MO 63101
RED AUB, IL 62278

QUANTITY	LINE	PART NUMBER	DESCRIPTION	CODE	LIST EA.	YOUR COST	EXTENSION	TAX
1	RYL	49-25	MIP MTR		104.99	69.99	69.99	7.07
TOTAL UNITS								7.07
					RECEIVED	PAY THIS		
BY: X <i>Steve Pulley</i>						AMOUNT	69.99	



NAME Human Service Center No. 3135
 ADDRESS _____
 CITY Red Bud IL 62278
 DATE 12-20-06 CUST. ORDER NO. _____ WHEN PROMISED _____ PHONE _____
 YEAR AND MAKE OF CAR - TYPE OR MODEL 1995 Buick Century wagon SERIAL NO. 1G4AG85M0564834
 LICENSE NO. 517 1907 MILEAGE 159468 WRITTEN BY _____

AMT.	PART No.	NAME OF PART	SALE AMT.	DESCRIPTION OF WORK	AMOUNT
				SENDER + Replaced fuel SENDER + PUMP ASM	
				2.2hrs	114 40
				Missed Supplier Parts	
				GAS OIL & GREASE	
				CHECK BELOW LUBRICATE	LABOR ONLY
				GALS. GAS	PARTS
				QTS. OIL	ACCESSORIES
				LBS. GREASE	GAS, OIL AND GREASE
					MISC. MERCHANDISE
					SUBLET REPAIRS
				TOTAL GAS OIL AND GREASE ▶	TAX
					TOTAL ▶
				AUTHORIZED BY	114 40

ESTIMATES ARE FOR LABOR ONLY, MATERIAL ADDITIONAL

I hereby authorize the above repair work to be done along with necessary materials. You and your employees may operate above vehicle for purposes of testing, inspection or delivery at my risk. An express mechanic's lien is acknowledged on above vehicle to secure the amount of repairs thereto. It is understood that this company assumes no responsibility for loss or damage by theft or fire to vehicles placed with them for storage, sale, repair or while road testing.

PAY THIS AMOUNT. ↑

ALL GOODS RETURNED MUST BE ACCOMPANIED BY THIS INVOICE

DUPLICATE



515 S MAIN STREET

618-282-6787

RED BUD IL 62278

SEE OUR NEW ENERGYLOGIC WASTE OIL HEATERS! CALL (573) 757-7121

CUSTOMER

QUANTITY	LINE	PART NUMBER	DESCRIPTION	CORE	LIST EA.	YOUR COST	EXTENSION	TAX
	1	250-0038	STARTER		128.99	85.99	85.99	
TOTAL UNITS					128.99	85.99		85.99

RECEIVED

BY: X Victor [Signature]

PAY THIS AMOUNT

85.99

NEW STARTER NEEDED REPLACED

DIRECTOR - TRANS, MAINT, SAFETY

DATE

EXECUTIVE DIRECTOR

DATE

DATE OF REPAIRS:

ESTIMATE COST:

CONTRACTOR: USC/NAPA

TOTAL COST: 85.99

CITY:

PHONE:

[Signature] TRANS, MAINT, SAFETY COORDINATOR

2/6/07 DATE



RED BUD BATTERY & TIRE CENTER

122 E. MARKET
RED BUD, IL 62278
282-2345



- BLANCING ● BRAKES ● MUFFLERS ● SHOCK ABSORBERS ● TUNE UP ●



14209

CODE	QTY	PART NO.	DESCRIPTION	UNIT	PRICE
	1	36025	Pipe	EA	29.45
	1	32028	16.95		16.95
				TOTAL PARTS	46.40

RESALE/AGRICULTURAL EXCEPTION
I hereby certify under penalties of perjury that the personal property purchased by the use of this Exception will be directly used in the direct production of agricultural products or for resale.

Signature _____

TERMS STRICTLY CASH UNLESS ARRANGEMENTS MADE

I hereby authorize the repair work herein after set forth to be done along with the necessary material and agree that I am responsible for loss or damage to vehicle or articles left in vehicle in case of fire, theft or any other cause beyond your control or for any delays caused by unavailability of parts or delays in parts shipments by the manufacturer. I hereby grant you and/or your employees permission to operate the vehicle therein on local streets, highways or elsewhere for the purpose of testing and/or inspection. An express mechanic's warranty acknowledged on above vehicle to secure the amount of repairs thereto.

DISCLAIMER-OR WARRANTIES
Warranties on the products sold hereby are those made by the manufacturer. The seller hereby expressly disclaims all warranties, either expressed or implied, including any implied warranty of merchantability or fitness for any purpose, and neither assumes nor authorizes any other person to assume for it any liability connection with the sale of said products.

SIGNATURE

Thank You!

NAME: Hansel Ch DATE: 5/8/87

ADDRESS: _____ HOME PHONE: _____

CITY: _____ P.O.: _____ BUS. PHONE: _____

YEAR: _____ MAKE: _____ MODEL: cut 7 MILEAGE: _____ LICENSE NO.: _____ PROMISED:

QTY: _____ FLAT REPAIR _____ MECH. AMOUNT _____

WHEEL BALANCE ROTATE _____

SERVICE CALL _____

STATE TIRE USER FEE _____

TIRE DISPOSAL _____

LABOR _____

OUTSIDE SERVICE _____

TOTAL LABOR > _____

ACCOUNTS DUE AND PAYABLE 10TH OF MONTH, 2% SERVICE CHARGE PER MONTH APPLIED THEREAFTER.

PARTS	99.50
FED. TAX	
TIRE USER FEE	
DISPOSAL	
OUTSIDE SERVICE	
LABOR	30.00
SALES TAX	
TOTAL AMOUNT	129.50
ROADDOWN PYMT:	100.00
BALANCE DUE	29.50

TERMS: _____

ALL GOODS RETURNED MUST BE ACCOMPANIED BY THIS INVOICE

DUPLICATE



THE PARTS PROFESSIONALS SINCE 1909



515 S MAIN STREET

618-282-6787

RED BUD IL 62278

SEE OUR NEW ENERGYLOGIC WASTE OIL HEATERS! CALL (573) 757-7121

CUSTOMER

HUMAN SERVICE CENTER

OLD INVOICE

10557 STATE RTE

SEMI

RED BUD IL 62278

447
11-159467

CHARGE SALE

INVOICE # 23-26725

DATE 11/14/98

QUANTITY	LINE	PART NUMBER	DESCRIPTION	CORE	LIST EA.	YOUR COST	EXTENSION	TAX		
1	1	BRP 200-3452	FUEL TANK SEND		83.70	55.80	55.80			
			MISC FREIGHT CHARGES				5.95			
1		0.00	0.00	5.95	0.00	83.70	61.75	0.00		
TOTAL UNITS		FREIGHT		LABOR	MISC	CORE TOTAL	NET TOTAL	NON-TAXABLE	TAXABLE	TOTAL TAX

RECEIVED

BY: X

PAY THIS AMOUNT

61.75

ALL GOODS RETURNED MUST BE ACCOMPANIED BY THIS INVOICE

DUPLICATE



THE PARTS PROFESSIONALS SINCE 1909



515 S MAIN STREET

618-282-6787

RED BUD IL 62278

SEE OUR NEW ENERGYLOGIC WASTE OIL HEATERS! CALL (573) 757-7121

CUSTOMER

HUMAN SERVICE CENTER

OLD INVOICE

10557 STATE RTE

SEMI

RED BUD IL 62278

447
11-159467

CHARGE SALE

INVOICE # 23-26725

DATE 11/14/98

QUANTITY	LINE	PART NUMBER	DESCRIPTION	CORE	LIST EA.	YOUR COST	EXTENSION	TAX		
1	1	NAP P74128	F PUMP		178.50	110.94	110.94			
1		0.00	0.00	0.00	178.50	110.94		0.00		
TOTAL UNITS		FREIGHT		LABOR	MISC	CORE TOTAL	NET TOTAL	NON-TAXABLE	TAXABLE	TOTAL TAX



DUPLICATE

ALL CLAIMS AND RETURNED GOODS MUST BE ACCOMPANIED BY THIS INVOICE

THE PARTS PROFESSIONALS SINCE 1909

515 S MAIN STREET

CHICAGO, ILL 60607

REED BLDG. ILL 60607

CUSTOMER

HILMAN SERVICE CENTER
10257 BRIDGE WILE 3

QUANTITY PART NUMBER

1 BKS 7105-2311

DOOR-HOL

26.99

157.99

17.99

TAX

OLD INV #

GLSM # 9

447

9148991

*** CHARGE SALE ***

INVOICE # 23-209137

WRITER

MJD

THANK YOU

TOTAL UNITS

ALL WARRANTIES ON PRODUCTS ARE THE MANUFACTURERS RESPONSIBILITY

1 1/2% PER MONTH INTEREST CHARGED ON PAST DUE ACCOUNTS THIS IS 18% ANNUALLY

RECEIVED BKS

NET TOTAL

ADDITIONAL

NON TAXABLE PAY THIS AMOUNT

TAXABLE

TOTAL TAX



ALL CLAIMS AND RETURNED
GOODS MUST BE ACCOMPANIED
BY THIS INVOICE



THE PARTS PROFESSIONALS SINCE 1909



DUPLICATE

515 S MAIN STREET

618-282-6767

RED BUD IL 62278

CUSTOMER
HUMAN SERVICE CENTER
10237 STATE RTE 3
RED BUD, IL 62278

OLD INV #
SLSM # 9
P/O # 47
M-1722271

*** CHARGE SALE ***
INVOICE # 23-301093
WRITER: GWH

QUANTITY	LINE	PART NUMBER	DESCRIPTION	MAFG. CORE	NOTE	YOUR COST	EXTENSION	TAX
1	RKP	665-3201	REPRIMER			4.99	4.99	
THANK YOU								
TOTALS						4.99	4.99	12.02

ALL WARRANTIES ON PRODUCTS
ARE THE MANUFACTURERS
RESPONSIBILITY.

1 1/2% PER MONTH INTEREST
CHARGED ON PAST DUE
ACCOUNTS THIS IS 18% ANNUALLY

RECEIVED BY: *[Signature]*

PAY THIS AMOUNT



THE PARTS PROFESSIONALS SINCE 1909



DUPLICATE

ALL CLAIMS AND RETURNED
GOODS MUST BE ACCOMPANIED
BY THIS INVOICE

615 S MAIN STREET

618-892-6787

RED BUD IL 62270

HUMAN SERVICE CENTER
10257 STATE RTE 3

OLD INV #

GLSN # 9

447

M*1684921

*** CHARGE SALE ***

INVOICE # 23-209137

WRITER: MJP

QUANTITY

DESCRIPTION

CORE

LISTED

YOUR COST

EXTENSION

TAX

1 BKR 735-2311

DOOR HDL

26.99

17.99

17.99

THANK YOU

TOTAL UNITS

FREIGHT

LABOR

MISC

CORE TOTAL

LIST TOTAL

NON TAXABLE

TAXABLE

TOTAL TAX

ALL WARRANTIES ON PRODUCTS
ARE THE MANUFACTURERS
RESPONSIBILITY.

1 1/2% PER MONTH INTEREST
CHARGED ON PAST DUE
ACCOUNTS THIS IS 18% ANNUALLY

RECEIVED
BY: X

PAY THIS
AMOUNT

17.99

DUPLICATE



ALL CLAIMS AND RETURNED
GOODS MUST BE ACCOMPANIED
BY THIS INVOICE

THE PARTS PROFESSIONALS SINCE 1909
CELEBRATING 100 YEARS

515 S MAIN STREET

515-286-8797

FED BUE IL 62272

TIME 10:00

HUMAN SERVICE CENTERS
10057 STATE RTE 3
FED BLD. IL 62272

OLD INV #
BLSM # 3
P/O # UNIT 47
M-178187

*** CHARGE SALE ***
INVOICE # 23-348922
WRITER: 5-5-09 BTJ

QUANTITY	LINE	PART NUMBER	DESCRIPTION	CORE	LIST EA	YOUR COST	EXTENSION	TAX
	1	WTL 30003	WINDOW MOTOR		32.49	24.99	34.99	
THANK YOU								
TOTAL QUANT		FREIGHT		LABOR	MISC	CORE TOTAL	INSE TOTAL	NON-TAXABLE

ALL WARRANTIES ON PRODUCTS
ARE THE MANUFACTURERS'
RESPONSIBILITY

1 1/2% PER MONTH INTEREST
CHARGED ON PAST DUE
ACCOUNTS THIS IS 18% ANNUALLY

RECEIVED
BY: X *Steve Jackson*

PAY THIS
AMOUNT

TAXABLE 34.99
TOTAL



Vehicle Repair History Summary

VIN: 1G4AG85M0S6488422

1995 #47 Buick Century Wagon

Date	Odometer	Service Performed	Serviced by	Total Cost:
08/11/2006	155161	Lights	Vick , HSC	\$6.16
Replaced Headlight				
09/15/2006	156125	Fan	Vick , HSC	
Car run warm, found the coolant fan that is operated by turning the A/C on isn't working, repaired				
11/01/2006	158129	Window	Vick , HSC	\$69.99
Replaced the Drivers siide window motor				
12/14/2006	159467	Fuel Sending Unit	Vick , HSC	\$172.69
Fuel sending unit bad, has hole rusted in pipe, bought parts from Napa, took to Darrens Automotive to be installed, Fuel Sending unit and Fuel pump				
12/18/2006	159467	Fuel Sending unit	Darrens Automotive	\$114.40
Labor putting in fuel sending unit				
02/03/2007	161166	Starter	Vick , HSC	\$85.99
Starter bad, replaced				
05/09/2007	163891	Exhaust	Red Bud Battery & Tire	\$129.35
replaced from cat back				
08/23/2007	0	Handi-cap Placard	Secretary Of State	\$10.00



Vehicle Repair History Summary
1995 #47 Buick Century Wagon

VIN: 1G4AG85M0S6488422

Date	Odometer	Service Performed	Serviced by	Total Cost:
		Replaced lost Placard		
08/30/2007	167471	Door handle	Vick , HSC	\$17.99
		replaced passenger side front door handle		
09/24/2007	168422	Light	Vick , HSC	\$6.16
		Drivers side low beam light out		
12/21/2007		Windshield	Martin Glass	\$256.37
		had crack in drivers view		
01/10/2008	172271	Headliner	Vick , HSC	\$4.99
		eadliner material coming down, installed somepush clips to try and hold up		
05/05/2009	178187	Window Motor	Vic, HSC	\$34.99
		Replaced Passenger front window motor		

Sum of all Repair charges :

Start Date :	08/11/2006	Start Odom :	0.00
End Date :	05/05/2009	End Odom :	178,187.00
Total Days :	998.00	Total Dist :	178,187.00
Vehicle Repair Cost per Day :			
Vehicle repair cost per mile :			



Vehicle Maintenance History Summary

VIN: 1G4AG85M0S6488422

1995 #47 Buick Century Wagon

Date	Odometer	Service Performed	Location	Total Cost:
03/28/2007	162936	Oil - Change oil and filter	Vick , HSC	\$3.07
03/28/2007	162936	Monthly Preventive Maintenance no problems found	Vick , HSC	
07/26/2007	166243	Oil - Change oil and filter	vic	
07/26/2007	166139	Oil - Change oil and filter	Vick , HSC	
07/26/2007	166243	Tires - Rotate and balance	Vick , HSC	
07/26/2007	166243	Monthly Preventive Maintenance	Vick , HSC	
10/17/2007	169270	Oil - Change oil and filter	Vick , HSC	\$3.07
10/17/2007	169270	Monthly Preventive Maintenance	Vick , HSC	
01/10/2008	172271	Air filter - Replace	Vick , HSC	\$5.09



