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LAWRENCE/CRAWFORD ASSOCIATION FOR EXCEPTIONAL CITIZENS

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Certified by Illinois Department of Human Services

Member of the Southern Illinois Association for Rehabilitation Facilities
Serving the Developmentally Disabled in Lawrence and Crawford Counties
www.lcaec.org

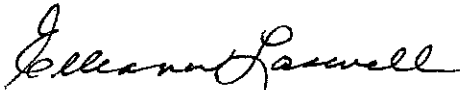
June 26, 2009

To Whom It May Concern:

Enclosed please find Lawrence/Crawford Association for Exceptional Citizens' application for the Illinois Department of Transportation 2009 Consolidated Vehicle Procurement Rolling Stock Capital Assistance Application.

If you have any questions concerning this application or require information, please feel free to contact me.

Sincerely,



Eleanora Laswell
Executive Director

Enclosure



A 501 (c) (3) Not-for-Profit Agency
An Equal Opportunity Employer/We Hire The Handicapped

**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 Lawrence Crawford Association for Exceptional Citizens	Date of Application Filing June 30, 2009
Street/Mailing Address, City, and Zip Code (Not just P. O. Box) 905 W. Mulberry Robinson, IL 62454	Federal Tax Identification Number (TIN) 310968727
List general area served (counties, city, areas as applicable) (Detail in Part 5, Page 9) Crawford County and Lawrence County	Type of Applicant (see pg. 4 Section A) Private Non-Profit: _____ Section 5311 Grantee: _____ IDOT Certified Public Body: _____
County HSTP Region (if rural-see page 43)10 HSTP Office (see pages 44)	Illinois State Tax Exempt Number E-9988-4259-04
Application Contact Person: Nikki Cornwell Title: Prod/Trans. Manager Phone: 618-546-5625 Vehicle Issues Contact Person: Nikki Cornwell Title: Prod/Trans. Manager Phone: 618-546-5625	App. Contact E-Mail: <u>Lcenterprises2003@yahoo.com</u> Fax. (618)546-1519

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) Lawrence Crawford Association for Exceptional Citizens 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.

Eleanor Laswell Tel. 618-546-5625 6/24/09
Signature of Authorized Representative Date
(As authorized by board resolution, see Appendix C)
ELLEANOR LASWELL Executive Director
Print name of Authorized Official Title

READ ALL INFORMATION CAREFULLY

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

Applicant Name Lawrence Crawford Association for Exceptional Citizens

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)	✓
• 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)	
• 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)	✓
• Appendix B Public hearing: Published notice, hearing report and public comments (page 33)	6/16/09
• 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)	N/A
• Letter of support from Certified Public Provider or local Transit Authority (if applicable)	✓
• 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 Lawrence Crawford Association For Exceptional Citizens

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.	Manufacturer	Type	VIN (Vehicle Identification Number)	Odometer Reading (miles) 1/1/2008 -12/31/08		# OF Seats/ ADA:Y/N	1 st Year (O)Owned (L)Leased	IDOT Funded Vehicle? Contract #
96	Dodge	R-Roof Van	2B7KB31Z1TK160988	66883	67113	12/Y	O/1996	2300
99	Ford	Van	1FBSS31L9XHB55112	12347 5	128921	14/N	O/1999	NO
99	Ford	Van	1FBSS31L0XHB55113	10660 7	108283	14/N	O/1999	NO
99	Dodge	R-roof Van	2B7LB31Z2XK538701	60189	64951	12/Y	O/1999	2884
00	Dodge	R-roof Van	2B7LB31Z4YK147633	37133	39612	12/Y	O/2000	3022
00	Ford	Van	1FBSS31L0YHB82216	68504	70032	14/N	O/2000	NO
00	Ford	Van	1FBSS31L2YHB82217	10360 1	107805	14/N	O/2000	NO
01	International	Del. Truck	IHTSMABK91H359287	79267	84250	2/N	L/2001	NO
08	Dodge	Mini Van	2D8HN44H78R697200	123	6678	5/N	O/2008	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 Lawrence Crawford Association for Exceptional Citizens

Form 1 of 1, (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 #

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	Expansion	New			
		(a)	(b)	(c)			
Mini-Van Paratransit (w/ ramp) MV	6 pass.					\$36,000	\$
Light Duty Paratransit Vehicle (w/lift) LD	12 pass.					\$52,000	\$
Medium Duty Paratransit Vehicle (w/lift) MD	14 pass.		1		1	\$59,000	\$59,000
Super Medium Duty Para- Transit Vehicle (w/lift) SMD	22 pass.					\$94,000	\$

Total CVP Request: \$59,000

Comments: It is important for us to have a vehicle capable of transporting multiple wheelchairs and some ambulatory passengers as well to use for whatever needs may arise.

