

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

*Red - 6-25-09
Contacted - 6-25-09
Rate w/ 6-25-09*

Applicant Name	Residential Options, Inc.
-----------------------	---------------------------

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

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

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

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

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

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

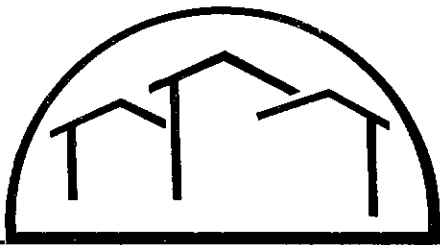
***Northeastern Illinois (Urbanized Area 2, Cook, Lake, DuPage, Kane, Will & McHenry Counties only)**

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

ITEM	ENCLOSED
• Application, Signed by Board authorized representative (front cover, page 1)	X <input checked="" type="checkbox"/>
• Part I Submittal Matrix(A) and Application Checklist Completed (B), (page 4)	X <input checked="" type="checkbox"/>
• Part II Current Vehicle Inventory (page 5)	X <input checked="" type="checkbox"/>
• Part III Vehicle Request Form and Budget (pages 6-7)	X <input checked="" type="checkbox"/>
• Part IV Project Justification (if applicable, page 8)	X <input checked="" type="checkbox"/>
• Part V Applicant's Current Services and Experience (if applicable, pages 9-11)	X <input checked="" type="checkbox"/>
• Part VI Fleet Control and Maintenance (if applicable, page 12)	X <input checked="" type="checkbox"/>
• Part VII Driver Training (if applicable, page 13)	X <input checked="" type="checkbox"/>
• Part VIII Proposing New or Expanded Service (pages 14 & 15)	X <input checked="" type="checkbox"/> <i>N/A</i>
• Part IX Formal Coordination Efforts (if applicable, page 16 & 17)	X <input checked="" type="checkbox"/>
• Part X Financial Plan (if applicable, pages 18 & 19)	X <input checked="" type="checkbox"/>
• Part XI HSTP Review (To Be Completed only by Northeastern Illinois Applicants-Urbanized Area 2-- Cook, Lake, DuPage, Kane, Will & McHenry Counties) (page 20)	<input checked="" type="checkbox"/>
• Appendix A FTA & IDOT Joint Certifications Assurances (pp. 22-32) signed by Official Representative (page 24),	X <input checked="" type="checkbox"/>
• 2nd- Signed and dated Attorney's Affirmation (page 23)	X <input checked="" type="checkbox"/>
• Appendix B Public hearing: Published notice, hearing report and public comments (page 33)	X * *
• Appendix C Executed Board Resolution authorizing applicant's Official Representative (page 34)	X <input checked="" type="checkbox"/>
• 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)	Requested
• Letter of support from Certified Public Provider or local Transit Authority (if applicable)	X <input checked="" type="checkbox"/>
• Letters of Support from local Legislators, others (not a requirement)	X <input checked="" type="checkbox"/>

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.

**Will be forwarded following Public Hearing on 07/08/09.*



#4 Emmie L. Kaus Lane • Alton, IL 62002
Office: (618) 465-0044 • Fax: (618) 465-0056

RESIDENTIAL OPTIONS INC.
AN AFFILIATE OF CHALLENGE UNLIMITED, INC.

June 24, 2009

South Central Illinois Regional Planning
& Development Commission
Seth Gunnerson
120 Delmar Ave. – Suite A
Salem, Illinois 62881-2000

Dear Mr. Gunnerson,

Residential Options, Inc. is pleased to submit the enclosed IDOT 5310 application requesting two replacements for two vehicles that exceed the age and mileage criteria as set by IDOT for replacement. We are submitting the grant application as per the guidelines of IDOT.

Residential Options has been in operation for over 19 years and has provided transportation to the residents for that time period. We serve approximately 140 residents who have mental, emotional, developmental and/or physical disabilities and we transport them to and from their day programs as well as to other community integrated work and enrichment activities and to the much needed medical or medically related appointments. The vehicles are used for all activities as would normally be expected for any home-like environment.

We have always been dedicated to provide services which encourage independence, including utilization of public transportation and have worked with other transportation providers such as ACT/MCT in Madison County. We provide transportation training to those who have the capacity for independent travel and are presently working with ACT/MCT to participate in their travel training programs. Many are unable to utilize public unsupervised modes of transportation due to their limitations to transfer from one bus to another or wait at bus stops unsupervised.

We hope the information contained in this application adequately depicts our present system and needs and are certain you are aware of the never ending escalation of associated costs which our agency endures.


We would also like to note that I will be the contact person for this project and can be contacted at:

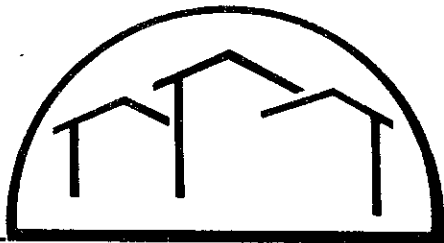
Residential Options, Inc.
Mrs. Laurine Hamm
#4 Emmie L. Kaus Ln.
Alton, IL 62002

My e-mail address is laurine.hamm@cuinc.org and phone number is 618-465-0044, ext 1032.

I look forward to hearing from you in the near future and ask that our request be looked upon with favor. Thank you in advance for your consideration and assistance.

Sincerely,


Laurine Hamm
Grants Coordinator



#4 Emmie L. Kaus Lane • Alton, IL 62002
Office: (618) 465-0044 • Fax: (618) 465-0056

RESIDENTIAL OPTIONS INC.
AN AFFILIATE OF CHALLENGE FOUNDATION, INC.

June 24, 2009

East West Gateway Council
Of Governments
Ms. Rachel Goldbeg
Gateway Tower
One Memorial Dr., Ste. 1600
St. Louis, MO 63102-2451

Dear Ms. Goldberg,

Residential Options, Inc. is pleased to submit the enclosed IDOT 5310 application requesting two replacement vehicles for two that exceed the age and mileage criteria as set by IDOT for replacement. We are submitting the grant application as per the guidelines of IDOT.

Residential Options has been in operation for over 19 years and has provided transportation to the residents for that time period. We serve approximately 140 residents who have mental, emotional, developmental and/or physical disabilities and we transport them to and from their day programs as well as to other community integrated work and enrichment activities and to the much needed medical or medically related appointments. The vehicles are used for all activities as would normally be expected for any home-like environment.

We have always been dedicated to provide services which encourage independence, including utilization of public transportation and have worked with other transportation providers such as ACT/MCT in Madison County. We provide transportation training to those who have the capacity for independent travel and are presently working with ACT/MCT to participate in their travel training programs. Many are unable to utilize public unsupervised modes of transportation due to their limitations to transfer from one bus to another or wait at bus stops unsupervised.

We hope the information contained in this application adequately depicts our present system and needs and are certain you are aware of the never ending escalation of associated costs which our agency endures.

