

**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 Support Services	Date of Application Filing June 30, 2009
Street/Mailing Address, City, and Zip Code (Not just P. O. Box) 988 North Illinois Route 3, Waterloo Illinois 62298	Federal Tax Identification Number (TIN) 37-0968305
List general area served (counties, city, areas as applicable) (Detail in Part 5, Page 9) Monroe County, Illinois	Type of Applicant (see pg. 4 Section A) Private Non-Profit: <input checked="" type="checkbox"/> Section 5311 Grantee: _____ IDOT Certified Public Body: _____
County- Monroe County HSTP Region (if rural-see page 43) Region 11 HSTP Office (see pages 44) South Central Illinois Regional Planning & Development Commission 120 Delmar Avenue, Suite A Salem Illinois 62881	Illinois State Tax Exempt Number E- E9988-0695-05
Application Contact Person: Erin Fuson Title: Vehicle Coordinator Phone: 618-939-4444 ext. 230 Vehicle Issues Contact Person: Erin Fuson Title: Vehicle Coordinator Phone: 618-939-4444 ext. 230	App. Contact E-Mail: efuson@hss1.org Fax. (618) 939-4181

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

Signature of Authorized Representative Tel. 618-939-4444 Date 6/30/2009
(As authorized by board resolution, see Appendix C)

Robert J. Cole 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 Support Services**

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

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

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

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

A. Applicant Agency Name: Human Support Services

Form 1 of 2 , (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.) 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 #
01	Dodge Caravan	Mini-Van	12/08- 121,840	VIN- 1B4GP25361B160217 IDOT- N/A

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.

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

A. Applicant Agency Name: **Human Support Services**

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

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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
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• 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 Eldorado	Med. Duty	12/08 120,665	Vin- 1FDXE40F2WHB88747 IDOT #- 2617

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

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

**ESTIMATED PROJECT BUDGET
MUST BE COMPLETED BY ALL APPLICANTS**

G. Estimated CVP Budget							
Vehicle Type	Capacity (Approx.)	Requested Number of Units			Line Total (a)+(b)+(c) (d)	Estimated Unit Cost (e)	Estimated Total Cost Line Total x Unit Cost (d) x (e)
		Replacement (a)	Expansion (b)	New (c)			
Mini-Van Paratransit (w/ ramp) MV	6 pass.	1			1	\$36,000	\$36,000
Light Duty Paratransit Vehicle (w/lift) LD	12 pass.					\$52,000	\$
Medium Duty Paratransit Vehicle (w/lift) MD	14 pass.	1			1	\$59,000	\$59,000
Super Medium Duty Paratransit Vehicle (w/lift) SMD	22 pass.					\$94,000	\$

Total CVP Request: \$95,000

Comments:

PART IV

PROJECT JUSTIFICATION

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

Applicant Name **Human Support Services**

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 Support Services is Monroe County's only non-profit, comprehensive mental health service provider. Our agency offers a wide range of mental health services to the citizens of Monroe County. We have developed a service system requiring the support of 16 agency vans and buses. Our transportation program has fixed routes that cover the rural and urban areas of Waterloo and Columbia. Our fixed routes transport adults with developmental disabilities and adults with mental illnesses to our Day Training and Work Services program Monday through Friday. In addition to these fixed routes, we also provide transportation for our clients to doctor's appointments, work, shopping trips, family visits, and recreational activities in Monroe County and the surrounding Metro east areas. This year, we have 2 vehicles that are eligible for replacement. One vehicle is a 2001 Dodge Caravan with 121,840 miles and the other one is a 1998 Ford Eldorado medium-duty bus with 120,665 miles. Our fleet currently consists of 9 vehicles that are ADA certified. We have been active participants in the ICCT Clearinghouse Transportation Coordination Primer. Throughout this process, we have created the Transit Partnership Group (TPG) and identified the transportation stakeholders. HSS dispersed and received over 100 community surveys to assist in phase 2 of the primer. HSS is committed to coordinating transportation services in Monroe County. We are in the process of developing the coordination of services with Monroe Randolph County Transit district to use our vehicles to provide transportation to more people of Monroe County. Our transportation program will be left in a poor position to provide adequate services for our clients and others in Monroe County if we do not receive the requested replacement vehicles. If we were not approved for these vehicles, it would cause a severe strain on our already dwindling budget. In recent Illinois state budget projections, Human Support Services stands to lose about 48% of our overall income in the cuts. Securing these vehicles will allow us to continue providing these vital services to the citizens of Monroe County.

PART V

APPLICANT'S CURRENT SERVICES & EXPERIENCE MUST BE COMPLETED BY ALL 5310 & CPB (CERTIFIED PUBLIC BODY APPLICANTS) (Includes Sections A through F)

Applicant Name **Human Support Services**

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.

