

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

Rec'd
Reviewed
Contact

6-28-09
#9

Applicant Name **MACOUPIN COUNTY PUBLIC HEALTH DEPARTMENT**

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)	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)	✓ ✓
• Appendix B Public hearing: Published notice, hearing report and public comments (page 33)	05/24/09 ✓
• 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)	N/A
• 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.

**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 MACOUPIN COUNTY PUBLIC HEALTH DEPARTMENT	Date of Application Filing
Street/Mailing Address, City, and Zip Code (Not just P. O. Box) 805 NORTH BROAD CARLINVILLE IL 62626	Federal Tax Identification Number (TIN) 37-6001351
List general area served (counties, city, areas as applicable) (Detail in Part 5, Page 9) MACOUPIN COUNTY – ALL INCORPORATED AND UNINCORPORATED	Type of Applicant (see pg. 4 Section A) Private Non-Profit: 5310 Section 5311 Grantee: _____ IDOT Certified Public Body: _____
County HSTP Region (if rural-see page 43) Region 9 HSTP Office (see pages 44)	Illinois State Tax Exempt Number E-X9994-9798-05
Application Contact Person: Kent Tarro Title: Administrator Phone: 217-854-3223 ext 224 Vehicle Issues Contact Person: Kent Tarro Title: Administrator Phone: 217-854-3223 ext 224	App. Contact E-Mail: ktarro@mcphd.net Fax. (217) 854-3225

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) MACOUPIN COUNTY PUBLIC HEALTH DEPARTMENT 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.

Kent Tarro _____ Tel. 217-854-3223 6/23/09
Signature of Authorized Representative _____ Date

KENT TARRO _____ Administrator
Print name of Authorized Official _____ Title

READ ALL INFORMATION CAREFULLY

GENERAL INFORMATION

A. INTRODUCTION

Through the Consolidated Vehicle Program Procurement Program (CVP), the Illinois Department of Transportation - Division of Public & Intermodal Transportation (Division) makes grants to municipalities, mass transit districts, counties, and private non-profit organizations for ramp and lift equipped paratransit vehicles. Funding for these grants comes from varied sources, including the Federal Transit Administrations (FTA) Section 5309, 5310, 5311, 5316, and 5317 programs, as well as state resources. Previously, agencies eligible for different grants were required to submit numerous applications. This consolidated vehicle procurement application form was developed to make it easier for agencies to apply for funds and for the Division to review projects in applications.

All qualified agencies applying for FTA Section 5309 Discretionary, Section 5311 Rural & Small Urban, and Section 5310 for Elderly and Disabled, will complete this application. Use Page 4, Section A, to determine which items of information are required for your agency's application submittal.

B. NEW FEDERAL COORDINATION REQUIREMENTS

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 downstate areas the Metropolitan Planning Organization (MPO) is the HSTP agency (see page 41), AND IN NORTHEASTERN IL. REGION (SIX COUNTIES - URBANIZED AREA 2) THE CONTACT IS THE ILLINOIS DEPARTMENT OF TRANSPORTATION - DIVISION OF PUBLIC & INTERMODAL TRANSPORTATION. All Section 5310 applicants 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/urbanized area coordination offices in order to be considered for funding by the Division.

APPLICATION SUBMITTAL AND REVIEW PROCESS

1a. Agencies Outside of Northeastern Illinois: In order to meet the federal coordination requirements identified above, all Section 5310 applicants will need to submit their application to their local HSTP office for initial review. While the applications will not be formally scored by the HSTP offices, that will continue to be done by the Division, the role of the HSTP offices will be to ensure that the agency submitting the application has been a active player in the local service coordination process and that the services provided by the application meet the service needs and goals as identified in locally derived HSTP plan. Each HSTP office will send all the Section 5310 applications to the Division of Public & Intermodal Transportation (DOIT) once they have completed their local compliance review.

1b. NORTHEASTERN ILLINOIS AGENCIES ONLY (six county area). Please mail your applications directly to: Mr. Chuck Kadlec, CVP PROGRAM MANAGER, Illinois Department of Transportation, Division of Public & Intermodal Transportation, J.R. Thompson Center, 100 West Randolph, Suite 6-600, Chicago, IL. 60601

2. The DPIT will acknowledge receipt of your application by e-mail, following a preliminary review of required submittals. The acknowledgement will advise your contact of any missing or supplemental information required for full review.

Remember Note any missing or delayed items or required documentation at submission. The Division may require additional information during the full review. Only when all information needed for full evaluation has been received, will the full review be completed. Your projects will be judged on: consistency with program goals and objectives, meeting public or special transportation needs, regional coordination efforts, ability to meet federal and state program requirements, and funding availability. The acknowledgement ensures Division review of your application, though it does not ensure approval of the project. The Division considers that the submission represents the applicant's intent to undertake or continue the proposed transportation project promptly, with the receipt of the approved vehicle.

3. When final review of the application is complete, the Division will make its recommendation to the Governor. Following his approval, vehicles will be ordered and grant contracts forwarded to you for signature. When both copies are returned, the agreement will be executed and dated at the Division. Only then can we deliver vehicles. The Division, on behalf of the grantees, develops the vehicle specifications, purchases the vehicles, and assures that the procurement conforms to all state and federal requirements. This constitutes the Consolidated Vehicle Procurement process.

PLEASE NOTE:

SUBMITTAL INSTRUCTIONS BY REGION

DOWNSTATE RURAL AREAS

- 1) ALL AGENCIES SERVING RURAL AREAS MUST SEND THEIR APPLICATIONS TO THE HSTP REGIONAL OFFICE LISTED ON PAGE 44, BY JUNE 30, 2009 BY 4:30 P.M.; (SEE MAP ON PAGE 45 TO DETERMINE THE OFFICE YOU WILL BE COORDINATING YOUR APPLICATION WITH).**

DOWNSTATE URBAN AREAS

- 2) ALL AGENCIES SERVING DOWNSTATE URBAN AREAS MUST SEND THEIR APPLICATIONS TO THE URBAN AREA HSTP PLANNING OFFICES, BY JUNE 30, 2009 BY 4:30 P.M.; (SEE COORDINATION OFFICE CONTACTS AND ADDRESSES ON PAGE 41).**

NORTHEASTERN ILLINOIS (URBANIZED AREA 2)

- 3) ALL AGENCIES SERVING THE SIX COUNTY REGION THAT INCLUDES THE COUNTIES OF COOK, LAKE, WILL, DUPAGE, MCHENRY, AND KANE MUST SEND THEIR APPLICATIONS TO THE ILLINOIS DEPARTMENT OF TRANSPORTATION, DIVISION OF PUBLIC & INTERMODAL TRANSPORTATION, BY JUNE 30, 2009 BY 4:30 P.M.; (SEE CONTACT NAME AND MAILING ADDRESS BELOW).**

FOR INFORMATIONAL MEETING CLASSES – RESERVATION REQUEST FORM SEE PAGE 57

If you have any questions or need additional information, contact:

Mr. Chuck Kadlec
CVP PROGRAM MANAGER
Illinois Department of Transportation, Division of Public & Intermodal Transportation
J.R. Thompson Center, 100 West Randolph, Suite 6-600
Chicago, IL. 60601
Phone: 312-793-2184; Fax: 312-793-1251
Email: charles.kadlec@illinois.gov

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

Applicant Name MACOUPIN COUNTY PUBLIC HEALTH DEPARTMENT

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.

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• Part IV Project Justification (if applicable, page 8)	✓
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• Part VI Fleet Control and Maintenance (if applicable, page 12)	✓
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• Part IX Formal Coordination Efforts (if applicable, page 16 & 17)	✓
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• 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)	✓
• Appendix B Public hearing: Published notice, hearing report and public comments (page 33)	05/24/09
• 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)	N/A
• 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 MACOUPIN COUNTY PUBLIC HEALTH DEPARTMENT

Applicant's Current Paratransit Vehicle Inventory (attach additional pages if necessary)

Examples:

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

Yr.	Manufactur er	Type	VIN (Vehicle Identification Number)	Odometer Reading (miles) 1/1/2008 -12/31/08		# OF Seats/ ADA: Y/N	1 st Year (O)Owned (L)Leased	IDOT Funded Vehicle? Contract #
98	Dodge	Grand Caravan	1B4GP44G4WB726320	108,323	125,740	6/Y	O 1998	Y-#2866
96	Dodge	Ram Van B3500	2B6KB31Z1TK184695	47,297	53,030	11/Y	O 2008	None applicable
96	Dodge	Ram Van B3500	2B6K31Z1TK184664	41,926	52,637	11/Y	O 2008	None applicable
02	Ford	Cutaway E 350 Sup	1FDWE35F82HA16862	222,550	236,018	16/Y	O 2008	None applicable
02	Dodge	Grand Caravan	1B4GP25B42B740980	105,518	119,636	6/N	O 2008	None applicable
04	Chevrolet	Venture	1GBDX23E24D145284	74,974	97,921	6/Y	O 2003	Y-#313 CVP
08	Chevrolet	Uplander	1GBDV13W28D130203	2,452	14,499	6/Y	O 2008	Y-#546 CVP

Applicant Name MACOUPIN COUNTY PUBLIC HEALTH DEPARTMENT

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

MACOUPIN COUNTY PUBLIC HEALTH DEPARTMENT

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 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 #
02	Ford	Cutaway E 350 Sup	06/2009 240,575	1FDWE35F82HA16862

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

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

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

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

A. Applicant Agency Name MACOUPIN COUNTY PUBLIC HEALTH DEPARTMENT	Form <u> 2 </u> of <u> 2 </u> , (1 of 1 etc.)
---------------------------------------------------------------------------------	---------------------------------------------------

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

- Mini-Van w/ramp (2 wheelchairs/5 passengers)
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- Replacement of owned vehicle Service Expansion (see p.14)
- Replacement of leased vehicle New Service (see p. 14)

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

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

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

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TYPE	CRITERIA 1	CRITERIA 2
Autos/Mini-Vans/Raised Roof Vans	95,000 Miles	OR 5 yrs, in documented unsafe & poor operating condition
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Heavy Duty Transit Vehicle (>30 pass)	280,000 Miles	OR 10 yrs, in documented unsafe & poor operating condition

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

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

Yr.	Manufacturer	Type	Date/Mileage	(if applicable) VIN # IDOT Contract #
98	DODGE	GRAND CARAVAN	05/2009 132,271	1B4GP44G4WB726320 Y-# 313 CVP

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

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

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

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

Total CVP Request: \$ 95,000.00

Comments:

PART IV PROJECT JUSTIFICATION

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

Applicant Name

MACOUPIN COUNTY PUBLIC HEALTH DEPARTMENT

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.

Rural Macoupin County has a population of approximately 48,900 persons (2000 census.) It is 872 square miles with no public transportation system available anywhere in the county. Health care for many residents is 30-60, minutes (one way) or more by automobile. For those residents with no access to a private vehicle or for families whose primary wage earner needs the car for work, getting around the county or nearby cities (Alton, Springfield, and St. Louis) is almost impossible. It is estimated that 26.5% are low income families. Many of these have limited access to transportation. 17.5% of persons in Macoupin County are over the age of 65.

Physicians are spread throughout the county in a few of the larger communities, many of these offices limit the number of patients they will see who have Medicaid or are without insurance. Families now may also receive medical care at the Macoupin County Maple Street Clinic established by the Macoupin County Public Health Department. An ongoing problem expressed by many patients, is the inability to get to the clinic, and then if they do, to complete the plan for care with medications, laboratory, x-ray and specialty clinics. Low income limits choices for such services and in this county they are traditionally located in Carlinville, the county seat, in the geographic center of the county.

This can mean up to a 50-mile round trip for residents in the extreme corners of the county such as the Staunton/Mount Olive area. Staunton is the second most populated area with > 5000 residents. Over half of the population lives in the southern half of the county. This includes communities mentioned above and Benld, Brighton, Bunker Hill, Gillespie and Shipman.

Public transportation in the county consists of the following:

1. No taxi service within 50 miles of the Carlinville area.
2. Macoupin County Public Health Department- we will transport to and from medical visits and transport seniors for independent living, social, recreational and medical needs.
3. Illinois Valley Economic Development Corporation- provides rides for developmentally disabled to a sheltered workshop and children to the Head Start program.

Previous to our opening of a new clinic in Gillespie, low-income families often went without primary medical care. It has been well documented that primary care is essential for good health. A major component is the corresponding transportation network, which we would like to continue to offer throughout the county. Without our transportation program many people in our county would go without primary care. We provide close to 6,500 rides a year. We estimate that there is a need for over 20,000 rides a year! To reach that goal, the Macoupin County Public Health Department has taken the lead in pursuing Section 5311 Federal Public Transportation Funding. We began the Primer Planning Process in April, 2008. It is our goal to have the planning process completed by December, 2009 and Public Transportation implemented by early, 2010.

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 MACOUPIN COUNTY PUBLIC HEALTH DEPARTMENT

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.

Rides from Macoupin to all area of Macoupin, Green, Jersey, Montgomery, Madison, Sangamon and St Louis
See Attached Map

B. Service Area Population Information
Use 2000 census data.

- | | |
|--------------------------------------------------|----------------------------------------------|
| 1. Total Population of your Current Service Area | 48,900 |
| 2. Elderly (60+) Population of Service Area | 8,600 that are + 65 |
| 3. Disabled Population of Service Area | 2,743 with mobility or self care limitations |

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	98	.2	10	.2
Asian/Pacific Islander	98	.2	12	.2
Black	391	.8	35	.8
Hispanic	293	.6	44	.6
White	47,922	.98	2389	.98
Other	98	.2	10	.2
TOTAL (match B-1 above).	48,900	100 %	2,500	100 %

Applicant Name MACOUPIN COUNTY PUBLIC HEALTH DEPARTMENT

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.

We offer transportation to rural community residents who need to get to and from medical appointments (e.g., Public Aid, eye doctor, and medical, dental, or mental health visit). This service is provided for many residents who have no other means of transportation. Residents can make an appointment by calling a phone number and transportation is dispatched from the Health Department headquarters in Carlinville. Macoupin County Public Health has been providing this service for 13 years and we are an approved Medicaid Provider. We provide rides for people with disabilities. We also provide a senior transportation program for medical and nutrition needs, shopping, social and recreational needs within an 80 mile radius

**E. A) 2008 Annual Certification was submitted FOR IDOT FUNDED VEHICLES in YOUR FLEET? 07/15/2008
Or B) No IDOT Funded Vehicle was owned in 2008 3**

F. Table I. Transportation Program Employees and Staffing

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

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

Staff	'A' # Staff	Total # of Hours Worked by Transportation Staff by Day						
		Mon.	Tues.	Wed	Thurs.	Fri.	Sat	Sun
Paid Drivers	8	26	32	32	32	32	8	8
Volunteer Drivers	0	0	0	0	0	0	0	0
Reservationists/	1	4	4	4	4	4	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	10	32	38	38	38	38	8	8
Total # of vehicles in use	XXXXXX	8	8	8	8	8	2	2

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 September 01, 2008 to August 31, 2009

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

<i>Individual Clients Served</i>	Annual Total
Elderly Riders without Disabilities	990
Elderly Riders with Disabilities	350
Non-Elderly Riders with Disabilities	45
Other Riders, including general public	295
TOTAL CLIENTS SERVED (Must match p.9)	1,680

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	3,800
Work Trips	0
Education Trips	0
Nutrition Trips	1,000
Shopping Trips	1,200
Social/Recreational Trips	500
Other Trips	0
TOTAL ONE-WAY PASSENGER-TRIPS PER YEAR	6,500
Average number of vehicles used on a daily basis to provide this service	8

PART VI

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

Applicant Name MACOUPIN COUNTY PUBLIC HEALTH DEPARTMENT

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? _____ mos. 1 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?

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

Kent Tarro, Administrator

Does management review repairs and inspection results? Y N

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

Name: Bruckert-Daley Inc

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: Bruckert-Daley Inc.

928 South Ninth Street Springfield IL 62703

Springfield Mass Transit

Address: 400 West Main Street Carlinville, IL62626

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.