Vehicle Maintenance History Summary

VIN: 1G4AG85M0S6488422

1995 #47 Buick Century Wagon

Date	Odometer	Service Performed	Location	Total Cost:
01/10/2008	172271	Oil - Change oil and filter	Vick , HSC	\$3.07
01/10/2008	172271	Monthly Preventive Maintenance No Problems Found	Vick , HSC	
03/13/2008	0	Seat Belt extender Installed seat belt extenders to aid in larger clients being able to be buckled up	Vick , HSC	\$16.90
04/21/2008	175454	Fuel filter - Replace	Vick , HSC	\$7.16
04/21/2008	175454	Oil - Change oil and filter	Vick , HSC	\$3.07
04/21/2008	175454	Tires - Rotate and balance	Vick , HSC	
04/21/2008	175454	Monthly Preventive Maintenance No problems found	Vick , HSC	
07/23/2008	177984	Monthly Preventive Maintenance	Vick , HSC	
10/30/2008	177088	Monthly Preventive Maintenance	Mike H., HSC	



Vehicle Maintenance History Summary

VIN: 1G4AG85M0S6488422

1995 #47 Buick Century Wagon

Date	Odometer	Service Performed	Location	Total Cost:
		no problems found		
02/05/2009	177533	Monthly Preventive Maintenance no problems found	Vic, HSC	
02/05/2009	177553	Tires - Rotate and balance	Vic, HSC	
04/08/2009	177739	Battery Replaced-Bad	Vic, HSC	\$71.95
05/14/2009	178310	Monthly Preventive Maintenance	Vic, HSC	
05/15/2009	178310	Oil - Change oil and filter	Vic, HSC	\$3.24

Begin Date :	07/11/2006	Start Odom :	0.00
End Date :	05/15/2009	End Odom :	178,310.00
Total Days :	1,039.00	Total Dist. :	178,310.00

Vehicle maintenance cost per day :

Vehicle maintenance cost per mile :



Scheduled Maintenance

1995 #47 Buick Century Wagon

Current Odometer : 178,310.0

Current Date : 05/18/2009

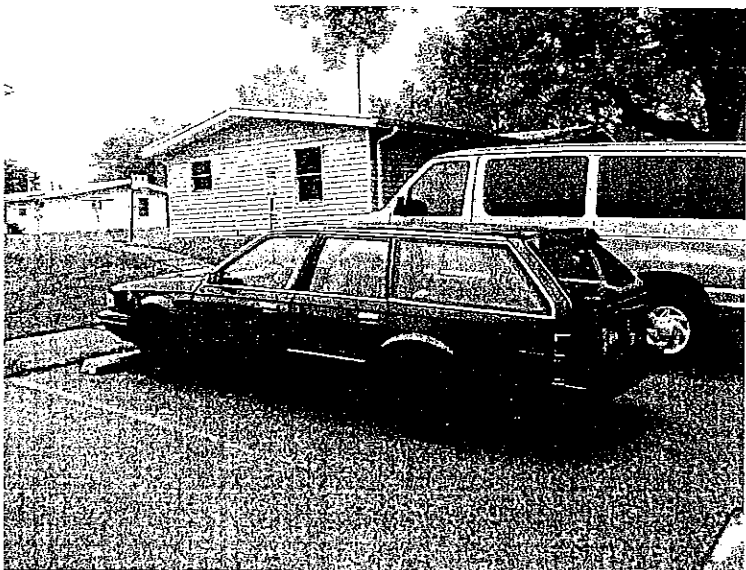
VIN: 1G4AG85M0S6488422

NOTE: type indicates due by Odometer

(This report displays all maintenance enabled for this vehicle)

BOLD type indicates due by Date

Scheduled Maintenance Description	Type	Time Req (days)	Dist Req (mi)	Date Due	Odometer Due
Air filter - Replace	Maintenance	0	20,000	01/10/2008	192,271
Antifreeze-Coolant - Replace fluid	Maintenance	0	100,000	12/12/2006	200,000
Belts - Replace	Maintenance	0	70,000	12/12/2006	210,000
Fuel filter - Replace	Maintenance	0	15,000	04/21/2008	190,454
Hoses - Replace	Maintenance	0	200,000	12/12/2006	200,001
Oil - Change oil and filter	Maintenance	365	3,000	05/15/2010	181,310
Replace distributor cap-ignition rotor	Maintenance	0	100,000	12/12/2006	200,000
Shock absorbers - Replace	Maintenance	0	200,000	12/11/2006	359,467
Spark plug wires - Replace	Maintenance	0	100,000	12/12/2006	200,000
Spark plugs - Replace	Maintenance	0	75,000	12/12/2006	225,000
Tires - Rotate and balance	Maintenance	0	9,000	02/05/2009	186,553
Transmission - Change fluid	Maintenance	0	90,000	12/11/2006	249,467
PCV Valve	User defined	0	75,000	12/11/2006	234,467
Monthly Preventive Maintenance	User defined	90	0	08/12/2009	178,310



ESTIMATED PROJECT BUDGET

MUST BE COMPLETED BY ALL APPLICANTS

G. Estimated CVP Budget							
Vehicle Type	Capacity (Approx.)	Requested Number of Units			Line Total (a)+(b)+(c) (d)	Estimated Unit Cost (e)	Estimated Total Cost Line Total x Unit Cost (d) x (e)
		Replace- ment (a)	Expansion (b)	New (c)			
Mini-Van Paratransit (w/ ramp) MV	6 pass.	2				\$36,000	\$ 72,000.00
Light Duty Paratransit Vehicle (w/lift) LD	12 pass.					\$52,000	\$
Medium Duty Paratransit Vehicle (w/lift) MD	14 pass.	2				\$59,000	\$ 118,000.00
Super Medium Duty Para- Transit Vehicle (w/lift) SMD	22 pass.					\$94,000	\$

Total CVP Request: \$190,000.00

Comments:

PART IV

PROJECT JUSTIFICATION

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

Applicant Name

Human Service Center Southern Metro East

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.

Human Service Center of Southern Metro East provides transportation for consumers of the agency; primarily individuals attending the Day Program for the Developmentally Disabled and the Day Program for the severely Mentally Ill. Transportation for the Day Programs is provided 5 days on a scheduled curb to curb basis. Transportation services are provided primarily to residents of Randolph County. At this time there are 6 scheduled routes that run twice a day (am and pm). Transportation to the Developmental Training Program is not covered by Medicaid and is the responsibility of the provider, in this case Human Service Center. The routes are at capacity which has resulted in referrals to public transportation provider for individuals attending the Medicaid Day Program (PSR). At this time we have 4 public providers bring individuals to and from the day program for the mentally ill (PSR) to supplement the transportation that Human Service Center is providing. Public Transportation is limited in Randolph County at this time, although Human Service Center does make referrals; the times, reasons for needed trips, and locations are not readily accessible for many of the consumers.

Additional transportation is provided to the Residential Sites operated by Human Service Center, sites are operated 24 hours a day 7 days a week. Staff is responsible for transporting clients to medical appointments, family visits, shopping, recreation and leisure activities. Mental Health Community Support activities are being provided for both the day program and to clients not participating in the PSR program.

Without the transportation services provided by Human Service Center many of the clients served by Human Service Center would not have access to the community for medical appointments, grocery shopping, personal needs shopping, community integration or to services provided by Human Service Center in relation to ongoing mental health needs.

Most recently services have expanded to individuals who are living in their own home but are in need of support services due to mental illness, developmental disability, and aging/care taker issues. There has been an increase in the number of clients needing transportation assistance to and from out patient therapy sessions, psychiatric services, crisis transportation to and from hospitalizations, homeless shelters, medical appointments. Human Service Center continues to attempt to make arrangements for the use of public transit systems, including payment vouchers for those unable to pay for public transportation when funds are available but when this is not feasible Human Service Center remains responsible for providing transportation.

Human Service Center is requesting to replace 4 vehicles due to excessive mileage. The replacement of these vehicles is vital to addressing the ongoing transportation needs of agency clients. In addition Human Service Center is working in cooperation with Monroe Randolph Transit District to be able to expand into providing public transportation within already established routes when clients are not being transported.

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	Human Service Center of Southern Metro East
----------------	---

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.

SEE ATTACHED

B. Service Area Population Information

Use 2000 census data.

- | | |
|--|--------------|
| 1. Total Population of your Current Service Area | <u>32885</u> |
| 2. Elderly (60+) Population of Service Area | <u>4975</u> |
| 3. Disabled Population of Service Area | <u>4002</u> |

C. Service to Minority Group Persons

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

Racial/Ethnic Group	Service Area		Applicant's Client Population	
	Total	% of Total	Total	% of Total
American Indian/Alaskan Native	97	0.3	0	0.00
Asian/Pacific Islander	37	0.1	1	0.64
Black	2767	8.4	21	13.38
Hispanic	920	2.8	02	1.27
White	29055	88.4	133	84.71
Other				
TOTAL (match B-1 above).		100 %	157	100 %

Part V

A: Geographic Area Served:

Human Service Center is located in rural Randolph County; the administration office is located in Red Bud, IL and all transportation for developmental training and extended day treatment originate and end in Red Bud. Vehicles funded by IDOT are essential to the operation of the fixed routes. Human Service center has purchased vehicles in addition to the grant vehicles in order to meet the needs of the entire agency.

The following is a list of communities that are being served by the Human Service Center system;

- Red Bud and surrounding area (Prairie)
- Evansville
- Chester
- Steeleville
- Percy
- Sparta
- Marissa
- Tilden
- And points in between

These routes are broken down into 5 fixed routes, they are as follows

- | | |
|--|-----------------|
| • Evansville/Red Bud 2 round trip routes | 86 miles daily |
| • Sparta 1 | 109 miles daily |
| • Sparta 2 | 77 miles daily |
| • Percy | 130 miles daily |
| • Chester | 96 miles daily |

Applicant Name

Human Service Center of Southern Metro-East

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 Attachment

E. A) 2008 Annual Certification was submitted FOR IDOT FUNDED VEHICLES in YOUR FLEET? 05 / 27 / 08,
Or B) No IDOT Funded Vehicle was owned in 2008 _____

F. Table I. Transportation Program Employees and Staffing

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

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

Staff	'A'	Total # of Hours Worked by Transportation Staff by Day						
		Mon.	Tues.	Wed	Thurs.	Fri.	Sat	Sun
Paid Drivers	42	50	50	50	50	50	23	23
Volunteer Drivers								
Reservationists/								
In-house Staff, Maint.	2	2	2	2	2	2	0	0
Administrative Staff	5	4	4	4	4	4	0	0
TOTALS	49	56	56	56	56	56	22	22
Total # of vehicles in use	XXXXXX							

Applicant Name HUMAN SERVICE CENTER SOUTHERN METRO EAST

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.

Human Service Center of Southern Metro East is a private not for profit community mental health agency providing a multitude of services primarily to persons in the Randolph County; although persons from adjoining counties are also served. Human Service Center of Southern Metro East provides:

- Counseling Services,
- Substances Abuse Services,
- Psychiatric Services,
- Older Adult Mental Health and Care Taker Services,
- Mental Health Residential Services
- Developmentally Disabled Residential Services
- Substance Abuse Services
- Case Management
- Emergency Mental Health Services
- Psychosocial Rehabilitative Services
- Developmental Training Services

Transportation services began in 1971 with one bus and one route covering Randolph County. Transportation has expanded over the years; we have had as many as 7 routes at one time (2007-2008). When Human Service Center was awarded and received the 22 passenger bus through the Illinois Department of Transportation Consolidated Vehicle Procurement Rolling Stock Capital Assistance Grant, we were able to consolidate two routes into one and have thus reduced our scheduled routes to 6. These scheduled routes are in addition to daily transportation within the Residential programs and Case.

Another significant change noted within the transportation department is the number of trainings available for staff, both mandatory trainings and non mandatory trainings to ensure the safety of both clients and staff, including the improvement of staff knowledge of transporting developmental disabled and or mental ill persons. In addition, Human Service Center is working in partnership with Monroe Randolph Transit District toward the increased availability of public transportation and is exploring options of how to utilize Human Service Center vehicles to provide public transportation within our established routes during deadheading times.

Human Service Center has been providing transportation services for the past 38 years; transporting persons with a developmental disability and or a chronic mental illness has been our primary service population since 1971. We have seen the increase in client numbers as programs have expanded and the need for transportation has grown with the ever increasing needs of the clients served.

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

	'A'	Total # of Hours Worked by Transportation Staff by Day
--	-----	--

Applicant Name

Human Service Center of Southern Metro-East

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 01, 2007 to June 30, 2008**Section 5311 Applicants need only fill out the lower portion of this Table**

<i>Individual Clients Served</i>	Annual Total
Elderly Riders without Disabilities	<u>20</u>
Elderly Riders with Disabilities	<u>24</u>
Non-Elderly Riders with Disabilities	<u>107</u>
Other Riders, including general public	<u>6</u>
TOTAL CLIENTS SERVED (Must match p.9)	<u>157</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>3017</u>
Work Trips	<u>72</u>
Education Trips	<u>52478</u>
Nutrition Trips	<u>2776</u>
Shopping Trips	<u>3421</u>
Social/Recreational Trips	<u>9097</u>
Other Trips	<u>2797</u>
TOTAL ONE-WAY PASSENGER-TRIPS PER YEAR	<u>73658</u>
Average number of vehicles used on a daily basis to provide this service	<u>18</u>

what's this?

NOTE: Although the American Community Survey (ACS) produces population, demographic and housing unit estimates, it is the Census Bureau's Population Estimates Program that produces and disseminates the official estimates of the population for the nation, states, counties, cities and towns and estimates of housing units for states and counties.