Human Support Services serves Monroe County, which includes the cities of Columbia and Waterloo as well as the surrounding rural areas. Our transportation program provides service to the day training program, 6 community residential sites, work, supported employment job interviews, doctor appointments, shopping, social/recreational trips, nutritional and education trips.

B. Service Area Population Information Use 2000 census data.

1. Total Population of your Current Service Area	27,169
2. Elderly (60+) Population of Service Area	3,701
3. Disabled Population of Service Area	3,466

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	52	.0019	5	.0046
Asian/Pacific Islander	86	.0031	3	.0027
Black	14	.0005	6	.0055
Hispanic	187	.0068	4	.0036
White	27,279	.9877	637	.5807
Other	1	0	442	.4029
TOTAL (match B-1 above).	27,169	100 %	1,097	100 %

Applicant Name **Human Support Services**

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 Support Services provides numerous mental health services to the citizens of Monroe County. We provide mental health services that include, psychiatric evaluation, medication management, assessments, individual/couples/family therapy, education and consultation. In addition to these services, we also provide crisis services which includes, 24-hour crisis telephone line, intervention during working hours, after hours and weekend interventions, runaway/lockout services for youth, screening for emergency hospitalizations, crisis shelter for adults and families, and temporary placement for youths. Our substance abuse program provides services that include, an outpatient program, aftercare, interventions, evaluation and referral, youth prevention services, and DUI services. We provide youth services that include school counseling and a mentoring program. Human Support Services owns and operates 9 apartment buildings throughout Monroe County for people with disabilities. We also offer Assisted Living Grants to our residents in order to make rent affordable to low-income individuals. This program allows residents to pay a maximum of 40% of their income on rent and utilities. Our Day/Work Services program operates Monday through Friday for a minimum of 5 hours per day. The Day Program focuses on assisting adults in achieving daily living skills to promote independence in their daily lives. The Work Services program provides adults with developmental disabilities and mental illness a sheltered environment to learn important vocational skills needed to obtain competitive employment. Most of the clients at Human Support Services rely on transportation to utilize these important services. We operate a scheduled transportation program to transport people with disabilities to and from the Day/Work program Monday through Friday. We also provide transportation to our clients on an "as needed" basis to social/recreational events, shopping, work, medical appointments, and therapy/counseling sessions. Human Support Services has been in operation since 1973.

E. A) 2008 Annual Certification was submitted FOR IDOT FUNDED VEHICLES in YOUR FLEET? 7/25/2008
 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	36	18	18	18	18	18	4.5	4
Volunteer Drivers	0	0	0	0	0	0	0	0
Secretary	1	2	2	2	2	2	0	0
In-house Staff, Maint.	0	0	0	0	0	0	0	0
Administrative Staff	1	2	2	2	2	2	0	0
TOTALS	38	22	22	22	22	22	4.5	4
Total # of vehicles in use	15	15	15	15	15	15	6	6

Applicant Name: **Human Support Services**

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 1, 2007 to June 30, 2008

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

<i>Individual Clients</i> Served	Annual Total
Elderly Riders without Disabilities	<u>0</u>
Elderly Riders with Disabilities	<u>21</u>
Non-Elderly Riders with Disabilities	<u>74</u>
Other Riders, including general public	<u>5</u>
TOTAL CLIENTS SERVED (Must match p.9)	<u>100</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>2,064</u>
Work Trips	<u>28,432</u>
Education Trips	<u>123</u>
Nutrition Trips	<u>420</u>
Shopping Trips	<u>3,474</u>
Social/Recreational Trips	<u>752</u>
Other Trips	<u>635</u>
TOTAL ONE-WAY PASSENGER-TRIPS PER YEAR	<u>35,900</u>
Average number of vehicles used on a daily basis to provide this service	<u>16</u>

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

Applicant Name: **Human Support Services**

A. Fleet Control

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

Does the file include (Check all that apply)

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

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

All warranty claims

Details on any malfunctions of ADA/lift equipment?