MACOUPIN COUNTY PUBLIC HEALTH TRANSPORTATION DRIVERS TRAINING LOG 2008-2009

DICK	PAUL	DAN	MARK	DOUG	GEORGE	BRUCE	BETTY	LEONARD	WENDELL	FRANK	GENE
01/03/2008 HIPPA TRAINING	01/03/2008 HIPPA TRAINING	3/15/2008 QUALITY SERVICE	01/03/2008 HIPPA TRAINING	3/15/2008 QUALITY SERVICE	02/03/2009. SMART DRIVING AND ACCIDENT PREVENTION	3/15/2008 QUALITY SERVICE	05/21/2009 CPR AND FIRST AID TRAINING	05/07/2009 CPR AND FIRST AID TRAINING	05/13/2009 CPR AND FIRST AID TRAINING	05/21/2009 CPR AND FIRST AID TRAINING	06/19/2009 HIPPA TRAINING
1/29/2008 BUS SAFETY ISNT KIDS STUFF	1/29/2008 BUS SAFETY ISNT KIDS STUFF	3/18/2008 HIPPA TRAINING	1/29/2008 BUS SAFETY ISNT KIDS STUFF	3/18/2008 HIPPA TRAINING	05/07/2009 CPR AND FIRST AID TRAINING	3/18/2008 HIPPA TRAINING	06/19/2009 HIPPA TRAINING	06/19/2009 HIPPA TRAINING	06/19/2009 HIPPA TRAINING	06/19/2009 HIPPA TRAINING	06/23/2009 REVIEW PROGRAM AND DEFENSIVE DRIVING TAUGHT BY DAN
3/15/2008 QUALITY SERVICE	3/15/2008 QUALITY SERVICE	3/27/2008 CPR TRAINING	3/15/2008 QUALITY SERVICE	3/27/2008 CPR TRAINING		06/02/2008 CPR TRAINING	06/23/2009 REVIEW PROGRAM AND DEFENSIVE DRIVING TAUGHT BY DAN	06/23/2009 REVIEW PROGRAM AND DEFENSIVE DRIVING TAUGHT BY DAN	06/23/2009 REVIEW PROGRAM AND DEFENSIVE DRIVING TAUGHT BY DAN	06/23/2009 REVIEW PROGRAM AND DEFENSIVE DRIVING TAUGHT BY DAN	
04/25/2008 FIRST AID TRAINING	04/25/2008 FIRST AID TRAINING	04/25/2008 FIRST AID TRAINING	3/27/2008 CPR TRAINING	04/25/2008 FIRST AID TRAINING		04/25/2008 FIRST AID TRAINING					
06/02/2008 CPR TRAINING	05/20/2008 CPR TRAINING	05/21/2008 FIRST STEPS TRAIN THE TRAINER SCHOOL	04/25/2008 FIRST AID TRAINING	7/18/2008 BLOOD BORNE PATHOGENS AND EMERGENCY PROCEDURES		7/18/2008 BLOOD BORNE PATHOGENS AND EMERGENCY PROCEDURES					
7/18/2008 BLOOD BORNE PATHOGENS AND EMERGENCY PROCEDURES	7/18/2008 BLOOD BORNE PATHOGENS AND EMERGENCY PROCEDURES	06/23/2008 FIRST STEPS ONLINE TRAINING TEST	7/18/2008 BLOOD BORNE PATHOGENS AND EMERGENCY PROCEDURES	09/18/2008 WORKING FOR EVERYDAY AMERICA PRE-TRIP AND POST- TRIP INSPECTIONS		09/18/2008 WORKING FOR EVERYDAY AMERICA PRE-TRIP AND POST- TRIP INSPECTIONS					
09/18/2008 WORKING FOR EVERYDAY AMERICA PRE-TRIP AND POST- TRIP INSPECTIONS	09/18/2008 WORKING FOR EVERYDAY AMERICA PRE-TRIP AND POST- TRIP INSPECTIONS	7/18/2008 BLOOD BORNE PATHOGENS AND EMERGENCY PROCEDURES	09/18/2008 WORKING FOR EVERYDAY AMERICA PRE-TRIP AND POST- TRIP INSPECTIONS	09/23/2008 FIRST STEPS TRAINING AND ONLINE TEST TAUGHT BY DAN		09/23/2008 FIRST STEPS TRAINING AND ONLINE TEST TAUGHT BY DAN					

Transportation Training Schedule 2009

May 2009

CPR – FIRST AID TRAINING

June 2009

Review Transportation Program
Dan- Defensive Driving
Discussion

August 2009

FIRST STEPS – Defensive Driving, Passenger Assistance, and
Emergency Preparedness. On-line test

October 2009

Review Transportation Program
Video- Emergency Procedures for Rural Transit Drivers.
Discussion

December 2009

Video- Passenger Assistance: The Ten Commandments of
Communication with People with Disabilities
Discussion

Macoupin County Public Health Medical Transportation Program

Amount Due: _____

Amount Paid: _____

Number of times client\s off of vehicle _____

Number of riders _____

*{example: client got off at doctor and got off at home would be two time;
or if client got off at doctor and had to go to pharmacy then home it would be counted as three times}*

Date of Birth _____ Car Seat Needed _____ Hight _____ Weight _____

Time pick-up _____ Time arriving _____ Time leaving _____ Timehome _____

98 white (M111420) Beginning: _____ Ending: _____ Total _____

New white (M144759) Beginning: _____ Ending: _____ Total _____

Senior 02 (M169411) Beginning: _____ Ending: _____ Total _____

2008 Glp. (M168566) Beginning: _____ Ending: _____ Total _____

2008 C'ville (M175617) Beginning: _____ Ending: _____ Total _____

Other () Beginning: _____ Ending: _____ Total _____

Loaded odometer reading: *This is only for the miles the client is in the van*

PRE-TRIP INSPECTION

- Check Oil _____
- Coolant _____
- Washer Fluid _____
- Locks on all Doors _____
- Seat and Belt condition _____
- Fire Extinguisher _____
- Head Lights _____
- Flashers _____
- Turn Signals _____
- Body Damage _____
- Tire inflation (VISUAL) _____
- First Aid Supplies _____
- Heater- A/C operation _____
- Wheelchair Tie-Downs _____
- Wheelchair ramp operation _____
- Beginning odometer reading _____

POST TRIP

- Check Oil _____
- Coolant _____
- Washer Fluid _____
- Locks on all Doors _____
- Seat and Belt condition _____
- Fire Extinguisher _____
- Head Lights _____
- Flashers _____
- Turn Signals _____
- Body Damage _____
- Tire inflation (VISUAL) _____
- First Aid Supplies _____
- Heater- A/C operation _____
- Wheelchair Tie-Downs _____
- Wheelchair ramp operation _____
- Ending odometer reading _____

Be aware & Note Conditions

- Vehicle operations okay Vehicle requires repair or service

Comments: _____

6/25/08

RECEIVED

JUN 24 2008

RMC COOPERATION AGREEMENT
BETWEEN
THE SPRINGFIELD MASS TRANSIT DISTRICT
AND

MACOUPIN COUNTY PUBLIC HEALTH DEPT

FOR VEHICLE REPAIR AND MAINTENANCE SERVICES
(REGIONAL MAINTENANCE PROGRAM)

THIS AGREEMENT, made and entered into as of the 24th day of June, 2008 by and between THE SPRINGFIELD MASS TRANSIT DISTRICT, a local Mass Transit District existing under and by virtue of the Local Mass Transit District Act, 70 ILCS 3610/1 *et seq* (hereinafter for convenience referred to as the "SMTD"), and Macoupin County Public Health Dept., a qualified not for profit entity or non-profit community service association exempt from federal income tax under Section 501 (c)(3) of the Internal Revenue Code of 1986 (hereinafter for convenience referred to as the "Agency"),

WITNESSETH:

WHEREAS, Article VII, Section 10 of the Constitution of the State of Illinois of 1970 permits and expressly authorizes the SMTD to participate in cooperative activities with associations and corporations in any manner not prohibited by law or by ordinance; and

WHEREAS, the SMTD also has the authority to participate in cooperative programs with other governmental entities, as well as with not-for-profit non governmental entities, pursuant to the provisions of the Civil Administrative Code of Illinois, Department of Transportation (Part 8.5), 20 ILCS 2705/49.27; and

WHEREAS, the Agency requires maintenance and repair service for its paratransit vehicle(s); and

WHEREAS, SMTD has the capability to provide such maintenance and repair service, and is willing to provide such maintenance and repair service for the paratransit vehicle(s) of the Agency; and

WHEREAS, SMTD also has a loaner paratransit vehicle for Agency's use during maintenance/repair work on Agency's paratransit vehicle(s), and desires to specify the terms upon which Agency shall be entitled to use it; and

WHEREAS, SMTD and the Agency desire to enter into this Agreement to establish the terms and conditions upon which such maintenance and repair service, and loaner vehicle, shall be provided by SMTD; and

WHEREAS, the Agency also has the authority to enter into and perform the terms of this Agreement;

NOW THEREFORE, in consideration of the foregoing and the mutual covenants and agreements herein contained, the parties hereto agree as follows:

1. Incorporation. The preamble "Whereas" findings set forth hereinabove are hereby declared to be adopted by the SMTD and the Agency as part of this Agreement, as if said preamble findings were expressly set forth verbatim in the body of this Intergovernmental Cooperation Agreement.
2. Scope of Services. The primary purpose of this Agreement is to provide non-routine maintenance and repair services not generally available in the private sector for paratransit vehicles due to their specialized characteristics. However, the SMTD will provide routine maintenance and repair services for items identified during the courtesy inspection, if desired by the Agency.
3. Service Appointments. Advance appointments (2 business days' notice) for service are not required, but are requested where conditions permit to enable the SMTD to ensure adequate staffing to provide prompt repair service, and to enable better scheduling for use of the loaner vehicle.
4. Courtesy Inspection. When the Agency vehicle is brought in, the SMTD will perform a check-in courtesy inspection of the vehicle to assess its overall condition with particular attention to any problems(s) identified by the Agency. However, the SMTD shall not be responsible for detecting any problem(s) not identified by the Agency. The Agency hereby grants the SMTD and its employees permission to operate the Agency vehicle(s) on streets, highways or elsewhere as may be reasonably necessary for purposes of testing and/or inspection. The SMTD will then prepare an estimate of the cost for any required or recommended repairs and/or maintenance items, including routine items, specifying whether each item was identified by the SMTD or the Agency. The cost estimate will include labor, parts and shop supplies.
5. Authorization for Work. The SMTD will complete repairs and/or maintenance items, upon authorization by the Agency for all such repair work, including installation of necessary parts, materials and equipment, as may be reasonably necessary to alleviate the problems(s) identified and/or complete the identified repair and/or maintenance items. The SMTD will require a release from the Agency for any suggested repair and/or maintenance items not approved by the Agency. The SMTD will obtain prior approval from the Agency before proceeding with any work if actual charges are more than 110% of the cost estimate previously approved.
6. Cost of Repairs. The Agency will pay the SMTD for the work completed from the date of this contract through June 30, 2009 at a rate of \$37.85 per hour for labor, plus the cost of all parts and shop supplies at cost plus 10%. Hourly labor rates will be determined on an annual basis and new rates will become effective as of July 1 of each year. The SMTD will inform the Agency of the new rate each year when determined.

7. Prompt Payment. The Agency will make full payment to the SMTD for repairs within 30 days of the invoice date. All amounts unpaid for more than 30 days shall bear interest at the rate of 1 ½ % per month (18% per annum), or the highest rate permitted by law, if lower, and in the event the Agency fails to pay any such amount due to the SMTD, the SMTD is also entitled to collect its reasonable costs of collection, including attorneys' fees. The SMTD reserves the right to deny further service to the Agency until past due payments are received. An express mechanic's lien is hereby acknowledged on the vehicle to secure the cost of the repairs.

8. Disclaimer of Warranties. The SMTD hereby disclaims all warranties, either express or implied, including any implied warranty of merchantability or fitness for a particular purpose, and the SMTD neither assumes nor authorizes any other person to assume for it any liability in connection with the repair of the Agency's vehicle(s).

9. Casualty. The Agency agrees that the SMTD is not responsible for loss or damage to the Agency vehicle or articles left therein in case of fire, theft or any other cause beyond the control of the SMTD, nor for any delays caused by the unavailability of parts or delays in parts shipments by the supplier or transporter.

10. Documentation and Insurance. The Agency will provide the SMTD with documentation from the Agency's governing body authorizing the SMTD to make repairs to Agency vehicles under this program, agreeing to pay for such repairs in a timely manner, and agreeing to provide commercial auto liability, comprehensive and collision insurance covering the loaner vehicle and the passengers and operator(s) thereof while it is being used by the Agency. Auto liability will be provided at a limit not less than \$1,000,000.00 per occurrence or the minimum levels required by the State of Illinois, whichever is greater, and shall be provided by an insurance company with an A.M. Best rating of at least A-IX based upon the most recent issue of the A.M. Best Rating Guide.

11. Loaner Vehicle. The SMTD has a loaner vehicle which may be used by the Agency, while repairs are being made on an Agency vehicle, on a first-come, first-serve basis. There will be a charge of \$.40 per mile for the use of the vehicle; however no charge will be made for miles accumulated while driving the loaner vehicle to and from Springfield. Proof of insurance covering the loaner vehicle must be provided to the SMTD before the vehicle will be released to the Agency. The loaner vehicle will be provided with a full fuel tank when it is released to the Agency. The Agency agrees to return the vehicle to the SMTD with a full fuel tank, and will pay a refueling charge of the most recent purchase cost to the SMTD per gallon if the loaner is not returned with a full tank. The Agency will ensure that only its properly licensed, trained and authorized employees are allowed to operate the loaner vehicle, and will fully indemnify, release and save harmless the SMTD from and against any claims or liability of any nature whatsoever (including attorneys' fees) arising during or as a result of the Agency's use of the loaner vehicle. The Agency will be responsible for the cost of any loss or damages sustained by the loaner vehicle while the Agency is using the vehicle. The loaner shall be returned promptly upon request of the SMTD. The SMTD reserves the right to deny use of the loaner vehicle at any time upon improper use or abuse of the vehicle by the Agency.

12. Immunities Retained. The SMTD and the Agency and all employees, agents, and volunteers thereof shall in all circumstances, both inside and outside the corporate limits of the SMTD, possess, retain, and to the extent that may be necessary, transfer all of their common law and statutory immunities and defenses from liability for civil actions, including, but not limited to, all such defenses and immunities contained in the "Local Governmental and Governmental Employees Tort Immunity Act", 745 ILCS 10/1-101 *et seq.*, to the end that the Agency, the SMTD, and all employees, agents and volunteers thereof shall fully enjoy and benefit from all such common law and statutory defenses and immunities.

13. Approval of Agreement. This Intergovernmental Cooperation Agreement shall not become effective until first approved by appropriate ordinance or resolution of the governing bodies of the SMTD and the Agency. Approval of this Intergovernmental Cooperation Agreement shall constitute the termination of any and all previous agreements between the SMTD and the Agency. Upon approval, copies of this Intergovernmental Cooperation Agreement shall be filed with the Clerk of the SMTD and the Secretary of the Agency.

14. Termination. Upon approval of the governing bodies of the SMTD and the Agency, this Intergovernmental Cooperation Agreement shall remain in full force and effect until terminated by action of the governing body of either party upon thirty (30) days written notice to the other, with or without cause.

IN WITNESS WHEREOF, the SMTD and the Agency have approved this Intergovernmental Cooperation Agreement as of the date and year first above written.

Macon County Public Health Dept.
Agency

SPRINGFIELD MASS TRANSIT DISTRICT

By: Kept Tano
Its Director

By: Linda F. Tisdale
Linda F. Tisdale, Managing Director

ATTEST:

ATTEST:

By: Peggy Harrison
Its C.P.O.

By: Blaine K. Townsend
Its Controller

L. S.

L. S.

**MACOUPIN COUNTY PUBLIC HEALTH DEPARTMENT
(MCPHD)
TRANSPORTATION POLICY**

ADA SERVICE REQUIREMENTS

The ADA regulations (37 CFR Subpart G) identify specific service requirements applicable to public entities and private entities and private entities providing transportation service:

MAINTENANCE REQUIREMENTS

- All providers of transportation service must maintain in operative condition the features required to make facilities and vehicles accessible to individuals with disabilities. These features include lifts, ramps, securement devices, elevators, signage and systems to facilitate communication. All accessibility features must be repaired promptly.

POLICY REQUIREMENTS

- **Lift and Securement Use.** The MCPHD, when providing transportation service must have a securement system for wheelchairs. MCPHD may require that wheelchair users permit their wheelchairs to be secured. MCPHD may not require a wheelchair user to transfer to another seat. Staff must provide assistance upon request or as necessary with lifts, ramps and securement systems. MCPHD must permit individuals with disabilities who do not use wheelchairs to use the vehicle's lifts or ramp.
- **Service Animals.** MCPHD must permit service animals to accompany individuals with disabilities in vehicles and facilities.
- **Use of Accessibility Features.** Vehicle operators and other personnel must make use of required accessibility-related equipment and features. (Example would be if there are tie-downs they should be used to secure a wheelchair on the vehicle.)
- **Public Information/Communications.** MCPHD must make service information available in accessible format.
- **Service to Persons Using Respirators or Portable Oxygen.** MCPHD may not deny service to individuals using respirators or portable oxygen.
- **Adequate Time for Vehicle Boarding/Disembarking.** MCPHD must ensure adequate time for individuals with disabilities to board or disembark a vehicle.
- **Training.** MCPHD must provide training to operators of fixed route and demand responsive service including training for the safe operation of the vehicles and accessibility equipment and the proper treatment of persons with disabilities.