	Estimate	Percent	U.S.	Margin of Error	
Social Characteristics - show more >>					
Average household size	2.32	(X)	2.60	+/-0.06	map
Average family size	2.85	(X)	3.19	+/-0.10	
Population 25 years and over	22,894			+/-166	
High school graduate or higher	(X)	79.8	84.0%	(X)	map
Bachelor's degree or higher	(X)	12.3	27.0%	(X)	map
Civilian veterans (civilian population 18 years and over)	2,959	11.4	10.4%	+/-294	map
Disability status (population 5 years and over)	4,002	15.1	15.1%	+/-442	
Foreign born	396	1.2	12.5%	+/-139	map
Male, Now married, except separated (population 15 years and over)	7,288	48.4	52.6%	+/-425	
Female, Now married, except separated (population 15 years and over)	6,840	56.1	48.5%	+/-411	
Speak a language other than English at home (population 5 years and over)	N	N	19.5%	N	map
Household population	28,364			+/-90	
Group quarters population	(X)	(X)	(X)	(X)	
Economic Characteristics - show more >>					
In labor force (population 16 years and over)	14,389	53.4	64.7%	+/-400	map
Mean travel time to work in minutes (workers 16 years and over)	24.2	(X)	25.1	+/-1.7	map
Median household income (in 2007 inflation-adjusted dollars)	42,275	(X)	50,007	+/-2,364	map
Median family income (in 2007 inflation-adjusted dollars)	51,673	(X)	60,374	+/-2,753	map
Per capita income (in 2007 inflation-adjusted dollars)	20,018	(X)	26,178	+/-886	
Families below poverty level	(X)	9.7	9.8%	(X)	
Individuals below poverty level	(X)	11.0	13.3%	(X)	map
Housing Characteristics - show more >>					
Total housing units	13,629			+/-58	
Occupied housing units	12,252	89.9	88.4%	+/-326	
Owner-occupied housing units	9,588	78.3	67.3%	+/-416	
Renter-occupied housing units	2,664	21.7	32.7%	+/-343	
Vacant housing units	1,377	10.1	11.6%	+/-316	
Owner-occupied homes	9,588			+/-416	map
Median value (dollars)	85,100	(X)	181,800	+/-3,163	map
Median of selected monthly owner costs					
With a mortgage (dollars)	899	(X)	1,427	+/-47	map
Not mortgaged (dollars)	314	(X)	402	+/-19	
ACS Demographic Estimates - show more >>					
Total population	32,885			*****	
Male	17,946	54.6	49.2%	+/-130	
Female	14,939	45.4	50.8%	+/-130	
Median age (years)	38.1	(X)	36.4	+/-0.6	map
Under 5 years	1,818	5.5	6.9%	+/-79	
18 years and over	26,074	79.3	75.3%	+/-13	

65 years and over	4,975	15.1	12.5%	+/-111	
One race	32,691	99.4	97.9%	+/-119	
White	29,055	88.4	74.1%	+/-108	map
Black or African American	2,767	8.4	12.4%	+/-201	map
American Indian and Alaska Native	97	0.3	0.8%	+/-65	map
Asian	11	0.0	4.3%	+/-15	map
Native Hawaiian and Other Pacific Islander	25	0.1	0.1%	+/-42	map
Some other race	736	2.2	6.2%	+/-205	map
Two or more races	194	0.6	2.1%	+/-119	map
Hispanic or Latino (of any race)	920	2.8	14.7%	+/-208	

Source: U.S. Census Bureau, 2005-2007 American Community Survey


Explanation of Symbols:

**** - The median falls in the lowest interval or upper interval of an open-ended distribution. A statistical test is not appropriate.

***** - The estimate is controlled. A statistical test for sampling variability is not appropriate.

'N' - Data for this geographic area cannot be displayed because the number of sample cases is too small.

'(X)' - The value is not applicable or not available.

The letters PDF or symbol  indicate a document is in the Portable Document Format (PDF). To view the file you will need the Adobe® Acrobat® Reader, which is available for free from the Adobe web site.

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

Applicant Name

Human Service Center of Southern Metro-East

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 ___

All warranty claims X

Details on any malfunctions of ADA/lift equipment? X

Do you keep on file the last 6 months of drivers' daily pre- and post trip vehicle inspections? Y X N ___

(Please Attach examples). Note: It is a Federal Motor Carrier Safety Requirement per Section 396.11 'Driver vehicle inspection report(s)', (including certification of repairs and the certification of drivers' review) that inspection reports are kept on file at the primary place of dispatch for a period of 3 (three) months.

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

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

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

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

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

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

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

B. Maintenance

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

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

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

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

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

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

How long do you keep vehicle inspection records on file? ___ mos. 5 years ___ (6 months recommended)

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

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

Mark Bollmann – Transportation, Maintenance & Safety Coordinator

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

Mark Bollmann and Victor Sieberg

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

Please List any/all outside contractor/service shops; and describe any specialty training: Weir Ford, Darren's Automotive, Central States, Nabor's Repair, Red Bud Battery and Tire

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

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

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

Address St. Louis, Missouri

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

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	Human Service Center of Southern Metro-East
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Driver/Dispatch Training is vital and necessary.

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

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

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

Do you maintain individual Driver Files? Y N
 Does each driver's file reflect training, licensing, achievements, etc.? Y N

Are all drivers formally trained in the following core passenger transport subjects?
 Client Assistance Y N N N
 Do you provide to the drivers:
 Special Passenger Care Training Y N N
 C.P.R. Training Y N 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:

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

Do you include Dispatchers in vehicle orientation? Y N
 Do you include occasional drivers, or people with other specialties? Y N

Does your formal training include: ADA policy as it applies to your clients Y N
 Operation of access equipment (including manual lift operation and cautions)? Y N
 Formal vehicle and accessory orientation? Y N
 Route or territory orientation? Y N

Do you use 'on-the-road' communications with drivers? Y N Define: _____ cell phones _____

✓

ACCIDENT REGISTER

DATE ./. _____ DRIVER NAME ./. _____ TIME ./. _____

INJURED:

DRUG TEST TAKEN: _____ RESULTS: _____

DAMAGE / ESTIMATES OF REPAIR

LOCATION / WHAT HAPPENED:

TICKETS / WARNINGS:

Turned into Management: _____

Turned into Insurance _____

Agency Paid _____

Final Cost _____

DRIVER'S REPORT OF MOTOR VEHICLE ACCIDENT

1. WHERE ACCIDENT OCCURRED						2. WHEN ACCIDENT OCCURRED						
COUNTY			CITY			MONTH	DAY	YEAR				
Road or Street on which Accident Occurred _____ <small>(Highway Number, U.S. or State, if no highway number identify road by name)</small>						HOUR		AM	PM			
At Intersection with _____ <small>(Number or Name of Intersecting Highway or Street) (Circle 1)</small>						NUMBER OF VEHICLES INVOLVED IN ACCIDENT						
If not at Intersection _____ OR _____ <small>Feet OR Miles N S E W of (Nearest Highway, Street, Bridge, or other Landmark)</small>						DID POLICE OFFICER INVESTIGATE ACCIDENT? 1 Yes 2 No						
						Was traffic citation issued to Driver #1 Yes <input type="checkbox"/> No <input type="checkbox"/>						
3. VEHICLE NUMBER 1: YOUR VEHICLE								CIRCLE POINT OF CONTACT #1				
COMPANY NAME			ADDRESS			LOCATION CODE						
DRIVER'S NAME (LAST, FIRST, MIDDLE)			VEHICLE LICENSE NUMBER • STATE AND YEAR									
VEHICLE MAKE	YEAR	MODEL & TYPE	IDENTIFICATION NUMBER • SERIAL									
4. DRIVER NUMBER 2: OTHER DRIVER OR PEDESTRIAN								CIRCLE POINT OF CONTACT #2				
<input type="checkbox"/> DRIVER'S NAME (LAST, FIRST, MIDDLE) <input type="checkbox"/> PED			BIRTH MO. / DAY / YEAR	DRIVER'S LICENSE NO.	STATE	1. MALE 2. FEMALE						
STREET ADDRESS			CITY	COUNTY OF RESIDENCE	STATE							
5. VEHICLE NUMBER 2: OTHER VEHICLE												
OWNER'S NAME			ADDRESS									
VEHICLE MAKE	YEAR	MODEL & TYPE	VEHICLE LICENSE NUMBER • STATE AND YEAR									
IDENTIFICATION NUMBER • SERIAL			Was traffic citation issued to Driver #2? Yes <input type="checkbox"/> No <input type="checkbox"/>		Was traffic citation issued to Driver #1? Yes <input type="checkbox"/> No <input type="checkbox"/>							
6. LIST PERSONS KILLED OR INJURED						AGE	SEX	VEH. NO.	SEAT-ING	SEAT BELTS	EJEC TION	IN- JURY
NAME			ADDRESS									
DESCRIBE INJURIES												
NAME			ADDRESS									
DESCRIBE INJURIES												
NAME			ADDRESS									
DESCRIBE INJURIES												
DESCRIBE DAMAGE TO PROPERTY OTHER THAN MOTOR VEHICLES						OWNER'S NAME						
						OWNER'S ADDRESS						

Accident Protocol

#1 – Make sure that all passengers are Okay if not call 911

#2 – No matter how severe the Accident is, call the Police so that there is an accident report made

#3 – Call Transportation Department to report Accident

#4 – If you have passengers on board Call Transportation Office to get a Bus/car in route so that we may transfer Clients and continue in their delivery

#5 – Exchange information with other vehicle

#6 – Take a picture of the accident for future reference

#7 – Upon returning report to the Transportation Department

#8 – Fill out an accident report

#9 – Post Accident Drug Testing : Any Accident involving any HSC employee that results in a Moving Traffic Violation or Death / Injury of an employee and / or Client involving a agency vehicle will result in Drug and Alcohol Testing .

#10 – A full accident report is to filled at office at the time of your return

TRANSPORTATION DATA

Client Name _____

Client Address _____

Client Home Phone _____

Emergency Contact _____

Emergency Contact Phone # _____

DATA FOR DROP OFF AT DESIGNATED SITE

Client may be dropped off at the designated site _____ with supervision only

_____ without supervision

If Client is to be dropped off with supervision only please indicate who will pick him/her up.

_____ mother

_____ father

_____ brother

_____ sister

_____ other

If designated person is not at the drop off site, please provide instructions for leaving the individual off.

Other instructions:

Guardian/family signature: _____ Date _____

Witness signature: _____ Date _____

PROCEDURES FOR VEHICLE EMERGENCIES

#1 In case of vehicle Breakdown

- A: If possible move vehicle off roadway
- B: Access and determine the problem
- C: Places Flares as State Law Requires
- D: Call Transportation Office

#2 Determine if the Clients, if any, are in danger by staying onboard the vehicle or if it would be safer to remove them to a safe location.

3 Stay calm and use common sense when handling emergency situations

#4 If you must leave bus do not go farther than 100' and nominate a high functioning client to supervise while you are outside the vehicle, (placing warning devises, checking the vehicle, directing traffic, etc.

Just remember that your number 1 priority is the safety of you clients.

INCLEMENT WEATHER

TO: Parent, Clients, Guardians, and Staff

Date: November 16, 2006

INCLEMENT WEATHER INFORMATION

It is once again time to think about inclement weather, in the coming months there could be snow/ice days and/or snow route adjustments. Hopefully this information will help you understand the procedures for Bus service during days of snow or ice.

HSC ask the parents, guardians and/or clients to call any time that they will not be riding the bus, this allows us to make the necessary adjustments in advance, this particularly important during inclement weather. Please call 24 hour number 1-618-282-6233 ext. 135 or 136, leave a message stating your name and pickup location, and the date (s) you will not be attending the Red Bud facility.

Human Service Center Procedure for inclement weather is as follows:

1. When 2 or more Schools within Randolph County announce on TV or Radio that they have closed due to inclement weather, the Human Service Center will **NOT BE PROVIDING BUS SERVICE FOR THAT DAY.** however the Human Service Center will be open.
2. When less than 2 Schools within Randolph County are closed due to inclement weather, the Human Service Center will be open and may decide to run either snow routes or regular routes.
3. When schools are not regularly scheduled to be open, and there is inclement weather, the Human Service Center will be open and may to decide to run either snow routes or regular routes.

For cancellations, or Route Changes; LISTEN TO RADIO STATION WHCO 980AM, KBDZ 93.1FM, OR WATCH CHANNEL 4 KMOV TV ST. LOUIS, MO.

SNOW ROUTES ARE AS FOLLOWS

The following places **WILL NOT** have Bus Service: Marissa, Tilden, Peggy Lane, Steeleville, Percy, Prairie Road, and Red Bud Nursing Home. All other regularly scheduled stops will be made.

Please Dress appropriately for weather conditions, it is important to wear coats, hats, and gloves in case the vehicle is stranded in snow or a breakdown occurs. Safety is our first concern; please allow 10 to 15 minutes either way of your pickup time for road conditions. When Buses are on the snow route schedule, please note that the buses will not alter there schedule, therefore if the client is brought to the Human Service Center, by Parent, Guardian, etc., they must be picked up at the end of the day.

Remember that buses will only be dropping off at the same spot as the morning pick up was, we will not change from a snow route to a regular route if the weather changes during the day.

In addition, there may be days that we will have early dismissal in order to get clients home before the weather gets bad. In the event of early dismissal, the emergency contact person will be notified via phone of an estimated arrival time home, please make sure that your emergency contact numbers are up to date with our office.

Again, your safety is very important, if for any reason you do not feel that you can tolerate the weather or the snow and or icy conditions safely, please remain home and we will look forward to seeing you when you are able to safely come into services.

*****Write all fuel (gallons and cost) and pretrip inspection defects on back of this sheet*****

Vehicle # _____

Month/Year _____

Date	Miles Out	Miles In	Purpose / Used for	Driver's Initials	Seated Reg	Used WC/lift	Time Out	Time In
			Educ Wrk Nutr Shop Med Rec Maint Othr					
			Educ Wrk Nutr Shop Med Rec Maint Othr					
			Educ Wrk Nutr Shop Med Rec Maint Othr					
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			Educ Wrk Nutr Shop Med Rec Maint Othr					
			Educ Wrk Nutr Shop Med Rec Maint Othr					

Educ - Education Wrk - Work Nutr - Nutrition Shop - Shopping Med - Medical
 Rec - Recreation Maint - Maintenance Othr - Other (Must give explanation)

WINTER SURVIVAL

Tolerance of cool temperatures varies among individuals, just as comfort levels do. Tolerance of low temperatures and resistance to winter's illness depends on the body's general state of health and the amount of exposure to winter weather. A wet and windy environment intensifies the effects of cold temperatures and makes it harder for the body to maintain its natural warmth.

People who are outside in low temperatures and strong winds tire easily and, because of rapid cooling of exposed surfaces, become more and more susceptible to frostbite. A strong wind combined with a temperature slightly below freezing, can have the same effect as a still-air temperature about 35 degrees lower.

To determine how much protection you really need, refer to the wind-chill table below. Remember, at wind-chill equivalent temperatures below -25 F, exposed skin can freeze within one minute.

CALM AIR	WIND-CHILL EQUIVALENT TEMPERATURES		
	At 15MPH	AT 30MPH	AT 40MPH AND OVER
30	9	-2	-6
20	-5	-18	-22
10	-18	-33	-38
0	-31	-49	-54
-10	-45	-64	-70
-20	-58	-78	-87

IF YOU MUST GO OUTSIDE....OBSERVE THE FOLLOWING SAFETY MEASURES:

Avoid overexertion. Cold weather itself, without any physical exertion, puts an extra strain on the heart. If you add to this strain of heavy physical activity such as shoveling snow, pushing an automobile or even walking too fast or too far, you risk damaging your body.

Dress warmly in loose-fitting, layered, light-weight clothing. Outer garments should be tightly woven and water repellent, wear a hat, protect your face and cover your mouth to protect your lungs from very cold air. Wear mittens instead of gloves—they allow your fingers to move freely in contact with one another and will keep your hands much warmer.

Watch for frostbite and other symptoms of cold-weather exposure. Frostbite causes a loss of feeling and a white or pale appearance in extremities such as fingers, toes, tip of nose, and ear lobes. If such symptoms are detected, get medical attention immediately. Do not rub with snow or ice—this does not help the condition and, in fact, will make it worse. The best treatment for frostbite is the rewarming of the affected tissue, as described in the treatment for cold weather exposure.

Avoid alcoholic beverages. Alcohol causes the body to lose its heat more rapidly, even though one may feel warmer after drinking alcoholic beverages.