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

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

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

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

Describe any off-site vehicle storage area (location, condition, security, etc.) **Vehicles used at our residential sites are kept at 228 Bradford Lane, Waterloo Illinois 62298, 217 North Market St. Waterloo Illinois 62298, and 228 North Main St. Waterloo Illinois 62298. All residential locations are outside and secured by camera surveillance 24 hours a day.**

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

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

B. Maintenance

Does your agency have a current written maintenance policy? Y N **Attachment 1**

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 N

Attachment 2

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

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

Do you keep records of all vehicle inspections? (attach an example) **Attachment 2**

Y N

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

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

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

Erin Fuson, DT, WS, SEP, Volunteer and Vehicle Coordinator

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

Erin Fuson, DT, WS, SEP, Volunteer and Vehicle Coordinator

Does management review repairs and inspection results? Y N

Please List any/all outside contractor/service shops; and describe any specialty training: Dobbs Tire and Auto, F & S Garage, Midwest Transit Equipment, Southern Bus Mobility, Vandalia Bus Lines

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

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

Name & Address of shop certified in servicing the ADA equipment offered: Name: Southern Bus Mobility, 12950 Koch Lance Breese, Illinois 62230 and Midwest Transit Equipment, 725 N. Belt West, Swansea, Illinois 62226

Do you have any major outstanding vehicle or accessory warranty or repair issues? Y 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 Support Services**

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. Attachment 3

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 , Defensive Driving Y N , Emergency Procedures Y N ,

Do you provide to the drivers:

Special Passenger Care Training Y N , Emergency Local Contacts and Resources Y N ,
C.P.R. Training Y N , Emergency Response Training Y 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 and Crisis Prevention Intervention Training

Do you offer regular updates/refreshers? Y N

What is your normal Training cycle? Annual training updates

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: Nextel Communication Devices

Applicant Name: **Human Support Services**

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?
Monroe/Randolph County Transit District 618-443-9087		M-F		General Public	
Western Egyptian 618-965-3458		M-F	7:30a-2p	Elderly	
Helping Hands 618-239-9900		M-F Saturday	8a-5p available	General Public	
Free Rides Inc. 618-282-3004		M-F	Varies	General Public	

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.

Coordination Efforts By Human Support Services

Human Support Services (HSS) has been an active participant in the coordination process to develop a more efficient transportation system in Monroe County. This is evidenced by our involvement in the ICCT Primer Process as well as the HSTP process. HSS relies on Monroe/Randolph County Transit District (MRT) to provide transportation to one individual who attends our Day Training Program four days a week. Last year we were in contract negotiations with MRT to provide rides to 13 individuals who reside in Randolph County. Due to delays in funding, we were unable to follow through with this plan. We are however currently working with MRT in a proposed transportation plan that would allow MRT to utilize our vehicles to provide services during the hours of 9am-3pm Monday-Friday and all day on Saturday and Sunday. In addition to this, we are also working on the coordination of training for drivers and possible maintenance of vehicles in the future. Since Human Support Services operates several residential sites, we feel that it is appropriate to continue providing transportation to our clients as we operate 24 hours a day 7 days a week. We do not feel that the current transportation system would be able to meet our needs due to the gaps in service. Our current system is limited on evening and weekend scheduling. Human Support Services is committed to developing and coordinating a transportation system that meets the needs of the citizens of Monroe County. We are committed to working with other transportation agencies in this process.

Applicant Name: **Human Support Services**

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

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

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

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

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

C. HSTP Endorsement

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

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

Applicant Name: Human Support Services

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	0	0	
Operating Income from Service Contracts (see section B on next page)	0	0	
Operating Income from other Grants (see section B on next page)	0	0	
Donations	0	0	
General agency funds	178,621	184,188	
Other			
Total Revenues (should equal expenses)	178,621	184,188	
Expenses – Operations			
Driver Salaries and Fringe Benefits	95,029	98,901	
Dispatch/Supervisor Salaries and Fringe Benefits	8,408	8,783	
Maintenance (Parts and Labor)	13,377	13,377	
Materials and Supplies	Cost included in maintenance	Cost included in maintenance	
Fuel, Oil, Tires	20,322	20,322	
Insurance	18,290	19,205	
Vehicle Storage	0	0	
Other	149	149	
Expenses – Administration			
Management Salaries and Fringe	18,652	18,924	
Clerical/Bookkeeping Wages	0	0	
Rent, Utilities, Taxes	1,952	2,050	
Marketing /Promotion/Driver Training costs	2,442	2,477	
Other			
Total Expenses (should equal revenues)	178,621	184,188	

Applicant Name- **Human Support Services**

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:			
Other Grant Funding:			
708 Board- County Taxes	178,621	184,188	184,188

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

JOINT CERTIFICATION AND ASSURANCES FOR IDOT & FTA PROGRAMS

Please Print or Type: Name of Applicant/Agency: Human Support Services

Name and Relationship of Board Authorized Representative: Robert Cole, 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: June 10, 2009


Authorized Representative of Applicant



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 Support Services
988 N. Illinois Route 3
Waterloo, IL 62298


Dear Erin,

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. HSS 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 HSS 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



St. Clair County Transit District

June 24, 2009

Mr. Erin Fuson, BA, QMRP
Human Support Services
DT/WS/Volunteer/Vehicle Coordinator
988 N. Illinois Route 3
Waterloo, Illinois 62298

Dear Mr. Fuson:

We are in receipt of your letter of June 23, 2009 requesting the Transit District to support your application to the Illinois Department of Transportation to procure a mini-van and a medium duty bus to replace aging vehicles under the 2009 Consolidated Procurement Grant.