MACOUPIN COUNTY PUBLIC HEALTH DEPARTMENT
TRANSPORTATION POLICY

Operational Policies

1. **Door-to-Door Definition:** Provides door-to-door service for its clients. This means that Drivers should assure that any passenger leaves their home and arrives back to his or her door in a safe manner.
2. **Passenger Assistance:** Drivers are required to assist passengers from door-to-door, especially the frail, elderly and disabled passengers.
 - a. No Driver is to go beyond the threshold of a passenger's residence.
 - b. Passengers are not escorted beyond the lobby of buildings such as a doctor's office. Also passengers are collected at the main door and not at specific offices.
 - c. All passengers are to be assisted or offered assistance from the pick-up point to the vehicle. A vehicle is not to be moved until all occupants and the Driver of the vehicle have seat belts properly secured. (Only Exception: A passenger who has verification from a physician (MD) on file in the office stating that the passenger cannot or should not wear a seat belt.) All passengers are to be assisted or offered assistance from the vehicle to the drop-off point. Drivers are to position themselves outside the vehicle at the bottom of the steps so as to assist ambulatory passengers when they are boarding or disembarking a vehicle.
 - d. When a passenger in a wheelchair is being transported, the wheelchair and the passenger must be secured utilizing completely the system available on each vehicle. Drivers loading mobility devices must do so according to each manufacturer's specification. No "short cuts" are to be taken when securing a passenger and wheelchair before transporting. All motorized wheelchairs must have the power source disconnected prior to raising or lowering the lift.
 - e. Passengers in manual wheelchairs and mobility devices are only to be assisted by the operator up or down one step or curb. A normal step or curb is not more than 9 inches. If a situation is encountered that is questionable or obviously not consistent with safe transportation, the Driver is not to transport and must immediately contact the office.
 - f. If the walkway to a passenger's home is not accessible due to snow cover, ice or excess water, the Driver may not clear a path in order to collect the passenger. It is the passenger's responsibility to provide a safe pathway to and from residences.
 - g. It is the policy of the Illinois Transportation Program to serve all residents of the service area. However, for safety reasons, Drivers are not required to load a passenger in a wheelchair if access to his or her home involves maneuvering the passenger more than one step, unless the home is equipped with a ramp for easy wheelchair access. If members of the passenger's family are available to transfer the passenger from the home to the vehicle than the step limitation will not apply.
 - h. Passengers who are boarded onto the vehicle in a wheelchair or other mobility device (Amigos, etc.) and then transfer to a seat must be able to do so with a minimal amount of assistance from the Driver. The Driver's assistance should be limited to steadying the mobility device or passenger and securing the seat belt. At no time is the Driver to lift the weight of the passenger when the passenger is transferring to or from a seat. All wheelchairs or mobility devices that are

MACOUPIN COUNTY PUBLIC HEALTH DEPARTMENT
TRANSPORTATION POLICY

Operational Policies

transported without a passenger seated in them must be secured in the vehicle so they do not block access to the aisle between the seats and so they do not significantly move in the event of a quick emergency stop or accident. Again, all motorized wheelchairs or mobility devices must have the power source disconnected prior to raising or lowering the lift.

- i. Drivers are expected to assist any passenger with reasonable packages, but are not to forego appropriately assisting the passenger because of the packages. Drivers are to contact the office in unusual situations for instructions.
 - j. Passengers are not allowed to smoke, eat or drink on the van. If Drivers encounter a passenger who will not adhere to this policy, they are to refer the passenger to the Passenger Handbook and then notify the office.
3. **Client Confidentiality:** Employees are never to give out or discuss client information with anyone other than to their immediate supervisor, the Executive Director or Administrative Assistant. Such information is considered confidential by law. Information can only be given out to others after a legally executed release of information is signed by a duly authorized client, parent or guardian. The CCCoA Client Confidentiality Policy must be adhered to at all times. A copy of the CCCoA Client Confidentiality Policy is attached.
4. **Unauthorized Passengers:** No unauthorized passengers are allowed to be transported in vehicles. This rule includes spouses, children relatives, friends, etc. unless they are registered passengers of said transportation and are authorized by the Dispatcher, Program Director, Executive Director or Administrative Assistant to be a passenger.
5. **Service Animal Transportation:** A service animal is any guide dog, signal dog, or any other animal individually trained to work or perform tasks for an *individual with a disability, including, but not limited to, guiding individuals with impaired vision, alerting individuals with impaired hearing to intruders or sounds, providing minimal protection or rescue work, pulling a wheelchair, or fetching dropped items*. Service animals are permitted to accompany their users in any private or public transportation vehicle or facility. (DOT, Americans with Disabilities Act – Transportation Regulation, 49CFR 37.167(d), 46,267. ADA mandate attached.) Animals which are typically or reasonable domesticated pets are not allowed on the vehicles even if an animal carrier is provided.
6. **Passenger Illness/Behavior:** Should a passenger become ill while in a vehicle, the Driver should notify the office of the illness and/or unusual behavior. The vehicle should be stopped in a safe manner and the passenger's immediate needs identified. If capable of making a reasonable request, the passenger shall determine if he/she should continue to the destination, return to his/her home or have the Driver call for emergency assistance. If the passenger is a client of a sheltered workshop, nursing

MACOUPIN COUNTY PUBLIC HEALTH DEPARTMENT
TRANSPORTATION POLICY

Operational Policies

home, etc., then that agency should be notified immediately and their instructions followed. The CCCoA Client Behavior Policy will be adhered to.

7. **Passenger Accidents:** All passenger accidents, regardless of severity, should be reported verbally by the Driver to the Program Director as soon as possible. A personal injury form then is completed by the Driver and reviewed by the Program Director. A copy is given to the Executive Director and a copy is also placed in the passenger's file. The original is sent to the insurance carrier. If feasible, first aid should be administered by the Driver. If there is a serious injury, the Driver should notify the Dispatcher who will immediately call for additional assistance.
8. **Vehicle Accidents:** (Reporting Procedures) II. Dept. of Transportation Program requires that all vehicle accidents be reported immediately to the Dispatcher and Program Director. The proper authorities will be notified from the main office. Drivers are to stay with their vehicles at all times and not move them unless authorized for safety reasons by the office or police department. Written documentation of the accident shall be completed by the Driver and given to the Program Director immediately. Any Driver who receives a citation for a moving violation is responsible for payment of the citation and may incur disciplinary action, suspension or termination of employment.

MACOUPIN COUNTY PUBLIC HEALTH DEPARTMENT

Transportation Policy

Mission Statement: The Macoupin County Public Health Department will provide all types of non-emergency health care transportation (dentists, doctors, hospital testing, public health, mental health, rehabilitation services, eye care) for people unable to provide their own transportation. This service will target the elderly, the disabled and the low-income families that are not able to provide their own transportation. Rides will be provided within a 50 mile radius to Springfield, St. Louis, Jacksonville, Hillsboro, Litchfield, Alton, Maryville and to Decatur. An appropriate low cost fee schedule will be maintained. Administration reserves the right to waive the fee based on the inability to pay. Properly licensed and trained drivers will provide the transportation. Vehicles will be maintained according to a set maintenance schedule. Vehicles will be used only for agency use.

Definition of Terms:

For the purposes of this policy, the following definitions will apply:

1. Transportation Coordinator – Individual directly responsible for overseeing the entire fleet of vehicles, administering the transportation program and preventative maintenance program, and directly supervising the “Route Driver’s”.
2. Route Driver – Those persons driving either a Division I or II vehicle on a regularly scheduled daily route for the express purpose of transporting consumers to and from the Macoupin County Public Health Department Transportation. These persons will possess a Commercial Driver’s License (CDL).

Administration of the Program:

The Transportation Coordinator shall be responsible for the administration of the Transportation program. Those duties shall include, but not be restricted to the following:

1. Scheduling of all vehicle maintenance – either scheduled or unscheduled maintenance
2. Establish records on each agency vehicle – maintenance and usage reporting
3. Maintain files on vehicle usage and maintenance and assist Executive Director and Director of Finance in Grant preparation and submission.
4. Ensure that all agency vehicles are properly licensed and inspected as required
5. Ensure all agency vehicles have the proper forms, for daily operations
6. Maintain Pre-Trip Inspection forms in active file for one (1) year, and inactive file for two (2) years on all agency vehicles

MACOUPIN COUNTY PUBLIC HEALTH DEPARTMENT

Transportation Policy

7. Maintain Trip Sheets in active file for one (1) year, and inactive file for two (2) years
8. Maintain Maintenance Data files on agency vehicles for the life and usage of the vehicle
9. Prepare reports as required on the status and usage of agency vehicles for use in-house and submission to outside agencies
10. Maintain a file and investigate all accidents/incidents involving agency vehicles
11. Maintain a file and ensure all driver certifications and required training are current
12. Ensure compliance with U.S. Department of Transportation, Federal Motor Carrier Safety Administration and Illinois Department of Transportation Regulations

Transportation Program:

Macoupin County Public Health Department Transportation Program shall require that any agency vehicle before it is operated for the first time on any given day be given a PRE-TRIP INSPECTION, by the driver preparing to operate the vehicle. The Pre-Trip inspection will be recorded on the form provided with each vehicle, and turned into the Transportation Coordinator each Monday. Vehicles that are operated on the weekend will utilize the same Pre-Trip inspection form, (See Attachment 1) however, the day of the week will be crossed out and the appropriate week end day written in.

All agency vehicles transporting passengers, for any reason, will drive with their headlights on at all times. The driver will wear a seat belt, and it shall be the driver's responsibility to ensure that all passengers are properly secured in the vehicle prior to placing that vehicle in motion. Wheelchair passenger shall be secured with the ADA equipment provided with the vehicle. All vehicles will use their WARNING FLASHERS, when stopped for loading or unloading of passengers.

Trip Sheets: Trips will be recorded on the trip sheet provided in each vehicle and shall include the following information. Date, Purpose of the Trip, Driver, Time Out, Time In, Start Mileage, Stop Mileage, Total Miles and Number of Passengers. Passengers are considered to be anyone in or on the vehicle other than the driver. Trip sheets will be turned in to the Transportation Coordinator either when full or at the end of each calendar month, for tabulation of total passengers and miles driven for each agency vehicle. (See Attachment 2)

MACOUPIN COUNTY PUBLIC HEALTH DEPARTMENT

Transportation Policy

Fuel Sheets: Fuel Sheets will be provided for each vehicle and it will be the drivers responsibility to ensure that each vehicle is fueled and that information is recorded on the fuel sheet. Agency policy is that no vehicle be parked with less and one-half tank of fuel. Fuel sheets will be turned into the Transportation Coordinator for recording of fuel usage and then to the office for reconciliation of the fuel bill. (See Attachment 3)

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

Applicant Name MACOUPIN COUNTY PUBLIC HEALTH DEPARTMENT

Driver/Dispatch Training is vital and necessary.

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

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

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

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

Are all drivers formally trained in the following core passenger transport subjects?
 Client Assistance Y N N N

Do you provide to the drivers:
 Special Passenger Care Training Y N N
 C.P.R. Training Y N N

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

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

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

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

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

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

Each driver has a cell phone on them

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 XX or Same Area XX- E.g., Cities, Towns, Counties to be Served?
(If area is the same as current service area, indicate "SAME").**

We have expanded our service to senior transportation to meet their medical, nutritional, shopping, social and recreational needs and are currently working on expanding into section 5311 Public Transportation by 2010. Our goal is to complete the 5311 Public Transportation Plan by November of 2009 and implement the Public Transportation in early 2010.

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

Saturdays and Sunday s are provided on a demand basis, Hours will be expanded even further when the section 5311 funding is implemented.

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

Medical rides to Springfield and St Louis will be increased tremendously as will senior transportation trips next year. In county rides and out of county rides to meet daily living needs, social, recreational and educational needs will be increased greatly with a new on-demand public transportation system in 2010

- 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.)**

Rides are scheduled as needed by phone at the Carlinville site. Rides are also scheduled from medical providers for clients. Rides are also scheduled on a permanent, set basis as well.

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

	<u>Total Clients</u> Served per year (see page 11)	Estimated <u>New</u> Clients	Annual <u>Total</u>
Elderly Clients without Disabilities	990	350	1340
Elderly Clients with Disabilities	350	80	430
Non-Elderly Clients with Disabilities	45	45	90
Other Clients	295	325	620
TOTAL CLIENTS	1,680	800	2,480

Applicant Name MACOUPIN COUNTY PUBLIC HEALTH DEPARTMENT

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

**New or Additional
Annual Totals**

NOTE: Each time a client gets on, rides and gets off is a Passenger-Trip (see Page 11)
(Example: Transporting a client to a medical appointment, then to a food store, then home, counts as three one-way passenger trips for each person served)

Medical Trips	825
Work Trips	150
Nutrition/ Food Trips	925
Shopping	800
Other Trips	500

TOTAL ONE-WAY PASSENGER-TRIPS: 3,200

Number of new vehicles being requested to provide these trips **2**

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	4	16	16	16	16	16	5	5
Volunteer Drivers	0	0	0	0	0	0	0	0
Reservationists/ Schedulers/Dispatchers	0	0	0	0	0	0	0	0
Maintenance Staff	0	0	0	0	0	0	0	0
Administrative Staff	0	0	0	0	0	0	0	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	98	.2	18	.7
Asian/Pacific Islander	98	.2	30	1.2
Black	391	.8	100	4.0
Hispanic	293	.6	110	4.4
White	47,922	98.0	2207	89.1
Other	98	.2	15	.6
TOTAL (match B-1 above).	48,900	100 %	2,480	100 %

PART IX COORDINATION EFFORTS

THIS PART MUST BE COMPLETED BY ALL NON-PROFIT APPLICANTS

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

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

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

Agency/Provider	Phone #	Days	Hours	Type of Service	FollowUp?
Helping Hands	618-239-9900	Daily		Medical Transportation out of Belleville	
Bethany Place	618-234-0291	Daily		Medical Transportation only for HIV/AIDS patients	
Illinois Valley Economic Development Corporation	217-839-4431	Daily		Provides rides only for developmentally disabled to sheltered workshops	
Dunn's Ambulance	217-824-6999	24-Hour		Medical Emergency Transportation only	
Area Medivan	618-637-6535	Daily		Medical Transportation out of Livingston	

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.**

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 September 01, 2007 to August 31, 2008

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	\$10,000	\$20,000	\$21,000
Operating Income from Service Contracts (see section B on next page)			
Operating Income from other Grants (see section B on next page)	\$105,000	\$165,000	\$223,000
Donations			
General agency funds			
Other Medicaid Revenue	\$15,000	\$15,000	\$16,000
Total Revenues (should equal expenses)	\$130,000	\$200,000	\$260,000
Expenses – Operations			
Driver Salaries and Fringe Benefits	\$70,000	\$97,500	\$145,500
Dispatch/Supervisor Salaries and Fringe Benefits	\$18,500	\$43,500	\$45,000
Maintenance (Parts and Labor)	\$12,000	\$15,000	\$18,000
Materials and Supplies			
Fuel, Oil, Tires	\$15,000	\$17,000	\$18,000
Insurance	\$6,000	\$10,000	\$12,000
Vehicle Storage			
Other			
Expenses – Administration			
Management Salaries and Fringe	\$4,500	\$10,000	\$12,000
Clerical/Bookkeeping Wages	\$2,500	\$5,000	\$7,000
Rent, Utilities, Taxes			
Marketing /Promotion/Driver Training costs	\$1,500	\$2,000	\$2,500
Other			
Total Expenses (should equal revenues)	\$130,000	\$200,000	\$260,000

Applicant Name MACOUPIN COUNTY PUBLIC HEALTH DEPARTMENT

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:			
Senior Transportation	\$83,000	\$84,000	\$84,000
Illinois Downstate Rural Health Grant	\$11,000	\$11,000	\$11,000
Section 5311 Public Transportation Program		\$70,000	\$128,000

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

5. Resources/Capabilities

The Public Health Departments in Illinois conducted community health needs assessments during 1993-94 based on the Assessment Protocol for Excellence in Public Health Process (APEX/PH). Our adapted process is called the Illinois Planning for Local Assessment of Needs (IPLAN). This is the Illinois State Public Health System taking the initiative on professionalizing their provision of the three core functions of government in Public Health; including assessment, policy development and assurance.

Specifically, Macoupin County Public Health Department (MCPHD) is very capable of effectively administering the proposed Federal Rural Health Outreach Grant Services Program. The MCPHD is a county governmental unit and licensed by the Illinois Department of Public Health. The MCPHD is responsible for protecting and promoting better health through the provision of primary care services; prevention and early detection of selected diseases, prevention and control of environmental health hazards and infectious disease; and the regulation of health care facilities and programs.

MCPHD Major services include:

■ Health Care Referrals

Providing assessment information and referral to link people who are in need of services not offered by the county with the appropriate service providers. Referrals may be made to mental health agencies, private practitioners, and substance abuse prevention and treatment centers.

■ Public Health Clinics

School Linked Health Center, Gillespie, IL, opened in 2001 and is a partnership with three of the county's nine school districts to provide behavioral and primary health care services to school age children and their families.

Community Care Health Center, Gillespie, IL is a part-time indigent clinic providing preventative and primary health care services for the uninsured and underinsured residents of Macoupin County.

M&M Dental Clinic (Medicaid eligible Clinic) is a cooperative program between Macoupin and Montgomery Public Health Departments and the Montgomery County Housing Authority to provide dental services for Medicaid eligible persons.

Other outpatient clinics provide a broad range of diagnostic and testing services for adult wellness, well-child and prenatal care; public health services such as immunizations and counseling for sexually transmitted diseases; health support services such as nutrition and health education; and case management for families with prenatal women, infants, and children up to the age of three. Case management includes home visits for assessment of needed services and referral and advisory to ensure those services are received, including medical, education, and job training needed. A great amount of prevention education is also conducted with on-going encouragement toward client's individual

responsibility. Studies have shown case managed women and children have better pregnancy outcomes; fewer pregnancies; higher immunization levels; lower levels of smoking, alcohol, and substance abuse; and decreased emergency room utilization.

■ **Speakers/Speakers Bureaus**

Staff are available to make presentations to local agencies, organizations, clubs, and schools on a variety of health related topics. Topics range from well-baby care, smoking or tobacco chewing cessation, stress management, nutrition, prevention of heart disease and cancer, child car safety, family planning, weight loss and weight management, senior health care and safety, and prevention of AIDS and other sexually transmitted diseases.

■ **WIC (Special Supplemental Food for Women, Infants, & Children)**

Nutrition education and food vouchers for pregnant women, nursing mothers, infants, and children who cannot afford an adequate diet. Vouchers are issued on a quarterly basis and may be exchanged for authorized foods such as baby formula, cereal, eggs, juice, and milk at participating grocery stores.