Keep yourself and your clothes dry. Change wet socks and all other clothing as quickly as possible to prevent loss of body heat. Wet clothing loses all of its insulating value and transmits heat rapidly.

If a paralyzed person or infant must go outside in severe weather, they should be checked frequently for signs of frostbite.

SIGNS OF COLD WEATHER EXPOSURE

When the body begins to lose heat faster than it can produce it, a condition called hypothermia begins to develop. The symptoms become very apparent, and include;

- *UNCONTROLLED SHIVERING
- *VAGUE, SLOW, SLURRED SPEECH
- *MEMORY LAPSES; INCOHERENCE
- *IMMOBILE, FUMBLING HANDS
- *FREQUENT STUMBLING; LURCHING GAIT
- *DROWSINESS
- *APPARENT EXHAUSTION; INABILITY TO GET UP AFTER A REST

TREATMENT FOR COLD WEATHER EXPOSURE

If a person shows any signs of overexposure to cold or wet and windy weather, take the following measures - even if the person claims to be in no difficulty. Often the person will not realize the seriousness of the situation.

Get the person into dry clothing and into a warm bed or sleeping bag with a "hot" water bottle (which should actually be only warm to the touch, not hot), warm towels, heating pad or some other such heat source.

Concentrate heat on the trunk of the body first - that is, the shoulders, chest, and stomach.

Keep the head low and the feet up to get warm blood circulating to the head.

Give the person warm drinks.

Never give the person alcohol, sedatives, tranquilizers or pain relievers. They only slow down the body's processes even more.

Keep the person quiet. Do not jostle, massage or rub.

If symptoms are extreme, call for professional medical assistance immediately.

WINTER CAN BE AN ENJOYABLE AND BEAUTIFUL SEASON OF THE YEAR, BUT WE MUST BE AWARE OF ITS HAZARDS. HAVING A COMFORTABLE AND SAFE WINTER IS A MATTER OF ADVANCE PLANNING. BE PREPARED.

MILEAGE USAGE

- Mileage usage, fuel and costs (form)
- On the front of the form fill in the vehicle number, month and year
- In the date column write the date
- Miles out, is miles you left agency, or scheduled trip
- Miles in, is when you arrived at destination and again when you return to agency
- Each one way trip should be kept separate, each must contain what the trip was for, medical, field trip
Shopping, or groceries, bus route
- Drivers name, print your name
- Seated is how many people you transported that walked on normally
w/c or walker is how many people used a walker or wheel chair
- Time out, is the time you left the agency or return from scheduled trip
- Time in, is time you arrived at destination and again when you returned to agency
- When fueling write down the date, gallons, cost of fuel and if added any oil , write this on the back
mileage sheet.

POST TRIP INSPECTION

Walk around vehicle & inspect:

- Windows & hatch closed
- Seats & seat belt condition
- Fire Extinguisher in green
- First Aid Kit present
- Interiors for damage
- Exterior body damage
- Tire inflation (visual)

During trip note all operational conditions of vehicle:

- Lights & flasher operation
- Heater operates
- A/C operates
- W/C lift operated
- Vehicle operated ok

Note unusual noises or problems:

- Unusual engine noises
- Vehicle requires repair/service

Driver's Name

Ending Odometer Reading

Date

POST TRIP INSPECTION

Walk around vehicle & inspect:

- Windows & hatch closed
- Seats & seat belt condition
- Fire Extinguisher in green
- First Aid Kit present
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Driver's Name

Ending Odometer Reading

Date

VEHICLE REPAIR ORDER FORM

The vehicle repair order form is to be used when a defect is noted on a vehicle,

The person inspecting or driving is to immediately fill out this form and hand deliver it to The TMSC or mechanic for immediate attention.(form)

- Complete the vehicle number, date, and sign your name as the person reporting the problem
- Give A detailed description of the problem or repair needed. Give a clear explanation of the problem as possible
- Mechanic will check out the problem or defect and report to the TMSC on the required repairs, Complete and document the required repairs. Fill in the vendor of the parts, part number and product name and cost.
Mechanic will then sign, date the paperwork and turn into TMSC for review and filing.

FUEL NEEDED
DATE _____
BUS# _____
LEVEL _____
DRIVER _____

FUEL NEEDED
DATE _____
BUS# _____
LEVEL _____
DRIVER _____

FUEL NEEDED
DATE _____
BUS# _____
LEVEL _____
DRIVER _____

FUEL NEEDED
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FUEL NEEDED
DATE _____
BUS# _____
LEVEL _____
DRIVER _____

FUEL NEEDED
DATE _____
BUS# _____
LEVEL _____
DRIVER _____

Human Service Center
Tire Depth Measurements

Bus #	LF	LRO	LRI	RF	RRO	RR I
27						
29						
31						
31						
37						
50						
51						
59						

Bus #	LF	LRO	LRI	RF	RRO	RR I
27						
29						
31						
31						
37						
50						
51						
59						

Human Service Center
Vehicle Information

Make: _____
Model: _____
Year: _____
Seats: _____
Tire Size: _____

VIN: _____
Engine Size: _____
Transmission: _____
Seats w/wheel Chair: _____
Inspection Month: _____

PARTS LIST

Oil Filter # _____
Oil Type _____
Quarts Oil _____

Rear Differential Gear Lube Type _____
Rear Differential Gasket # _____
Amount used in service _____

Transmission Filter # _____
Transmission Fluid Type _____
Quarts used in service _____

Fuel Filter # (Primary) _____
Fuel Filter # (Secondary) _____

Coolant Type _____
Quarts used in Service _____
Thermostat # _____

Air Filter # _____
Cabin Filter # _____

Spark Plug # _____
Plug Wires # _____
Dist. Cap # _____
Rotor # _____
PCV Valve # _____

Front Brake Pads # _____
Rear Pads or Shoes # _____
Water Separator Filter # _____
Serpentine Belt # _____
V Belt # _____
V Belt # _____ / _____

Miscellaneous Parts and Numbers _____

Miscellaneous Parts and Numbers _____

Miscellaneous Parts and Numbers _____

Miscellaneous Parts and Numbers _____

Miscellaneous Parts and Numbers _____

HUMAN SERVICE CENTER OIL CHANGE
AND ADDITIONAL COMPONENT REPLACEMENTS

Gas Engines 3000 mile intervals

- Quarts of Oil
- Grease U joints
- Grease Ball Joints
- Grease Tie Rod Ends
- Check all Fluids
- Check for any leaks
- Note State Inspection

Diesel Engines 6000 mile intervals

- Quarts of Oil
- Grease U Joints
- Grease Ball Joints
- Grease Tie Rod Ends
- Check all Fluids
- Check for any Leaks
- Note State Inspection

COMPONENT CHANGING INFORMATION

- Change Air filters at 20,000 miles
 - Change Fuel filters at 15,000 miles
 - Change Spark Plugs at 75,000 miles
 - Change Spark Plug wires at 100,000 miles
 - Change Auto's Automatic Trans. Fluid at 90,000 and Buses 1 Ton and bigger at 60,000 miles
 - Change and Flush radiator coolant at 100,000 miles
 - Change Auto's rear end gear oil at 120,000 miles and Buses 1 ton and bigger at 75,000 miles
 - Change Cabin air filter at 25,000 miles
 - Change Serpentine belt at 70,000 miles
 - Change PCV valve at 75,000 miles
- Diesel, water separator at 15,000 miles

Unit # _____, Year: _____, Make: _____, Model: _____, Mileage: _____

Today's Date: _____ Person Performing Service: _____

Human Service Center Monthly Preventive Maintenance

Unit # _____, Year: _____, Make: _____, Model: _____, Mileage: _____

Today's Date: _____ Person Performing Service: (Print) _____

VEHICLE INTERIOR

- _____ Check interior for any damage or defects
- _____ Check all seats, operation of, latches, etc.
- _____ Check Seatbelts
- _____ Check Wheelchair tie downs and securement devices
- _____ Inspect all escape hatches, emergency exits and doors for proper working order
- _____ Inspect all door seals and latches adjust or lubricate as necessary
- _____ Check all lights and operating controls
- _____ Check windshield wiper operation
- _____ Inspect all glass for cracks or discoloration
- _____ Check State safety inspection sticker
- _____ Check all interlock and alarm system
- _____ Check all mirrors and visors
- _____ Inspect fire extinguishers
- _____ Check steps for any defect or safety issues
- _____ Lubricate drivers seat slide adjustment
- _____ Note any odd or unacceptable appearance, future problems or defects _____

VEHICLE EXTERIOR

- _____ Check for visible damage or defects
- _____ Check paint condition and lettering (rust, scratches, etc.)
- _____ Check windshield wipers for tears, defects, etc.
- _____ Check exterior mirrors for defects, damage, looseness, etc.
- _____ Check all exterior lights
- _____ Check all compartment doors (lube hinges and latches if necessary)
- _____ Lubricate door hinges and latches
- _____ Note any defects or any future problems _____

HEATING AND AIR CONDITIONING

- _____ Check all motors and fans
- _____ Check all switches for operation
- _____ Check all hoses and fittings
- _____ Check heater and defroster system operation
- _____ Check all cabin filters if equipped
- _____ Check for any refrigerant system for any visible leaks
- _____ Check and clean a/c condenser and evaporator coils
- _____ Check a/c compressor for leaks
- _____ Note any defects or any future problems _____

ENGINE COMPARTMENT

- Drain water from water separator if applicable
 - Check Power steering fluid
 - Check air filter, change if necessary
 - Add windshield washer fluid
 - Check Brake fluid
 - Check all hoses and clamps
 - Check all belts and pulleys
 - Check and clean batteries, terminals, and cables
 - Check Radiator for damage, antifreeze protection and condition, change and flush if necessary
 - Check for any fluid leaks
 - Check Transmission Fluid level
 - Check Transmission for leaks
 - Lube Transmission linkages, etc.
 - Note any potential problems or concerns _____
-

SUSPENSION

- Check all suspension parts for damage, looseness, wear, etc.
 - Check upper and lower ball joints
 - Check for broken springs
 - Check shock absorbers for leaks, broken parts, bad grommets, etc.
 - Check steering components, looseness, leaks, etc.
 - Check sway bar links and bushings
 - Note any potential problems or concerns _____
-

UNDERBODY

- Check welds and frame work for cracks and or damage
 - Check all fuel tanks and fuel lines for leaks and or damage
 - Check exhaust for leaks, rusted joints, broken hangers or clamps
 - Check drive shaft, u-joints, slip-joints, carrier bearings and containment cage
 - Check differential for leaks and fluid level
 - Note any potential problems or concerns _____
-

BRAKE SYSTEM

- Check brake linings thickness breaks and brake parts for missing fasteners, etc.
 - Check brake lines for leaks and damage
 - Check axle seals for leaks
 - Note any potential problems or concerns _____
-

TIRES AND WHEELS

- ___ Check Tires for damage
- ___ Check Tires for proper inflation
- ___ Check wheels for cracks or damage
- ___ Check studs/nuts for damage and torque to specifications
- ___ Left Front tread depth / Tire Pressure ___
- ___ Left Rear outside tread depth / Tire pressure ___
- ___ Left Rear inside tread depth / Tire Pressure ___
- ___ Right Front tread depth / Tire Pressure ___
- ___ Right Rear outside tread depth / Tire Pressure ___
- ___ Right Rear inside tread depth / Tire Pressure ___

WHEELCHAIR LIFT

- ___ Visually check lift for defects
- ___ Check handrails for damage or defects
- ___ Grease whale slots (wipe off excess)
- ___ Grease fold slots – Bridge plate ends
- ___ Lube whale pins & safety barrier hinge with light oil
- ___ Lube bridge plate hinge with light oil
- ___ Lube platform fold bearing with light oil
- ___ Lube horse pivot pins with light oil
- ___ Inspect hairpin cotters, weldment lever, horse pivot
- ___ Inspect whale and fold slots for wear
- ___ Inspect lift for wiring damage
- ___ Remove cover and inspect cylinder for leaks and damage
- ___ Check all hoses for leaks and damage
- ___ Check lift fluid level with lift down and unfolded
- ___ Operate wheelchair lift several times through full cycle
- ___ Test drive bus and clean if necessary
- ___ After test drive of bus torque lugs to 140 foot pounds

Final Inspection

- ___ Check first aid box
- ___ Check Insurance card and Vehicle registration
- ___ Check for emergency devices
- ___ Check for emergency phone numbers
- ___ Check for Camera
- ___ Note any potential problems or concerns _____

Note any additional information: _____

Mechanic's Signature : _____, Date : _____

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

Applicant Name

Human Service Center of Southern Metro-East

Driver/Dispatch Training is vital and necessary.

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

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

- 1) Your training master plan/outline, and
- 2) a current training schedule, and **See Attachment**
- 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:

Drug and Alcohol training – provided by St. Elizabeth's Hospital in Belleville, Illinois

RTAC Emergency Procedures Hands On

RTAC Passenger Assistance – Hands On

Do you offer regular updates/refreshers?

Y X N

What is your normal Training cycle? Initial training upon hire, annual re-training, additional training as needed.

Do you include Dispatchers in vehicle orientation?

Y X N

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

Y X N

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

Y X N

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

Y X N

Formal vehicle and accessory orientation?

Y X N

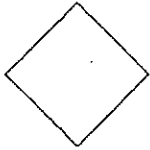
Route or territory orientation?