As you should be aware, the St. Clair County Transit District is the **Coordinated Service Provider for St. Clair County** and is charged by the Illinois Department of Transportation with coordinating services within the District.

Monroe County is not within the Transit District, however, we assume your clients are not capable of using public transportation.

The District supports your application for a capital assistance grant to procure two new wheelchair accessible vans, however, we urge your clients to use public transportation if at all possible. If the need can not be satisfied through coordination of public transportation, then we support your request.

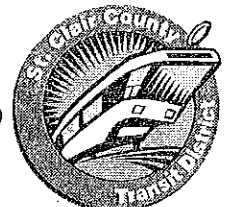
Very truly yours,

Delores Lysakowski
Chairperson

djl

1004 South Lincoln Ave., Suite 1
O'Fallon, IL 62269 • (618) 628-8090 • Fax (618) 628-7820

St. Clair County's Future
is Riding on...



Notice of Public Hearing
Human Support
Services

Re: State of Illinois
Paratransit Vehicle
Grant for Monroe
County

Notice is hereby given
that public hearing will
be held by Human
Support Services.

On: July 8, 2009 At: 9am
Where: 988 N. Illinois
Route 3, Waterloo Illi-
nois 62298 In: Room 44

I. For the purpose of
considering a project
for which financial
assistance is being
sought from the Illinois
Department of Trans-
portation, 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
Support Services is
seeking to obtain fund-
ing for the replacement
of 2 vehicles. These
vehicles are used to
transport individuals
who have developmen-
tal disabilities and/or a
mental illness in Mon-
roe County. In an
effort to provide
transportation to the
citizens of Monroe
County, this project
will also allow Human
Support Services to
coordinate services
with other transporta-
tion service providers
to fill in the gaps that
currently exist in
Monroe County's trans-
portation system.

This project will be
included in a Consoli-
dated Vehicle Procure-
ment Program under-
taken by the State of
Illinois on behalf of
Human Support Serv-
ices, with the State and
Federal Funds.

B. Relocation
Relocation Assistance
will not be required.

C. Environment This
project is being imple-
mented to minimize
environmental impact.

D. Comprehensive
Planning This proj-
ect is in conformance
with comprehensive
transportation
planning in the area.

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

II. At the hearing,
Human Support Serv-
ices will afford an
opportunity for inter-
ested persons or
agencies to be heard
with respect to the
social, economic and
environmental aspects
of the project.
Interested persons
may submit orally or
in writing, evidence
and recommendations
with respect to said
project.

III. A copy of the
application for a state
grant for the proposed
project for the intended
service area will be
made available for
public inspection at
Human Support
Services, 988 North
Illinois Route 3, Water-
loo, Illinois 62298.

Erin Fuson, Vehicle
Coordinator
988 North Illinois
Route 3
Waterloo, Illinois 62298
618-939-4444 ext. 230

June 23, 2009

To Whom it May Concern:

We are pleased to inform you that Human Support Services is applying for the Illinois Department of Transportation 2009 Consolidated Vehicle Procurement grant. HSS has been operating since 1973 and remains Monroe County's only mental health service provider. HSS transports their clients to work, doctor appointments, shopping, family visits, and to social and recreational activities. We will be applying for one mini-van and one medium-duty bus to add to our fleet of 15 vehicles, 8 of which are wheelchair accessible. We hope that the additional vehicles obtained through this grant will allow us to coordinate services with other transportation providers to make rides more accessible to the citizens of Monroe County.

"In accordance with federal grant program requirements, all public and private transit operators must be given a fair and timely opportunity to participate in the provision of the proposed services and to submit written comments on the proposed project to the Division of Public and Intermodal Transportation – IDOT." We would greatly appreciate your written comments and/or support on our proposed project. Please provide us with your written comments by July 8, 2009. Thank you for your time and consideration.

Sincerely,

Erin Fuson, BA, QMRP
Human Support Services
DT/WS/Volunteer/Vehicle Coordinator
988 N. Illinois Route 3
Waterloo, Illinois 62298
618-939-4444 ext. 230
efuson@hss1.org

Human Support Services
Board of Directors

*Resolution Regarding Illinois Department of Transportation Public Transportation
Capital Assistance Grant*

The Human Support Services Board of Directors authorizes application for and execution of a Public Transportation Capital Assistance Grant under the Illinois Department of Transportation's general authority to make such Grants.