We would also like to note that I will be the contact person for this project and can be contacted at:
Residential Options, Inc.
Mrs. Laurine Hamm
#4 Emmie L. Kaus Ln.
Alton, IL 62002

My e-mail address is laurine.hamm@cuinc.org and phone number is 618-465-0044, ext 1032.

I look forward to hearing from you in the near future and ask that our request be looked upon with favor. Please acknowledge our participation in the planning meetings and the inclusion of our services in the greater St. Louis area TIP.

Sincerely,

Laurine Hamm
Grants Coordinator

**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 Residential Options, Inc.	Date of Application Filing 06/24/09
Street/Mailing Address, City, and Zip Code (Not just P. O. Box) #4 Emmie L. Kaus Lane Alton, Illinois 62002	Federal Tax Identification Number (TIN) 37-1242862
List general area served (counties, city, areas as applicable) (Detail in Part 5, Page 9) Madison County - Primary	Type of Applicant (see pg. 4 Section A) Private Non-Profit: <u> X </u> Section 5311 Grantee: IDOT Certified Public Body: _____
County HSTP Region (if rural-see page 43) 9 HSTP Office (see pages 44) South Central	Illinois State Tax Exempt Number E-9970-9511-03
Application Contact Person: Diane Tebbe Title: Vice President Phone: 618-465-0044, Ext. 1601 Vehicle Issues Contact Person: Diane Tebbe Title: Vice President Phone: 618-465-0044, Ext. 1601	App. Contact E-Mail: <u>diane.tebbe@cuinc.org</u> - Fax. () 618-465-0056

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

Diane E. Tebbe Tel. 618-465-0044, 06 / 24 / 09
Signature of Authorized Representative Ext. 1601 Date
(As authorized by board resolution, see Appendix C)

Diane Tebbe Vice President
Print name of Authorized Official Title

READ ALL INFORMATION CAREFULLY

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

Applicant Name <p style="text-align: center;">Residential Options, Inc.</p>
--

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

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

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

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

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

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

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

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

ITEM	ENCLOSED
• Application, Signed by Board authorized representative (front cover, page 1)	X
• Part I Submittal Matrix(A) and Application Checklist Completed (B), (page 4)	X
• Part II Current Vehicle Inventory (page 5)	X
• Part III Vehicle Request Form and Budget (pages 6-7)	X
• Part IV Project Justification (if applicable, page 8)	X
• Part V Applicant's Current Services and Experience (if applicable, pages 9-11)	X
• Part VI Fleet Control and Maintenance (if applicable, page 12)	X
• Part VII Driver Training (if applicable, page 13)	X
• Part VIII Proposing New or Expanded Service (pages 14 & 15)	X
• Part IX Formal Coordination Efforts (if applicable, page 16 & 17)	X
• Part X Financial Plan (if applicable, pages 18 & 19)	X
• Part XI HSTP Review (To Be Completed only by Northeastern Illinois Applicants-Urbanized Area 2-- Cook, Lake, DuPage, Kane, Will & McHenry Counties) (page 20)	
• Appendix A FTA & IDOT Joint Certifications Assurances (pp. 22-32) signed by Official Representative (page 24),	X
• 2nd- Signed and dated Attorney's Affirmation (page 23)	X
• Appendix B Public hearing: Published notice, hearing report and public comments (page 33)	X * *
• Appendix C Executed Board Resolution authorizing applicant's Official Representative (page 34)	X
• Appendix D Application Preparation Guidance (pages 35-45)	Retain
• Appendix E Paratransit Vehicle Catalog (pages 46-56)	Retain
• Letter from MPO placing project in TIP (not applicable in Cook, Lake, DuPage, Kane, Will and McHenry Counties, or any non-urbanized area)	Requested
• Letter of support from Certified Public Provider or local Transit Authority (if applicable)	X
• Letters of Support from local Legislators, others (not a requirement)	X

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

*Will be forwarded following Public Hearing on 07/08/09.

**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

Residential Options, Inc.

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

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

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

C. Category of Request (Check appropriate category)

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

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

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

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

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

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

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

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

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

Yr.	Manufacturer	Type	Date/Mileage	(if applicable) VIN # IDOT Contract #
'97	Ford	E350	4-1-09/ 184,694	1FBDS31L8VHA16355 N/A

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

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

JUSTIFICATION: Mileage, age, poor condition (High maintenance & repair – see attached – in addition, a/c reportedly out, seats need recovering, poor functioning door locks)

**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

Residential Options, Inc. Form 2 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.) 2nd
Note: No two requested vehicles may have the same priority ranking.

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

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

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

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

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

Yr.	Manufacturer	Type	Date/Mileage	(if applicable) VIN # IDOT Contract #
'98	Ford	E350	04-01-09 132,291	1FBNE31L3WHA44848 N/A

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

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

JUSTIFICATION: Age, mileage, poor condition (Repeated A/C difficulties, seats to be recovered)

V# 78

1998 Res Ops

Sorted by Main Account Number

GL Account	Post Date	Description	Entry	Per.	Src.	Cflow Ref.	Post	Debit	Credit		
6567820209		VEHICLE MAINTENANCE						0.00			
			ENDING BALANCE PERIOD 01							0.00	
	08/19/2008	2972 VEHICLE MAINT	3475	02	AP	Yes MASS	Yes	554.58			
			ENDING BALANCE PERIOD 02							554.58	
	09/23/2008	90015676 VEHICLE MAINT	7352	03	AP	Yes AUTOTI	Yes	728.14			
			ENDING BALANCE PERIOD 03							1,282.72	
	10/30/2008	3051 VEHICLE MAINT	11707	04	AP	Yes MASS	Yes	211.48			
			ENDING BALANCE PERIOD 04							1,494.20	
			ENDING BALANCE PERIOD 05							1,494.20	
			ENDING BALANCE PERIOD 06							1,494.20	
			ENDING BALANCE PERIOD 07							1,494.20	
			ENDING BALANCE PERIOD 08							1,494.20	
	03/11/2009	3129 VEHICLE MAINT	29063	09	AP	Yes MASS	Yes	276.76			
			ENDING BALANCE PERIOD 09							1,770.96	
			ENDING BALANCE PERIOD 10							1,770.96	
			ENDING BALANCE PERIOD 11							1,770.96	
			ENDING BALANCE PERIOD 12							1,770.96	
			ENDING BALANCE PERIOD 13							1,770.96	
			ACTIVITY BALANCE							1,770.96	0.00
			GL BALANCE							1,770.96	0.00

End of Report

**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 (e)	Estimated Total Cost Line Total x Unit Cost (d) x (e)
		Replace- ment (a)	Expansion (b)	New (c)			
Mini-Van Paratransit (w/ ramp) MV	6 pass.	1				\$36,000	\$36,000
Light Duty Paratransit Vehicle (w/lift) LD	12 pass.	1				\$52,000	\$52,000
Medium Duty Paratransit Vehicle (w/lift) MD	14 pass.					\$59,000	\$
Super Medium Duty Para- Transit Vehicle (w/lift) SMD	22 pass.					\$94,000	\$

Total CVP Request: \$ 88,000

Comments:

PART IV

PROJECT JUSTIFICATION

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

Applicant Name

Residential Options, Inc.