■ **Medical Transportation Program & Senior Transportation Program**

Provides rides for Macoupin County residents of all ages who have primary care appointments with physicians or clinics as far away as St. Louis, Missouri or Springfield, Illinois. Transportation program for Senior Citizens is provided from Springfield to St. Louis for rides to medical appointments, for shopping and nutritional needs as well as for social and recreational needs.

■ **All Kids Enrollment Agency**

Serves as an All Kids enrollment out station for the Illinois Department of Healthcare and Family Services.

Service Totals:

During fiscal year 08, the MCPHD provided: 285 TB Skin Tests, 221 Health Prevention Education Programs, 955 Blood Pressure Screenings, 3195 Immunizations, 2,225 Fluzone Immunizations, 519 Preschool Vision & Hearing Screening Tests, 795 Food Sanitation Inspections were conducted, 228 Private Sewage Inspections were conducted, 45 Well water Tests were conducted, 1645 Women, Infants and Children were served in the WIC program

Throughout Macoupin County, immunization clinics are conducted at four locations, WIC program/Case Management services are provided at two Public Health sites, and Blood pressure screenings are offered at four sites.

As the opportunities arise the MCPHD will continue to phase in other interagency services and network with such agencies as Human Services and Rehabilitation Services. The services now provided and the past experience with broad community planning is proof of the MCPHD's ability to conduct a grant program of the scope and nature described in this application. Proof is also in the network commitment and cooperation that has brought the dental and medical programs to its present day status.

The mission of the Macoupin County Public Health Department is to preserve, protect and promote the health of residents of Macoupin County. To carry out this purpose, a variety of services are offered. Some require participants to meet income or age requirements, but many services are available to any person residing in Macoupin County. The county is shaped in a perfect rectangle, longer from north to south. The main office where administrative and clinic activities are performed is located at the county seat in the geographic center of the county. One other site is maintained for client convenience and needed office space. Many families, however, have transportation problems to clinic sites, as there is not public transportation in the county yet.

Macoupin County Public Health Department has provided transportation services since 1995 with 2 drivers for medical trips to and from St. Louis to Springfield. In 1997, a van was secured which increased services to other areas for seniors over 65 and any person showing a need for non-emergency medically related transportation. Additionally, Section 5310 vans were received in 1998, 2004 and 2008. In early 2007, we had 8 drivers providing comprehensive senior transportation services to help meet their needs for medical, social, recreational rides including nutritional and shopping needs. They provide over 6,500 trips a year. This however, does not come close to the anticipated need for 20,000 trips a year. The Health Department was established in 1983 and has continued to grow in scope and service since then. Services provided include but are not limited to:

Bicycle Safety and helmet program	Flu and Pneumonia vaccinations
Blood pressure screenings	Food safety classes
Car seat rental for grandparents	Health or well check ups for infants and children
Care seat program for parents	Hem occult testing (cancer)
Child immunizations	Hemoglobin A1c for diabetics
Child developmental screening	Lead screening
Cholesterol screening	Linkage to other agencies
Dental sealant program	Nutrition education for: weight loss, cholesterol, diabetes
Dental services for Medicaid elig.	Expectant mothers and new mothers
Diabetes education	Pregnancy services
Diabetes Support group	PSA screening
Preventative programs	Radon testing
Tobacco prevention & education	
Transportation	
Well water testing	
Domestic violence services	
Rides to any service WIC- supplemental food for women, infants, children	
Financial assistance for mammogram, eye doctor, podiatrists	

PART XI

HSTP REVIEW

**MUST BE COMPLETED BY ONLY NORTHEASTERN ILLINOIS APPLICANTS
(RTA Urbanized Chicago Area 2-- Cook, Lake, Will, DuPage, McHenry & Kane)**

Applicant Name MACOUPIN COUNTY PUBLIC HEALTH DEPARTMENT

Please check which Needs and Strategies are addressed by the service you plan to provide with the vehicle or vehicles requested.

Please Reference:

The HSTP Plan for NE Illinois can be found at: <http://jarcnf.rtachicago.com/jarc-nf/coordinated-public-transit.html>.
Page numbers in the chart below reference the RTA Coordinated Public Transit Report on their web-site.

NEEDS (See HSTP Chapter 2 for detailed description.)	STRATEGIES (See HSTP Chapter 3 for detailed description.)
<input type="checkbox"/> Centralized Information (pg. 2-8)	<input type="checkbox"/> Provide a Centralized Information Source (pg. 3-3)
<input type="checkbox"/> Geographic/ Spatial Limitations (pg. 2-8)	<input type="checkbox"/> Improve Productivity (pg. 3-4)
<input type="checkbox"/> Temporal Limitations (pg. 2-8 & 2-9)	<input type="checkbox"/> Volunteer Utilization (pg. 3-6)
<input type="checkbox"/> Program Eligibility and Trip Purpose Limitations (pg. 2-9)	<input type="checkbox"/> Taxi Subsidy Programs (pg. 3-7)
<input type="checkbox"/> Supply of Service inadequate for Demand (pg. 2-9)	<input type="checkbox"/> Community Bus Routes (pg. 3-8)
<input type="checkbox"/> Inability to Meet Same Day Service Requests (pg. 2-9)	<input type="checkbox"/> Flexible Transit Services (pg. 3-9)
<input type="checkbox"/> Inability to Accommodate Subscription Requests (pg. 2-9)	<input type="checkbox"/> Agency/ Employment "Tripper" Services (pg. 3-10)
<input type="checkbox"/> Affordability (pg. 2-10)	<input type="checkbox"/> Reverse Commute (pg. 3-11)
	<input type="checkbox"/> Accelerating Reimbursement (pg. 3-13)
	<input type="checkbox"/> Joint Purchasing (pg. 3-15)
	<input type="checkbox"/> Sharing Resources (pg. 3-16)
	<input type="checkbox"/> Contracting with Agency Operators (pg. 3-17)
	<input type="checkbox"/> Contracting with common Service Providers (pg. 3-18)
	<input type="checkbox"/> Consolidating Functions (pg. 3-19)
	<input type="checkbox"/> Improving Service Convenience (pg. 3-21)
	<input type="checkbox"/> Accessibility Improvements at Non-Key Rail Stations (pg. 3-23)
	<input type="checkbox"/> Accessibility Improvements at Fixed Route Bus Stops (pg. 3-24)
	<input type="checkbox"/> Deployment of Tools that Improve Data Integrity, Fare Collection, Cost Sharing/Allocation, Billing/Reporting, and Transfers (pg. 3-26)
	<input type="checkbox"/> Deployment of Tools that Support Live Dispatch (pg. 3-27)

APPENDICES

Appendix A
ILLINOIS DEPARTMENT OF TRANSPORTATION (“IDOT”)
AND FEDERAL TRANSIT ADMINISTRATION (“FTA”)
ASSISTANCE PROGRAMS
JOINT CERTIFICATIONS AND ASSURANCES FOR APPLICANTS

Name of Applicant MACOUPIN COUNTY PUBLIC HEALTH DEPARTMENT

This Appendix must be completed by all Non-Profit and IDOT Certified Public Body Applicants

By signing the attached AFFIRMATION OF APPLICANT’S ATTORNEY and JOINT CERTIFICATIONS AND ASSURANCES FOR IDOT & FTA PROGRAMS, the Applicant agrees to comply with the following applicable requirements (attached) of IDOT and FTA Assurance Programs Joint Certifications and Assurances for Grantees:

CERTIFICATION	CVP APPLICATION
1. Certifications and Assurances Required of each Applicant	Applicable
2. Lobbying Certification (if application is for more than \$100,000)	Applicable
3. Certification for Effects on Private Mass Transportation Companies	Applicable (for public bodies only)
4. Public Hearing Certification for Major Projects with substantial Impacts	Not Applicable
5. Certification for Acquisition of Rolling Stock	Not Applicable
6. Bus Testing Certifications	Not Applicable
7. Charter Service Agreement	Not Applicable (for 5310 Applicants)
8. School Transportation Agreement	Applicable
9. Certification for Demand Responsive Service	Not Applicable (for 5310 Applicants)
10. Alcohol Misuse and Prohibited Drug Use Certifications	Not Applicable (for 5310 Applicants)
11. Certification for Interest or Other Financing Costs	Not Applicable
12. Intelligent Transportation System Program Assurance	Not Applicable
13. Certifications and Assurances For The Urbanized Area Formula Program, The JARC Program and Clean Fuels Formula Program	Not Applicable
14. Certifications and Assurances for the Elderly and Persons With Disabilities Program	Applicable
15. Certifications and Assurances for the Nonurbanized Area Formula Program	Not Applicable (for 5310 Applicants)
16. Certifications and Assurances for the State Infrastructure Bank Program	Not Applicable

The attached signature pages (Applicant and Applicant’s attorney) must be appropriately completed and signed where indicated.

AFFIRMATION OF APPLICANT'S ATTORNEY

For MACOUPIN COUNTY PUBLIC HEALTH DEPARTMENT
(Name of Applicant)

As the undersigned Attorney for the above named Applicant, I hereby affirm to the Applicant that it has authority under state and local law to make and comply with the certifications and assurances as indicated on the foregoing pages. I further affirm that, in my opinion, the certifications and assurances have been legally made and constitute legal and binding obligations on the Applicant.

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

Vernon Grant

Signature of Applicant's Attorney

5/22/05

Date at Signature

V. Grant MONTANA

Print Name of Applicant's Attorney
ARDC Registration Number

1957635

JOINT CERTIFICATION AND ASSURANCES FOR IDOT & FTA PROGRAMS

Please Print or Type: Name of Applicant/Agency: MALDEN COUNTY PUBLIC HEALTH DEPARTMENT

Name and Relationship of Board Authorized Representative: KENT TARRO, PUBLIC HEALTH ADMINISTRATOR

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: 6/23/09

Kent Tarro
Authorized Representative of Applicant

1. CERTIFICATIONS AND ASSURANCES REQUIRED OF APPLICANT

A. Authority of Applicant and Its Representative

The authorized representative of the Applicant and legal counsel who sign these certifications, assurances, and agreements attest that both the Applicant and its authorized representative have adequate authority under state and local law and the by-laws or internal rules of the Applicant organization to:

- (1) Execute and file the applications for federal assistance on behalf of the Applicant,
- (2) Execute and file the required certifications, assurances, and agreements on behalf of the Applicant binding the Applicant, and
- (3) Execute grant and cooperative agreements with FTA or IDOT on behalf of the Applicant.

B. Standard Assurances

The Applicant assures that it will comply with all applicable state & federal statutes, regulations, executive orders, FTA circulars, and other federal administrative requirements in carrying out any grant or cooperative agreement awarded by FTA. The Applicant acknowledges that it is under a continuing obligation to comply with the terms and conditions of the grant or cooperative agreement issued for its approved Project with IDOT or FTA. The Applicant understands that federal laws, regulations, policies, and administrative practices might be modified from time to time and affect the implementation of the Project. The Applicant agrees that the most recent state & federal requirements will apply to the Project, unless IDOT or FTA issues a written determination otherwise.

C. Debarment Suspension and Other Responsibility Matters Primary Covered Transactions

Until new federal debarment and suspension regulations are promulgated that discontinue the current requirement for the Debarment and Suspension Certification and in accordance with U.S. Department of Transportation (U.S. DOT) regulations on Governmentwide Debarment and Suspension (Nonprocurement) at 49 CFR Part 29.510, the Applicant certifies to the best of its knowledge and belief, that it and its principals:

- (1) Are not presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from covered transactions by any federal department or agency;
- (2) Have not within a three-year period preceding this Certification been convicted of or had a civil judgment rendered against them for commission of fraud or a criminal offense in connection with obtaining, attempting to obtain, or performing a public (federal, state, or local) transaction or contract under a public transaction; violation of federal or state antitrust statutes; or commission of embezzlement, theft, forgery, bribery, falsification or destruction of records, making false statements, or receiving stolen property;
- (3) Are not presently indicted for or otherwise criminally charged or by civil action by a governmental entity (federal, state or local) with commission of any of the offenses listed in paragraph (2) of this certification; and,
- (4) Have not within a three year period preceding this Agreement had one or more public transactions (federal, state, or local) terminated for cause or default.

The Applicant certifies that if it becomes aware of any later information that contradicts the statements in paragraphs (1) through (4) above, it will promptly inform IDOT. Should the Applicant be unable to certify to statements set forth in paragraphs (1) through (4) above, it shall so acknowledge with its signature and provide a written explanation to IDOT.

D. Drug-Free Workplace Certification

Until new U.S. DOT Drug-Free Workplace regulations that rescind the requirements for a Drug-Free Workplace certification are promulgated, and in accordance with Illinois and U.S. DOT regulations on Drug-Free Workplace Requirements (Grants) at 30 ILCS 580/1 et seq. and 49 CFR Part 29 at Subpart F, as amended by 41 U.S.C. Section 702, the Applicant certifies that it will provide a drug-free workplace by:

- (1) Publishing a statement notifying employees that the unlawful manufacture, distribution, dispensing, possession, or use of a controlled substance is prohibited in the Applicant's workplace and specifying the actions that will be taken against employees for violation of such prohibition;
- (2) Establishing an ongoing drug-free awareness program to inform employees about:
 - (a) the dangers of drug abuse in the workplace;
 - (b) the Applicant's policy of maintaining a drug-free workplace;
 - (c) any available drug counseling, rehabilitation, and employee assistance programs; and,
 - (d) the penalties that may be imposed upon employees for drug abuse violations occurring in the workplace.
- (3) Making it a requirement that each employee to be engaged in the performance of the grant or cooperative agreement be given a copy of the statement required by paragraph (1);

- (4) Notifying the employee in the statement required by paragraph (1) that, as a condition of employment financed with federal and state assistance provided by the grant or cooperative agreement, the employee will:
 - (a) abide by the terms of the statement, and
 - (b) notify the employer in writing of his or her conviction of a criminal drug statute occurring in the workplace no later than 5 calendar days after such conviction.
- (5) Notifying IDOT in writing, within 10 calendar days after receiving notice under paragraph (4)(b) from an employee or otherwise receiving actual notice of such conviction. Employers of convicted employees must provide notice, including position title, to every project officer or other designee on whose project activity the convicted employee was working. Notice shall include the identification number(s) of each affected grant or cooperative agreement.
- (6) Taking one of the following actions, within 30 calendar days of receiving notice under paragraph (4)(b), with respect to any employee who is so convicted:
 - (a) taking appropriate personnel action against such an employee, up to and including termination, consistent with the requirements of the Rehabilitation Act of 1973, as amended; or
 - (b) requiring such employee to participate satisfactorily in a drug abuse assistance or rehabilitation program approved for such purposes by a federal, state or local health, law enforcement, or other appropriate agency.
- (7) Making a good faith effort to continue to maintain a drug-free workplace through implementation of paragraphs (1), (2), (3), (4), (5), and (6). The Applicant has or will provide to IDOT a list identifying its headquarters location and each workplace it maintains in which project activities supported by IDOT are conducted.

E. Intergovernmental Review Assurance

If required, the Applicant assures that each project application submitted to IDOT for assistance has been or will be submitted, as required by each state, for intergovernmental review to the appropriate state and local agencies. Specifically, the Applicant assures that it has fulfilled or will fulfill the obligations imposed on FTA by U.S. DOT regulations, "Intergovernmental Review of Department of Transportation Programs and Activities." 49 CFR Part 17.

F. Nondiscrimination Assurance

In accordance with 49 U.S.C. Section 5332, Title VI of the Civil Rights Act of 1964, as amended, 42 U.S.C. Section 2000d, and U.S. DOT regulations, "Nondiscrimination in Federally Assisted Programs of the Department of Transportation - Effectuation of Title VI of the Civil Rights Act," 49 CFR Part 21.7, the Applicant assures that it will comply with all requirements pursuant to 49 CFR Part 21; FTA Circular 4702.1, "Title VI Program Guidelines for Federal Transit Administration Recipients", and other applicable directives so that no person in the United States, on the basis of race, color, national origin, creed, sex, or age will be excluded from participation in, be denied the benefits of, or otherwise be subjected to discrimination in any program or activity (particularly in the level and quality of mass transportation services and mass transportation related benefits) for which the Applicant receives federal financial assistance from the U.S. DOT or FTA.

The Applicant assures that the project or program will be conducted, property acquisitions will be undertaken, and project equipment will be operated in compliance with all requirements of 49 CFR Part 21 and 49 U.S.C. Section 5332. The Applicant understands that this assurance extends to its entire facility and to equipment operated in connection with the Project.

The Applicant assures that it will take appropriate action to ensure that any transferee receiving property financed with federal assistance derived from U.S. DOT or FTA will comply with the provisions of 49 CFR Part 21 and 49 U.S.C. Section 5332. As required by 49 CFR Part 21.7(a)(2), the Applicant will include in each third party contract, subgrant, or sub-agreement appropriate clauses to impose the requirements of 49 CFR Part 21, and 49 U.S.C. Section 5332; and include appropriate provisions imposing those requirements in deeds and instruments recording the transfer of real property, structures, improvements.

The Applicant assures that it will promptly take the necessary actions to effectuate this assurance. In particular, the Applicant will notify the public that complaints pertaining to discrimination in the provision of mass transportation-related services or benefits may be filed with U.S. DOT or FTA. Upon request by U.S. DOT or FTA, the Applicant assures that it will submit the requisite information pertaining to its compliance with these requirements. The Applicant assures that it will make such changes in its 49 U.S.C. Section 5332 and Title VI implementing procedures as U.S. DOT or FTA may request.