PART IV

PROJECT JUSTIFICATION

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

Applicant Name Lawrence Crawford Association for Exceptional Citizens

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.

Lawrence/Crawford Association for Exceptional Citizens (L/CAEC) is a Not-For-Profit 501 (c) (3) Agency established in March of 1979, receiving its 501 (c) (3) status in November of 1979. We provide services for the developmentally disabled including, but not necessarily limited to, Educational, Vocational, Respite, Case Coordination, and Residential. In providing these services, we are required to provide transportation. Our residential services are a 24 hour 7 days a week, supervised program. Both programs require availability of transportation at all times for emergencies, "spur of the moment" activities, and planned field trips/activities when Mass Transportation is not available. The Mass Transit system (Rides) is only available from 6 a.m. to 6:00 p.m., 5 days a week requiring us to keep and maintain enough vehicles to provide necessary transportation needs of our consumers. Because Rides Mass Transit is unable to meet our needs, we need to acquire vehicles to supplement those needs.

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 Lawrence Crawford Association for Exceptional Citizens

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.

Crawford County	Lawrence County	
Robinson	Bellair	Lawrenceville Russelville
Palestine	Gordon	Bridgeport
Oblong	Pierceburg	Sumner
Hutsonville	Heathsville	St. Francisville
Porterville	West York	Billet
New Hebron		Landes
Flat Rock		Birds
Hardinville		Chauncey
Annapolis		Petrolia
Stoy		Westport
Trimble		Pinkstaff

B. Service Area Population Information

Use 2000 census data.

1. Total Population of your Current Service Area	<u>36,132</u>
2. Elderly (60+) Population of Service Area	<u>6,510</u>
3. Disabled Population of Service Area	<u>6,625</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	77	.21311%		
Asian/Pacific Islander	91	.25185%		
Black	1045	2.89217%	3	3.89610%
Hispanic	488	1.35060%	2	2.59740%
White	34,278	94.86881%	72	93.5065%
Other	153	.42345%		
TOTAL (match B-1 above).	36,132	100 %	77	100 %

Applicant Name: Lawrence Crawford Association for Exceptional Citizens

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 Following Page

E. A) 2008 Annual Certification was submitted FOR IDOT FUNDED VEHICLES in YOUR FLEET? 7/25/08,
 Or B) No IDOT Funded Vehicle was owned in 2008 _____

F. Table i. Transportation Program Employees and Staffing

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

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

Staff	'A'	Total # of Hours Worked by Transportation Staff by Day						
		Mon.	Tues.	Wed	Thurs.	Fri.	Sat	Sun
Paid Drivers	20	2	2	2	2	2	2	2
Volunteer Drivers								
Reservationists/								
In-house Staff, Maint.	2	1	1	1	1	1		
Administrative Staff	1							
TOTALS	23	3	3	3	3	3	2	2
Total # of vehicles in use	9							

Applicant Name: Lawrence Crawford Association for Exceptional Citizens

Detailed Description of Applicant's Current Services and Experience

Lawrence Crawford Association for Exceptional Citizens (L/CAEC) is a not-for-profit agency founded in 1979 by a small group of parents seeking services for their children with developmental disabilities. Over the years L/CAEC has grown to serve over one hundred children, adults, and their families annually.

Programs offered include developmental, residential, vocational, educational, and family support services. Funding is obtained through:

- Department of Human Services, Offices of Mental Health and Developmental Disabilities
- Lawrence and Crawford County 708 Boards
- Production Contracts with our businesses and industries
- Local Contributors

L/CAEC is governed by a volunteer Board of Directors consisting of individuals representing Lawrence and Crawford County.

Philosophy and Purpose

Our philosophy is that every person with developmental disabilities is entitled to an opportunity to achieve his/her full potential. It is our purpose to provide or obtain quality services for handicapped persons. These services will maximize each individual's functioning level so that he/she can more fully experience and participate in life and become a contributing member of the community.

In addition, L/CAEC offers services and programs in vocational training, education, evaluation, job-seeking skills, production (work) activities, case coordination, respite, community integrated living arrangements, client advocacy, daily living skills, and sheltered employment.

We furnish transportation to and from the workshop as well as for field trips, mobile work crews, senior activities, and recreational/educational activities.