Project Justification

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

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

Residential Options, Inc. serves approximately 140 mentally, emotionally, developmentally, and physically disabled persons in supervised 8 and 16 bed residential settings. Transportation needs are the same in these homes as in any "family" environment, but magnified by the numbers living there and the additional needs required by their disabilities. The persons we serve require transportation to and from their day programs, community work sites, doctor, therapists, and other medical appointments, community integrated life enrichment activities, as well as activities of daily living. Community integrated social/recreational activities are planned to provide the greatest number and variety of experiences possible to enhance each resident's pursuit of independence and/or level of productivity and quality of life.

Our county has a public transit organization with transportation available from 6:00 a.m. to 6:00 p.m., Monday through Friday and even more limited on holidays and weekends. Many fixed routes require transfers which is impossible for most of our residents due to their limited cognitive abilities, and door-to-door service requires a "one hour window" which is very difficult for our mentally challenged population. Taxi and charter service is used infrequently due to the prohibitive costs. Although we advocate for independence and utilization of community resources, many of these services do not meet the needs of our disabled residents.

If Residential Options is unable to replace the vehicles listed on page 5, the vehicles left in our fleet will have to be shared between one or more homes, which will significantly limit the community integration and inclusion of enrichment activities provided to our residents. Decreased state funding has also decreased our ability to replace and/or repair the transportation equipment in question.

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 Residential Options, Inc.

A. Geographic Area Served

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

The primary service area of our residential program is Madison County, with transportation needs for doctors and other medically related appointments, leisure and recreational activities as well as community work sites and other activities of daily living taking us into surrounding counties of Illinois and the greater St. Louis and St. Louis County area (see attached map).

Annual group vacations may encompass even greater areas.

B. Service Area Population Information

Use 2000 census data. (Est. 2008 Census)

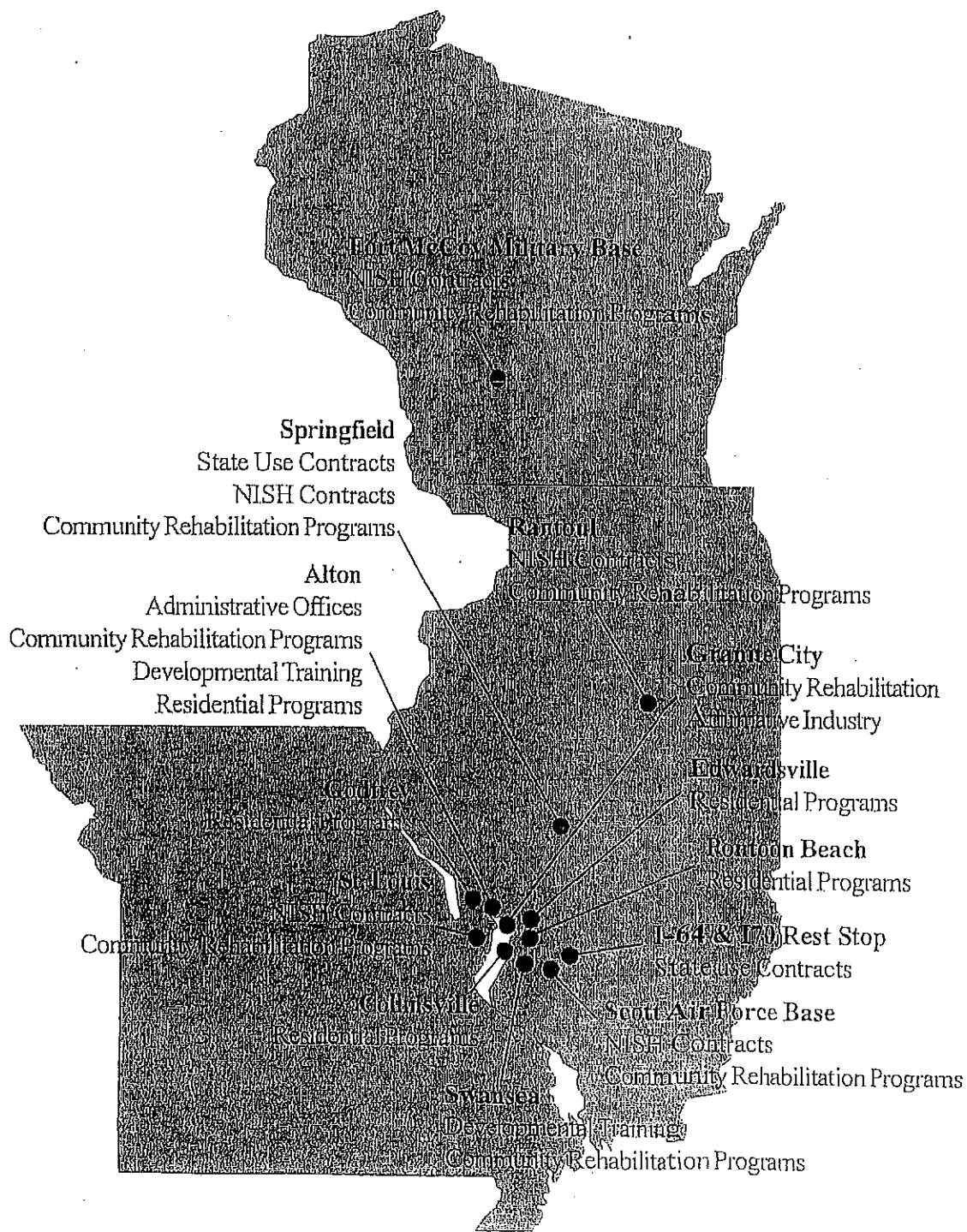
1. Total Population of your Current Service Area	268,078
2. Elderly (60+) Population of Service Area	37,263
3. Disabled Population of Service Area	46,311

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	804	.3	0	----
Asian/Pacific Islander	1,877	.7	1	1.0
Black	21,446	8.0	20	15.0
Hispanic	5,362	2.0	0	----
White	235,908	88.0	112	84.0
Other	2,681	1.0	0	----
TOTAL (match B-1 above).	268,078	100 %	133	100 %

Headquartered in
Alton, Illinois, with
satellite locations
in three states...