G. Assurances of Nondiscrimination on the Basis of Disability

As required by 49 U.S. C. 5332 and in accordance with U.S. DOT regulations, "Nondiscrimination on the Basis of Handicap in Programs and Activities Receiving or Benefiting from Federal Financial Assistance," 49 CFR Part 29, the Applicant assures that, as a condition to the approval or extension of any federal financial assistance from FTA or U.S. DOT to construct any facility, obtain any rolling stock or other equipment, undertake studies, conduct research, or to participate in or obtain any benefit from any program administered by FTA or IDOT, no otherwise qualified person with a disability shall be, solely by reason of that disability, excluded from participation in, denied the benefits of, or otherwise subjected to discrimination in any program or activity receiving or benefiting from federal financial assistance administered by the FTA or IDOT or any entity within U.S. DOT.

Specifically, the Applicant assures it will implement any program or operate any facility so assisted in compliance with all applicable requirements imposed by U.S. DOT regulations implementing the Rehabilitation Act of 1973, as amended, 29 U.S.C. Section 794 et seq., and the Americans with Disabilities Act of 1990, as amended, 42 U.S.C. Section 12101 et seq. and implementing U.S. DOT regulations, 49 CFR Parts 27, 37, and 38, as well as all applicable regulations and directives issued in accordance thereto by other federal departments or agencies.

H. Procurement Compliance

The Applicant certifies that its procurements and procurement system that involved FTA assistance will comply with all applicable requirements imposed by federal and state laws, executive orders, or regulations and FTA directives (including the requirements of FTA Circular 4220.1E, "Third Party Contracting Guidelines," including any revisions thereto) and other requirements FTA may issue and any revisions thereto. The Applicant certifies that it will include in its contracts financed in whole or in part with FTA assistance all clauses required by federal and state laws, executive orders, or regulations, and will ensure that each subrecipient and contractor will also include in its subagreements and contracts financed in whole or in part with FTA assistance all applicable clauses required by federal laws, executive orders, or regulations.

I. Certifications Prescribed by the Office of Management and Budget (SF-424B and SF-424D)

The Applicant certifies that it:

- (1) Has the legal authority to apply for federal assistance and the institutional, managerial, and financial capability (including funds sufficient to pay the non-federal share of project cost) to ensure proper planning, management, and completion of the project described in its application.
- (2) Will give FTA, the Comptroller General of the United States and, if appropriate, the State, through any authorized representative, access to and the right to examine all records, books, papers, or documents related to the award; and will establish a proper accounting system in accordance with generally accepted accounting standards or agency directives.
- (3) Will establish safeguards to prohibit employees from using their positions for a purpose that constitutes or presents the appearance of personal or organizational conflict of interest or personal gain.
- (4) Will initiate and complete the work within the applicable project time periods following receipt of FTA approval.
- (5) Will comply with all statutes relating to nondiscrimination including, but not limited to:
 - (a) Title VI of the Civil Rights Act, 42 U.S.C. Section 2000d, which prohibits discrimination on the basis of race, color, or national origin;
 - (b) Title IX of the Education Amendments of 1972, as amended, 20 U.S.C. Sections 1681 through 1683, and 1685 through 1687, and U.S. DOT regulations, "Nondiscrimination of the Basis of Sex in Education Programs or Activities Receiving Federal Financial Assistance," 49 CFR Part 25, which prohibits discrimination on the basis of sex;
 - (c) Section 504 of the Rehabilitation Act of 1973, as amended, 29 U.S.C. Section 794, which prohibits discrimination on the basis of handicaps;
 - (d) The Age Discrimination Act of 1975, as amended, 42 U.S.C. Sections 6101 through 6107, which prohibit discrimination on the basis of age;
 - (e) The Drug Abuse Office and Treatment Act of 1972, Pub. L. 92-255, March 21, 1972, and amendments thereto, 21 U.S.C. Section 1174 et seq., relating to nondiscrimination on the basis of drug abuse;
 - (f) The Comprehensive Alcohol Abuse and Alcoholism Prevention Act of 1970, Pub. L. 91-616, December 31, 1970, and amendments thereto, 42 U.S.C. Section 4581 et seq., relating to nondiscrimination on the basis of alcohol abuse or alcoholism;

- (g) The Public Health Service Act of 1912, as amended, 42 U.S.C. Sections 290dd-3 and 290ee-3, related to confidentiality of alcohol and drug abuse patient records;
 - (h) Title VIII of the Civil Rights Act, 42 U.S.C. Section 3601 et seq., relating to nondiscrimination in the sale, rental, or financing of housing;
 - (i) Any other nondiscrimination provisions in the specific statutes under which federal assistance for the project may be provided including, but not limited to 49 U.S.C. Section 5332, which prohibits discrimination on the basis of race, color, creed, national origin, sex, or age, and prohibits discrimination in employment or business or business opportunity, and section 1101(b) of the Transportation Equity Act for the 21st Century, 23 U.S.C. Section 101 note, which provides for participation of disadvantaged business enterprises in FTA programs; and
 - (j) The requirements of any other nondiscrimination statute(s) that may apply to the project.
- (6) Will comply, or has complied, with the requirements of Titles II and III of the Uniform Relocation Assistance and Real Property Acquisition Policies Act of 1970, as amended, (Uniform Relocation Act) 42 U.S.C. Section 4601 et seq., which among other things, provide for fair and equitable treatment of persons displaced or whose property is acquired as a result of federal or federally-assisted programs. These requirements apply to all interests in real property acquired for project purposes regardless of federal participation in purchases. As required by U.S. DOT regulations, "Uniform Relocation Assistance and Real Property Acquisition for Federal and Federally Assisted Programs," at 49 CFR Part 24.4, and Sections 210 and 305 of the Uniform Relocation Act, 42 U.S.C. Sections 4630 and 4655, the Applicant assures that it has the requisite authority under applicable state and local law and will comply or has complied with the requirements of the Uniform Relocation Act, 42 U.S.C. Section 4601 et seq., and U.S. DOT regulations, "Uniform Relocation Assistance and Real Property Acquisition for Federal and Federally Assisted Programs," 49 CFR Part 24 and will comply with or has complied with that Act and those U.S. DOT implementing regulations, including, but not limited to the following:
- (a) The Applicant will adequately inform each affected person of the benefits, policies, and procedures provided for in 49 CFR Part 24;
 - (b) The Applicant will provide fair and reasonable relocation payments and assistance required by 42 U.S.C. Sections 4622, 4623, and 4624; 49 CFR Part 24; and any applicable FTA procedures, to or for families, individuals, partnerships, corporations or associations displaced as a result of any project financed with FTA assistance;
 - (c) The Applicant will provide relocation assistance programs offering the services described in 42 U.S.C. Section 4625 to such displaced families, individuals, partnerships, corporations or associations in the manner provided in 49 CFR Part 24 and FTA procedures;
 - (d) Within a reasonable time before displacement, the Applicant will make available comparable replacement dwellings to displaced families and individuals as required by 42 U.S.C. Section 4625(c)(3);
 - (e) The Applicant will carry out the relocation process in such a manner as to provide displaced persons with uniform and consistent services, and will make available replacement housing in the same range of choices with respect to such housing to all displaced persons regardless of race, color, religion, or national origin;
 - (f) In acquiring real property, the Applicant will be guided to the greatest extent practicable under state law, by the real property acquisition policies of 42 U.S.C. Sections 4651 and 4652;
 - (g) The Applicant will pay or reimburse property owners for necessary expenses as specified in 42 U.S.C. Sections 4653 and 4654, understanding that FTA will participate in the Applicant's costs of providing those payments and that assistance for the project as required by 42 U.S.C. Section 4631;
 - (h) The Applicant will execute such amendments to third party contracts and subagreements financed with FTA assistance and execute, furnish, and be bound by such additional documents as FTA may determine necessary to effectuate or implement the assurances provided herein; and
 - (i) The Applicant agrees to make these assurances part of or incorporate them by reference into any third party contract or subagreement, or any amendments thereto, relating to any project financed by FTA involving relocation or land acquisition and provide in any affected document that these relocation and land acquisition provisions shall supersede any conflicting provisions.

- (7) To the extent applicable will comply with the Davis-Bacon Act, as amended, 40 U.S.C. Section 3141 et seq., the Copeland Act, as amended, 18 U.S.C. Section 874, and the Contract Work Hours and Safety Standards Act, as amended, 40 U.S.C. Sections 3701 et seq., regarding labor standards for federally-assisted subagreements.
- (8) To the extent applicable, will comply with flood insurance purchase requirements of Section 102(a) of the Flood Disaster Protection Act of 1973, as amended, 42 U.S.C. Section 4012a(a), which requires recipients in a special flood hazard area to participate in the program and to purchase flood insurance if the total cost of insurable construction and acquisition is \$10,000 or more.
- (9) Will comply with environmental standards that may be prescribed to implement the following federal laws and executive orders:
 - (a) Institution of environmental quality control measures under the National Environmental Policy Act of 1969, as amended, 42 U.S.C. Section 4321 et seq. , and Executive Order No. 11514, as amended, 42 U.S.C. Section 4321 note;
 - (b) Notification of violating facilities pursuant to Executive Order No. 11738, 42 U.S.C. Section 7606 note;
 - (c) Protection of wetlands pursuant to Executive Order No. 11900, 42 U.S.C. Section 4321 note, and the Interagency Wetland Policy Act (20 ILCS 830).
 - (d) Evaluation of flood hazards in floodplains in accordance with Executive Order No. 11988, 42 U.S.C. Section 4321 note;
 - (e) Assurance of project consistency with the approved State management program developed under the Coastal Zone Management Act of 1972, as amended, 16 U.S.C. Section 1451 et seq.
 - (f) Conformity of federal actions to State (Clean Air) Implementation Plans under Section 176(c) of the Clean Air Act of 1955, as amended, 42 U.S.C. Section 7401 et seq.;
 - (g) Protection of underground sources of drinking water under the Safe Drinking Water Act of 1974, as amended, 42 U.S.C. Section 300h et seq.;
 - (h) Protection of endangered species under the Endangered Species Act of 1973, as amended, Endangered Species Act of 1973, as amended, 16 U.S.C. Section 1531 et seq.;
 - (i) Environmental protections for federal transit programs, including, but not limited to protections for a park, recreation area, or wildlife or waterfowl refuge of national, state, or local significance or any land from a historic site of national, state, or local significance used in a transit project as required by 49 U.S.C. Section 303;
 - (j) Protection of the components of the national wild and scenic rivers system, as required under the Wild and Scenic Rivers Act of 1968, as amended, 15 U.S.C. Section 1271 et seq.; and
 - (k) Provision of assistance to FTA and IDOT in assuring compliance with section 106 of the National Historic Preservation Act of 1966, as amended, 16 U.S.C. Section 470f, Executive Order No. 11593 (identification and protection of historic properties), 16 U.S.C. Section 470 note, and the Archaeological and Historic Preservation Act of 1974, as amended, 16 U.S.C. Section 469a-1 et seq.
- (10) Will comply with the Lead-Based Paint Poisoning Prevention Act, 42 U.S.C. Section 4831(b), which prohibits the use of lead-based paint in construction or rehabilitation of residence structures.
- (11) Will not dispose of, modify the use of, or change the terms of the real property title, or other interest in the site and facilities on which a construction project supported with FTA assistance takes place without permission and instructions from the awarding agency. Will record the federal interest in the title of real property in accordance with FTA directives and will include a covenant in the title of real property acquired in whole or in part with federal assistance funds to assure nondiscrimination during the useful life of the project.
- (12) Will comply with FTA requirements concerning the drafting, review, and approval of construction plans and specifications of any construction project supported with FTA assistance. As required by U.S. DOT regulations, "Seismic Safety," 49 CFR Part 41.117(d), before accepting delivery of any building financed with FTA assistance, it will obtain a certificate of compliance with the seismic design and construction requirements of 49 CFR Part 41.
- (13) Will provide and maintain competent and adequate engineering supervision at the construction site of any project supported with FTA assistance to ensure that the complete work conforms with the approved plans and specifications and will furnish progress reports and such other information as may be required by FTA or IDOT.

- (14) Will comply with the National Research Act, Pub. L. 93-348, July 12, 1974, as amended, regarding the protection of human subjects involved in research, development, and related activities supported by the FTA assistance, and DOT regulations, "Protection of Human Subjects," 49 CFR Part II.
- (15) Will comply with the Laboratory Animal Welfare Act of 1966, as amended, 7 U.S.C. Section 2131 et seq., and U.S. Department of Agriculture regulations, "Animal Welfare," 9 CFR Subchapter A, parts 1, 2, 3 and 4, pertaining to the care, handling, and treatment of warm blooded animals held for research, teaching, or other activities supported by FTA assistance.
- (16) Will have performed the required financial and compliance audits in accordance with the Single Audit Act Amendments of 1996, 31 U.S.C. Section 7501 et seq. and OMB Circular No. A-133, "Audits of States, Local Governments, and Non-Profit Organizations," and the most recent applicable OMB A-133
- (17) Will comply with all applicable requirements of all other federal laws, executive orders, regulations, and policies governing the project.

2. LOBBYING CERTIFICATION REQUIRED FOR EACH APPLICATION EXCEEDING \$100,000

In accordance with U.S. DOT regulations, "New Restrictions on Lobbying," at 49 CFR Part 20.110, for each application for federal assistance exceeding \$100,000, the Applicant's authorized representative certifies to the best of his or her knowledge and belief that:

- A. No federal appropriated funds have been paid or will be paid, by or on behalf of the Applicant, to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with the awarding of any federal grant or cooperative agreement, and the extension, continuation, renewal, amendment, or modification of any federal grant or cooperative agreement.
- B. If any funds other than federal appropriated funds have been paid or will be paid to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with this federal grant or cooperative agreement, the Applicant shall complete and submit Standard Form-LLL, "Disclosure Form to Report Lobbying," in accordance with its instructions as amended by "Government wide Guidance for New Restrictions on Lobbying," including the information required by the form's instructions, which may be amended to omit such information as permitted by 31 U.S.C. Section 1532.
- C. The Applicant shall require that the language of this certification be included in the award documents for each sub-award at any tiers (including subcontracts, subgrants, sub-agreements and contract under grants and cooperative agreements financed with FTA assistance) and that each applicant shall certify and disclose accordingly.

The Applicant understands that this certification is a material representation of fact upon which reliance is placed and that the submission of this certification is a prerequisite for providing Federal assistance for a transaction covered by 31 U.S.C. Section 1352; and the Applicant also understands that any person who fails to file the required certification shall be subject to a civil penalty of not less than \$10,000 and not more than \$100,000 for each such failure.

3. CERTIFICATION PERTAINING TO THE EFFECTS OF THE PROJECT ON PRIVATE MASS TRANSPORTATION COMPANIES

As required by 49 U.S.C. Section 5323(a)(1), the Applicant certifies that before it acquires property or an interest in property of a private mass transportation company or operates mass transportation equipment or a facility in competition with or in addition to transportation service provided by an existing mass transportation company it has or will have:

- A. Found that the assistance is essential to carrying out a program of projects as determined by the plans and programs of the metropolitan planning organization;
- B. Provided for the participation of private mass transportation companies to the maximum extent feasible, consistent with applicable FTA requirements and policies;
- C. Paid or will pay just compensation under state or local law to a private mass transportation company for its franchises or property acquired; and
- D. Acknowledged that assistance falls within the labor standards compliance requirements of 49 U.S.C. Section 5333(a) and 5333(b).

8. SCHOOL TRANSPORTATION AGREEMENT

- A. As required by 49 U.S.C. Section 5323(f) and FTA regulations, "School Bus Operations," at 49 CFR Part 605.14, the Applicant agrees that it:
- (1) Engage in school transportation operations in competition with private school transportation operators only to the extent permitted by an exception provided by 49 U.S.C. Section 5323(f), and implementing regulations, and
 - (2) Comply with the requirements of 49 CFR Part 605 before providing any school transportation using equipment or facilities acquired with federal assistance awarded by FTA and authorized by 49 U.S.C. Section 53 or Title 23 U.S.C. for transportation projects.
- B. The Applicant understands that the requirements of 49 CFR Part 605 will apply to any school transportation it provides, the definitions of 49 CFR Part 605 apply to this school transportation agreement, and a violation of this agreement may require corrective measures and the imposition of penalties, including debarment from the receipt of further federal assistance for transportation.

14. CERTIFICATIONS AND ASSURANCES FOR THE ELDERLY AND PERSONS WITH DISABILITIES PROGRAM

The Applicant administering on behalf of the state the Elderly and Persons with Disabilities Program authorized by 49 U.S.C. 5310 certifies and assures that the following requirements and conditions will be fulfilled:

The Applicant has or will have the necessary legal, financial, and managerial capability to apply for, receive and disburse Federal assistance authorized for 49 U.S.C. 5310; and to implement and manage the project.

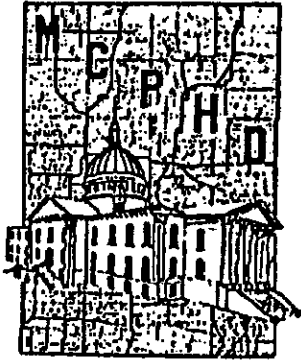
The Applicant assures that it is recognized under state law as either a private nonprofit organization with the legal capability to contract with the state to carry out the proposed project; or is a public body that has met the statutory requirements to receive Federal assistance authorized for 49 U.S.C. 5310.

The private nonprofit Applicant's application for 49 U.S.C. 5310 assistance contains information from which the state concludes that the transit service provided or offered to be provided by existing public or private transit operators is unavailable, insufficient, or inappropriate to meet the special needs of the elderly and persons with disabilities.