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, 2008 to June 30, 2009

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

Individual Clients Served Annual Total

Elderly Riders without Disabilities 0

Elderly Riders with Disabilities 4

Non-Elderly Riders with Disabilities 73

Other Riders, including general public 0

TOTAL CLIENTS SERVED (Must match p.9) 77

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>210</u>
Work Trips	<u>2004</u>
Education Trips	<u>250</u>
Nutrition Trips	<u>300</u>
Shopping Trips	<u>3000</u>
Social/Recreational Trips	<u>3000</u>
Other Trips	<u>100</u>
TOTAL ONE-WAY PASSENGER-TRIPS PER YEAR	<u>8864</u>

Average number of vehicles used on a daily basis to provide this service 2

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

Applicant Name Lawrence Crawford Association for Exceptional Citizens

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?

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.) _____

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

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

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) 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?

Nikki Cornwell Production/Transportation Manager

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

Nikki Cornwell Production/Transportation Manager

Does management review repairs and inspection results? Y N

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

Bryant Auto and Robinson Ford

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) _____

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

Address 3414 Interstate Dr. Evansville, IN 47715

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.

SAMPLE

Van Checklist

Van No. _____

DAILY INSPECTION AND REPORTING FORM

Pre Trip

Post Trip

	Body Damage	
	Tire Inflation	
	Lights/Flasher Operation	
	Ramp/Lift Operation/Interlocks	
	Interior Damage, ADA Signage	
	Seat and Belt Condition	
	Fire Extinguisher/W	
	First Aid Supplies/W	
	Heater/AC Operation	
	Wheelchair Tie Downs/W	
	Wiper/Washer Condition/W	
	Jumper Cables/W	
	Warning Reflectors/W	
	Spare Tire and Jack Available/W	
	Proof of Insurance/W	
	Accident Form/W	
	Emergency Exits	
	Oil/Pre Trip Only	
	Coolant/Pre Trip Only	
	Brake Fluid/Pre Trip Only	
	Washer Fluid/Pre Trip Only	
	Trans. Fluid/W/Pre Trip Only	

	Vehicle Operates Properly
	Vehicle Requires Repair

Explanation: _____

(Driver)

(Odometer)

(Date)

Unlock All Doors: It is mandatory to unlock rear emergency door.
W-Refers to Items that need to be checked weekly.
Sheet is to be completed daily and turned in to transportation supervisor.

LAWRENCE/CRAWFORD ASSOCIATION FOR EXCEPTIONAL CITIZENS

905 W. MULBERRY

ROBINSON, IL 62454

MAINTENANCE/SERVICE POLICY

FUNCTION: Safety

I. PURPOSE:

To insure all Para-Transit vehicles are maintained in the best possible running condition and to provide a course of action to follow during the use of an agency vehicle.

II. POLICY:

It shall be the responsibility of the Transportation Supervisor to manage the operation of the agency fleet and to see that all vehicles shall have routine maintenance performed according to schedule.

III. PROCEDURE:

A. All vehicles and ADA equipment shall be serviced and maintained according to the manufacturer's scheduled guidelines.

B. All vehicles will follow the UNSCHEDULED INSPECTION guidelines as follows:

Drivers:

1. Drivers shall complete a "pre-trip" inspection form prior to operating the vehicle.
2. Drivers shall complete a "post-trip" inspection form upon returning to the workshop.
3. If the driver observes any deficiency prior to operating the vehicle, that would make the vehicle unsafe to operate, the driver shall immediately report this to the transportation supervisor and not drive the vehicle.
4. Drivers shall sign off on the pre-trip and post-trip inspection form, recording the mileage and any operational safety or maintenance problems.
5. Drivers shall immediately report any vehicle problems to the transportation supervisor (All problems shall be noted in writing).

LAWRENCE/CRAWFORD ASSOCIATION FOR EXCEPTIONAL CITIZENS

905 W. Mulberry

Robinson, IL 62454

POLICY ON VEHICLE MAINTENANCE

The Transportation Supervisor will be responsible for the implementation of the vehicle maintenance program. Agency forms developed for tracking this maintenance shall be used. In addition to regular service performed every 3,000 miles, several items shall be (on a daily basis) checked, inspected, adjusted, repaired, or replaced as needed.

The individual selected to be responsible for seeing that the inspections are made should make sure that the person doing the inspections completes the appropriate forms. The completed forms are to be submitted to the Transportation Supervisor for filing and retention in the vehicle maintenance records.

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

Applicant Name Lawrence Crawford Association for Exceptional Citizens

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___, 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.

L/CAEC does not maintain an actual driver file as our employees are not hired just as drivers. We do however maintain personnel and training files for each employee which contain all necessary documents.

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

We use IDOT training for all our employees.

Do you offer regular updates/refreshers?

Y N___

What is your normal Training cycle?

Annually

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

LAWRENCE/CRAWFORD ASSOCIATION FOR EXCEPTIONAL CITIZENS

905 W. MULBERRY

ROBINSON, IL 62454

DRIVER TRAINING POLICY

FUNCTION: Education and Training

I. PURPOSE:

- A. To train new drivers in safety issues, client management, daily routine, equipment use and vehicle maintenance checks.
- B. To maintain a regular training program for all drivers on an annual basis.