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

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

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

NOW, THEREFOR, ^EBE IT RESOLVED BY THE GOVERNING BOARD OF HUMAN SUPPORT SERVICES:

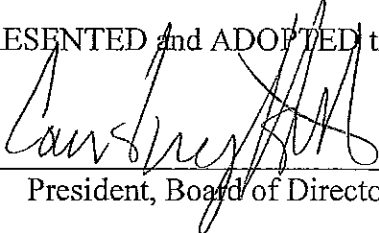
Section 1. That an application be made to the Division Of Public and Intermodel Transportation, Department of Transportation, State of Illinois, for a financial assistance grant under The Illinois Department of Transportation's general authority to make such Grants, for the purpose of off-setting certain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

Section 2. That the Executive Director of Human Support Services is hereby authorized and directed to execute and file such application on behalf of Human Support Services.

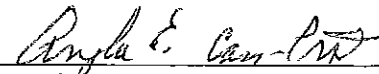
Section 3. That the Executive Director of Human Support Services is authorized to furnish such additional information as may be required by the Division of Public and Intermodel Transportation in connection with the aforesaid application for said grant.

Section 4. That the Executive Director of Human Support Services is hereby authorized and directed to execute and file on behalf of Human Support Services any grant agreement pursuant to said application.

PRESENTED and ADOPTED this 28 day of May, 2009



President, Board of Directors



Secretary, Board of Directors

HUMAN SUPPORT SERVICES
PREVENTATIVE MAINTENANCE

POLICY:

Preventative maintenance checks and services shall be conducted according to manufacturer's recommendations.

PROCEDURE:

Vehicle Coordinator or designee will schedule preventative maintenance checks and services according to manufacturer's recommendations. Individual will utilize the Vehicle Manager Fleet Edition 2008 to track and schedule all maintenance and costs for each vehicle. Coordinator or designee will schedule repairs, checks, and services with licensed/certified repair facilities.

HUMAN SUPPORT SERVICES

VEHICLE PREVENTIVE MAINTENANCE SCHEDULE

Be alert and prepared to make schedule changes to meet your specific needs. When making alterations, document the changes and update your schedule for reference.

Daily: Perform pre-trip inspection (post-trip if necessary or required)

Regularly: Clean vehicle interior and exterior - determine need by the amount of use and road conditions (salt used for cleaning roads and chloride compounds used to control dust may require more frequent cleaning).

Every Year: Flush radiator - Replace coolant - Service Air Conditioner & Wheelchair Lift.

Every 2 Years: Replace all hoses, more often if necessary

Every 4 Years: Replace battery

Mileage Specific:

3,000 - Change oil, oil filter - Lubricate chassis

6,000 - Change oil, oil filter - Lubricate chassis - Rotate tires

9,000 - Change oil filter - Lubricate chassis - Inspect drive belts, adjust belt tension- In dusty areas, change air filter

12,000 - Change oil, oil filter - Lubricate chassis - Rotate tires

15,000 - Change oil, oil filter, air filter and PVC valve** - Lubricate chassis

18,000 - Change oil, oil filter - Lubricate chassis - Rotate tires - Inspect drive belts, adjust belt tension - In dusty areas, change air filter

21,000 - Change oil, oil filter - Lubricate chassis - Rotate tires, Change front and rear brake pads**

24,000 - Change oil, oil filter, fuel filter, spark plugs - Lubricate chassis - Rotate tires - Service transmission, replace transmission filter and fluid - Pack wheel bearings - Engine tune-up**

27,000 - Change oil, oil filter - Lubricate chassis - Inspect drive belts, adjust belt tension - In dusty areas, change air filter

30,000 - Change oil, oil filter, air filter* and PVC valve** - Lubricate chassis - Rotate tires

33,000 - Change oil, oil filter - Lubricate chassis

ORIG: 12/02

REV:

LIFE SAFETY 15.37a

H:APPF\VehPrevMainSch.doc

- 36,000 - Change oil, oil filter - Lubricate chassis - Rotate tires - Inspect drive belts, adjust belt tension - In dusty areas, change air filter
- 39,000 - Change oil, oil filter - Lubricate chassis
- 42,000 - Change oil, oil filter - Lubricate chassis - Change front and rear brake pads** - Rotate tires
- 45,000 - Change oil, oil filter, air filter* and PVC valve** - Lubricate chassis - Inspect drive belts, adjust belt tension - In dusty areas, change air filter
- 48,000 - Change oil, oil filter, fuel filter, spark plugs - Lubricate chassis - Rotate tires - Service transmission, replace transmission filter and fluid - Pack wheel bearings - Engine tune-up** - Replace: EGR valve and clean EGR passage, ignition cables, distributor cap and rotor drive belts (V-type only), vacuum-operated emission system components
- 51,000 - Change oil, oil filter - Lubricate chassis
- 54,000 - Change oil, oil filter - Lubricate chassis - Rotate tires - Inspect drive belts, adjust belt tension - In dusty areas, change air filter
- 57,000 - Change oil, oil filter - Lubricate chassis
- 60,000 - Change oil, oil filter, air filter* and PVC valve & - Lubricate chassis - Rotate tires
- 63,000 - Change oil, oil filter - Lubricate chassis - Inspect drive belts, adjust belt tension - In dusty areas, change air filter - change front and rear brake pads**
- 66,000 - Change oil, oil filter - Lubricate chassis
- 72,000 - Change oil, oil filter, spark plugs - Lubricate chassis - Inspect drive belts, adjust tension - In dusty areas, change air filter - Rotate tires - Service transmission, replace transmission filter and fluid - Pack wheel bearings - Engine tune-up**
- 75,000 - Change oil, oil filter, air filter* and PVC valve** - Lubricate chassis
- 78,000 - Change oil, oil filter - Lubricate chassis - Rotate tires
- 81,000 - Change oil, oil filter - Lubricate chassis - Inspect drive belts, adjust belt tension - In dusty areas replace air filter
- 84,000 - Change oil, oil filter - Lubricate chassis - Change front and rear brake pads** - Rotate tires
- 87,000 - Change oil, oil filter - Lubricate chassis
- 90,000 - Change oil, oil filter air filter* and PVC valve** - Lubricate chassis - Inspect drive belts, adjust belt tension - Rotate tires.
- 93,000 - Change oil, oil filter - Lubricate chassis

- 96,000 - Change oil, oil filter, fuel filter, spark plugs - Lubricate chassis - Rotate tires - Service transmission, replace transmission filter and fluid - Pack wheel bearings - Engine tune-up** - Replace: EGR valve and clean EGR passage, ignition cables, distributor cap and rotor drive belts (v-type only), vacuum-operated emission system components
- 99,000 - Change oil, oil filter - Lubricate chassis - Inspect drive belts, adjust belt tension - In dusty areas, replace air filter
- 102,000 -Change oil, oil filter - Lubricate chassis - Rotate tires
- 105,000 Change oil, oil filter, air filter* and PVC valve** - Lubricate chassis - Change front and rear brake pads**
- 108,000 -Change oil, oil filter - Lubricate chassis - Inspect drive belts, adjust belt tension - In dusty areas, change air filters - Rotate tires
- 111,000 -Change oil, oil filter - Lubricate chassis
- 114,000 -Change oil, oil filter - Lubricate chassis - Rotate tires
- 117,000 -Change oil, oil filter - Lubricate chassis - Inspect drive belts, adjust belt tension - In dusty areas, change air filters - Rotate ties
- 120,000 -Change oil, oil filter, spark plugs, air filter* and PVC valve** - Lubricate chassis - Rotate tires - Service transmission, replace transmission filter and fluid - Pack wheel bearings - Engine tune-up**

120,000 miles and beyond - Your agency should realize that, given the limited amount of capital funding available through IDOT, your vehicle will likely operate beyond the vehicle's "replacement life." Therefore, your agency should continue an aggressive PM program throughout the vehicle's useful life.

* In dusty areas, the air filter should be changed every 9,000 miles

** PVC valve, brake pad replacements, and engine tune-ups may need to be performed more often than suggested in this schedule.

HUMAN SUPPORT SERVICES

VEHICLE SAFETY INSPECTION

POLICY:

Any staff person who operates an Agency vehicle must complete a Vehicle Safety Inspection Form 15.13. In addition, any default requiring repair must be noted on Form 15.14 and turned in to appropriate personnel.

PROCEDURE:

Drivers shall conduct a vehicle safety inspection prior to operation of any vehicle. This inspection shall include inspection of wheelchair lift and its operation per wheelchair inspection checklist on back of Form. 15.13. Any defaults should be noted and, if repair is necessary, driver should complete Form 15.14 to request repairs on said vehicle and submit this form to appropriate personnel.