The Applicant assures that sufficient non-Federal funds have been or will be committed to provide any required local share.

- A. The Applicant has, or will have by the time of delivery, sufficient funds to operate and maintain the vehicles and equipment purchased with Federal assistance awarded for this project.
- B. The Applicant assures that before being issued formal approval of a project, its Elderly and Persons with Disabilities Formula Program is included in the Statewide Transportation Improvement Program as required by 23 U.S.C. 135. All projects in urbanized areas recommended for approval are included in the annual element of the metropolitan Transportation Improvement Program in which the subrecipient is located; and any public body that is a prospective recipient of capital assistance has provided an opportunity for a public hearing.
- C. The Applicant recognizes that it will be ultimately responsible for implementing many Federal requirements covered by the certifications the Applicant has signed. Having taken appropriate measures to secure the necessary compliance by each Applicant, the state assures, on behalf of each Applicant, that each Applicant has:
- (1) Coordinated or will coordinate to the maximum extent feasible with other transportation providers and users, including social service agencies authorized to purchase transit service;
 - (2) Complied or will comply with all applicable civil rights requirements;
 - (3) Complied with or will comply with applicable requirements of U.S. DOT regulations on participation of disadvantaged business enterprises in U.S. DOT programs;
 - (4) Complied or will comply with Federal requirements regarding transportation of elderly and persons with disabilities;
 - (5) Complied with or will comply with applicable provisions of 49 CFR part 605 pertaining to school transportation operations;
 - (6) Viewing its demand responsive service to the general public in its entirety, complied or will comply with the requirement to provide demand responsive service to persons with disabilities, including persons who use wheelchairs, meeting the standard of equivalent service set forth in 40 CFR 37.77(c), if it purchases non-accessible vehicles for use in demand responsive service for the general public;

- (7) Established or will establish a procurement system and conducted or will conduct its procurements in compliance with all applicable requirements imposed by Federal laws, executive orders, or regulations and the requirements of FTA Circular 4220.1D, "Third Party Contracting Requirements," and other implementing requirements FTA may issue;
 - (8) Complied or will comply with the requirement that its project provides for the participation of private mass transportation companies to the maximum extent feasible;
 - (9) Paid or will pay just compensation under state or local law to each private mass transportation company for its franchise or property acquired under the project;
 - (10) (10) Complied or will comply with all applicable lobbying requirements for each application exceeding \$100,000;
 - (11) (11) Complied or will comply with all applicable nonprocurement suspension and debarment requirements;
 - (12) (12) Complied or will comply with all applicable bus testing requirements for new bus models;
 - (13) (13) Complied with, or to the extent required by FTA, will comply with, applicable FTA Intelligent Transportation
 - (14) System (ITS) architecture requirements; and
 - (15) Complied or will comply with all applicable pre-award and post-delivery review requirements.
- H. Unless otherwise noted, each of the Applicant's projects qualifies for a categorical exclusion and does not require further environmental approvals, as described in the joint FHWA/FTA regulations. "Environmental Impact and Related Procedures," at 23 CFR 771.117(c). The Applicant certifies that financial assistance will not be sought for any project that does not qualify for a categorical exclusion described in 23 CFR 771.117(c) until FTA has made the required environmental finding. The state further certifies that no financial assistance be provided for a project requiring a conformity finding in accordance with the Environmental Protection Agency's Clean Air Conformity regulations at 40 CFR parts 51 and 93, until FTA makes the required conformity finding.
- I. The Applicant will enter into a written agreement stating the terms and conditions of assistance by which the project will be undertaken and completed.
- J. The Applicant recognizes the authority of FTA, U.S. DOT, IDOT and the Comptroller General of the United States to conduct audits and reviews to verify compliance with the foregoing requirements and stipulations, and assures that, upon request, the Applicant will make the necessary records available to FTA, U.S. DOT IDOT and the Comptroller General of the United States. The Applicant also acknowledges its obligation under 49 CFR 18.40(a) to monitor project activities carried out to assure compliance with applicable Federal requirements.



Macoupin County
Public Health Department

109 East Maple
Gillespie, IL 62033
Phone: 217-839-1526
Fax: 217-839-1538

805 N. Broad St.
Carlinville, IL 62626
217-854-3223
217-854-3225

PUBLIC HEARING NOTICE

A public hearing will be held Tuesday June 9th, 2009 at 11:00 A.M. at the Macoupin County Board Room, located above the Macoupin County Jail in Carlinville. The hearing will be conducted by the Macoupin County Public Health Department to discuss the pursuit of funding for new medical & senior transportation vans for the County Transportation Program through the Section 5310 Consolidated Vehicle Purchase Program.

09-0695

PUBLIC HEARING NOTICE

A public hearing will be held Tuesday June 9th, 2009 at 11:00 am at the Macoupin County Board Room, located above the Macoupin County Jail in Carlinville. The hearing will be conducted by the Macoupin County Public Health Department to discuss the pursuit of funding for new medical & senior transportation vans for the County Transportation Program through the Section 5310 Consolidated Vehicle Purchase Program.

CERTIFICATE OF PUBLICATION

Public Hearing Notice

VS

FREEDOM NEWSPAPERS OF ILLINOIS, INC.
111 EAST BROADWAY, ALTON, ILLINOIS 62002*

DOES HEREBY CERTIFY THAT IT IS THE PUBLISHER OF THE TELEGRAPH

THE SAID TELEGRAPH IS A SECULAR NEWSPAPER AND HAS BEEN PUBLISHED DAILY IN THE CITY OF ALTON, COUNTY OF MADISON AND THE STATE OF ILLINOIS, CONTINUOUSLY FOR MORE THAN ONE YEAR PRIOR TO THE FIRST PUBLICATION OF THE NOTICE APPENDED, AND IS THE GENERAL CIRCULATION THROUGHOUT THE COUNTIES OF MADISON, MACOUPIN, JERSEY, GREENE AND CALHOUN IN THE STATE OF ILLINOIS, AND THAT IT IS A NEWSPAPER AS DEFINED IN "AN ACT TO REVISE THE LAW IN RELATION TO NOTICES" AS AMENDED BY ACT APPROVED JULY 17, 1959-ILL. REVISED STATUTES, CHAP. 100 PARAGRAPHS 1 & 5

THAT THE NOTICE APPENDED WAS PUBLISHED IN THE SAID TELEGRAPH ON

MAY 24TH, 2009

IN WITNESS WHEREOF, THE UNDERSIGNED HAS CAUSED THIS CERTIFICATE TO BE SIGNED

THIS *24TH* DAY OF *MAY*, AD *2009*

BY *Thomas E. Horvath*, SECRETARY

PUBLICATION FEE \$ _____

Public Hearing
Minutes-June 9th, 2009- 11:00 A.M.
Macoupin County Public Health Department (MCPHD)
Purchase of Consolidated Vehicle Purchase (CVP) Vans

Present: Kent Tarro-MCPHD Administrator
Peggy Dunn- MCPHD
Debbie Link – Safe Kids

Kent Tarro presented the proposal of the MCPHD to submit a grant request for the purchase of a 7- passenger vans with a hand-operated lift and a 14- passenger handicap accessible bus. The new vans will replace two older vans that have been in service for about 10 years. It is his intent to increase well needed transportation within Macoupin County. The new vans will travel from Macoupin County to approximately an 80-mile radius. Vans will transport the under served to medical appointments and seniors for independent living, social, recreational and medical needs.

Medical visits will include but not be limited to:

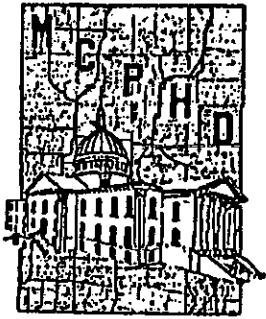
Physician Offices	Dentists
Eye Doctor	Cardiac Recovery Therapy
Mental Health	Radiation Therapy
Public Health Clinics	Out patient clinic-Hospital or Community Based

The 80-mile radius includes:

Springfield	Jacksonville
Decatur	Alton
Maryville	St. Louis
Hillsboro	Litchfield
Jerseyville	anywhere within Macoupin County

Other transportation systems in the county were reviewed. They are inadequate and more costly per person. A consensus of those present agreed the application should proceed with no objections or concerns rose.

Submitted by Peggy Dunn
June 10th 2009



Macoupin County
Public Health Department

109 East Maple St
Gillespie, IL 62033
Phone: 217-839-1526
Fax: 217-839-3735

805 North Broad
Carlinville, IL 62626
Phone :217-854-3223
Fax: 217-854-3225

MACOUPIN COUNTY PUBLIC HEALTH DEPARTMENT RESOLUTION

The Macoupin County Board of Health is 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 MACOUPIN COUNTY PUBLIC HEALTH DEPARTMENT

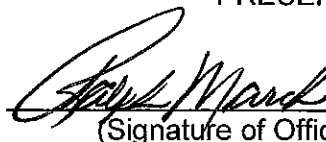
Section 1. That an application be made to the Division of Public and Intermodal Transportation, Department of Transportation, State of Illinois, for a financial assistance grant under The Illinois Department of Transportation's general authority to make such Grants, for the purpose of off-setting certain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

Section 2. That Kent Tarro, an employee or board member of the Macoupin County Public Health Department, is hereby authorized and directed to execute and file such application on behalf of the Macoupin County Public Health Department.

Section 3. That Kent Tarro, of the Macoupin County Public Health Department 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 Kent Tarro of the Macoupin County Public Health Department is hereby authorized and directed to execute and file on behalf of the Macoupin County Public Health Department any grant agreement pursuant to said application


PRESENTED and ADOPTED this 20th day of May, 2009



(Signature of Official)

Ralph March

(Printed Name of Official)

ATTEST: 

BOARD OF HEALTH MEMBER

Title

Pres. Board of Health

(Title)



Macoupin County
Public Health Department

112 South Macoupin St
Gillespie, IL 62033
Phone: 217-839-2350
Fax: 217-839-3735

805 N. Broad St.
Carlinville, IL 62626
217-854-3223
217-854-3225

May 21, 2009

Representative Jim Watson
200-4N Stratton Office Building
Springfield, IL 0

Dear Representative Watson:

We are writing to inform you of the Macoupin County Public Health Department's intent to apply for the Illinois Department of Transportation 2010 Consolidated Vehicle Procurement Grant Section 5310.

The Macoupin County Public Health Department has provided medical transportation for the past 13 years. In the past three months we have had to scrap one medical transportation van and in the next three months we will scrap a second. Both vehicles are 12 years old.

We plan to pursue one new 7-passenger and one new 14-passenger handicap accessible van to continue the medical transportation program services at the present level.

These vans are used for every kind of medical and senior transportation except emergencies; this includes rides to doctors, dentists, hospital outpatient services, public health, mental health, specialty clinic appointments, senior meals, senior shopping and senior entertainment. We provide rides from Macoupin County to Alton, Hillsboro, Jacksonville, Springfield, St. Louis and everywhere in between.

I am asking for your help and support. We need support letters for our program (The Macoupin County Public Health Transportation Program). These support letters need to be submitted to our office by June 12th, 2009

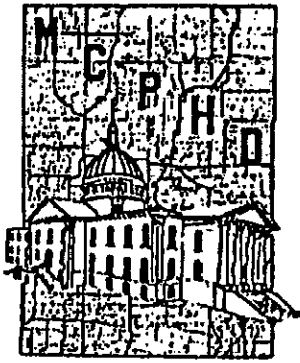
If you have any questions please don't hesitate to call Peggy Dunn, Transportation Coordinator at 217-854-3223 ext. 221

Thank you for your time and consideration.

Sincerely,

Peggy Dunn, Transportation Coordinator
Macoupin County Public Health

Kent Tarro, Administrator M.S, R.D
Macoupin County Public Health



Macoupin County
Public Health Department

112 South Macoupin St
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217-854-3225

May 21, 2009

Representative Jim Watson
325 W. State Street, Suite 102 P.O. Box 160
Jacksonville, IL 62651

Dear Representative Watson:

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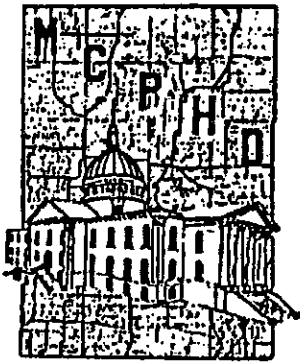
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Macoupin County Public Health

Kent Tarro, Administrator M.S, R.D
Macoupin County Public Health



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May 21, 2009

Senator Deanna Demuzio
M106 State House
Springfield, IL 62706

Dear Senator Demuzio:

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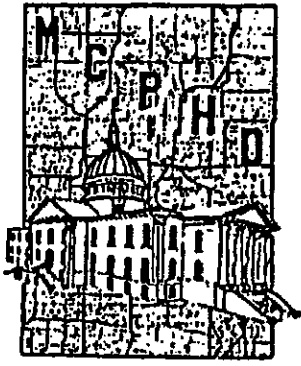
Sincerely,

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Peggy Dunn, Transportation Coordinator
Macoupin County Public Health

A handwritten signature in black ink, appearing to read 'Kent Tarro', written over a horizontal line.

Kent Tarro, Administrator M.S, R.D
Macoupin County Public Health



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May 21, 2009

Senator Deanna Demuzio
140 Carlinville Plaza
Carlinville, IL 62626

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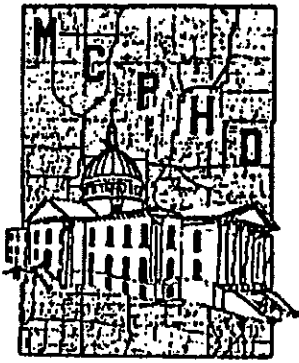
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Macoupin County Public Health

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Kent Tarro, Administrator M.S, R.D
Macoupin County Public Health



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May 21, 2009

Representative Besty Hannig
239-E Stratton Office Building
Springfield, IL 62706

Dear Representative Hannig:

We are writing to inform you of the Macoupin County Public Health Department's intent to apply for the Illinois Department of Transportation 2010 Consolidated Vehicle Procurement Grant Section 5310.

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Sincerely,

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Peggy Dunn, Transportation Coordinator
Macoupin County Public Health

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Kent Tarro, Administrator M.S, R.D
Macoupin County Public Health



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May 21, 2009

Representative Besty Hannig
P.O. Box 8
Gillespie, IL 62033

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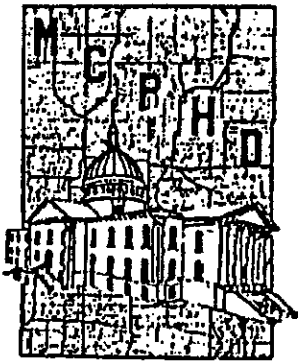
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Macoupin County Public Health


Kent Tarro, Administrator M.S, R.D
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May 21, 2009

Governor Pat Quinn
207 State House
Springfield, IL 62706

Dear Governor Quinn:

We are writing to inform you of the Macoupin County Public Health Department's intent to apply for the Illinois Department of Transportation 2010 Consolidated Vehicle Procurement Grant Section 5310.

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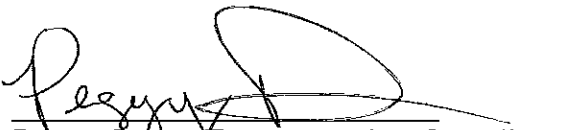
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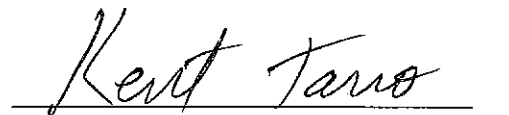
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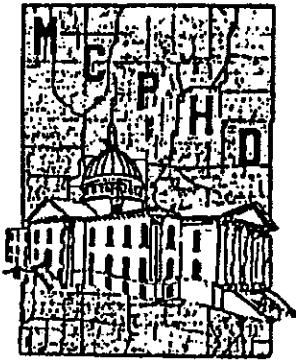
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Macoupin County Public Health


Kent Tarro, Administrator M.S, R.D
Macoupin County Public Health



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May 21, 2009

Governor Pat Quinn
100 W. Randolph 16-100
Chicago, IL 60601

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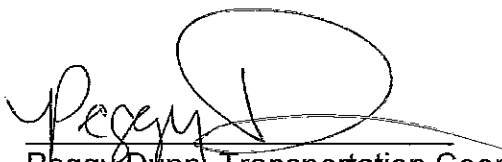
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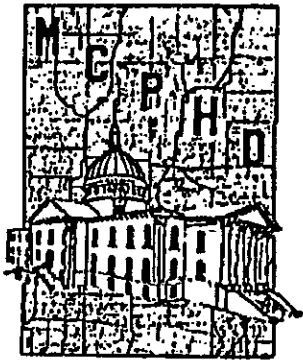
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Peggy Dunn, Transportation Coordinator
Macoupin County Public Health


Kent Tarro, Administrator M.S., R.D.
Macoupin County Public Health



Macoupin County
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217-854-3223
217-854-3225

May 21, 2009

Mike Sherer, Acting Executive Director
The Job Center
116 S. Plum
P. O. Box 260
Carlinville, IL 62626

Dear Mike:

We are writing to inform you of the Macoupin County Public Health Department's intent to apply for the Illinois Department of Transportation 2010 Consolidated Vehicle Procurement Grant Section 5310.