Y X N

Do you use 'on-the-road' communications with drivers? Y X N Define: cell phones

Defensive Driving Knowledge Test, October 2007

1. Which ability is most important to safe driving?
 - a) good hearing
 - b) decision making
 - c) sense of feel
 - d) operating the vehicle's controls
2. Which of the following is the most accurate statement about the term "collisions"?
 - a) They are predictable.
 - b) Most are caused by one factor.
 - c) They generally happen by chance.
 - d) Most result for several causes.
3. Learning to drive safely is a
 - a) one-time course
 - b) continuous process
 - c) licensing course
 - d) reaction process
4. A red circle and diagonal slash on a sign mean that
 - a) two roads intersect ahead
 - b) a hazard is ahead
 - c) the action is not allowed
 - d) diagonal crossing is permitted
5. A sign shaped like this means



- a) warning
 - b) school zone
 - c) route marking
 - d) railroad crossing
6. Your traffic light changes to yellow as you approach an intersection. In most cases, what action should you take?
 - a) Accelerate to clear the intersection
 - b) Make every reasonable effort to stop
 - c) Signal for a right turn and slow
 - d) Go through if intersection is clear
 7. Whenever you approach a YIELD sign at an intersection, you should
 - a) make a full stop, then proceed
 - b) slow and proceed
 - c) slow or stop and give the right of way to traffic
 - d) allow cars on the left to proceed
 8. A solid line and a broken line painted on the center of a two-lane highway means passing is
 - a) not allowed when the solid line is on your side
 - b) allowed only when the solid line is on your side
 - c) not allowed for you when the solid line is on the other side
 - d) allowed in either direction
 9. A flashing red light at an intersection means that you must
 - a) stop and wait until it stops flashing
 - b) make a complete stop and proceed when way is clear
 - c) stop only if there is a cross traffic
 - d) slow down and proceed with caution

10. The area to the rear of the car not seen in mirrors is
- directly behind the car
 - seen by adjusting mirrors
 - a blind spot
 - not necessary for driver vision
11. Adjust a safety belt so it
- fits snugly
 - allows comfortable movement
 - lets you reach all door locks
 - keeps you from leaning forward
12. Before shifting from park to drive, you should
- shift into neutral and wait a second
 - apply the parking break
 - press down on the foot-brake pedal
 - release the foot-brake pedal
13. When you must handle several hazards at the same time, the best tactic is to
- minimize, then separate the hazards
 - adjust your speed to separate the hazards
 - minimize, then compromise the hazards
 - compromise the hazards
14. The most important actions you will execute frequently to avoid conflicts are
- adjust temperature of passenger compartment
 - accelerate, brake, steer, and communicate
 - check all instruments and controls
 - tap your brake lights and sound your horn
15. The IPDE process is a system that stresses
- a low level of readiness
 - slow reaction time
 - seeing, thinking, and responding
 - only physical skills
16. The process of searching critical areas of the traffic environment in a regular sequence is called
- separating
 - an orderly visual search pattern
 - a random search pattern
 - minimal visual exercise
17. You compromise space when you
- give another driver your parking space
 - can separate and minimize hazards
 - give space to the lesser hazard
 - cannot separate or minimize hazards
18. When a vehicle's speed triples, how much more distance does it need to stop?
- about three times the distance
 - about nine times the distance
 - about six times the distance
 - about double the distance
19. The second collision occurs when
- a car is stuck by a car following it
 - a car strikes a parked car
 - a car loses control and spins out
 - the occupants hit the inside of the car or their restraint device after a collision

20. Restraint devices are designed to
- keep drivers away from car controls
 - trap the occupants after a collision
 - injure the abdomens of crash victims
 - protect occupants during a collision
21. Just before beginning any lane-change maneuver
- make a blind-spot check over your left shoulder
 - hand signal a stop
 - check to see that the roadway ahead has no obstructions
 - steer slightly into the next lane
22. Which lane should you be in to begin a left turn from a two-way street?
- the lane nearest to the center line
 - the lane closest to the right curb
 - the right lane, if there are no parked cars
 - any lane, if there is no other traffic
23. The safest turnabout maneuver is
- the mid-block U-turn
 - backing into a driveway or an alley on the right
 - pulling into a driveway on the left
 - a three-point turnabout
24. When parking uphill with no curb, your car's front wheels should
- turn to the right
 - turn to the left
 - point straight ahead
 - rest against an obstacle at the edge of the roadway
25. You approach an uncontrolled intersection. You should treat it as though which sign is present?
- a stop sign
 - a construction sign
 - a warning sign
 - a yield sign
26. You intend to turn left at an intersection. Others will yield the right of way to you for a left turn only when your
- light is red
 - light is flashing red
 - light is green
 - left-turn arrow is green
27. When joining traffic, a left turn is
- no different than a right turn
 - quicker to make than a right turn
 - less dangerous than a right turn
 - more dangerous than a right turn
28. You are stopped in an intersection waiting to complete a left turn. Your front wheels should point
- left
 - slightly right
 - slightly left
 - straight
29. If two vehicles approach an uncontrolled intersection at about the same time, who must yield?
- The driver on the right yields to the driver on the left
 - The driver on the left yields to the driver on the right
 - The driver on the left yields when turning
 - The driver on the right yields when turning

40. What most affects how far ahead you must look, vehicle control, and the distance you need to stop?
- speed
 - size of your vehicle
 - weather conditions
 - topography of the area
41. When should you slow to the advisory speed posted for a curve?
- When you reach the sharpest part of the curve
 - Just as your car reaches the curve
 - Throughout the entire curve
 - Before entering the curve
42. If a vehicle cuts into your 2-second following distance, you should
- reestablish a 2-second following distance on the vehicle ahead
 - brake quickly to establish superiority
 - flash headlights and sound the horn
43. Before passing a car in your lane,
- be sure there is room for you to return to your lane after passing
 - anticipate the driver ahead will yield to you
 - set a 2-second following distance
 - put yourself in the place of the other driver to anticipate driver's actions
44. How should you select a gap in expressway traffic on the left?
- Stop and identify a proper gap.
 - Slow down in the acceleration lane
 - Glance in your right outside mirror and over your right shoulder
 - Glance in the left outside mirror and over your left shoulder
45. Higher speeds on the expressway, multiple lanes to watch, and heavier volumes of traffic
- ease identification of hazards
 - prohibit identification of hazards
 - have no effect on the identify step
 - make the identify step more difficult
46. On an expressway, an overhead sign with a yellow panel indicates
- a stopping lane
 - a merging lane
 - an entrance lane
 - an exit lane
47. Stopping on an acceleration lane to an expressway can cause
- expressway traffic to stop
 - a head-on collision
 - a rear-end collision
 - a side-swipe collision
48. If you miss the exit you want, you
- can stop and back up to the exit
 - should make a U-turn and return to the exit
 - should stop on shoulder or median and back up to the exit ramp
 - must go on the next exit
49. Overdriving headlights means
- your stopping distance is greater than the distance lighted by your lights
 - using overdrive gear when using high-beam headlights
 - you are looking too far ahead
 - using low-beam rather than high-beam lights

59. As your car speed increases, your field of vision
- is narrowed
 - widens
 - narrows close to the car, but widens far away from the car
 - stays the same
60. Other roadway users can increase or decrease
- levels of risk for just themselves
 - your chances of having a collision
 - their risks by assuming risks of others
 - car control without any risks
61. Emotions can keep you from
- using the IPDE process occasionally
 - using the IPDE process correctly
 - moving directly from the identify step to the execute step
 - predicting only the best in every situation
62. Depth perception involves
- seeing things clearly at a distance
 - seeing things clearly directly ahead
 - judging the time it takes to stop
 - judging the distance between yourself and other objects
63. Which of the following is an important factor regarding alcohol and driving?
- After a while, drivers develop an immunity to the effects of alcohol
 - Most people's driving ability improves after one or two drinks
 - After only one drink a person's total driving ability can be reduced
 - It takes several drinks to affect driving ability
64. The surest way for a person to eliminate the risk of driving under the influence of alcohol is to
- know his or her limits
 - drink only beer
 - not drink and drive
 - have someone monitor the person's drinking
65. People confronted with negative peer pressure often find it difficult to
- say no without the fear of hurting others
 - understand the consequences of decisions
 - make decisions affecting only themselves
 - identify the negative side effects
66. When comparing the alcohol content of typical servings of beer, wine, and mixed drinks, there is
- much more alcohol in the mixed drink
 - much less alcohol in the beer
 - much less alcohol in the wine
 - about the same amount of alcohol in each
67. All states require that before legally buying or consuming alcoholic beverages a person must be
- at least 18 years of age
 - at least 21 years of age
 - accompanied by an adult
 - have a driver's license
68. A state law which requires you to prove that you can pay for damages you cause in a collision is a
- liability protection law
 - financial responsibility law
 - driver negligence law
 - financial protection law

Passenger Assistance Knowledge Test, October 2007

1. The participants who use the transportation service have different styles of wheelchairs. What is the best way to secure a wheelchair in a general use paratransit vehicle?
 - a. With a web-belt strap that fastens around the passenger.
 - b. With an eye-bolt in the floor and hook mechanism.
 - c. With a positive clamp style side facing latch that clamps the wheels of the chair.
 - d. With a four point tie-down that fastens to the frame of the wheelchair.

2. There is a variety of web belt tie-down straps in the storage bin: ratchet style, clamp style, pull through style, and retractable style. Which tie-down strap is only to be used on the front of the wheelchair?
 - a. Retractable style.
 - b. Clamp style.
 - c. Pull through style.
 - d. All of the above.

3. Which of the items should **NOT** be transported on a general use paratransit vehicle because of the possibility of a hazardous situation?
 - a. Portable respirator.
 - b. Portable oxygen unit.
 - c. Gasoline in a can.
 - d. All of the above.

4. The written policy of the transportation provider requires that everyone use a seat belt. A passenger boards and shows you a letter from their physician that states the person should not use a seatbelt. What should you do?
 - a. Have the passenger near the back of the bus so there is a seat in front of him/her to hold onto and transport the passenger without a seatbelt.
 - b. Refuse to transport the passenger.
 - c. Call dispatch and ask how to proceed.
 - d. None of the above.

5. Which of the items listed is **NOT** related to passenger assistance?
 - a. The vehicle pre-trip inspection.
 - b. The driver has worked six hours without a break.
 - c. The passengers on the bus are talking to the driver, while the driver is on the road.
 - d. None of the above; all are related to passenger assistance

6. A passenger has difficulty using the steps on the bus. The passenger has a Personal Care Attendant (PCA). The vehicle has a lift for someone using a wheelchair to board the vehicle. What should you do to get the passenger on the bus?
 - a. Help the PCA lift the passenger up the steps.
 - b. Tell the passenger that if he/she cannot use the steps, they will not be able to ride the bus.
 - c. Offer the passenger the option of using the lift.
 - d. Any of the above.

7. A Personal Care Attendant (PCA) is going to accompany the passenger on a trip.
 - a. The PCA pays half fare.
 - b. The PCA pays double.
 - c. The PCA rides free.
 - d. None of the above.

8. The transportation program policy requires a wheelchair to be secured. The passenger is using a three-wheel "scooter" type mobility device. The trip is only a few blocks, and securing the three wheeler will take longer than the trip. What should you do?
 - a. Most three-wheelers cannot be properly secured anyway, so transport without securing the three-wheeler.
 - b. Do the best you can to secure the three-wheeler even though it takes longer than the trip.
 - c. Tell the passenger that he/she must transfer to a regular seat and leave the three-wheeler unsecured.
 - d. None of the above.

16. You have a passenger who demands to get on the lift platform in an inboard facing position (facing the vehicle) to board the vehicle. The wheelchair lift is designed for the passenger to be lifted by using an outboard facing position (backing onto the lift). What should you do?
 - a. Tell the passenger that he/she cannot ride unless the lift platform is boarded in an outboard facing position.
 - b. Explain that the platform is designed to be boarded in an outboard facing position and it is safer to use the equipment in the proper manner.
 - c. If necessary, allow the passenger to board the lift platform in an inboard facing position.
 - d. b and c.

17. There is priority seating area on the vehicle for someone with a disability.
 - a. Someone using a wheelchair may sit in the priority seating area.
 - b. Anyone may sit in the priority seating area.
 - c. You must require a passenger who has a disability to sit in the priority seating area.
 - d. a and b.

18. Which of these statements, if any, is wrong? The driver is responsible to:
 - a. Treat a passenger who does not have a disability with courtesy and respect.
 - b. Treat a passenger who has a disability with courtesy and respect.
 - c. Understand that the passenger who does not have a disability is more competent than the passenger with a disability.
 - d. None of the above, all are correct.

19. Which of the following should be submitted to the supervisor in a written format such as an incident report?
 - a. One of the passengers made statements that caused you to think someone was abusing him/her (physically, financially, emotionally, etc.).
 - b. You were alone on the vehicle with a passenger who made comments that you felt were of a sexual nature.
 - c. Two of the passengers on the vehicle who participate in a workshop for "Educable Mentally Handicapped (EMH)" have been caressing each other in an intimate manner.
 - d. All of the above.

20. Which "barrier" is the most difficult to overcome?
 - a. Icy roads with snow drifts.
 - b. The lack of curb cuts.
 - c. A vehicle with a broken lift.
 - d. The attitude of a person who does not want and does not accept correct information about people with disabilities.

21. Which of the following play a powerful role in shaping ideas and attitudes about disabilities?
 - a. Language – terminology.
 - b. Training.
 - c. Prejudice – learned or preconceived notions.
 - d. All of the above.

22. Which of the statements may be true for a person who is legally blind?
 - a. Not able to see a thing.
 - b. May be able to see light changes or shadows.
 - c. May be able to see as though looking through a straw (tunnel vision) or around the edge of his/her eyes (peripheral vision).
 - d. Each of the above may be true; it depends on the ability of the individual.

23. What assistance may be needed by a person who is legally blind?
 - a. Verbal directions.
 - b. To hold your arm or shoulder and walk beside or behind you.
 - c. No help at all.
 - d. Each of the above may be true; it depends on the ability of the individual.

33. The proper care for a passenger having a seizure includes which of the following?
- Find a safe place to stop the vehicle and reassure the other passengers.
 - A seizure does not usually last longer than a couple of minutes. The greatest risk during the seizure is the person may bump or fall against something that could cause injury.
 - After a seizure is over, the person may be confused and may be reassured by you asking questions about themselves and talking with them about their ride.
 - All of the above.
34. A passenger who has difficulty walking may have:
- Arthritis.
 - Cerebral Palsy
 - A sore foot or leg
 - Any of the above.
35. There may be occasions when a person with a disability has more ability or less ability.
- True.
 - False.
36. What is the reason that the transportation service exists?
- There are people who do not have other transportation available.
 - You need a job.
 - Some people need an alternative to private transportation.
 - a and c.
37. Someone who is staggering and has slurred speech:
- May be drunk or on drugs.
 - May have Cerebral Palsy.
 - May have had a stroke.
 - Any of the above may be true. You should evaluate each person and not have the attitude that "one size fits all".
38. When arriving to pickup a passenger, you should:
- Tell the passenger your name and the name of the transportation service.
 - Verify the name of the passenger and their destination.
 - Be sure the passenger is safely seated and wearing a seatbelt if required.
 - All of the above.
39. When interacting with a person who has a developmental disability, you should:
- Treat them as a little child who does not have good understanding.
 - Treat them as a responsible adult.
 - Use clear and easily understood language rather than technical terminology.
 - b and c.
40. When a passenger using a wheelchair is on the lift, you should:
- Explain to the rider what you are doing.
 - Hold the wheelchair while the lift is in motion.
 - Operate the lift as smoothly as possible.
 - All of the above.
41. There is a rider on your list with whom you are not familiar. You should:
- Be prepared to offer maximum assistance if needed.
 - Consider one rider is the same as any other and no assistance may be needed.
 - Ask dispatch for help if you are not certain you can safely assist the rider.
 - a and c.