Applicant Name **Residential Options, Inc.**

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

Briefly describe your organization's:

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

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

Residential Options, Inc. has been in operation for almost 18 years. The organization serves approximately 140 persons with mental, emotional and physical disabilities in 8-bed CILA homes and 16-bed LTC homes as well as several semi-supervised facilities. The residential programs are responsible for full case management, including provision of and arrangement for all individually planned services such as physical, speech and occupational therapies, medical supervision, counseling, employment or day program activities, financial management, social/recreational activities and training for activities of daily living. All transportation for these services is provided and/or arranged by program staff, with few of our residents being capable of independent modes of transportation. All services are available 24 hours per day, 365 days per year. There are approximately 118 direct care staff. We presently operate 14 vehicles.

E. A) 2008 Annual Certification was submitted FOR IDOT FUNDED VEHICLES in YOUR FLEET? 07/09/08,
 Or B) No IDOT Funded Vehicle was owned in 2008 _____

F. Table I. Transportation Program Employees and Staffing

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

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

Staff	'A'	Total # of Hours Worked by Transportation Staff by Day						
		Mon.	Tues.	Wed	Thurs.	Fri.	Sat	Sun
Paid Drivers	113 *	35	35	35	35	50	45	45
Volunteer Drivers								
Reservationists/								
In-house Staff, Maint.	*							
Administrative Staff								
TOTALS	113 *							
Total # of vehicles in use	XXXXXX 14							

*Direct care staff drive residents as part of their regular job duties. Homes are staffed 24 hours per day. Trips are scheduled for and by each home. Maintenance is arranged by parent organization staff.

Applicant Name Residential Options, Inc.

Table II. Current Transportation Service Information

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

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

Indicate that data is for the annual period, from July 2007 to 2008

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

<i>Individual Clients Served</i>	Annual Total
Elderly Riders without Disabilities	<u>----</u>
Elderly Riders with Disabilities	<u>18</u>
Non-Elderly Riders with Disabilities	<u>115</u>
Other Riders, including general public	<u>(20)</u> <u>Approximate number of supervisory staff</u>
TOTAL CLIENTS SERVED (Must match p.9)	<u>133</u>

Number of *one-way Passenger Trips* by Trip Purpose

(Examples:

Transport one client to a medical appointment and return home, count this as two (2) one-way passenger trips.

Transport a client to a doctor, then to a pharmacy, then home; is counted for three (3) such passenger trips.

If the agency takes 10 clients for a meal at a nutrition center, and takes those 10 clients back home, Counts as 20 one-way passenger trips.

	Estimated Annual Total
Medical Trips	<u>13,100</u>
Work Trips	<u>27,000</u>
Education Trips	<u>1,500</u>
Nutrition Trips	<u>3,600</u>
Shopping Trips	<u>1,200</u>
Social/Recreational Trips	<u>19,100</u>
Other Trips	<u>4,500</u>
TOTAL ONE-WAY PASSENGER-TRIPS PER YEAR	<u>70,000</u>

Average number of vehicles used on a daily basis to provide this service 14

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

Applicant Name

Residential Options, Inc.

A. Fleet Control

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

Does the file include (Check all that apply)

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

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

All warranty claims X

Details on any malfunctions of ADA/lift equipment? X

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

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

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

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

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

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

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

Do you have a Long Term Vehicle Replacement Plan? Y ___ N X Not written but reviewed

Do you maintain and regularly update Fleet Condition Reports? Y X N ___ every 6 months

B. Maintenance

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

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

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

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

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

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

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

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

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

Diane Tebbe, Vice President of Residential Options, Inc.

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

Reggie Clark, Transportation Department - Arranges & Schedules

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

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

Mobile Automotive Service Specialist

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

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

Name & Address of shop certified in servicing the ADA equipment offered: Name Mobile Automotive Service Spec.

Address Post Office Box 668, Godfrey, Illinois 62035

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

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

RESIDENTIAL OPTIONS, INC.

TRANSPORTATION MANUAL

VEHICLE MAINTENANCE SCHEDULE

This schedule indicates the service intervals for such things as changing filters, checking hoses, lubricating various parts, etc. It is used by the mechanics when they are performing routine oil changes.

Transportation Manual -- 04/00
Revised 03/03

FACILITY:

SUBJECT: Vehicle Maintenance Policy and Procedure

POLICY

The facility shall provide a vehicle maintenance plan to ensure that vehicles are in proper working order.

PURPOSE

1. To ensure maximum vehicle reliability, safety and longevity.
2. To perform regularly scheduled maintenance procedures.
3. To perform repairs promptly to prevent further damage and to maintain vehicle safety.
4. To meet the requirements set forth by State and Federal agencies.
5. To ensure quality care and safety to all PRS' within the program.

STAFF RESPONSIBLE

- A. Executive Vice President
- B. Vice President
- C. QSD
- D. RSD/QMRP
- E. All RO Drivers

PROCEDURE

1. The Vice President is responsible for maintaining the Vehicle Maintenance Plan for all PRS vehicles. The Vehicle Maintenance Plan has three (3) basic components:
 - Daily Self Inspection
 - Monthly Preventive Maintenance Inspection
 - Vehicle Maintenance Schedule
2. No vehicle that would place the PRS' or driver in danger or is unsafe to drive shall be used. The RSD/QMRP or designee will be contacted for disposition of unsafe vehicle and the transfer of PRS'.

3. Each driver assigned to drive a PRS vehicle is responsible for using the Vehicle Inspection Sheet and the Driver's Checklist for documenting and promptly reporting vehicle problems to the RSD/QMRP or designee for repair. Completed Vehicle Inspection Sheets and Driver's Checklist sheets will be kept on file at the facility.
4. Guidelines outlined in the Vehicle Maintenance Schedule will be followed, and services will be documented on the Vehicle Maintenance Log.
5. Repairs or maintenance are to be completed by a qualified service mechanic or dealership designated by the Vice President. .
6. Warranty claims are the responsibility of the Vice President in evaluating, submitting and resolving warranty issues.

RESIDENTIAL OPTIONS, INC. MAINTENANCE SCHEDULES

AT EACH STOP FOR FUEL

- | | |
|--------------------------|--|
| <input type="checkbox"/> | Check engine oil level, add as required |
| <input type="checkbox"/> | Check windshield washer solvent, add as required |

ONCE A MONTH

- | | |
|--------------------------|--|
| <input type="checkbox"/> | Check tire pressure and look for unusual wear or damage |
| <input type="checkbox"/> | Inspect battery, clean and tighten terminals as required |
| <input type="checkbox"/> | Check fluid levels of coolant reservoir, power steering, and transmission, add as required |
| <input type="checkbox"/> | Check all lights and all other electrical items for correct operation |
| <input type="checkbox"/> | Lubricate side step as required |

AT EACH OIL CHANGE

- | | |
|--------------------------|---|
| <input type="checkbox"/> | Inspect exhaust system |
| <input type="checkbox"/> | Inspect brake hoses |
| <input type="checkbox"/> | Rotate tires every other oil change (6,000 miles) |
| <input type="checkbox"/> | Check coolant level, hoses, clamps |