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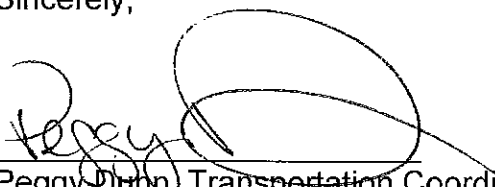
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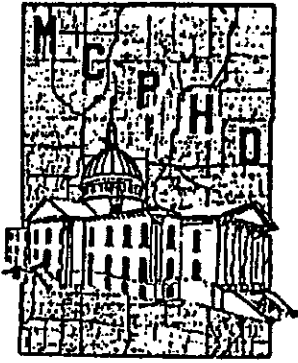
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Peggy Dunn, Transportation Coordinator
Macoupin County Public Health


Kent Tarro, Administrator M.S, R.D
Macoupin County Public Health



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Carlinville, IL 62626
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May 21, 2009

Sue Campbell
Community Memorial Hospital
400 Caldwell
Staunton, IL 62088

Dear Mike:

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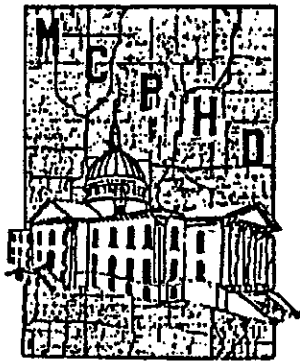
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Macoupin County Public Health



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May 21, 2009

Frank Schwab
Illinois Valley Economic Development Corp
223 S. Macoupin
Gillespie, IL 62033

Dear Frank:

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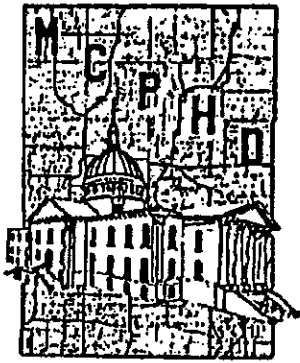
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Macoupin County Public Health

Kent Tarro, Administrator M.S, R.D
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May 21, 2009

Angela Barnes, Executive Director
Bethany Place
821 West A Street
Belleville, IL 62220

Dear Angela:

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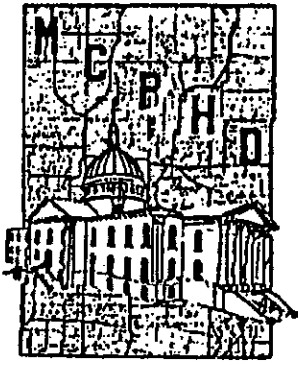
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Kent Tarro, Administrator M.S, R.D
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Phone: 217-839-2350
Fax: 217-839-3735

805 N. Broad St.
Carlinville, IL 62626
217-854-3223
217-854-3225

May 21, 2009

Michael Booker
Helping Hands
218 W. Main
Belleville, IL 62220

Dear Michael:

We are writing to inform you of the Macoupin County Public Health Department's intent to apply for the Illinois Department of Transportation 2010 Consolidated Vehicle Procurement Grant Section 5310.

The Macoupin County Public Health Department has provided medical transportation for the past 13 years. In the past three months we have had to scrap one medical transportation van and in the next three months we will scrap a second. Both vehicles are 12 years old.

We plan to pursue one new 7-passenger and one new 14-passenger handicap accessible van to continue the medical transportation program services at the present level.

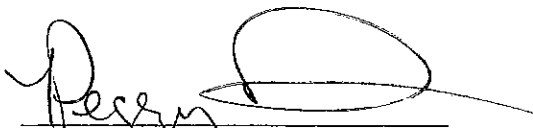
These vans are used for every kind of medical and senior transportation except emergencies; this includes rides to doctors, dentists, hospital outpatient services, public health, mental health, specialty clinic appointments, senior meals, senior shopping and senior entertainment. We provide rides from Macoupin County to Alton, Hillsboro, Jacksonville, Springfield, St. Louis and everywhere in between.

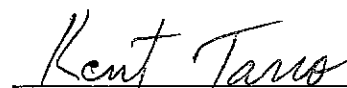
I am asking for your help and support. We need support letters for our program (The Macoupin County Public Health Transportation Program). These support letters need to be submitted to our office by June 12th, 2009

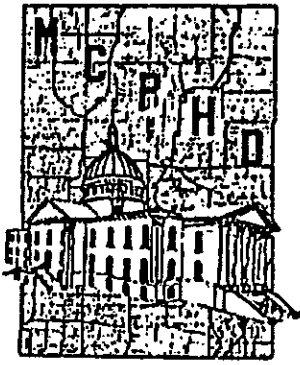
If you have any questions please don't hesitate to call Peggy Dunn, Transportation Coordinator at 217-854-3223 ext. 221

Thank you for your time and consideration.

Sincerely,


Peggy Dunn, Transportation Coordinator
Macoupin County Public Health


Kent Tarro, Administrator M.S., R.D.
Macoupin County Public Health



Macoupin County Public Health Department

112 South Macoupin St
Gillespie, IL 62033
Phone: 217-839-2350
Fax: 217-839-3735

805 N. Broad St.
Carlinville, IL 62626
217-854-3223
217-854-3225

May 21, 2009

Amy Best
Home Instead Senior Care
124 W. Pearl
Jerseyville, IL 62052

Dear Amy:

We are writing to inform you of the Macoupin County Public Health Department's intent to apply for the Illinois Department of Transportation 2010 Consolidated Vehicle Procurement Grant Section 5310.

The Macoupin County Public Health Department has provided medical transportation for the past 13 years. In the past three months we have had to scrap one medical transportation van and in the next three months we will scrap a second. Both vehicles are 12 years old.

We plan to pursue one new 7-passenger and one new 14-passenger handicap accessible van to continue the medical transportation program services at the present level.

These vans are used for every kind of medical and senior transportation except emergencies; this includes rides to doctors, dentists, hospital outpatient services, public health, mental health, specialty clinic appointments, senior meals, senior shopping and senior entertainment. We provide rides from Macoupin County to Alton, Hillsboro, Jacksonville, Springfield, St. Louis and everywhere in between.

I am asking for your help and support. We need support letters for our program (The Macoupin County Public Health Transportation Program). These support letters need to be submitted to our office by June 12th, 2009

If you have any questions please don't hesitate to call Peggy Dunn, Transportation Coordinator at 217-854-3223 ext. 221

Thank you for your time and consideration.

Sincerely,


Peggy Dunn, Transportation Coordinator
Macoupin County Public Health


Kent Tarro, Administrator M.S., R.D.
Macoupin County Public Health



Macoupin County
Public Health Department

112 South Macoupin St
Gillespie, IL 62033
Phone: 217-839-2350
Fax: 217-839-3735

805 N. Broad St.
Carlinville, IL 62626
217-854-3223
217-854-3225

May 21, 2009

Paula Dunn
Dunn's Ambulance Inc.
305 W. Main Cross St.
Taylorville, IL 62568

Dear Paula:

We are writing to inform you of the Macoupin County Public Health Department's intent to apply for the Illinois Department of Transportation 2010 Consolidated Vehicle Procurement Grant Section 5310.

The Macoupin County Public Health Department has provided medical transportation for the past 13 years. In the past three months we have had to scrap one medical transportation van and in the next three months we will scrap a second. Both vehicles are 12 years old.

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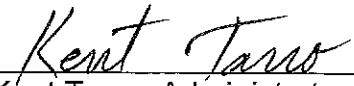
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If you have any questions please don't hesitate to call Peggy Dunn, Transportation Coordinator at 217-854-3223 ext. 221

Thank you for your time and consideration.

Sincerely,


Peggy Dunn, Transportation Coordinator
Macoupin County Public Health


Kent Tarro, Administrator M.S, R.D
Macoupin County Public Health



Macoupin County
Public Health Department

112 South Macoupin St
Gillespie, IL 62033
Phone: 217-839-2350
Fax: 217-839-3735

805 N. Broad St.
Carlinville, IL 62626
217-854-3223
217-854-3225

May 21, 2009

Cathy Contarino
IMPACT Inc.
2735 E. Broadway
Alton, IL 62002

Dear Cathy:

We are writing to inform you of the Macoupin County Public Health Department's intent to apply for the Illinois Department of Transportation 2010 Consolidated Vehicle Procurement Grant Section 5310.

The Macoupin County Public Health Department has provided medical transportation for the past 13 years. In the past three months we have had to scrap one medical transportation van and in the next three months we will scrap a second. Both vehicles are 12 years old.

We plan to pursue one new 7-passenger and one new 14-passenger handicap accessible van to continue the medical transportation program services at the present level.

These vans are used for every kind of medical and senior transportation except emergencies; this includes rides to doctors, dentists, hospital outpatient services, public health, mental health, specialty clinic appointments, senior meals, senior shopping and senior entertainment. We provide rides from Macoupin County to Alton, Hillsboro, Jacksonville, Springfield, St. Louis and everywhere in between.

I am asking for your help and support. We need support letters for our program (The Macoupin County Public Health Transportation Program). These support letters need to be submitted to our office by June 12th, 2009

If you have any questions please don't hesitate to call Peggy Dunn, Transportation Coordinator at 217-854-3223 ext. 221

Thank you for your time and consideration.

Sincerely,

Peggy Dunn, Transportation Coordinator
Macoupin County Public Health

Kent Tarro, Administrator M.S, R.D
Macoupin County Public Health



Macoupin County
Public Health Department

112 South Macoupin St
Gillespie, IL 62033
Phone: 217-839-2350
Fax: 217-839-3735

805 N. Broad St.
Carlinville, IL 62626
217-854-3223
217-854-3225

May 21, 2009

Peg Barkley
Macoupin County Housing Authority
P.O. Box 226
Carlinville, IL 62626

Dear Peg:

We are writing to inform you of the Macoupin County Public Health Department's intent to apply for the Illinois Department of Transportation 2010 Consolidated Vehicle Procurement Grant Section 5310.

The Macoupin County Public Health Department has provided medical transportation for the past 13 years. In the past three months we have had to scrap one medical transportation van and in the next three months we will scrap a second. Both vehicles are 12 years old.

We plan to pursue one new 7-passenger and one new 14-passenger handicap accessible van to continue the medical transportation program services at the present level.

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I am asking for your help and support. We need support letters for our program (The Macoupin County Public Health Transportation Program). These support letters need to be submitted to our office by June 12th, 2009

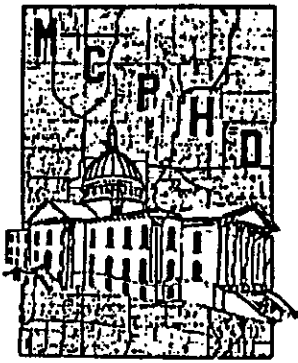
If you have any questions please don't hesitate to call Peggy Dunn, Transportation Coordinator at 217-854-3223 ext. 221

Thank you for your time and consideration.

Sincerely,


Peggy Dunn, Transportation Coordinator
Macoupin County Public Health


Kent Tarro, Administrator M.S, R.D
Macoupin County Public Health



Macoupin County
Public Health Department

112 South Macoupin St
Gillespie, IL 62033
Phone: 217-839-2350
Fax: 217-839-3735

805 N. Broad St.
Carlinville, IL 62626
217-854-3223
217-854-3225

May 21, 2009

Mayor Robert Schwab
City of Carlinville
550 North Broad
Carlinville, IL 62626

Dear Mayor Schwab:

We are writing to inform you of the Macoupin County Public Health Department's intent to apply for the Illinois Department of Transportation 2010 Consolidated Vehicle Procurement Grant Section 5310.

The Macoupin County Public Health Department has provided medical transportation for the past 13 years. In the past three months we have had to scrap one medical transportation van and in the next three months we will scrap a second. Both vehicles are 12 years old.

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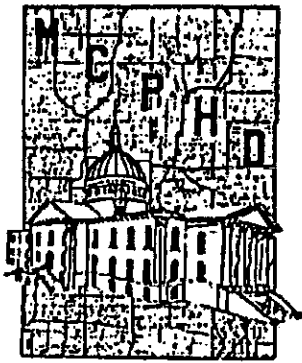
If you have any questions please don't hesitate to call Peggy Dunn, Transportation Coordinator at 217-854-3223 ext. 221

Thank you for your time and consideration.

Sincerely,


Peggy Dunn, Transportation Coordinator
Macoupin County Public Health


Kent Tarro, Administrator M.S, R.D
Macoupin County Public Health



Macoupin County
Public Health Department

112 South Macoupin St
Gillespie, IL 62033
Phone: 217-839-2350
Fax: 217-839-3735

805 N. Broad St.
Carlinville, IL 62626
217-854-3223
217-854-3225

May 21, 2009

Kenneth Reid
Carlinville Area Hospital
1001 East Morgan
Carlinville, IL 62626

Dear Kenneth:

We are writing to inform you of the Macoupin County Public Health Department's intent to apply for the Illinois Department of Transportation 2010 Consolidated Vehicle Procurement Grant Section 5310.

The Macoupin County Public Health Department has provided medical transportation for the past 13 years. In the past three months we have had to scrap one medical transportation van and in the next three months we will scrap a second. Both vehicles are 12 years old.

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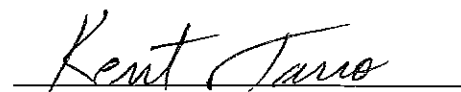
I am asking for your help and support. We need support letters for our program (The Macoupin County Public Health Transportation Program). These support letters need to be submitted to our office by June 12th, 2009

If you have any questions please don't hesitate to call Peggy Dunn, Transportation Coordinator at 217-854-3223 ext. 221

Thank you for your time and consideration.

Sincerely,


Peggy Dunn, Transportation Coordinator
Macoupin County Public Health


Kent Tarro, Administrator M.S., R.D.
Macoupin County Public Health



Macoupin County
Public Health Department

109 E Maple St.
Gillespie, IL 62033
Phone: 217-839-1526
Fax: 217-839-3735

805 N. Broad St.
Carlinville, IL 62626
217-854-3223
217-854-3225

June 16, 2009

Area Medivan
420 Livingston Ave Apt 4
Livingston IL 62058

We are writing to inform you of the Macoupin County Public Health Department's intent to apply for the Illinois Department of Transportation 2010 Consolidated Vehicle Procurement Grant Section 5310.

The Macoupin County Public Health Department has provided medical transportation for the past 13 years. In the past three months we have had to scrap one medical transportation van and in the next three months we will scrap a second. Both vehicles are 12 years old.

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I am asking for your help and support. We need support letters for our program (The Macoupin County Public Health Transportation Program). These support letters need to be submitted to our office by June ~~15th~~, 2009

25th

If you have any questions please don't hesitate to call Peggy Dunn, Transportation Coordinator at 217-854-3223 ext. 221

Thank you for your time and consideration.

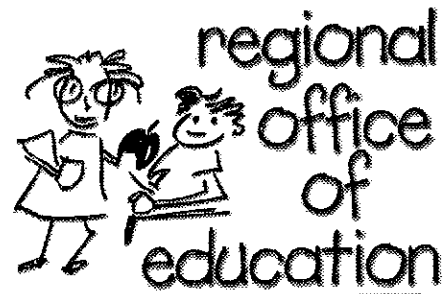
Sincerely,

Peggy Dunn, Transportation Coordinator
Macoupin County Public Health

Kent Tarró, Administrator M.S, R.D
Macoupin County Public Health

Larry D. Pfeiffer, Superintendent
220 North Broad Street, Carlinville, Illinois 62626
Phone: 217-854-4016 Fax: 217-854-2032

Terry Strauch, Assistant Superintendent
303 West Exchange, Jerseyville, Illinois 62052
Phone: 618-498-5541 Fax: 618-498-5543



#40 CALHOUN, GREENE, JERSEY, MACOUPIN

June 8, 2009

I am writing to support the Macoupin County Public Health Department's intent to apply for the Illinois Department of Transportation 2010 Consolidated Vehicle Procurement Grant Section 5310.

The Macoupin County Public Health Department has provided medical transportation for the past 13 years. In the past three months they have had to retire one medical transportation van in the next three months they will scrap a second van. Both vehicles are 12 years old.

It is the intent of the Macoupin County Public Health Department to pursue one new 7-passenger and one new 14 passenger handicap accessible van to continue the medical transportation program services at the present level.

These vans are used for every kind of medical and senior transportation except emergencies; this includes rides to doctors, dentists, hospital outpatient services, public health, mental health, specialty clinic appointments, senior meals, senior shopping and senior entertainment. They provide rides from Macoupin County to Alton, Hillsboro, Jacksonville, Springfield, St. Louis and everywhere in between.

Thank you for your time and consideration to this worthwhile request.

Sincerely,

Larry Pfeiffer
Regional Superintendent
Calhoun, Greene, Jersey & Macoupin Counties



Peer Support and Disability Rights
Since 1985

2735 E. Broadway • Alton, IL 62002
618-462-1411 Voice • 618-474-5333 TTY • 618-474-5309 Fax
www.impactcil.org

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President

June 23, 2009

Jeff Wilson
Vice President

Mr. Kent Tarro
Macoupin County Public Health Department
805 North Broad Street
Carlinville, IL 62626

Nick Moehn
Treasurer

Dear Mr. Tarro:

Susy Woods
Secretary

Beth Davis
Ebony Huddleston
Cindy Mayhew
Judy O'Malley
Jackie Owens
Proud member of



United Way
of Greater St. Louis

I am writing on behalf of IMPACT Inc, a non-profit, self-help, advocacy organization providing services to people with disabilities, to support the Macoupin County Public Health Transportation Program's proposal to purchase two vans for individuals requiring transportation for medical appointments. I applaud your efforts to purchase one van that will be equipped with a wheelchair lift. People with disabilities are often un-served when it comes to receiving transportation services. We are aware that there is limited transportation for people residing in Macoupin County, especially to medical appointments. Transportation to medical appointments is vital in order for people to maintain their independence.