Emergency Procedures Knowledge Test, October 2007

1. You should prop the windows open if there is smoke present.
 - a. True
 - b. False
2. The best way to remove a passenger in a wheelchair from the bus during an evacuation is to use the lift.
 - a. True
 - b. False
3. Wheelchair passengers should be removed from the vehicle first.
 - a. True
 - b. False
4. The best exit is the nearest available exit.
 - a. True
 - b. False
5. If a small fire exists, try using the fire extinguisher first before calling for help.
 - a. True
 - b. False
6. Passengers should stay on the vehicle if you think you smell something burning, but are not sure.
 - a. True
 - b. False
7. The person the driver should be most concerned with is...
 - a. Young passengers as they have their life ahead of them
 - b. Frail Senior Citizens as they can't help themselves
 - c. Wheelchair passengers as their wheelchair is locked to the floor
 - d. The driver. Without the driver who is going to evacuate?
8. The first thing you should do once you realize there is smoke, fire or a strange smell is?
 - a. Call dispatch
 - b. Get out and find out what is burning
 - c. Evacuate the vehicle
 - d. Call 911
9. Speaking to passengers as they board the bus is important in what way?
 - a. It identifies whether or not they can hear you
 - b. It allows the driver to know if the passenger is cognitive
 - c. It is professional
 - d. All of the above
10. It is okay to only do a complete pre-trip once a week if you drive the same vehicle everyday just as long as you walk around the vehicle first.
 - a. True
 - b. False
11. If there is a small leak under the bus when you approach it at the beginning of your shift you should.
 - a. Crawl under bus to see if you can fix it
 - b. Immediately report it to your supervisor or maintenance department
 - c. Not worry about it as it is only a small leak
 - d. Wait and see if it stops leaking
12. How often should you cycle the lift to check for operation?
 - a. Daily
 - b. Only on days you will be using it
 - c. Once a week
 - d. Once a month

25. In the event of a fire and a passenger is covered in blood and needs assistance in evacuating vehicle, the driver should?
- Wear gloves
 - Wait until emergency personnel arrive
 - Leave them on the bus
 - Use all means of protection and evacuate passenger
 - A and or B
26. Once a driver has been through the Emergency Procedures training they never need to attend again.
- True
 - False
27. Emergencies only happen to other people and they will not happen to you.
- True
 - False
28. In an emergency wheelchair straps should be cut off, not taken off manually if a belt cutter is available.
- True
 - False
29. The exit farthest away from the _____ should be used to evacuate passengers.
- Fuel tank
 - Engine
 - Smoke and/or Fire
 - None of the above
30. The driver's door can be used for evacuation.
- True
 - False
31. The passenger door is unable to open if there is no power.
- True
 - False
32. The first passengers to exit the vehicle should be the _____.
- Wheelchair passengers
 - Senior Citizens
 - Ambulatory passengers
 - Children
33. It is freezing cold outside and I smell something hot or burning. I can't see what I smell. What should I do?
- Look for and identify the smell before doing anything
 - Call and ask supervisor what to do
 - Evacuate
 - Keep driving until you arrive at a warm location to evacuate
34. One of the emergency windows has never opened, the bus is 8 years old and has gone this long without it and has never been fixed. What should I do?
- Don't worry about it
 - Report it immediately
 - Fix it yourself
 - Take out window
35. I have told my supervisor that the first aid kit is almost empty, since I have reported it 5 weeks ago nothing has been done. What should I do?
- Nothing as it has already been reported
 - Continue reporting it
 - Insist it be replaced or you will not drive
 - Contact your supervisor's boss

47. Wheelchairs can be _____, people can not!
- a. Repaired
 - b. Replaced
48. It is important to speak loud and ____ when giving instructions during evacuation.
- a. Firm
 - b. Clear
 - c. Without Panic
 - d. All of the above
49. The passenger's safety begins with a daily and thorough...
- a. Education
 - b. Pre-Trip
 - c. Phone call
50. Seatbelts save lives and should be enforced by every _____.
- a. Passenger
 - b. Driver
 - c. Supervisor
 - d. All of the above

New Staff Training
Automobile & Safety

TRAINING VIDEO'S

I (Print) _____ have watched and understood the following Videos;

- | | |
|-------------------------|-------------------------|
| #1-Pretrip Inspection | Initial and date: _____ |
| #2-Drive Safety | Initial and date: _____ |
| #3-Winter Driving | Initial and date: _____ |
| #4-Safety Matters | Initial and date: _____ |
| #5-Fire Safety | Initial and date: _____ |
| #6-Lock Out/Tag Out | Initial and date: _____ |
| #7-Hazard Communication | Initial and date: _____ |

TRAINING TEST

I (Print) _____ have taken the following Test;

- | | |
|-------------------------------------|-------------------------|
| #1-Defensive Driving Knowledge | Initial and date: _____ |
| #2-Lock Out/Tag Out | Initial and date: _____ |
| #3-Hazard Communication | Initial and date: _____ |
| #4-Fire Safety Quiz | Initial and date: _____ |
| #5- HSC Written Drivers Examination | Initial and date: _____ |

I (Signature) _____ have to the best of my Knowledge, watched, read, and took the above test.

Trainer; _____, Title; _____

HANDS ON TRAINING

I (Print) _____ have received the following hands on training mentioned below.

- #1-Pretrip & post trip inspections Initial and date: _____
- #2- Vehicle gauges and operation Initial and date: _____
- #3-Emergency Evacuations procedures Initial and date: _____
- #4-Mileage, Fuel, & Repair order sheets Initial and date: _____
- #5-Fire Extinguisher usage Initial and date: _____
- #6-M.S.D.S. Sheets Initial and date: _____

HSC POLICIES AND PROCEDURES HANDOUTS

I (Print) _____ have received the following to the best of my knowledge.

- #1- Pre Trip and Post Trip Initial and date: _____
- #2- Light duty walk around Initial and date: _____
- #3- HSC Vehicle Transportation rules Initial and date: _____
- #4- Hazard Communication Initial and date: _____
- #5- HSC Employee Safety Handbook Initial and date: _____

I (Signature) _____ have to the best of my Knowledge, received the above polices and procedures.

Trainer; _____, Title; _____

Retraining
Automobile & Safety

TRAINING VIDEO'S

I (Print) _____ have watched and understood the following Videos;

#1-Drive Safety

Initial and date: _____

#2-Safety Matters

Initial and date: _____

#3-OSHA Compliance PowerPoint Presentation

Initial and date: _____

TRAINING TEST

I (Print) _____ have taken the following Test;

#1-OSHA Compliance CD Test

Initial and date: _____

I (Signature) _____ have to the best of my Knowledge, watched, read, and took the above test.

Trainer; _____, Title; _____

HANDS ON TRAINING

I (Print) _____ have received the following hands on training mentioned below.

- | | |
|---|-------------------------|
| #1-Pretrip & post trip inspections | Initial and date: _____ |
| #3-Emergency Evacuations procedures | Initial and date: _____ |
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Trainer; _____, Title; _____

Motor Vehicle Safety

Safety Training Handout

Driving becomes second nature to us. Even the best drivers sometimes forget important safety measures to take behind the wheel. Just one mistake can lead to an accident that can cause serious injuries or even death.

■ **How you can be safer behind the wheel**

- Use your seat belt
- Obey speed limits
- Make sure you're well rested before driving
- Avoid alcohol and drugs that can affect your driving judgment

■ **Avoiding drowsy driving**

- Get enough sleep the night before – at least seven hours
- Take frequent breaks
- Caffeine takes 20 minutes to kick in

■ **Preparations for driving in all sorts of conditions**

- Make sure all lights are working for night driving
- If you skid while driving in rain or snow, steer in the direction you want to go
- If you hydroplane, don't brake or turn suddenly

■ **What to do in emergency situations**

- If you have a tire blowout, get safely to the side of the road as soon as possible
- If you're in a crash, take care of injuries first, then get all necessary information from other drivers

■ **Effects of alcohol and illegal drugs on driving**

- Alcohol affects you before you're legally under the influence
- Even small amounts of illegal drugs can affect your senses and make it more likely you'll have an accident while driving

Motor Vehicle Safety Quiz

- 1) Not wearing your seat belt can cause the following type(s) of injury:
 - a) External injuries when your body hits a part of the inside of the car, such as the windshield.
 - b) Internal injuries such as when your internal organs collide with each other during the crash.
 - c) Both of the above.

- 2) True or false?

The national speed limit for all states is 75 mph on highways.

- 3) Fill in the blank:

Our company's policy about using cell phones while driving is

- 4) Which of the following statements about drowsy driving is true?
 - a) Caffeine gives you an immediate pick-me-up if you're tired.
 - b) The best defense against drowsy driving is to get at least seven hours of sleep the night before you have to drive.
 - c) If you're feeling alert, it's best to keep driving. Don't stop for rest breaks.

- 5) Which of the following should you do to make driving at night safer?
 - a) Make sure lenses of headlights are clean.
 - b) Avoid smoking inside the vehicle; it makes visibility through windows more difficult.
 - c) Take more frequent breaks.
 - d) All of the above.

- 6) True or false:

If your vehicle has ABS, pump the brakes in an emergency stopping situation.

- 7) True or false:

If your vehicle doesn't have ABS, pump the brakes in an emergency stopping situation.

- 8) True or false:

During heavy rain, driving in the tracks of the vehicle in front of you can cause hydroplaning.

- 9) If you have a tire blowout on a highway, which of the following should you NOT do:
 - a) Slam on the brakes.
 - b) Turn your flashers on after you have control of the vehicle.
 - c) Pull off the road only after you've slowed down to 30 mph.
 - d) Get as far off the road as possible.

10) True or false:

If you're seriously injured in a vehicle crash, the best thing to do is stay in your vehicle and try not to move until help arrives.

11) True or false:

Just one alcoholic drink is enough to affect your driving skills.

12) True or false:

Even small amounts of illegal drugs can affect your driving.

Name: _____

Date: _____

Date: _____

New Staff Training
Bus, Van & Safety

TRAINING VIDEO'S

I (Print) _____ have watched and understood the following Videos;

- | | |
|--|-------------------------|
| #1-Pretrip Inspection | Initial and date: _____ |
| #2-Drive Safety | Initial and date: _____ |
| #3-Winter Driving | Initial and date: _____ |
| #4-Vehicle Operator Training | Initial and date: _____ |
| #5-Commerial Wheelchair Lift | Initial and date: _____ |
| #6-QRT Training | Initial and date: _____ |
| #7-Emergency Evacuation Procedures | Initial and date: _____ |
| #8- Para transit Emergency Evacuation procedures | Initial and date: _____ |
| #9-Safety Matters | Initial and date: _____ |
| #10-Fire Safety | Initial and date: _____ |
| #11-Lock Out/Tag Out | Initial and date: _____ |
| #12-Hazard Communication | Initial and date: _____ |

TRAINING TEST

I (Print) _____ have taken the following Test;

- | | |
|-------------------------------------|-------------------------|
| #1-Defensive Driving Knowledge | Initial and date: _____ |
| #2-Passenger Assistance Knowledge | Initial and date: _____ |
| #3-Emergency Procedures | Initial and date: _____ |
| #4-Lock Out/Tag Out | Initial and date: _____ |
| #5-Hazard Communication | Initial and date: _____ |
| #6-Fire Safety Quiz | Initial and date: _____ |
| #7- HSC Written Drivers Examination | Initial and date: _____ |

I (Signature) _____ have to the best of my Knowledge, watched, read, and took the above test.

Trainer; _____, Title; _____

Date: _____

HANDS ON TRAINING

I (Print) _____ have received the following hands on training mentioned below.

- | | |
|---|-------------------------|
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| #2- Vehicle gauges and operation | Initial and date: _____ |
| #3-Emergency Evacuations procedures | Initial and date: _____ |
| #4-W/C tie downs & QRT tie down's | Initial and date: _____ |
| #5-W/C Lift & Emergency Lift operations | Initial and date: _____ |
| #6- Front & Passenger seat operation | Initial and date: _____ |
| #7-Emergency Doors Operations | Initial and date: _____ |
| #8-Mileage, Fuel, & Repair order sheets | Initial and date: _____ |
| #9-Fire Extinguisher usage | Initial and date: _____ |
| #10-M.S.D.S. Sheets | Initial and date: _____ |

HSC POLICIES AND PROCEDURES HANDOUTS

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- | | |
|--------------------------------------|-------------------------|
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| #2- Light duty walk around | Initial and date: _____ |
| #3- HSC Vehicle Transportation rules | Initial and date: _____ |
| #4- Hazard Communication | Initial and date: _____ |
| #5- HSC Employee Safety Handbook | Initial and date: _____ |

I (Signature) _____ have to the best of my Knowledge, received the above polices and procedures.

Trainer; _____, Title; _____

Retraining
Bus, Van & Safety

TRAINING VIDEO'S

I (Print) _____ have watched and understood the following Videos;

- | | |
|------------------------------|-------------------------|
| #1-Pretrip Inspection | Initial and date: _____ |
| #2-Drive Safety | Initial and date: _____ |
| #3-Winter Driving | Initial and date: _____ |
| #5-Commerial Wheelchair Lift | Initial and date: _____ |
| #6-QRT Training | Initial and date: _____ |
| #7-Safety Matters | Initial and date: _____ |
| #8- OSHA Compliance CD | Initial and date: _____ |

TRAINING TEST

I (Print) _____ have taken the following Test;

- | | |
|--|-------------------------|
| #1-Defensive Driving Knowledge | Initial and date: _____ |
| #2-Passenger Assistance Knowledge | Initial and date: _____ |
| #3-Emergency Procedures | Initial and date: _____ |
| #4-Osha compliance PowerPoint presentation | Initial and date: _____ |
| #5- HSC Written Drivers Examination | Initial and date: _____ |

I (Signature) _____ have to the best of my Knowledge, received the above polices and procedures.

Trainer; _____, Title; _____

HANDS ON TRAINING

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- #5-W/C Lift & Emergency Lift operations Initial and date: _____
- #6- Front & Passenger seat operation Initial and date: _____
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HSC POLICIES AND PROCEDURES HANDOUTS

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- #2- HSC Employee Safety Handbook Initial and date: _____

I (Signature) _____ have to the best of my Knowledge, watched, read, and took the above test.

Trainer; _____, Title; _____

LIGHT DUTY WALK-AROUND

1. UNDER HOOD:

- a. Transmission fluid check/fill
- b. Oil check/fill
- c. Power steering check/fill
- d. Coolant burp tank
- e. Windshield washer fluid reservoir
- f. Circuit breaker for lift
- g. Brake fluid check/fill
- h. Block heater
- i. Battery locations

2. RIGHT SIDE:

- a. Lift door open switches
- b. Exterior lift light, on with lift activation
- c. Exterior entrance door light on when doors open or switch "ON"
- d. Side Turn signal
- e. Battery box

3. REAR:

- a. Rear egress door-lock operation
 1. If door locked buzzer and light will activate.
 2. If locked while running light/buzzer will sound.
 3. If opened while running, buzzer will sound.
 4. Flashers will activate anytime entrance or lift door is open

4. LEFT SIDE:

- a. Fuel fill door, 35 gallon capacity
- b. Side turn signal
- c. Skirt mounted condenser
- d. Heater shut off valve
- e. Drivers door open:
 1. Body disconnect switch
 2. Vehicle identification tags

5. INSIDE: PASSENGER COMPARTMENT:

- a. T-slider operation
- b. Egress window operation
- c. Seat belt operation
- d. Exit lights (on when bus is running)
- e. Transpec roof hatch operation
- f. Rear heater location
- g. A/C evaporator
- h. Fold-a-way seat operation- DEMONSTRATE
- i. 3 wheelchair positions
- j. Demonstrate wheel chair belt operation
- k. Two different style belts
- l. Fluorescent lights

6. INSIDE: DRIVERS LOCATION:

- a. Overhead belt storage compartment
- b. Fuse/relay locations
 - 1. Ford
 - 2. ENC
- c. Drivers power seat operation
- d. Steering wheel tilt
- e. Overdrive button/operation
- f. Wiper/washer operation
- g. First aid kit/fire extinguisher/reflectors
- h. Drivers engine control panel:
 - 1. rear heater operation (NOTE: Ford rear fan switch is inoperative)
 - 2. Entry lights:
 - a) with ignition in "ON" or "ACCESSORY" position, headlights on, lights will activate when door open
 - b) switch "ON" will illuminate at all times
 - 3. Interior courtesy lights on with switch only
 - 4. Entry door switch
 - 5. Rear A/C
 - a) ON/OFF switch (Front and rear systems independent)
 - b) temperature switch
 - c) a/c power light (green)
 - 6. Rear door locked light/buzzer
 - 7. Engine stop/motogard light/buzzer
 - a) explain operation and override switch
 - 8. Hour meter
- i. Dash A/C and heater operation
- j. AM/FM cassette radio
- k. Fast idle operation
 - 1. parking brake must be set
- l. Entrance door emergency release/access and adjustment instructions
- m. Reverse alarm operation
- n. Drivers air bag
- o. Park brake, PUSH ON W/HANDLE RELEASE