3,000 MILES

- | | |
|--------------------------|----------------------------|
| <input type="checkbox"/> | Change engine oil |
| <input type="checkbox"/> | Replace engine oil filter |
| <input type="checkbox"/> | Lubricate steering linkage |
| <input type="checkbox"/> | Lubricate side step |

6,000 MILES

- | | |
|--------------------------|----------------------------|
| <input type="checkbox"/> | Change engine oil |
| <input type="checkbox"/> | Replace engine oil filter |
| <input type="checkbox"/> | Lubricate steering linkage |
| <input type="checkbox"/> | Lubricate side step |

9,000 MILES

- | | |
|--------------------------|----------------------------|
| <input type="checkbox"/> | Change engine oil |
| <input type="checkbox"/> | Replace engine oil filter |
| <input type="checkbox"/> | Lubricate steering linkage |
| <input type="checkbox"/> | Lubricate side step |

12,000 MILES

- | | |
|--------------------------|---|
| <input type="checkbox"/> | Change engine oil |
| <input type="checkbox"/> | Replace engine oil filter |
| <input type="checkbox"/> | Lubricate steering linkage |
| <input type="checkbox"/> | Lubricate side step |
| <input type="checkbox"/> | Drain and refill automatic transmission fluid, replace filter, and adjust bands |
| <input type="checkbox"/> | Change rear axle fluid |
| <input type="checkbox"/> | Inspect brake linings |

15,000 MILES

	Change engine oil
	Replace engine oil filter
	Lubricate steering linkage
	Lubricate side step
	Inspect engine air cleaner filter, replace as necessary
	Lubricate brake booster bellcrank pivot (3500 only)

18,000 MILES

	Change engine oil
	Replace engine oil filter
	Lubricate steering linkage
	Lubricate side step

21,000 MILES

	Change engine oil
	Replace engine oil filter
	Lubricate steering linkage
	Lubricate side step
	Inspect front wheel bearings, clean and repack as required
	Lubricate front suspension ball joints

24,000 MILES

	Change engine oil
	Replace engine oil filter
	Lubricate steering linkage
	Lubricate side step
	Drain and refill automatic transmission fluid, replace filter and adjust bands
	Change rear axle fluid
	Inspect brake linings

27,000 MILES

	Change engine oil
	Replace engine oil filter
	Lubricate steering linkage
	Lubricate side step

30,000 MILES

	Change engine oil
	Replace engine oil filter
	Lubricate steering linkage
	Lubricate side step
	Replace engine air cleaner filter
	Replace spark plugs
	Check PVC valve (if equipped), replace as necessary
	Lubricate brake booster bellcrank pivot (3500 only)

33,000 MILES

	Change engine oil
	Replace engine oil filter
	Lubricate steering linkage
	Lubricate side step

36,000 MILES

	Change engine oil
	Replace engine oil filter
	Lubricate steering linkage
	Change rear axle fluid
	Inspect brake linings
	Drain and refill automatic transmission fluid, replace filter and adjust bands

39,000 MILES

	Change engine oil
	Replace engine oil filter
	Lubricate steering linkage
	Lubricate side step

42,000 MILES

	Change engine oil
	Replace engine oil filter
	Lubricate steering linkage
	Lubricate side step
	Inspect front wheel bearings, clean and repack as required
	Lubricate front suspension ball joints

45,000 MILES

	Change engine oil
	Replace engine oil filter
	Lubricate steering linkage
	Lubricate side step
	Replace engine air cleaner filter
	Replace spark plugs
	Check PVC valve (if equipped), replace as necessary
	Lubricate brake booster bellcrank pivot (3500 only)

48,000 MILES

	Change engine oil
	Replace engine oil filter
	Lubricate steering linkage
	Change rear axle fluid
	Inspect brake linings
	Drain and refill automatic transmission fluid, replace filter and adjust bands
	Lubricate side step

51,000 MILES

	Change engine oil
	Replace engine oil filter
	Lubricate steering linkage
	Lubricate side step
	Flush and replace engine coolant

54,000 MILES

	Change engine oil
	Replace engine oil filter
	Lubricate steering linkage
	Lubricate side step

57,000 MILES

	Change engine oil
	Replace engine oil filter
	Lubricate steering linkage
	Lubricate side step

60,000 MILES

	Change engine oil
	Replace engine oil filter
	Lubricate steering linkage
	Lubricate side step
	Replace engine air cleaner filter
	Replace spark plugs
	Check PVC valve (if equipped), replace as necessary
	Lubricate brake booster bellcrank pivot (3500 only)
	Replace ignition cables
	Drain and refill automatic transmission fluid, replace filter and adjust bands
	Change rear axle fluid
	Inspect brake linings

63,000 MILES

	Change engine oil
	Replace engine oil filter
	Lubricate steering linkage
	Lubricate side step
	Inspect front wheel bearings, clean and repack as required
	Lubricate front suspension ball joints

66,000 MILES

	Change engine oil
	Replace engine oil filter
	Lubricate steering linkage
	Lubricate side step

69,000 MILES

	Change engine oil
	Replace engine oil filter
	Lubricate steering linkage
	Lubricate side step

72,000 MILES

	Change engine oil
	Replace engine oil filter
	Lubricate steering linkage
	Change rear axle fluid
	Inspect brake linings
	Drain and refill automatic transmission fluid, replace filter and adjust bands
	Lubricate side step

75,000 MILES

	Change engine oil
	Replace engine oil filter
	Lubricate steering linkage
	Lubricate side step
	Inspect engine air cleaner filter, replace as necessary
	Lubricate brake booster bellcrank pivot (3500 only)

78,000 MILES

	Change engine oil
	Replace engine oil filter
	Lubricate steering linkage
	Lubricate side step

81,000 MILES

	Change engine oil
	Replace engine oil filter
	Lubricate steering linkage
	Lubricate side step
	Flush and replace engine coolant

84,000 MILES

	Change engine oil
	Replace engine oil filter
	Lubricate steering linkage
	Lubricate side step
	Drain and refill automatic transmission fluid, replace filter and adjust bands
	Change rear axle fluid
	Inspect brake linings
	Inspect front wheel bearings, clean and repack if required
	Lubricate front suspension ball joints

87,000 MILES

	Change engine oil
	Replace engine oil filter
	Lubricate steering linkage
	Lubricate side step

90,000 MILES

	Change engine oil
	Replace engine oil filter
	Lubricate steering linkage
	Lubricate side step
	Replace engine air cleaner filter
	Replace spark plugs
	Check PVC valve (if equipped), replace as necessary
	Lubricate brake booster bellcrank pivot (3500 only)

93,000 MILES

	Change engine oil
	Replace engine oil filter
	Lubricate steering linkage
	Lubricate side step

96,000 MILES

	Change engine oil
	Replace engine oil filter
	Lubricate steering linkage
	Change rear axle fluid
	Inspect brake linings
	Drain and refill automatic transmission fluid, replace filter and adjust bands
	Lubricate side step

99,000 MILES

	Change engine oil
	Replace engine oil filter
	Lubricate steering linkage
	Lubricate side step

102,000 MILES

	Change engine oil
	Replace engine oil filter
	Lubricate steering linkage
	Lubricate side step

RESIDENTIAL OPTIONS, INC.