II. PROCEDURE:

- A. Each new employee will complete the following training:
 - 1. Defensive Drive
 - 2. Passenger Assistance
 - 3. Emergency Response
 - 4. How to transport passengers with special needs
- B. Each new employee will spend at least 3 - 4 days with a senior driver learning the safe and proper use of:
 - 1. Accessibility features (i.e. wheelchair lift, tie downs, etc.)
 - 2. Cellular phones
 - 3. Assisting passengers
 - 4. Vehicle checks (Carrying out a pre-trip and post-trip inspection)
 - 5. Proper completion of the written pre-trip and post-trip inspection form.
 - 6. Daily routines
 - 7. Use of emergency equipment located in each vehicle.

III. ADMINISTRATION & RECORDS:

1. Copies of all formal and informal training completed shall be kept in each employee's personnel file.
2. A copy of each driver's Driver License shall be kept on file.

PART VIII

PROPOSED NEW OR EXPANDED TRANSPORTATION SERVICE ONLY

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

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

Same

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

Same

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

N/A

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.)

No

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

	<u>Total Clients</u>	<u>Estimated New Clients</u>	<u>Annual Total</u>
	Served per year (see page 11)		
Elderly Clients without Disabilities	0	0	0
Elderly Clients with Disabilities	4	1	5
Non-Elderly Clients with Disabilities	73	3	76
Other Clients	0	0	0
TOTAL CLIENTS	77	4	81

6. Estimate the NEW Number of Passenger-TRIPS to be Provided, by Type.

New or Additional

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)

Annual Totals

Medical Trips	<u>110</u>
Work Trips	<u>0</u>
Nutrition/ Food Trips	<u>150</u>
Shopping	<u>150</u>
Other Trips	<u>100</u>

TOTAL ONE-WAY PASSENGER-TRIPS: 510

Number of new vehicles being requested to provide these trips 1

7. Proposed Staffing

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

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

New or Additional Staff	Total Number of New or Added Staff	Sum of Hours Worked by All New or Added Staff by Day						
		Mon.	Tues.	Wed.	Thurs.	Fri.	Sat.	Sun.
Paid Drivers	0							
Volunteer Drivers	0							
Reservationists/ Schedulers/Dispatchers	0							
Maintenance Staff	0							
Administrative Staff	0							

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	N/A	N/A	N/A	N/A
Asian/Pacific Islander	N/A	N/A	N/A	N/A
Black	N/A	N/A	N/A	N/A
Hispanic	N/A	N/A	N/A	N/A
White	N/A	N/A	N/A	N/A
Other	N/A	N/A	N/A	N/A
TOTAL:	N/A	N/A	N/A	N/A

**PART IX
COORDINATION EFFORTS
THIS PART MUST BE COMPLETED BY ALL NON-PROFIT APPLICANTS**

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

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

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

Agency/Provider	Phone #	Days	Hours	Type of Service	FollowUp?
RIDES MASS TRANSIT	618-544-8800	Mon-Fri	6a-6p	We currently use RIDES to transport our clients to work and home on a daily basis. We also utilize them for some field trips. As of right now RIDES is not able to meet all of our needs. We have a residential home that is 24 hour care 7 days a week. There are 6 residents; 2 of whom are in wheelchairs and we have to transport to Dr. appointments, shopping, etc. We also do a lot of outings with our clients that we provide day services for. Currently we have 5 wheelchair clients that we serve as well as a number of ambulatory clients. The need for a larger vehicle that can transport all of our wheelchairs at one time is greatly needed. We have sent a letter to RIDES asking for their support in our attempt to get a new vehicle. It is necessary for us to keep our own vehicles on hand due to emergencies and RIDES cannot always come at a moments notice and also for needs that arise outside of RIDES operating hours.	

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.

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.**

See attached/following page

RMTD

RIDES MASS TRANSIT DISTRICT

June 9, 2009

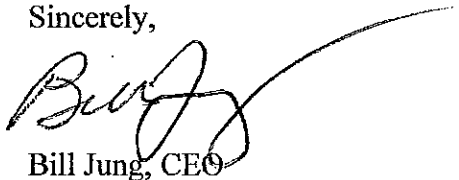
Ms. Elleanor Laswell
Executive Director
Lawrence/Crawford Association For Exceptional Citizens

Dear Elleanor,

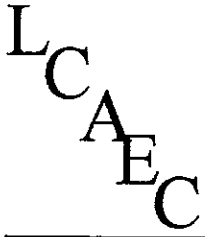
LCAEC is a valued coordination partner in Lawrence and Crawford Counties. The service we provide together provides access to transportation opportunities for many residents of the area.