HUMAN SUPPORT SERVICES
 VEHICLE SAFETY INSPECTION
 TO BE COMPLETED WEEKLY

VEHICLE CODE #: _____ DATE: _____

- | | Yes | No |
|---|-------|-------|
| 1. Insurance card, Identification & Inspection Sheet Present present in vehicle or record book, sticker expiration date _____ | _____ | _____ |
| 2. Accident Procedure form present or in book | _____ | _____ |
| 3. Lights operating properly (brights, brake, turn, reverse, emergency) | _____ | _____ |
| 4. Mirrors operating properly | _____ | _____ |
| 5. Tires in acceptable condtion ¼" Front/1/8" tread wearing evenly | _____ | _____ |
| 6. Horn operating properly | _____ | _____ |
| 7. Warning reflectors present on outside of vehicles | _____ | _____ |
| 8. Exhaust system operating properly - no gas fumes | _____ | _____ |
| 9. Spare tire inflated and secured-Buses only exception | _____ | _____ |
| 10. Windshield allows proper vision | _____ | _____ |
| 11. Windshield washers and wipers operate properly | _____ | _____ |
| 12. Emergency door and alarm operative on buses | _____ | _____ |
| 13. Fire extinguishers certifièd and attached properly | _____ | _____ |
| 14. Interior clear, no loose items | _____ | _____ |
| 15. Communicable Disease kit on vehicles/First Aid Kit | _____ | _____ |
| 16. Safety Windows operable | _____ | _____ |
| 17. Seat belts operable | _____ | _____ |
| 18. Heat/Cool systems operable | _____ | _____ |
| 19. All gauges working properly | _____ | _____ |
| 20. Radio operating properly/checks done | _____ | _____ |
| 21. 1/2 tank of gas - Fill up - check oil, etc....
Check fluid levels & fill as necessary to include fuel, oil,
transmission fluid, brake fluid and coolant levels. | _____ | _____ |
| 22. If vehicle is equipped with wheelchair lift, run thru cycle and make
sure it is fully functional before operating lift. SEE OVER | _____ | _____ |
| 23. Escape hatch checked | _____ | _____ |

ITEM ABOVE REQUIRING ATTENTION

#	DATE	WHAT WAS DONE	DATE COMPLETED	SIGNATURE OF STAFF

 Reporter Date Corp Compliance Officer Date

 Transportation Reviewer Date Safety Committee Date

WHEELCHAIR PREVENTIVE MAINTENANCE SCHEDULE

Vehicle Number: _____

Date: _____

Inspector: _____

Pre-Trip Inspection:

BEFORE each scheduled day of lift service, operate lift **minimum one complete cycle** and inspect each of the following:

- Does the lift interlock (if equipped) function as intended?
- Does the lift cargo door light (if equipped) function as intended?
- Does the lift deploy when the lift interlock is activated as intended?
- Does the lift safely clear the cargo door as the lift is deployed and stowed?
- Does the lift operate smoothly (no jerking or abnormal movement)?
- Does the lift operate at normal speed?
- Is the life power source adequate?
- Does the roll stop(s) operate properly?
- Does the outboard roll stop latch operate properly?
- Do the handrails operate properly?
- Is the platform angle normal?
- Is lift operation quiet (no rattles, abnormal sounds, etc.)?
- Has the hand-held switch box cable been damaged?
- Do the lift control switches function properly?
- Do the lift cargo door securement devices function as intended?
- Is the manual back-up pump handle in place?
- Is the hand pump valve closed securely (tight)?
- Are the lift-posted and door-posted decals worn, missing or illegible?
- Is the life protective padding (if equipped) in place, worn or damaged?
- Can you visually detect any lift wear, damage, misalignment, hydraulic leaks, loose bolts, broken welds or any abnormal conditions?

Post-Trip Inspection:

Operate lift **minimum one complete cycle** and check each of the above daily pre-trip inspection if **applicable** for your daily inspection routine (outlined by your transit agency).

- Clean lift surfaces where wheelchairs travel
- Clean and lubricate key locations based on lift usages frequency and climate conditions (outlined by your transit agency). Lubrication procedures should be performed by transit agency maintenance personnel.

Orig: Pre 5/1994

Rev: 1/08

Life Safety 15.13

H:\PPF\VehSafetyInsp.DOC

HUMAN SUPPORT SERVICES

VEHICLE TRAINING POLICY

POLICY:

All Agency employees expected to operate Agency vehicles will be properly trained before being allowed to operate the vehicles.

PROCEDURE:

The Vehicle Coordinator will be trained by the manufacturer of the vehicles and specific vehicle equipment on the proper maintenance and operation of that equipment. He/she will be familiar with the operator's manuals and maintenance manuals. He/she will be given the opportunity to view videos regarding equipment, if available, and/or attend training put on by the manufacturers. This can be supplemented by training in other training programs that are appropriate substitutes.