TRANSPORTATION MANUAL

VEHICLE MAINTENANCE LOG

This log tracks the maintenance performed on agency vehicles. It assists the Vice President or designee in making recommendations for having repairs completed and for purchasing new vehicles.

Transportation Manual – 04/00
Revised 03/03

VEHICLE #99 SERVICE AND MAINTENANCE LOG SAFB

MILEAGE	DATE	SERVICE	LOCATION	COST	MAINT.
32202	10/13/99		Roberts Ford	\$181.79	refilled converter, added 14 qts of antifreeze
32202	10/13/99		Roberts Ford		30,000 mi check
32202	10/13/99	oil change	Roberts Ford	\$33.94	
					multi-pt inspec.
92418	4/18/00		Wells	\$49.95	alignment
	4/26/00	oil change	Prill's garage		needs brakes

Example

RESIDENTIAL OPTIONS, INC.

TRANSPORTATION MANUAL

VEHICLE INSPECTION CHECKLISTS

Vehicle inspection checklists are used to ensure that vehicle problems are identified and corrected in a timely manner. They provide structure for the drivers and documentation of the conduction of all vehicles. They two (2) forms used are as follows:

DRIVER'S VEHICLE INSPECTION REPORT

DRIVER'S CHECKLIST (for vans)

**RESIDENTIAL OPTIONS, INC.
VEHICLE INSPECTION SHEET**

FACILITY _____ DATE _____

ODOMETER READING _____

NEXT OIL CHANGE DUE DATE _____

ITEM CHECKED	YES	NO	N/A
Interior Clean			
Fuel Sufficient for Use (maintain at 1/2 tank)			
Oil Dipstick Indicates Proper Level			
Windshield Washer Fluid Level Checked			
Windshield Wipers in Good Condition			
Reflector Kit On Vehicle			
Reflectors and Mirrors In Place			
First Aid Kit Checked			
Fire Extinguisher Checked and Current			
Locked Vehicle Before and After Use			
State of Illinois Safety Inspector Sticker & Emission Test Current			
Valid Insurance and Registration Documents Current			
License Plate Current			
In Proper Working Order:			
Headlights			
Tail Lights			
Brake Lights			
Back Up Beeper			
Directional Lights			
Steering			
Transmission			
Idle			
Steedometer			
Turn Signals			
Instrument Panel Lights			
Instrument Gages			
Horn			
Brakes (including Emergency Brakes)			
Interior Lights (dome)			
Emergency Flashers			
Seat Belt Cutters			
Lifts			

over

PRE-TRIP INSPECTION AND POST

TRIP REPORTING FORM

UnderHood,CHECK Oil, Coolant, Washer Fluid
Unlock all doors. (Mandatory to unlock rear
emergency door)

Start Vehicle:(turn headlights & flashers on)
Walk around vehicle & inspect for:

Pre-Trip	Post-Trip
Body damage	_____
Tire inflation (visual)	_____
Lights and flasher operation	_____
Ramp/Lift operation	_____
Interior for damage	_____
Seat and belt condition	_____
Fire Extinguisher	_____
First Aid Supplies	_____
Heater - A/C operation	_____
Wheelchair Tie-downs	_____

DURING TRIP:

Note all operational conditions of vehicle

Vehicle operation okay

Vehicle requires repair or service

COMMENTS: _____

Driver	_____	Date	_____
Ending Odometer	_____		

Note: This is a sample form that may serve as an example. The items include, but are not limited to these areas of vehicles that should be observed.
05/01

PRE-TRIP INSPECTION AND POST

TRIP REPORTING FORM

UnderHood,CHECK Oil, Coolant, Washer Fluid
Unlock all doors. (Mandatory to unlock rear
emergency door)

Start Vehicle: (turn headlights & flashers on)
Walk around vehicle & inspect for:

Pre-Trip	Post-Trip
Body damage	_____
Tire inflation (visual)	_____
Lights and flasher operation	_____
Ramp/Lift Operation	_____
Interior for damage	_____
Seat and belt condition	_____
Fire Extinguisher	_____
First Aid Supplies	_____
Heater - A/C operation	_____
Wheelchair Tie-downs	_____

DURING TRIP:

Note all operational conditions of vehicle

Vehicle operation okay

Vehicle requires repair or service

COMMENTS: _____

Driver	_____	Date	_____
Ending Odometer	_____		

Note: This is a sample form that may serve as an example. The items include, but are not limited to these areas of vehicles that should be observed.
05/01

PRE-TRIP INSPECTION AND POST

TRIP REPORTING FORM

UnderHood,CHECK Oil, Coolant, Washer Fluid
Unlock all doors. (Mandatory to unlock rear
emergency door)

Start Vehicle: (Turn headlights & flashers on)
Walk around vehicle & inspect for:

Pre-Trip	Post-Trip
Body damage	_____
Tire inflation (visual)	_____
Lights and flasher operation	_____
Ramp/Lift operation	_____
Interior for damage	_____
Seat and belt condition	_____
Fire Extinguisher	_____
First Aid Supplies	_____
Heater - A/C operation	_____
Wheelchair Tie-Downs	_____

DURING TRIP:

Note all operational conditions of vehicle

Vehicle operation okay

Vehicle requires repair or service

COMMENTS: _____

Driver	_____	Date	_____
Ending Odometer	_____		

Note: This is a sample form that may serve as an example. The items include, but are not limited to these areas of vehicles that should be observed.
05/01

Residential Options, Inc.
Preventive Maintenance Driver's Vehicle checklist

Following is a checklist to be monitored weekly by the Home Supervisor. The checklist will be given to the QSD at the end of each week.

UNDER THE HOOD

Engine Oil

Engine oil should be checked monthly. Remove the oil dipstick and wipe it clean. Insert it fully and remove it again. If the dipstick indicates that the oil is low, add oil.

- Engine oil should be changed every 3,000 miles or 3 months, whichever comes first.
- Oil filter should be changed with every oil change.
- Air Filter should be replaced with every oil change.

Transmission

Transmission inspections should be done monthly (Check monthly with the engine warm and running, and parking brake on). Shift to drive, then to park. Remove dipstick, wipe dry, insert it and remove it again.

- Transmission fluid should be drained and changed every 24,000 miles (every 2 years)

Brakes

Brake fluid should be checked monthly. Remove brake fluid reservoir lid. If you need fluid, add the approved type and check for possible leaks. Fill to mark on reservoir.

Brakes inspection should be completed every 12,000 miles (Annual).

- lubricate brake calipers

Radiators

Check the antifreeze/coolant level monthly. Remove the antifreeze/coolant reservoir cap with level markings. Fill to level marking with 50/50 solution of anti-freeze and water. **Caution:** Do not remove the pressure cap on the radiator.