7. LIFT OPERATION:

- a. Vehicle must be in park
- b. Set emergency brake ("lift ready" light illuminates)
- c. Open doors (lift interlock sets, lift area lights illuminate)
 - 1. vehicle cannot be moved with lift doors open, will die if emergency brake released.
Green "lift ready" light will activate.
 - 2. Vehicle will die when lift doors are opened if "A" and "B" above are not done
- d. Operate lift
 - 1. demonstrate back up system

PRE-TRIP INSPECTIONS AND VEHICLE USAGE TRAINING:

1. When walking up to the vehicle make sure there are no puddles under it.
2. Before starting motor, open hood.
 - A. Check the oil level.
 - B. Check the washer fluid.
 - C. Check the radiator overflow tank.
 - D. Check the power steering fluid.
 - E. Look over the belts, hoses for obvious cuts or breaks.
 - F. NEVER, EVER, EVER PUT YOUR HANDS IN MOTOR WHILE RUNNING!
3. The oil should show between the add line and safe line.
 - A. If oil is not shown on stick, do not for any reason drive that vehicle until oil has been added. NEVER DRIVE WITH NO OIL ON STICK!
 - B. Driving a vehicle without oil will blow the motor up and it will have to be replaced.
 - C. Oil is in the black cabinet. Put in one quart of oil and record it on back of fuel sheet.
 - D. If oil is on **add line**, add one quart only. Then check oil level again.
4. Check washer fluid. If it needs to be refilled, there is a gallon in unlocked cabinet. Please refill fluid.
5. Check overflow tank for radiator fluid.
 - A. If there is none in the tank and the engine is cold then, and only then, open the radiator cap and look to see if you can see the core inside. Antifreeze needs added before you can drive. **There is a gallon in the unlocked cabinet.**
 - B. If radiator itself is full, only overflow is empty, just report it to TMSC.
 - C. Make sure you close the radiator cap until it latches.
6. Check power steering fluid. **If empty, refill it!** Extra fluid is in black cabinet.
7. Glance over the belts and hoses looking for obvious cuts or broken belts.

8. Now you are ready to go inside and start the motor. NEVER, EVER, EVER REV THE MOTOR UP WHILE STARTING IT!
9. Start motor and let it idle. Do not ever rev it up as that will bust the block and the motor will have to be replaced.
 - A. Turn on the defroster or heater so it warms up while you are doing your walk around.
 - B. While motor is warming up, get out and clean your windows, mirrors and windshield with ice scraper.
 - C. Put your 4-way flashers on and check to see if turn signals and brake lights work.
 - D. Put your headlights on and check if taillights work.
 - E. Check your tires; are they low or flat?
 - F. Get back inside and check your gauges (fuel & battery).
 - G. Check your brakes by pumping them and then holding them down. If they go to the floor or are real spongy, report it immediately.
 - H. Check your wipers.
 - I. Check if your horn works.
 - J. Fill out the mileage logs and mark that you did your pre-trip inspection.
10. Let motor warm up 10 minutes in temperatures below 30 degrees.
11. If you feel that you are too short to reach the dipstick, there are two step aluminum ladders inside that will help you reach inside.
12. Speed limit is 55mph. Anyone caught speeding will be reprimanded according to HSC policy.
13. THERE IS NO SMOKING, EATING, DRINKING OR CHEWING GUM IN ANY VEHICLE FOR STAFF AS WELL AS CLIENTS. ALSO SEAT BELTS ARE MANDATORY FOR DRIVER. (Please help the passengers with their seat belts).

ANY QUESTIONS, DON'T HESITATE TO CALL ME!

PRETRIP INSPECTION TRAINING

Pretrip/ Post trip inspections are a hands on training for all staff using any Hsc vehicle to transport clients.

- Pretrip inspection for all vehicles (form)
- Visually check for puddles under vehicles
- Visually check all mirrors and glass for breakage
- Visually check lug nuts for rust or missing, and rims bent
- Check tread on vehicle for flat spots or side wear
- Check clearance lights, headlights and taillights, turn signals and 4 way signals for bulbs burned out
- Write down the month of inspection from windshield inspection sticker
- Physically check oil, brake fluid, power steering fluid, radiator fluid, washer fluid
- Visually check belts are present and hoses are not leaking
- Physically check floor for rips or tears, handholds for loose or missing bolts, seats are secure and not ripped or broken
- Check all emergency exits open and close properly
- Check fire extinguishers are present and in the green
- Check emergency triangles are present
- Check all gauges, fuel, oil and temp are working properly
- Check horn, wipers, washers are working and steering wheel for no more than 2in of play
- Turn on defrost, ac and heat and make sure they work
- Test brake pedal by pumping 3 times and holding, if goes down do not drive report
- Take off the parking brake
- Check lift operations for wheel chair, and tie downs are not cut or broken
- Make sure the phone is on
- Put the date and your initial on the pretrip inspection form
- On the back note any defects, also fill out a repair order and lay it on tmsc desk immediately
- Post trip Inspection is to be completed after each time a vehicle is used
- Enter the odometer reading, your name, and date
- Forms are to be kept in the book unless there is a defect found then a repair order is to be completed immediately and hand delivered to the mechanic or TMSC immediately.
- Check the windows and hatch are closed, seats and seat belt condition, fire extinguisher and first aid kit present, damage of ve
- Tires have air in them, lights, flashers, heater and ac, W/C operations, unusual engine or brake noise, if it needs immediate ser

INSTRUCTIONS FOR THE POST TRIP INSPECTION FORMS

- PRETRIP INSPECTIONS ARE TO BE DONE THE FIRST TIME THE VEHICLE IS USED FOR THE DAY.
- POST TRIP INSPECTIONS ARE TO BE COMPLETED EACH AND EVERY TIME THE VEHICLE IS USED BY ANYONE FOR ANYTHING.
- DRIVERS MUST ENTER THE ODOMETER AT THE END OF THE TRIP
- DRIVERS ARE TO DATE AND SIGN THEIR NAME ON THE APPROPRIATE LINES.
- FORMS ARE TO BE KEPT IN THE BOOKS UNTIL THE END OF THE MONTH THE SAME AS THE PRETRIP FORMS.
- IF THERE IS ANY VIOLATIONS DURNING THE POST OR PRETRIP INSPECTIONS THEY ARE TO BE WRITTEN UP AND LAID ON MY DESK IMMEDIATELY.
- IF THERE IS NOT ENOUGH FORM SHEETS AND YOU ARE DRIVING IT IS YOUR RESPONSIBILITY TO GET MORE SHEETS AND COMPLETE IT.
- EXTRA FORMS ARE IN HOLDER BELOW THE KEY BOX IN THE GARAGE.

Human Service Center Vehicle Paperwork Instructions

#1- Pre Trip is to be done every day for the Vehicle's 1st usage of the day, only once in that 24 hour period

#2 – Post Trip is to be done at the **end of every trip** when vehicle returns to its original location. I.e. Left Sparta, made several stops in town, traveled to Chester, returned to Sparta, then complete Post Trip. However if vehicle travels from Red Bud to Springfield and spends the night then a Post Trip should be completed, because that is now the vehicles new location in that 24 hour period.

#3 – Mileages must be recorded at the start of every trip and not again until the end of the trip. I.e. Vehicle leaves Red Bud go's to Chester makes a stop at Cila then continues on to Steeleville stops to take care of some business then returns to Red Bud. The only mileage that needs to be recorded is the Start @ Red Bud and End Back @ Red Bud, nothing in-between. Along with Time Out (Start of Trip) and Time In (Return from Trip) , passengers and reason for the trip I.e. Medical, Education, Shopping, Other, etc.

#4 – Gas receipts are to have date, mileage, and vehicle number, driver initials, gallons purchased, and cost on them. Anything that is in print on the receipt from the Service Station does not need to be duplicated unless it is incorrect or unreadable. Also on the back of the mileage sheet you must record the same information that is on the Fuel receipt date, fuel (gallons), cost, mileage, and where filled. This way if the fuel receipt was lost I still have record of it and I can match it to the fuel Credit Card statement.

#5 – Turning in the Vehicle Paperwork must be turned in on the **First** working day of there proceeding month. I.e. This month the 1st is on a Saturday that means that the first working day is the 3rd. vehicle paperwork should be gathered and put in the pony system, if the vehicle is used on a 24/7 schedule then everyday is a working day so then the paperwork should be removed and put in the pony system so that it can be delivered on the first working day of the proceeding month.

HSC ROAD TEST FOR BUS, VAN AND CARS

Driver _____

Date _____

Weather Conditions _____

Vehicle Used _____ Length of Test _____

I. PRE-TRIP

- | | | |
|--|---------|---------|
| 1. Check tires | Y _____ | N _____ |
| 2. Visually checks body and windows for damage | Y _____ | N _____ |
| 3. Cleans windows, lights and mirrors | Y _____ | N _____ |
| 4. Checks fluid levels | Y _____ | N _____ |
| 5. Visually checks belts | Y _____ | N _____ |
| 6. Checks lights and signals | Y _____ | N _____ |
| 7. Checks safety equipment | Y _____ | N _____ |
| 8. Checks washer fluid | Y _____ | N _____ |

II. STARTING

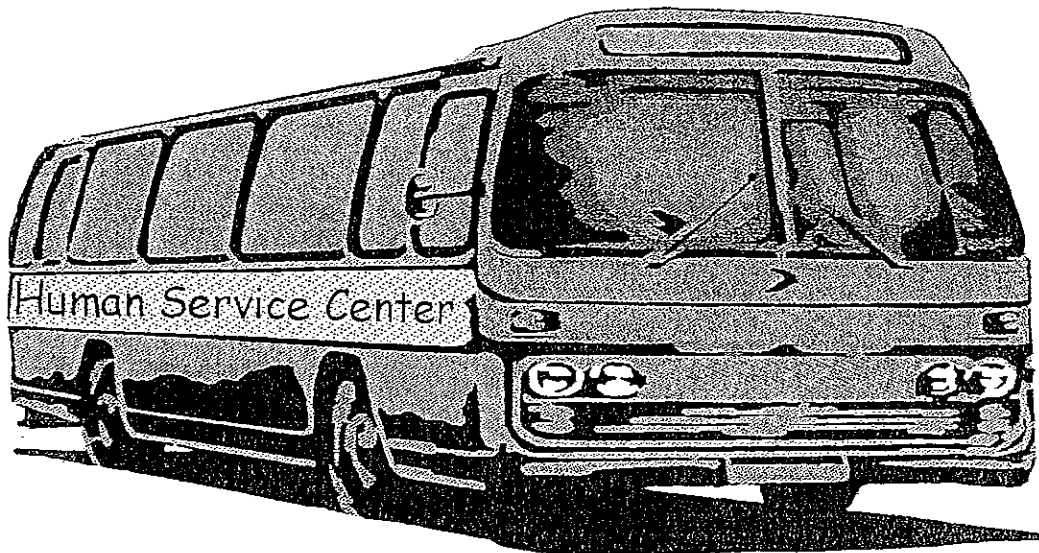
- | | | |
|------------------------------------|---------|---------|
| 1. Adjusts seat and mirrors | Y _____ | N _____ |
| 2. Uses seat belts | Y _____ | N _____ |
| 3. Tests horn and wipers | Y _____ | N _____ |
| 4. Makes sure all doors are closed | Y _____ | N _____ |
| 5. Tests foot brakes | Y _____ | N _____ |
| 6. Checks parking brake | Y _____ | N _____ |

III. DRIVING

- | | | |
|---|---------|---------|
| 1. Checks for obstruction to sides, front and rear | Y _____ | N _____ |
| 2. Signals intention to enter traffic | Y _____ | N _____ |
| 3. Enters traffic smoothly | Y _____ | N _____ |
| 4. Signals lane changes or turns | Y _____ | N _____ |
| 5. Turns from and into proper lane | Y _____ | N _____ |
| 6. Does not round off turns | Y _____ | N _____ |
| 7. Allows at least two (2) seconds following distance | Y _____ | N _____ |
| 8. Stops smoothly | Y _____ | N _____ |
| 9. Uses mirrors | Y _____ | N _____ |
| 10. Passes other vehicles safely | Y _____ | N _____ |
| 11. Checks for traffic at intersections | Y _____ | N _____ |
| 12. Stops at and uses appropriate signals at railroad crossings | Y _____ | N _____ |
| 13. Observes posted speed limits | Y _____ | N _____ |
| 14. Drives to the right | Y _____ | N _____ |
| 15. Obeyes traffic signals | Y _____ | N _____ |
| 16. Comes to complete stops | Y _____ | N _____ |

Passes _____ Failed _____ Needs training (explain) _____

Signature of Evaluator _____ Date _____



Wheelchair Lift Instructions:

1. Motor must be running. Put in park and set parking brake.
2. Open wheelchair doors, check for obstructions, turn toggle switch the way needed.
3. Check to be sure doors are all the way open and the lift does not hit you in the head while lowering.
4. Put your hand on back of lift while lowering to protect yourself if it would slip out of the guides.
5. When loading, lower lift to ground.
6. When unloading, lower even with door opening.
7. When loading, roll wheelchair backwards onto lift, set wheelchair brakes. Make sure client's chair has a seat belt and it is on client. Hold chair while raising lift.
8. Unloading wheelchair: Go inside and release wheelchair from the ^{tie} downs. Move chair forward enough that you can reach it with your hand outside. Pull chair onto lift. Lock wheelchair wheels, hold chair while lowering lift.

Wheelchair Lift Instructions Continued

9. Lower foot guard and roll wheelchair off lift.
10. After chair has been taken off raise, lift all the way, fold all the way, be sure cords or the toggle switches are not smashed in the door or lift.
11. Do not force the lift to fold or doors to close.
12. Never allow clients to tie down, load or unload a client in a wheelchair.

Evacuation of Wheelchair Client

1. For a breakdown of the vehicle, try to get clearly off the road. The red toggle switch on the console of the mini buses will give you 10 seconds to get off the roadway by switching it in the opposite direction. *(if applicable)*
2. If clearly off the roadway and in no immediate danger, call HSC for help and stay put until help arrives.
3. When vehicle is on or partway on the roadway, call for assistance. Tell them that you are not completely off of the roadway. Remove clients if they are in any danger.
4. Set out warning devices.
5. Remove wheelchair client first to a safe area (if lift works, use it). Then help the rest of the clients to a safe area at least 20 feet from the vehicle.
6. Keep in a group under supervision and take a head count often.
7. If vehicle stops on the roadway and lift or phone cannot be used, put help sign in window and warning devices out.
8. Remove wheelchair client from wheelchair and, if needed, physically remove person backwards out of door (not highway side), emergency windows or roof exits to a safe area at least 20 feet from the vehicle.
9. Evacuate the rest of clients by the door (not highway side), emergency windows or roof exits.
10. Gather at safe area at least 20 feet from the vehicle. Keep in a group under supervision and take a head count often.
11. When someone stops to help, have them call HSC.