We understand that there are transportation requests that may be outside the realistic service parameters of the Rides Mass Transit District. Certainly, we would support your efforts for capital funding.

Sincerely,



Bill Jung, CEO
Rides Mass Transit District



LAWRENCE/CRAWFORD ASSOCIATION FOR EXCEPTIONAL CITIZENS

905 West Mulberry, Robinson, IL 62454 • (618) 546-5625 • (618) 546-1519 (fax)
2222 Lexington, Lawrenceville, IL 62439 • (618) 943-4401 • (618) 943-5323 (fax)
10392 N. Sacramento, Robinson, IL 62454 • (618) 546-5070 • (618) 546-4106 (fax)

Accredited by Commission on Accreditation of Rehabilitation Facilities
Serving the Developmentally Disabled in Lawrence and Crawford Counties
Member of the Southern Illinois Association for Rehabilitation Facilities

June 4, 2009

Bill Jung
1200 W. Poplar
Harrisburg, IL 62946

Dear Bill:

This is to inform you of our intent to apply for a vehicle via the 5310 Grant Application process. We are asking for your assistance in this attempt to acquire a medium paratransit vehicle. Our problem is our need to have vehicles available at a moments notice or when yours are not available to us for one reason or another, i.e., immediately or within an hour or two, for trips outside the county with long distances involved, or for emergencies. Currently we need transportation available 24 hours for our CILA residents as well and Rides cannot provide 24 hour service, seven (7) days a week.

We would be willing to work with you whenever possible to help provide assistance using our vehicles. We have done so in the past with individuals in the community when a need for a lift vehicle has been needed.

The type of assistance we are seeking is letter of support from Rides Mass Transit to include in our application, a requirement for the application. If you require any more information or have additional questions, please call. I appreciate and are satisfied with the service that Rides does provide for our Agency and hope that we can count on your support. Thank you.

Sincerely,

Elleanor Laswell
Executive Director



A 501 (c) (3) Not-for-Profit Agency
An Equal Opportunity Employer/We Hire The Handicapped

PART X PARATRANSIT SERVICE FINANCIAL PLAN

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

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

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

PLEASE NOTE: TOTAL REVENUES SHOULD EQUAL TOTAL EXPENSES

SERVICE TYPE Activity/Line-Item	Replacement or Service Expansion Requests		NEW SERVICE Request
	Actual Spending for your Transportation Operation Previous 12 mos. (Calendar or Fiscal)	Projected Annual Budget for next 12 month period for Transportation Operations	Projected Annual Budget for next 12 month period, for All Transportation Operations
Revenues:			
Passenger Fares	0	250	
Operating Income from Service Contracts (see section B on next page)			
Operating Income from other Grants (see section B on next page)			
Donations	1966	3000	
General agency funds	65,493	67,763	
Other			
Total Revenues (should equal expenses)	67,459	67,763	
Expenses – Operations			
Driver Salaries and Fringe Benefits	1966	3,000	
Dispatch/Supervisor Salaries and Fringe Benefits	300	300	
Maintenance (Parts and Labor)	6615	6000	
Materials and Supplies	295	300	
Fuel, Oil, Tires	6129	5350	
Insurance	7340	7863	
Vehicle Storage	0	0	
Other	42,914	43,000	
Expenses – Administration			
Management Salaries and Fringe	1900	1950	
Clerical/Bookkeeping Wages	0	0	
Rent, Utilities, Taxes	0	0	
Marketing /Promotion/Driver Training costs	0	0	
Other		0	
Total Expenses (should equal revenues)	67,459	67,763	

Applicant Name Lawrence Crawford Association for Exceptional Citizens

B. Funding Sources

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

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

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

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

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

JAMES M. NEAL
ATTORNEY AT LAW
721 TWELFTH STREET • P. O. BOX 446
LAWRENCEVILLE, IL 62439

TELEPHONE (618) 943-3900
FACSIMILE (618) 943-8681
jmemory@shawneelink.net

June 22, 2009

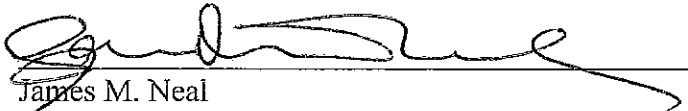
Lawrence Crawford Association for
Exceptional Citizens
905 W. Mulberry
Robinson, IL 62454

RE: IDOT Vehicle Application

AFFIRMATION OF APPLICANT'S ATTORNEY

As the undersigned attorney for the above named Applicant, I hereby affirm to the Applicant that it has the 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 the performance of the project.