Antifreeze/coolant fluids should also be checked at every oil change.

- Antifreeze/coolant fluids should be flushed and filled every 24,000 miles (every 2 years)

Windshield Washer

Check the windshield washer fluid monthly. Refill as needed. When topping off, use some windshield washer fluid on a rag to clean off the wiper blades. In winter months, pay attention to the freezing point of the washer fluid. The fluid should be checked weekly.

Power Steering

Check power steering fluid level monthly. Remove the reservoir cap and dipstick. If the level is down, add fluid and inspect the pump and hoses for leaks.

Battery Inspection

Use extreme caution when handling a battery since it can produce explosive gases. Do not smoke, create a spark or light a match near a battery and always wear protective glasses and rubber gloves. Have it checked with every oil change. Cables should be attached securely and be free of corrosion. Remove corrosion from battery cables use a mixture of water and baking soda and wipe clean a wire brush

AROUND THE CAR

General cleanliness of the vehicle's exterior - Vans exterior should be washed twice a month. Check for dents and scratches.

Windshield Wipers

Inspect windshield wiper blades monthly. Do not wait until rubber is worn or brittle to replace them. Wiper blades should be replaced at least annually and more often if smearing or chattering occurs.

Lights

Be sure all your lights are clean and working, including brake lights, turn signals and emergency flashers. Keep spare bulbs and fuses in your vehicle.

Tires

Keep tires inflated to recommended pressure (it helps to have a tire gauge). Check for cuts, bulges and excessive tread wear. Uneven wear indicates tires are misalign or out of balance. Keep a record of tire rotation.

- Tire should be rotated every 5,000 miles

INSIDE THE VEHICLE

The vehicle should be free of trash and odor. No eating or drinking in agency vehicles. The interior should be cleaned and vacuumed twice a month.

Insurance Card - make sure that the vehicle insurance card is present and current.

Vehicle Fuel Man Card - make sure that the card is available

Mileage Sheet - ensure that each trip is recorded. The mileage sheets must be turn

Physician Order Sheets - The pink copies of the current month should be kept in the van.

Admission Sheets - Updated copies of the PRS admission sheets should be kept in the van.

Cell Phone/ Emergency Phone List - The cell phones should be plugged into the outlet and turned on while the van is in use.

Van Gauges

Fuel Gauge - Check the gauge to ensure that the vehicle has at least a quarter tank of fuel. All agency vehicles should maintain a quarter tank minimum of fuel at all times.

Oil Pressure Gauge - While driving the normal pressure range between 20 and 60 on the gauge. If the readings are outside of this normal range, the van's oil must be checked immediately.

Temperature gauge - This monitors the temperature of the radiator coolant at all times. The needle usually stays in the middle of the gauge. If the needle goes into the red zone, this means that the van is over heating and needs to cool down immediately.

Battery voltage meters - make sure that the meter is reading between 13 and 14.7 volts.

Accident Report Kits

- Berkley Risk Administrators Company (BRAC) Vehicle Accident Report Kit
- Please refer to this kit in the case of a vehicle accident. The completed kit must be sent to Dave Mizerski - Safety Director at the administration building ASAP.

Emergency Kit

Vehicle First Aid Kits - Should contain the following: CPR breathing barrier, band aids, gauze, bandages, tape, alcohol wipes, disposable gloves, cold packs, and ointments.

Fire Extinguisher - Check monthly to ensure it is not discharged

Biohazard - Make sure that a container and bags are available.

Flashlight - Keep the batteries separate. Test it monthly to make sure that the batteries work

Spare tire, Tire iron, & Jack - Check tire pressure monthly.

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

Applicant Name

Residential Options, Inc.

Driver/Dispatch Training is vital and necessary.

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

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

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

Do you maintain individual Driver Files?

Y X N ___

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

Y X N ___

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

Client Assistance Y X N ___, Defensive Driving Y X N ___, Emergency Procedures Y X N ___,

Do you provide to the drivers:

Special Passenger Care Training Y X N ___, Emergency Local Contacts and Resources Y X N ___

C.P.R. Training Y X N ___, Emergency Response Training Y X N ___

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

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

See attached list

Do you offer regular updates/refreshers?

Y X N ___

What is your normal Training cycle?

Dependent on subject - Usually annually

Do you include Dispatchers in vehicle orientation?

Y X N ___

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

Y X N ___

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

Y X N ___

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

Y X N ___

Formal vehicle and accessory orientation?

Y X N ___

Route or territory orientation?

Y X N ___

Do you use 'on-the-road' communications with drivers? Y X N ___ Define: Cell Phones

Adopted: 02/02/94
Revised: 04/01/96
Revised: 03/02/99
Revised: 07/21/99
Revised: 01/17/00
Revised: 03/14/03

FACILITY:

SUBJECT: Employee Training

POLICY

The facility shall provide an employee training program designed to cover orientation to the facility and policies, job skill training, and on-going in-service education training.

PURPOSE

1. To enhance the capabilities, knowledge and job performance of all personnel.
2. To provide continuing education opportunities and promote job satisfaction.
3. To meet the requirements set forth by State and Federal agencies.
4. To ensure quality care to all Persons Receiving Services within the program.

STAFF RESPONSIBLE

- A. Executive Vice President
- B. Vice President
- C. QSD
- D. RSD/QMRP
- E. Team Leader
- F. Cook
- G. CSW/HT/MHP
- H. Director of Communications

PROCEDURE

1. All new employees are required to successfully complete the Department of Human Services' approved Direct Support Person (DSP) training program and be placed on the Nurse Aide Registry within the first one hundred twenty (120) days of employment. Successful completion is defined as: attendance at each session in its entirety; scoring 70% or better on Crisis Prevention Institute (CPI) post-test; scoring 70% or better on final examination; and completion of American Red Cross Adult CPR and First Aid.

2. All new RSD/QMRP/QMHP's are required to successfully complete the Department of Human Services' approved QMRP training program within the first one hundred twenty (120) days of employment.
3. All employees are required to successfully complete and maintain American Red Cross Adult CPR and Standard First Aid or have current American Red Cross certification prior to working alone. American Heart Association certification will only be recognized for one (1) year.
4. Introductory Training will be provided by the employee's supervisor within thirty (30) days of hire.
5. All employees are required to complete Bloodborne Pathogens training within the first ten (10) days of employment and annually thereafter.
6. All employees are required to complete Vehicle Safety training upon initial hire and annually thereafter.
7. In-service training will be held on a monthly basis at each facility. Records of In-service attendance will be kept in facility in-service records by the facility supervisor, and copies will be forwarded to the Director of Communications.
8. Documentation of training will be communicated to the necessary licensing agents (IDPH, DHS) as required.