If we can be of further service, please do not hesitate to contact me.

Sincerely,

Cathy Contarino
Executive Director

IMPACT promotes pride and respect of people with disabilities by sharing the tools that are necessary to take control of one's own life. IMPACT advocates full community participation of all citizens.

United Way Partnership/INCIL Member

**Carlinville
Catholic Charities**



525 W. Second South
P.O. Box 618
Carlinville, IL 62626
(217) 854-4511
FAX: 854-8049

A Division of Catholic Charities, Diocese of Springfield in Illinois

CHILD WELFARE SERVICES

Intact Family Services

Extended Family Support Program

COMMUNITY SERVICES

MedAssist

Harvest Pantry

Thrift Shop
used clothing, furniture,
and household items
(217) 854-3029

Information & Referral

Catholic Charities is the
location for the
Carlinville Area Food Pantry

COUNSELING

Professional Counseling Solutions
(Individual, Couple & Family Therapy)

June 9, 2009

To Whom It May Concern:

I am writing to convey our agency support for the Macoupin County Public Health Transportation Program. They are in need of additional vehicles to continue to provide the necessary service they are providing to get people to needed medical appointments.

The service to get senior and medical transportation in place in an on-going way is vitally important in our rural county. This is a service that is widely used by many mutual agency clients in our service area.

The IDOT 2010 Consolidated Vehicle Procurement Grant Section 5310 is one that would be most helpful to the Macoupin County Public Health Department and a grant that would be very beneficial to the needy clients in our area.

Please consider the grant application from Macoupin County Public Health Department.

Thank-you.

Sincerely,

Pat Pope
Area Director
Carlinville Catholic Charities



UNDER
ONE ROOF

Bethany Place

Serving Our Community on the issues of HIV/AIDS

May 27, 2009

Macoupin County Public Health Department
Attn: Peggy Dunn and Kent Tarro
112 South Macoupin St
Gillespie, IL 62033

Executive Director
Angela K. Barnes
angela@bethanyplace.org

Board of Directors

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President
*Washington University School of
Medicine Clinical Trials Unit*

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Vice President
*Director, National Shrine of
Our Lady of the Snows*

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Belleville Alderman

Elizabeth Laffey, M.D.
Gateway Physicians

Mark Kern
*St. Clair County Board
Chairman*

Nichole Carter
Fleishman - Hillard

Susan Holm
Spiritual Director

Dear Ms. Dunn and Mr. Tarro:

It is with great pleasure that I write this letter for the Macoupin County Public Health Department in support of your application for the Illinois Department of Transportation 2010 Consolidated Vehicle Procurement Grant. The proposal to continue to offer medical and senior transportation is an opportunity to provide much needed services for Macoupin County community members. Bethany Place supports the Macoupin County Public Health Department's proposal for one new 7-passenger and one new 14-passenger handicap accessible van to continue the medical transportation program services at the present level.

I am positive that the Macoupin County Public Health Department would carry out the proposed services professionally and successfully, and continue to lay a good foundation for future transportation efforts in the community. I strongly support their endeavor in applying for the Illinois Department of Transportation 2010 Consolidated Vehicle Procurement Grant Section 5310.

Sincerely,

A handwritten signature in black ink that reads "Angela Barnes". The signature is fluid and cursive, with a large loop at the end.

Angela Barnes
Executive Director

821 West A Street ~ Belleville, IL 62220
618.234.0291 ~ Fax 618.234.8625 ~ www.bethanyplace.org

BETSY HANNIG

DISTRICT OFFICE:
218 S. MACOUPIN
P.O. BOX 8
GILLESPIE, IL 62033
217/ 839-2859
FAX: 217/839-4833

SPRINGFIELD OFFICE:
239-E STRATTON BUILDING
SPRINGFIELD, IL 62706
217/ 782-8071



ILLINOIS GENERAL ASSEMBLY
HOUSE OF REPRESENTATIVES

To Whom it May Concern,

I am writing in full support of the Macoupin County Public Health Department's application for an Illinois Department of Transportation 2010 Consolidated Vehicle Procurement Grant. The County Public Health Department has done a great job of providing medical transportation for the last 13 years.

The health department is doing the best job that they can with incredibly old vehicles. I have been informed that one vehicle has already been disposed of and another is on its last legs. I wholeheartedly support the health department's pursuit of new seven-passenger and 14-passenger handicap accessible vans so they can continue their valuable work.

These vans are vital for the use of medical and senior transportation from Macoupin County to Alton, Hillsboro, Jacksonville, Springfield, St. Louis and everywhere in between.

Please do not hesitate to contact me if I can be of any assistance, or to provide additional information.

Sincerely,

A handwritten signature in cursive script that reads "Betsy Hannig".

Betsy Hannig
State Representative
98th District

ILLINOIS HOUSE OF REPRESENTATIVES



CAPITOL OFFICE:

200-4N STRATTON OFFICE BUILDING
SPRINGFIELD, ILLINOIS 62706
217/782-1840
217/557-0530 FAX

DISTRICT OFFICE:

325 WEST STATE STREET
SUITE 102
P.O. BOX 160
JACKSONVILLE, ILLINOIS 62651
217/243-6221
217/245-2071 FAX

Jim Watson

STATE REPRESENTATIVE • 97TH DISTRICT

May 27, 2009

Illinois Department of Transportation
Attn: Nick Williams
Office of Governmental Affairs
2300 South Dirksen Parkway
Springfield, IL 62764

Re: Macoupin County Public Health Transportation Program
2010 Consolidated Vehicle Procurement Grant

Dear Director Williams,

I am writing in support of the Macoupin County Public Health Transportation Program receiving an IDOT Consolidated Vehicle Procurement Grant for two new multi-passenger handicap accessible vans that are very much needed for this worthy program.

The Transportation Program in Macoupin County provides a vital service for those in need of all ages and makes available invaluable transportation not only within the county but to such medical centers as St. Louis, Jacksonville, Springfield and Alton. In these economically trying times a service such as this drastically cuts down costs not only to its participants but to the county and state by consolidating non-emergency transportation.

I thank you for your and your colleagues' consideration and once again relay my full support of the Macoupin County Public Health Transportation Program receiving a 2010 Consolidated Vehicle Procurement Grant.

Sincerely,

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

Jim Watson
State Representative
97th District

✓ Cc: Peggy Dunn, Macoupin Co. Public Health



June 8, 2009

Mr. Kent Tarro, Administrator
Macoupin County Public Health Dept.
805 N. Broad Street
Carlinville, Illinois 62626

RE: Macoupin Co. Public Health Transportation Program

Dear Mr. Tarro:


I am writing on behalf of the Macoupin County Public Health Transportation Program. The Public Health Department has provided non-emergency medical transportation for many years to community members and I understand their vehicles are very dated, resulting in major mechanical problems. It is my understanding that new vehicles would be utilized extensively in our community.

You have the Hospital's full support in applying for the Illinois Department of Transportation 2010 Consolidated Vehicle Procurement Grant, Section 5310. The transportation services you provide to our community members is essential in assisting many to their appointments, whether it be physician offices, hospital outpatient services, public health, mental health, senior meals, etc.

If you should need additional information, please feel free to contact me at 217-854-3141, ext. 310.

Sincerely,

CARLINVILLE AREA HOSPITAL


Kenneth G. Reid, FACHE
President/CEO

cc: Peggy Dunn, Mac. Co. Public Health
Transportation Coordinator

COMMISSIONERS:
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Chairman
Roger Kratochvil
Vice-Chairman
Ilene Winters
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Deanna Taylor
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David Thomas
Lee Lobue



Post Office Box 226 Carlinville, Illinois 62626

760 Anderson Street
Telephone (217) 854-8606
Toll Free (866)363-5142
Fax (217) 854-8749

Margaret (Peg) Barkley
Chief Executive Officer
Secretary for the Board

Rick Verticchio
Attorney

May 22, 2009

Macoupin County Public Health Department
Attn: Mr. Kent Tarro, Administrator
805 N. Broad Street
Carlinville, IL 62626

Re: Support letter for Vehicle Procurement

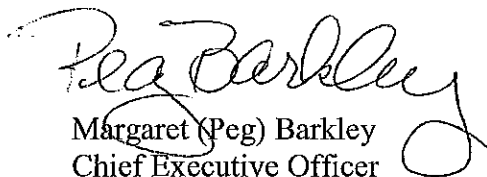
Dear Mr. Tarro:

I am hereby writing this letter in full support of the Macoupin County Public Health Department's intent to apply for the Illinois Department of Transportation 2010 Consolidated Vehicle Procurement Grant Section 5310.

The Public Health Departments two current vehicles are old and must be eliminated. The health department's vehicles have been used by my elderly and disabled residents of both the Macoupin County Housing Authority (public housing) and The Village at Morse Farm (supportive living facility). Without the transportation provided by the public health department my residents would not be able to get to their needed doctor visits, specialty clinic appointments, senior meals, shopping and entertainment. This transportation program is needed to keep the quality of life enjoyed by my low income residents.

I encourage you to grant the application request the Macoupin County Public Health Department has applied for. If you need any additional information from me, please don't hesitate to call.

Sincerely,


Margaret (Peg) Barkley
Chief Executive Officer



ANDREW MANAR
CHAIRMAN

MACOUPIN COUNTY BOARD

215.SOUTH EAST STREET • P.O. Box 535 • CARLINVILLE, IL 62626 • TELEPHONE 217/854/3341
FAX 217/854/6015

JULIA WATSON
VICE CHAIRPERSON

MICHELE A. ZIPPAY
CLERK

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FRANCES GOODMAN
TONY WIGGINS

District 9
RAYMOND COATNEY
LYNDAL HERSCHELMAN
CHRISTOPHER YOWELL

May 19, 2009

Mr. Chuck Kadlec
CVP PROGRAM MANAGER
Illinois Department of Transportation
Division of Public & Intermodal Transportation
300 West Adams Street, 2nd Floor
Chicago, IL 60606

Dear Mr. Kadlec:

As Chairman of the Macoupin County Board, I have studied the request of the Macoupin County Public Health Department to become a Coordinated Service Provider.

To the best of my knowledge, no one else supplies transportation in the entire County. We find a great need for this service and feel the need justifies the request. The availability of a medical transportation system, in Macoupin County, is a great benefit to its citizens.

Thank you for your consideration and cooperation in this matter.

Sincerely,

Andrew Manar *cjt*
Chairman of the Board

AWM:cjt



WEST CENTRAL DEVELOPMENT COUNCIL, INC.

116 South Plum Street

PO Box 260

Carlinville, IL 62626-0260

Phone: 217/854-9644

FAX: 217/854-4765

**WCDC
Policy Board**

***Andrew Manar*
Chairman**

***Michael Sherer*
Executive Director**

**WCDC
Board of Directors**

***Darrell Bellm*
Chairman**

May 22, 2009

Dear Mr. Kadlec:

On behalf of the West Central Development Council, I hereby express our support of the Macoupin County Public Health Transportation Program.

Macoupin County residents have relied on the Macoupin County Public Health Transportation Program to provide medical transportation for the past 13 years. This service includes transportation for non-emergency medical and senior transportation, such as rides to doctors, dentists, hospital outpatient services, public health, mental health, specialty clinic appointments, senior meals, senior shopping and senior entertainment, from Macoupin County to Alton, Hillsboro, Jacksonville, Springfield, St. Louis and other places in between. In order to continue to receive these services, I support their effort to pursue two new handicap accessible vans to replace their current vehicles which are both 12 years old.

I understand the importance of these services to the people that have no other means of transportation and Macoupin County Public Health has been an excellent source to meet those needs. Therefore, West Central Development Council supports their effort.

Sincerely,



Michael Sherer
Executive Director

MS:bs



PHONE (618) 635-2200

COMMUNITY MEMORIAL HOSPITAL

400 CALDWELL ST.
STAUNTON, ILLINOIS 62088-1499

May 27, 2009

Mr. Kent Tarro, Administrator
Macoupin County Public Health
805 N. Broad Street
Carlinville, IL 62626

RE: The Macoupin County Public Health Transportation
Program

Dear Kent,

I want to take this opportunity to fully support the intent of Macoupin County Public Health to apply for the Illinois Department of Transportation 2010 Consolidated Vehicle Procurement Grant, Section 5310.

Community Memorial Hospital located in Staunton, Illinois is one of two hospitals located in Macoupin County. The patient population served by Community Memorial is approximately 75% elderly, and in some cases disabled as well. Many of these individuals require transportation services to get them back and forth to physician's appointments, out-patient hospital services, dental visits, pharmacy trips, and a multitude of other needs. There is no other transportation service offered in our service area, and the Macoupin County Health Department provides a service that is vitally needed. Without this service, many of these individuals would be literally house bound and unable to keep appointments that are vital to their health and well-being.

I strongly support Macoupin County Public Health's application for the Vehicle Procurement Grant, and I believe this will be of great benefit to the residents of Macoupin County.

Sincerely,

Sue Campbell
CEO
Community Memorial Hospital

JUNE 10, 2009

KENT TARRO
MACOUPIN COUNTY PUBLIC
HEALTH DEPARTMENT
805 N. BROAD ST.
CARLINVILLE, IL 62626

RE: TRANSPORTATION PROGRAM

DEAR MR. TARRO,

THIS LETTER WHOLEHEARTEDLY SUPPORTS THE MACOUPIN COUNTY PUBLIC HEALTH DEPARTMENT'S TRANSPORTATION PROGRAM. AS A SOCIAL WORKER FOR THE HOME HEALTH DEPT OF COMMUNITY MEMORIAL HOSPITAL IN STAUNTON I AM USUALLY LOOKING TO FIND TRANSPORTATION SERVICES FOR THE PEOPLE WE WORK WITH. WE TRY TO ARRANGE RIDES TO MEDICAL APPOINTMENTS (MEDICAL AND DENTAL), SENIOR CITIZEN MEALS, HOSPITAL OUTPATIENT SERVICES, MENTAL HEALTH SERVICES, EVEN RECREATIONAL ACTIVITIES.

YOUR AGENCY PROVIDES A VALUABLE SERVICE THAT HELPS PEOPLE LIVE BETTER LIVES. I HOPE YOU WILL BE ABLE TO CONTINUE OPERATING THE PUBLIC HEALTH TRANSPORTATION SERVICE, AND EVEN BE ABLE TO EXPAND THAT SERVICE IF MONEY BECOMES AVAILABLE. MACOUPIN COUNTY'S NEEDS FOR PUBLIC TRANSPORTATION SERVICES IS VITAL TO MANY PEOPLE, PARTICULARLY THE AGING POPULATION AND PEOPLE WITH DISABILITIES.

SINCERELY,

A handwritten signature in black ink that reads "John Saracco". The signature is written in a cursive style with a large initial "J" and "S".

JOHN SARACCO, MSW
COMMUNITY MEMORIAL
HOME HEALTH



May 26, 2009

To whom it may concern:

On behalf of students with disabilities at Lewis & Clark Community College, I am offering my support for The Macoupin County Public Health Department's efforts to apply for the Illinois Department of Transportation 2010 Consolidated Vehicle Procurement Grant Section 5310. As a member of the IDOT Human Service Transportation Committee for Region 9, I am well aware of the need for more opportunities for public transportation in the rural counties within our community college district.

The Macoupin County Health Department has provided medical transportation in rural areas for the last 13 years. They are in need of new vehicles. I strongly endorse the request for one new 7-passenger and one new 14-passenger handicap accessible van so that The Madison County Health Department can continue the medical transportation program services at the present level.

Please let me know if I can be of any further assistance.

Sincerely,

A handwritten signature in black ink that reads "Kathy Haberer".

Kathy Haberer, M.Ed.

Director, Student Development and Counseling

(Disability Support Services)

khaberer@lc.edu

618-468-4126

"Empowering people by raising aspirations and fostering achievements through dynamic, compassionate and responsible learning experiences."

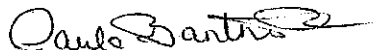
Dunn's Ambulance Service, Inc.
Taylorville-Carlinville-Mattoon
P O Box 43
Taylorville, IL 62568
(217)824-6999
Fax 824-6989

May 26th, 2009

Re: Illinois Department of Transportation 2010 Consolidated Vehicle
Procurement Grant Section 5310

Dunn's Ambulance Service, Inc. DISCONTINUED NON-EMERGENCY VAN TRANSPORTS to doctors offices etc. in 2007. It was with much disappointment this service could no longer be provided to the citizens however, due to poor and slow reimbursement, as well as increased operation costs, this service had to be discontinued. Another private service had just begun and were eager to have the clients whom Dunn's had to turn away, however it was soon realized that the calls were going unanswered and the clients needs were not being meet. The clients have no where else to turn other than the **Macoupin County Public Health Department**. This is a service which is greatly needed for the Macoupin County Citizens. With the current high cost of fuel, and liability insurance, it is not feasible for a department to afford a new vehicle, without financial assistance. The wear and tear placed on a transportation vehicle in a month is unbelievable, as is the cost of operating the vehicle, not to mention the repair and maintance cost of keeping an older model vehicle. Certainly no one wants to take the risk of having a van full of elderly, or handicap persons, broke down along the roadside. Please accept this as a letter of support for the grant application of the Macoupin County Public Health Department. If you have further question please do not hesitate to contact me at (217) 827-5815.

Sincerely,



Paula Bantner-Dunn Treasurer
Dunn's Ambulance Service, Inc.