James M. Neal
ARDC Registration No. 6185841

JMN/rsg

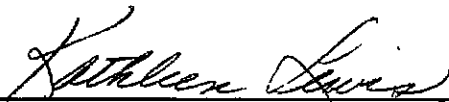
PUBLISHER'S CERTIFICATE

I, Kathleen Lewis, publisher of the Robinson Daily News, do hereby certify that I am the publisher of the Robinson Daily News, a daily secular newspaper of general circulation regularly published in the City of Robinson, County of Crawford and State of Illinois; and I further certify that the notice, a copy of which is attached here to; in the matter of:

NOTICE OF PUBLIC HEARING LAWRENCE/CRAWFORD ASSOCIATION FOR EXCEPTIONAL CITIZENS

was published once each week for 1 successive weeks in said newspaper, the first insertion being on the 23RD ay of JUNE A.D. 2009, and the last insertion being on the 23RD y of JUNE A.D. 2009, and I further certify that the said Robinson Daily News was regularly published continuously for more than one year in the City of Robinson in said county, next preceding the first publication of said notice, and that I am duly authorized to make proof of matters published in the said Robinson Daily News.

Given under my hand at Robinson, Illinois, this 24TH day of A.D. 2009.



PUBLIC NOTICES

Notice of Public Hearing
Lawrence/Crawford
Association for
Exceptional Citizens
Re: State of Illinois
Paratransit Vehicle
Grant for, Crawford
County, IL, specifically
Robinson, IL Notice is
hereby given that a
public hearing will be
held by: Lawrence/Crawford Association for Exceptional Citizens, June 26th 1:30-2:30, in the break room at Lawrence/Crawford Association for Exceptional Citizens.

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 au- Grants, and which is generally described as follows:

A. Description of Project (Brief description of the Service to be provided, including the types, capacities, and budgeted cost of vehicles requested.) The application is for a vehicle to provide transportation for the elderly and developmentally disabled citizens to appointments, address medical concerns, and leisure pursuits during the times that Rides Mass Transit cannot assist us. We are asking for a Medium Duty Paratransit Vehicle (14 seated passengers or 5 wheelchair mobility aid secured locations with 2 passenger seats). Cost will vary.

This project will be included in a Consolidated Vehicle Procurement Program undertaken by the State of Illinois on Behalf of Lawrence/Crawford Association for Exceptional Citizens, with State and Federal Funds.

B. Relocation: Relocation assistance will not be required.

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

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

PUBLIC HEARING

ILLINOIS DEPARTMENT OF TRANSPORTATION

2009 CONSOLIDATED VEHICLE PROCUREMENT ROLLING STOCK

LAWRENCE/CRAWFORD ASSOCIATION FOR EXCEPTIONAL CITIZENS

6-26-09

1:30 p.m. - 2:30 p.m.

1. _____
2. _____
3. _____
4. _____
5. _____
6. _____

N/A

No individuals showed up during the time set.

Appendix C Board Resolution

Board 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, general public or a IDOT Certified Public Provider transportation system providing specialized paratransit service; and

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

NOW, THEREFORE, BE IT RESOLVED BY THE GOVERNING BOARD OF THE LAWRENCE CRAWFORD ASSOCIATION FOR EXCEPTIONAL CITIZENS:


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

Section 2. That Eileanor Laswell, an employee or board member of *Lawrence Crawford Association for Exceptional Citizens*, is hereby authorized and directed to execute and file such application on behalf of *Lawrence Crawford Association for Exceptional Citizens*.

Section 3. That Eileanor Laswell of Lawrence Crawford Association for Exceptional Citizens is authorized to furnish such additional information as may be required by the Division of Public & Intermodal Transportation in connection with the aforesaid application for said grant.

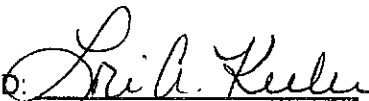
Section 4. That Eileanor Laswell of the Lawrence Crawford Association of Exceptional Citizens is hereby authorized and directed to execute and file on behalf of the Lawrence Crawford Association for Exceptional Citizens any grant agreement pursuant to said application

PRESENTED and ADOPTED this 22 day of June, 2009


(Signature of Board Official)

Brady J. Rice
Printed Name of Board Official

VICE - PRESIDENT
Title

ATTESTED: 

Notary
Title



JOINT CERTIFICATION AND ASSURANCES FOR IDOT & FTA PROGRAMS

Please Print or Type: Name of Applicant/Agency: Lawrence/Crawford Association for Exceptional Citizens

Name and Relationship of Board Authorized Representative: Eleanor Laswell, Executive Director