GENERAL EVACUATION PROCEDURES

Step 1.

- A. Quickly compose yourself – be a leader
- B. Remain calm

Step 2.

- A. Visually assess the situation quickly
- B. Fire/Smoke condition
- C. Passengers condition
- D. Number of persons using wheelchairs
- E. Availability of helpers if any
- F. Vehicle condition
- G. Available exits

Step 3.

- A. Take cell phone with you

Step 4.

- A. Have any ambulatory capable passengers to help evacuate and non-ambulatory passengers

Step 5.

- A. Lead and participate in evacuation
- B. Release passengers from seat belts
- C. Lead to the most usable exit
- D. Assist ambulatory passengers
- E. Assist non-ambulatory passengers

Step 6.

- A. Verify all passengers have been evacuated and move passengers to a safe distance from the vehicle

Step 7.

- A. Contact agency
- B. Give the following information:
 - 1. Your name
 - 2. Vehicle number
 - 3. Current location
 - 4. Description of the emergency
 - 5. Request for help

Step 8.

- A. Place warning devices

Step 9.

- A. Provide support for evacuated passengers

HSC DRIVING FUNDAMENTALS

Driving fundamentals are policies and procedures HSC has established for drivers to follow while driving agency vehicles,

- HSC Driving Fundamental In-service training (form)
- Driving fundamentals are reviewed and the handout is kept by staff for reference..
- These policies include pre trip / post trip inspections.
- driving procedures,
- decision to transport clients,
- Vehicle Emergencies,
- reflector placements,
- emergency phone numbers,
- ADA requirements,
- Curb to Curb service outline,
- drivers license physical exam requirements, and vehicle training requirements,
- Drug and alcohol testing requirements
- Driver and passenger transportation rules

VEHICLE USAGE TRAINING

- Proper procedures for folding seats
- Wheel chair lift operations, W/C seat belt, & QRT seat belt operation and storage
- Manuel electric door and wheel chair lift operations
- Driver seat operations, rear cut off switch for all rear service
- Tilt/ Cruise operations
- Dash & console gauges / Heater and ac operations
- First aid kit, cpr mask and gloves, seat belt cutter location
- Emergency door/window, roof hatch demonstration, evacuation information
- Cell phone usage and storage location
- Block heater location and information on when to plug in vehicle in cold weather
- Ice scraper/ windshield de icer/ bags for mirrors location for bad weather
- Emergency triangles demonstration when vehicle dies

TRANSPORTATION DRIVERS FILE

- Identification information (form)
Name of employee, address, telephone, birthdate, ss #, driver lisc #, profile
- Drivers File Check List (form)
- Driving record from state, copy of lisc, expiration date, (cdl physical), (cdl drug test, alcohol breath test),
- Hsc written drivers test, Hsc Driving test,
- Application/ Reference/ PRA
- Trainings attended , pretrip video & hands on training, Post trip procedures & documentation, Hands on Vel operations, W/C lift operations video & hands on training, W/C tie down video Qrt video & hands on training, Emergency Evacuations procedures, RTAC video and Test, 5 deadly driving mistakes video & test, Drive sa video & test., Safety Matters video & test. phone usage, Hsc driving fundamentals, Hsc driver & passenger r Hsc decision to transport clients, Hsc accident reporting,
- Hsc Written Drivers Exam (form)
- Hsc driving road test (form)

**Rural Transit Assistance Center
Driver & Support Personnel Training
Written Test
Attendance Sheet**

Please PRINT your name:

- | | |
|-----|-----|
| 1. | 16. |
| 2. | 17. |
| 3. | 18. |
| 4. | 19. |
| 5. | 20. |
| 6. | 21. |
| 7. | 22. |
| 8. | 23. |
| 9. | 24. |
| 10. | 25. |
| 11. | 26. |
| 12. | 27. |
| 13. | 28. |
| 14. | 29. |
| 15. | 30. |

Agency Name: _____
Address: _____
Telephone: _____
FAX: _____
E-Mail: _____
Date: _____
Supervisor Name (please print): _____
Supervisor Signature: _____

Instructions:

1. Please return this original attendance sign-in sheet to RTAC.
Mail: RTAC, Western Illinois University, Stipes Hall 318, Macomb, IL 61455
OR FAX: 309.298.2162

HUMAN SERVICE CENTER, VEHICLE TRANSPORTATION RULES

Following is a list of rules and information which will help you understand what you can expect as a driver or passenger.

1. Riders need to contact the center before 7:00 am if passenger is not riding that day.
 2. Riders should be ready to leave 10 minutes before and after their scheduled pickup time.
2. Drivers wait 5 minutes past the appointed scheduled arrival time then proceed.
3. Drivers & riders are required by Illinois State Law to wear seat belts if they are provided.
4. Persons using wheel chairs must have a seat belt on and attached to their chair, or have a belt around the person and chair in order to use the lift while boarding or exiting the vehicle.
5. All wheel chairs must be totally secured by a staff before proceeding. Clients may not help.
6. Riders need to remain in their seat until the bus comes to a complete stop, moving from seat to seat between stops is not permitted.
7. Riders are expected to act appropriately while on the vehicle. Embracing, holding hands, kissing or hugging is not allowed, clients are required to be transported with two clients of the same sex to a seat, swearing, screaming, pushing, pulling backs of seats, feet on seats, fighting or causing a disturbance that could endanger lives, or safety of the driver and passengers will not be allowed. It is all drivers responsibility to correct any unsafe practices they observe, during transit, loading or unloading and to report them to the TMSC in writing.
8. Riders will be returned to their scheduled pickup points only. Exceptions must have a note signed by the TMSC one day in advance. Due to limited space clients may ride only their assigned bus. Exceptions must have a written authorization by the TMSC one day in advance..
9. During bad weather watch KMOV tv for weather related information. Please allow extra time for road conditions.
10. NO FOOD, DRINKING, SMOKING, CANDY or CHEWING GUM WILL BE PERMITTED.
11. Attempts to bring drugs, alcohol, weapons or flammable devices will result in suspension.
12. Operation of any equipment on the vehicle including the radio, ac, heat, or telephone is prohibited except by the driver.
13. Do not distract the driver while the vehicle is in motion. All passengers should be quiet at railroad crossing and intersections. Riders are to face forward, not turn around and talk to people seated behind or across from them. Passengers may talk in a quiet voice to the person seated next to them only.
14. When passengers need to cross the roadway they are to wait for the driver to motion them across the road, and only proceed at that time.
15. In case of emergencies, exit in an orderly manner through the entrance door, if that is out of order exit by way of emergency door, windows or overhead roof hatch. Gather as a group staying off the roadway as not to endanger anyone. Attendance will again be taken at that time.
16. Once a passenger has boarded a vehicle, they may not leave the vehicle until they reach their designated drop off location. Exception is if they have prior written approval by the TMSC.
17. Guide animals are allowed to board vehicles.
18. Seats may be assigned to clients by drivers as seen fit. This procedure is then documented and turned into the TMSC upon return of the trip. Once a person is assigned a seat they must use that seat until the TMSC or that driver releases them.
19. Behavior sheet need to be turned into the TMSC on clients who cause a disturbance on the vehicle.

I have received and understand the transportation rules. They have been explained to clients by Staff, Guardian Group Home, or Parents which ever is appropriate. I agree to abide by the rules as stated and understand failure to do so may result in disciplinary action.

Signature or mark of client / Parent / Guardian or Group Home Signature

HSC WRITTEN DRIVERS EXAMINATION

1. The maintenance staff is responsible for conducting a pretrip inspection of each vehicle driven daily. T _____ F _____
2. All passengers must be seated when the vehicle is in motion. T _____ F _____
3. When loading and unloading, passengers should cross the road or street behind the vehicle. T _____ F _____
4. It is permissible to lock the emergency door when the vehicle is being operated. T _____ F _____
5. Do not allow passengers to depart the bus at any place other than the designated pickup point, unless a note is obtained from a guardian or the individual and permission from the Transportation Coordinator is given prior to the date of the change. T _____ F _____
6. Vehicles must not exceed the speed limit of 55 mph and the speed of the vehicle must be regulated to adjust to road conditions, city and residential driving. T _____ F _____
7. Backing within the Red Bud Center should never be done with clients present unless it is absolutely necessary and then should be done with extreme caution and with the help of another staff person. T _____ F _____
8. State law does require vehicles to stop at all railroad crossings. The driver must stop, turn on flashers, open door and look in both directions of the track(s) prior to crossing the tracks. T _____ F _____
9. All incidents and accidents involving passengers and vehicles must be documented and reported immediately to the Transportation Coordinator. T _____ F _____
10. Drivers shall wear and adjust properly the seat belt to conform with the state law. T _____ F _____
11. Drivers must get a drug and alcohol test within two (2) hrs. of all accidents involving passengers. T _____ F _____
12. Any defects found in pretrip inspection can be verbally told to the mechanic for repairs without filling out repair orders. T _____ F _____

Applicant Name

Human Service Center of Southern Metro-East

PART VIII

PROPOSED NEW OR EXPANDED TRANSPORTATION SERVICE ONLY

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

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

N/A

N/A

2. Proposed Expanded Sched (If schedule is the same as ____ ion)? (ME").

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

Applicant Name	Human Service Center of Southern Metro-East
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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)

N/A	Medical Trips _____ Work Trips _____ Nutrition/ Food Trips _____ Shopping _____ Other Trips _____ TOTAL ONE-WAY PASSENGER-TRIPS: _____
-----	---

Number of new vehicles being requested to provide these trips _____

7. Proposed Staffing

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

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

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

8. New or Expanded Service to Minority Group Persons

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

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

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?
Helping Hands					
Central Transportation					
Monroe/Randolph Transit District	443-4433				

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 **Human Service Center of Southern Metro-East**

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 _____ to _____

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)	216,402	224,868	
Operating Income from other Grants (see section B on next page)			
Donations			
General agency funds			
Other	236,402	224,868	
Total Revenues (should equal expenses)			
Expenses – Operations			
Driver Salaries and Fringe Benefits	52,063	55,000	
Dispatch/Supervisor Salaries and Fringe Benefits			
Maintenance (Parts and Labor)	5,750	5,922	
Materials and Supplies	9,770	10,063	
Fuel, Oil, Tires	93,619	96,428	
Insurance	31,536	32,482	
Vehicle Storage			
Other			
Expenses – Administration			
Management Salaries and Fringe	36,064	37,145	
Clerical/Bookkeeping Wages	2,100	2,163	
Rent, Utilities, Taxes	5,500	5,665	
Marketing /Promotion/Driver Training costs			
Other			
Total Expenses (should equal revenues)	236,402	244,868	

Applicant Name	Human Service Center of Southern Metro-East
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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:			
Il. Dept. of Human Services	216,402	224,868	
Div. of Developmental Disabilities			
Other Grant Funding:			

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

AFFIRMATION OF APPLICANT'S ATTORNEY

For Human Service Center of Southern Metro-East
(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.

Edward J. Fisher

Signature of Applicant's Attorney

6-3-09

Date at Signature

EDWARD J. FISHER

Print Name of Applicant's Attorney

ARDC Registration Number

JOINT CERTIFICATION AND ASSURANCES FOR IDOT & FTA PROGRAMS

Please Print or Type: Name of Applicant/Agency: Human Service Center of Southern Metro-East

Name and Relationship of Board Authorized Representative: Gary L. Buatte, 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: 6/25/09

Gary L. Buatte

Authorized Representative of Applicant

Public Hearing Notice

Human Service Center of Southern Metro-East
RE: State of Illinois Para-transit Vehicle Grant for Randolph County.

Notice is hereby given that a public hearing will be held by Human Service Center on May 21, 2008 at 10257 State Route Three, Red Bud, IL at 4:00 p.m.

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: Human Service Center is seeking two medium duty Para-transit vehicles with lift (five wheelchair/14 passenger) at a cost of \$36,000 each, three Mini-Vans with ramp (two wheelchair/five passenger) at a cost of \$58,000 each. These vehicles will be used in the daily operation of Human Service Center programming for developmentally disabled and chronically mentally ill persons.

B. Relocation: Relocation assistance will not be required.

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

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

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

II. At the hearing Human Service Center 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 recommendation 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 Human Service Center of Southern Metro-East, 10257 State Route Three, Red Bud, IL 62278. Contact person: Joni Chandler, 618-282-6233.

..... 16 L

PUBLIC HEARING MEETING MINUTES
OF HUMAN SERVICE CENTER

JUNE 18, 2009

PRESENT: Joni Chandler, Director of Day Services

OTHERS: None

A Public Hearing was held on June 18, 2009 at 3:00 p.m. at Human Service Center's Red Bud location.

As there were no other persons present, no issues were raised.

The meeting was adjourned at 3:30 p.m.

BOARD RESOLUTION/ORDINANCE

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

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

WHEREAS, The Illinois Department of Transportation's general authority to make such Grants, makes funds available to offset certain capital costs of a private non-profit 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 HUMAN SERVICE CENTER OF SOUTHERN METRO-EAST:

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 Elderly and Disabled Transportation Program capital costs of Human Service Center of Southern Metro-East.

Section 2. That Gary L. Buatte, an employee or board member of Human Service Center of Southern Metro-East, is hereby authorized and directed to execute and file such application on behalf of Human Service Center of Southern Metro-East.

Section 3. That Gary L. Buatte, of the Human Service Center of Southern Metro-East is authorized to furnish such additional information as may be required by the Division of Public Transportation in connection with the aforesaid application for said grant.

Section 4. That Gary L. Buatte, of Human Service Center of Southern Metro-East is hereby authorized and directed to execute and file on behalf of the Human Service Center of Southern Metro-East any grant agreement pursuant to said application.

PRESENTED AND ADOPTED this 23 day of June, 2009.

David M. Holder
Signature of Board Official

ATTEST: Beth Norton

DAVID M. HOLDER
Printed Name of Board Official

Executive Assistant
Title:

BOARD PRESIDENT
Title



Monroe Randolph Transit District

(Operations Facility/Scheduling)

617 S. St. Louis
Sparta, IL 62286
618-443-9087 or 1-877-443-9087

(Administrative Office)

128 W. Main St.
Sparta, IL 62286
618-443-4433

June 22, 2009

Human Service Center
10257 State Route Three
Red Bud, IL 62278

Dear Joni,

Thank you for your request for our written comments on your Section 5310 grant application. As you may know, Monroe Randolph Transit District (MRT) is a public mass transit district serving Monroe and Randolph Counties in Southwestern Illinois. We have been in operation since December 2005, are pleased to serve between 250 and 350 trips each month.

I received your letter requesting support for your application for the replacement vehicles. I am happy to provide a letter of support for the replacement of your aged vehicles. HSC has been working closely with MRT in the ICCT Primer Process. We appreciate the efforts to coordinate, and look forward to entering into an agreement with HSC that will ultimately allow our systems to provide more services to our population, while simultaneously reducing duplicated services. Please keep in mind that we are willing to work with you, should you require additional client transportation through MRT.

Best of luck though the Section 5310 application process. Should you have any questions regarding our services or how we may be of assistance, do not hesitate to contact me.

Sincerely,

Jessica D. Pirtle, MSW
Director