The Vehicle Coordinator will see to it that all Human Support Services employees being assigned to drive vehicles are trained prior to operating the vehicles. The training shall include giving the vehicle operator a copy of the operator's manual/maintenance manuals and reviewing with them the important parts of which they need to be aware, and view Drivers Training video and on the operations of the equipment, including any specialized equipment such as wheelchair lifts. In addition, the Vehicle Coordinator will, before moving the vehicle, familiarize the potential operator with every functional part of the vehicle, how it works, and how it is to be used with the consumers. In addition to that, the Vehicle Coordinator is to give the employee a chance to drive and operate the vehicle in a training mode under their supervision for an adequate amount of time to ensure that they are fully familiar with the vehicle's operations and our safety procedures regarding clients.

The Vehicle Coordinator is to see to it that this training of all Agency drivers is documented and done prior to being allowed to drive the vehicles. In addition, give annual update training to make sure that the vehicle operators are current with proper procedures on an annual basis. The Vehicle Coordinator is to utilize the Agency training record files and review them on a regular basis and see to it that every new employee is properly trained and that all training is in place and current. The files are to be kept by the personnel records.

HUMAN SUPPORT SERVICES
VEHICLES OPERATOR'S TRAINING RECORD

Staff trained _____

Date of training _____

Vehicles trained on:	Vehicle ID #	Initials of Trainer	Date	Initials of Employee	Date
<input type="checkbox"/> 2000 Bus	612	_____	_____	_____	_____
<input type="checkbox"/> 1994 Ford Braun Van	605	_____	_____	_____	_____
<input type="checkbox"/> 1996 Ford MD - 2	602	_____	_____	_____	_____
<input type="checkbox"/> 1998 Ford MD - 2	610	_____	_____	_____	_____
<input type="checkbox"/> 1991 Dodge Gold Minivan	609	_____	_____	_____	_____
<input type="checkbox"/> 1992 Chevy Van	604	_____	_____	_____	_____
<input type="checkbox"/> Forklift	603	_____	_____	_____	_____
<input type="checkbox"/> 2000 White Dodge Caravan	613	_____	_____	_____	_____
<input type="checkbox"/> 2002 Ford MD - 2	615	_____	_____	_____	_____
<input type="checkbox"/> 2002 Chevy Venture	616	_____	_____	_____	_____
<input type="checkbox"/> 1997 Ford F - 800	617	_____	_____	_____	_____
<input type="checkbox"/> 2000 Grey Dodge Caravan	618	_____	_____	_____	_____
<input type="checkbox"/> 2001 Blue Dodge Caravan	619	_____	_____	_____	_____
<input type="checkbox"/> 2008 Chevy Braun (Sites)	626	_____	_____	_____	_____
<input type="checkbox"/> 2008 Chevy Braun (Agency)	625	_____	_____	_____	_____
<input type="checkbox"/> 2003 Lt Green Dodge Caravan	620	_____	_____	_____	_____
<input type="checkbox"/> 2005 Black Dodge Caravan	621	_____	_____	_____	_____
<input type="checkbox"/> 2001 Pontiac Montana	622	_____	_____	_____	_____
<input type="checkbox"/> 2000 Silver Dodge Caravan	623	_____	_____	_____	_____
<input type="checkbox"/> 1999 White Plymouth Voyage	624	_____	_____	_____	_____
<input type="checkbox"/> Wheelchair Lift	_____	_____	_____	_____	_____

This is to certify that I, _____, was trained by the Vehicle Coordinator on the above listed vehicles, having been given the chance to go over the operator's manuals and maintenance manuals, having had the chance to review video tapes on the operation of the vehicle and specialized equipment such as wheelchair lifts, where available, and while the vehicle was standing still, being instructed on all the functional parts of the vehicle and how to operate them per Agency safety procedures, and then having been given the opportunity to drive the vehicle under the guidance of an instructor for a period of time to complete my training.

Employee Trained _____

Vehicle Coordinator/Trainer _____

HUMAN SUPPORT SERVICES

VEHICLE OPERATORS TRAINING CHECKLIST

Each driver will complete the following objectives before operating an agency vehicle. It will be up to the site manager or program coordinator to ensure this training has been scheduled and completed before driver operates the vehicle.

	<u>Trainer</u>	<u>Operator</u>	<u>Date</u>
1) Review vehicle operators' manual.	_____	_____	_____
2) Review vehicle manufacturer owners' manual.	_____	_____	_____
3) Review video-training tapes.	_____	_____	_____
4) Review vehicle operation/preventative maintenance policies and procedures.	_____	_____	_____
5) Receive appropriate training from vehicle coordinator or designee in the operation and preventative maintenance of vehicle that driver will be operating.	_____	_____	_____
6) Receive training on the operation and preventative maintenance of wheelchair lift prior to utilizing lift.	_____	_____	_____
7) Obtain appropriate license for particular vehicle to be operated.	_____	_____	_____

Transportation Director: _____ **Date:** _____ **Vehicle Operator:** _____ **Date:** _____