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

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

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

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

Date: 6-24-09

Eleanor Laswell, Executive Director
Authorized Representative of Applicant



ILLINOIS HOUSE OF REPRESENTATIVES
STATE OF ILLINOIS

ROGER EDDY

State Representative • 109th District

108 South Main, P.O. Box 125
Hutsonville, Illinois 62433
(618) 563 4128
(618) 563-4129 Fax
redlyunit1@aol.com

222-N Stratton Office Building
Springfield, Illinois 62706
(217) 558-1040

June 22, 2009

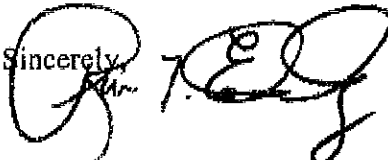
Lawrence/Crawford Association for Exceptional Citizens
Eleanor Laswell, Executive Director
905 West Mulberry
Robinson, IL 62454

Dear Mrs. Laswell:

I am writing this letter to give my full support to the Lawrence/Crawford Association for Exceptional Citizens in their application to secure a grant through the 2009 IDOT Consolidated Vehicle Procurement Rolling Stock Grant Program 5310.

Lawrence and Crawford Counties are both small rural counties that depend on LCAEC to provide much needed services for our disabled and elderly population. Currently, LCAEC contracts with Rides Mass Transit for the major portion of their transportation needs. However, conflicting schedules make this service difficult to rely on, and it is not available after 5pm or on weekends. It has become apparent that LCAEC needs to purchase their own vehicle to meet the needs of the population that is served through the CILA residence and sheltered workshops.

I would like to ask that you consider the request of LCAEC in obtaining a vehicle, and I give my total support to this request. Please contact me if I can be of further assistance.

Sincerely,
A handwritten signature in black ink, appearing to read "Roger Eddy", written over the word "Sincerely,".

Roger Eddy
State Representative, 109th District

District Office:

88 Broadway, Suite 1
Mattoon, IL 61938
217/235-6033
217/235-6052 (Fax)
888/235-6033 (Toll Free)
www.dalrighter.com



Springfield Office:

309D State House
Springfield, IL 62706
217/782-6674
217/782-7818 (Fax)
drighter@consolidated.net

General Assembly
State of Illinois

Dale A. Righter

Deputy Republican Leader
State Senator · 55th District

June 11, 2009

Dear Madam or Sir:

I am writing in support of Lawrence/Crawford Association for Exceptional Citizens' (LCAEC) application for a vehicle through the 2009 Illinois Department of Transportation Consolidated Vehicle Procurement Rolling Stock Grant Program 5310.

LCAEC is applying for a vehicle to supplement their transportation services to both of their two sheltered workshops and their CILA. Currently they are contracting with Rides Mass Transit to do the major portion of their transportation needs. Rides is not available to LCAEC after 5 p.m. or on the weekends. There are also times during the day through the week that transportation from them is not available because of conflicting schedules. LCAEC needs to supply vehicles for their needs during those times.

I support LCAEC and its application for a vehicle through IDOT. Thank you for your consideration and please do not hesitate to contact me regarding this matter.

Sincerely,

A handwritten signature in black ink that reads "Dale".

DALE A. RIGHTER
State Senator
55th District

DAR/aw

City of Robinson

Office of the Mayor

P.O. Box 188
Robinson, Illinois 62454
618-544-7616

June 11, 2009

Ms. Eleanor Laswell, Executive Director
Lawrence/Crawford Association for Exceptional Citizens
905 West Mulberry Street
Robinson, IL 62454

Dear Ms. Laswell:

The City of Robinson strongly supports your fine organization's application for a grant from the Department of Transportation Consolidated Vehicle Rolling Stock Grant Program 5310, for the elderly and disabled. The City of Robinson supports the use of grant funds to supplement your transportation services to both of the two sheltered workshops and CILA.

The City of Robinson would like to take this opportunity to thank you and your employees for your dedication to the disabled and elderly citizens of our community. Without the support of your fine organization our community would be lost. Again as always you have our full support for your grant application.

Sincerely



Roger Pethtel
Mayor

VILLAGE OF HUTSONVILLE

On The Banks of The Wabash
P O Box 277 - Hutsonville, IL 62433

June 12, 2009

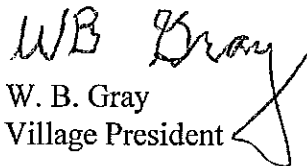
To Whom It May Concern:

Please accept this letter of support on behalf of the Lawrence/Crawford Association for Exceptional Citizens (LCAEC) or a vehicle through the 2009 IDOT Consolidated Vehicle Procurement Rolling Stock Grant Program 5310.

The vehicle will supplement their transportation services to both of their sheltered workshops and the CILA home. Although the LCAEC currently contracts with RIDES Mass Transit to do provide the majority of their transportation needs, RIDES is not available after 5:00 p.m. or on weekends. In addition, there are times during the day that transportation from them is not available because of conflicting schedules.

Your support of LCAEC's efforts to provide quality services to the developmentally disabled is most appreciated.

Sincerely,


W. B. Gray
Village President

VILLAGE OF PALESTINE

Phone: 618-586-2777

301 SOUTH MAIN STREET
PALESTINE, ILLINOIS 62451
Patricia J Schofield, Mayor

FAX: 618-586-9471

June 10, 2009

REFERENCE: 2009 IDOT Consolidated Vehicle Procurement
Rolling Stock Grant Program 5310

GRANT APPLICANT: Lawrence/Crawford Association for Exceptional Citizens

To Whom It May Concern:

Lawrence/Crawford Association for Exceptional Citizens is in need of a vehicle to supplement their transportation services to both of their sheltered workshops, and the CILA. They are submitting an application for the 2009 IDOT Consolidated Vehicle Procurement Rolling Stock Grant Program 5310 to facilitate this very basic necessity.

Please accept this letter as the evidence of my support and endorsement of this grant, which will be such a great asset to them in meeting all of their transportation requirements.

This worthwhile grant will benefit all the LCAEC Clients, and especially relieve the concern of the administrative directors for this group, because it will alleviate their financial and funding, as well. The LCAEC provides an incredible environment for these "exceptional citizens" to work and thrive in their own capacities.

Please accept my support for this grant.

Respectfully,

VILLAGE OF PALESTINE


PATRICIA J SCHOFIELD, Mayor

/pjs



PALESTINE: Founded in 1689 as the 'Land of Milk and Honey';
Chartered in 1811"

TIMOTHY V. JOHNSON
15TH DISTRICT, ILLINOIS



REPLY TO:
WASHINGTON OFFICE:
 1207 LONGWORTH HOUSE OFFICE BUILDING
WASHINGTON, DC 20515
(202) 225-2371

AGRICULTURE
GENERAL FARM COMMODITIES
AND RISK MANAGEMENT

TRANSPORTATION AND
INFRASTRUCTURE

HIGHWAYS AND TRANSIT
RAILROADS, PIPELINES, AND
HAZARDOUS MATERIALS

Congress of the United States
House of Representatives
Washington, DC 20515-1315

DISTRICT OFFICES:
2004 FOX DRIVE
CHAMPAIGN, IL 61820
(217) 403-4690
 202 NORTH PROSPECT ROAD
SUITE 203
BLOOMINGTON, IL 61704
(309) 663-7049
 655 WEST LINCOLN
UNIT 8
CHARLESTON, IL 61920
(217) 348-6759
 1001 MARKET STREET
SUITE 102
MOUNT CARMEL, IL 62863
(618) 262-8719

June 8, 2009

Lawrence/Crawford Association for Exceptional Citizens
Elleanor Laswell, Executive Director
905 W Mulberry
Robinson, IL 62454

Dear Elleanor,

I am writing to lend my support to the Lawrence Crawford Association for Exceptional Citizens' application to IDOT for assistance through the Consolidated Vehicle Procurement Rolling Stock Grant.

Currently, your organization contracts with Rides Mass Transit to provide your transportation needs. They provide needed and relied services however Rides is not available after 5pm or on the weekends, also sometimes during the week they have conflicting schedules and cannot provide transportation. As you well know your client's transportation needs are not always 9 to 5 or on the weekdays. This grant will allow your organization to provide transportation to both of your two sheltered workshops and your CILA.

If I can be of any assistance or if you have any questions please feel free to contact me at (217) 403-4690.

Sincerely,

Timothy V. Johnson
Member of Congress

TVJ/bk

UNRECORDED COPY OF ORIGINAL MESSAGE
DATE: 6/10/09 10:00 AM
BY: [illegible]



Village of Oblong

202 S. RANGE ST. ~ OBLONG, ILLINOIS 62449
TELEPHONE: 618/592-3431 FAX: 618/592-3922



June 5, 2009

Elleanor Laswell, Executive Director
Lawrence/Crawford Association for Exceptional Citizens
905 West Mulberry Street
Robinson, Illinois 62454

Elleanor,

This letter of support from the Village of Oblong is to help Lawrence/Crawford Association for Exceptional Citizens' request for the purchase of a new vehicle through the 2009 Illinois Department of Transportation Consolidated Vehicle Procurement Rolling Stock Capital Assistance Grant.

I, as the mayor of Oblong, feel that this would be a good use of the Illinois Department of Transportation Consolidated Vehicle Procurement Rolling Stock Capital Assistance Grant.

Sincerely,

Randy Rich
Village of Oblong Mayor