PART VIII N/A

PROPOSED NEW OR EXPANDED TRANSPORTATION SERVICE ONLY

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

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

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

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

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

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

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

Applicant Name	Residential Options, Inc.	N/A
----------------	---------------------------	-----

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

NOTE: Each time a client gets on, rides and gets off is a Passenger-Trip (see Page 11) Annual Totals
 (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 _____
- Work Trips _____
- Nutrition/ Food Trips _____
- Shopping _____
- Other Trips _____

TOTAL ONE-WAY PASSENGER-TRIPS: _____

Number of new vehicles being requested to provide these trips _____

7. Proposed Staffing

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

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

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

8. New or Expanded Service to Minority Group Persons

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

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

Applicant Name

Residential Options, Inc.

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?
MCT/ACT	618-797-0660	7*	12*	Door to door Fixed route	X
Challenge Unlimited, Inc.	618-465-0044	**	**	Door to door	X
See Attached List					

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.

*Limited on weekends and evenings

**Monday/Friday routinely - Weekends and evenings by schedule

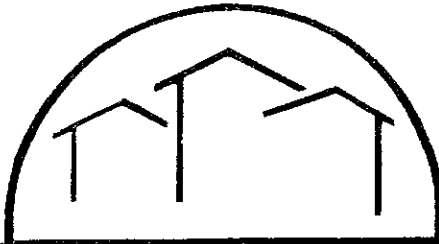
RESIDENTIAL OPTIONS, INC.

Part IX Coordination

A. Other Available Transportation

Provider		Days/Wk.	Hrs./Day	Service Provided
Laidlow Transit 4525 Alby Alton, IL 62002	618-466-6872	7	24	door/door, wheelchair equip.
School Services & Leasing, Inc. 102 S. 6th Belleville, IL 62220	618-222-0590	M/F	school hours	contract to schols only
Vandalia/Gray Motorcoach, Inc. 312 W. Morris Caseyville, IL 62232	618-344-1272	7	24	door/door, charter, limited wheelchair
Edwardsville Senior Citizens 1003 North Main St. Edwardsville, IL 62025	618-656-0300	M/F	8:00/4:00	door/door, no wheelchair equip. cars only
Godfrey Bus Lines 6906 Montclair Ave. Godfrey, IL 62035	618-466-7546	7	24	charter or contract. Buses are used by Beverly Farms M/F 8-9:30 & 2-3:30 no other lift buses avail. During those hrs
Rainbow Taxi Service 2810 Nameoki Rd. Granite City, IL 62040	618-344-1865	7	24	cars only, no wheelchair equip.
Senior Services Plus 2603 N. Rodgers Alton, IL 62002	618-465-3298	M/F	8:00/4:00	Drs. & Pers. Appt. - 60+
Student Transportation 9006 Old Bunkham Fairview Heights, IL 62208	618-397-0006	7	24	field trips, Cahokia & Belleville area, no wheelchair equip.
First Student 2012 Mascoutah Ave. Belleville, IL 62220	618-277-8565	M/F	school hrs.	reg. routes. No wheelchair equip charters, mostly schools
Beverly Farm Foundation 6301 Humbert Road Godfrey, IL 62035	618-466-0959	7	progr. Hrs.	door/door, program activities, unable to include other agencies wheel chair equipment

All providers were sent the attached letter to inform them of our application for equipment. Some of the providers, especially the cab companies, do provide single ride service to our residents capable of a more independent mode of transportation and who can afford cab service. Residents who are able to utilize independent transportation services also use Madison and St. Clair County transit services. Residential Options utilizes the larger vehicles of our sister agency, Challenge Unlimited, for larger group community integrated activities.



4452 Industrial Drive • Alton, IL 62002
Office: (618) 466-1803 • Fax: (618) 466-5457

RESIDENTIAL OPTIONS, INC.

AN AFFILIATE OF COMMUNITY DEVELOPMENT, INC.

June 9, 2009

To Whom It May Concern,

Residential Options Incorporated, a not-for-profit organization that provides supervised community housing for persons with mental, emotional and physical disabilities, is submitting a Section 5310 application to the Illinois Department of Transportation. We are requesting two 12 passenger vehicles which will replace 2 older and less serviceable vehicles in our fleet. The new vehicles will allow us to continue providing much needed transportation to the disabled and elderly participants of our programs, mostly on a door-to-door basis, and primarily within the Madison/St. Clair County areas.

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

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

- Whether the services they are providing or are prepared to provide are designed to meet the special needs of elderly and disabled persons in the service area of the Section 5310 grant;
- Whether they wish to participate in some way in the provision of the services proposed in the Section 5210 application;
- Any other comments that they have about the application that they wish the Division to consider.

We would appreciate a letter of support and any additional comments by June 20, 2009 or as soon after as possible. Thank you in advance for your interest and assistance.

Sincerely,

Laurine Hamm
Grants Coordinator

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.**

Agency staff have attended all meetings of the MPO (East/West Gateway Council of Governments) and Region 9-HSTP.

East/West Gateway Council of Governments will endorse our request and acknowledge our participation in the MPO meetings and Committee meetings.

Our agency has partnered with MCT/ACT and other residential providers as well as Challenge Unlimited, Inc., the Day Program provider. We have shared transportation responsibilities to the best of our abilities and will continue to network. Coordination activities are frequently discussed at MPO and Regional meetings.



4452 Industrial Drive • Alton, IL 62002
Office: (618) 466-1803 • Fax: (618) 466-5457

RESIDENTIAL OPTIONS, INC.

AN AFFILIATE OF CHALLENGE UNLIMITED, INC.

June 9, 2009

Senior Services Plus
2603 N. Rodgers
Alton, IL 62002

To Whom It May Concern,

Residential Options Incorporated, a not-for-profit organization that provides supervised community housing for persons with mental, emotional and physical disabilities, is submitting a Section 5310 application to the Illinois Department of Transportation. We are requesting two 12 passenger vehicles which will replace 2 older and less serviceable vehicles in our fleet. The new vehicles will allow us to continue providing much needed transportation to the disabled and elderly participants of our programs, mostly on a door-to-door basis, and primarily within the Madison/St. Clair County areas.

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

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

- Whether the services they are providing or are prepared to provide are designed to meet the special needs of elderly and disabled persons in the service area of the Section 5310 grant;
- Whether they wish to participate in some way in the provision of the services proposed in the Section 5210 application;
- Any other comments that they have about the application that they wish the Division to consider.

We would appreciate a letter of support and any additional comments by June 20, 2009 or as soon after as possible. Thank you in advance for your interest and assistance.

Sincerely,

Laurine Hamm
Grants Coordinator



4452 Industrial Drive • Alton, IL 62002
Office: (618) 466-1803 • Fax: (618) 466-5457

RESIDENTIAL OPTIONS, INC.

AN AFFILIATE OF CHALLENGER UNLIMITED, INC.

June 9, 2009

Beverly Farms Foundation
6301 Humbert Rd.
Godfrey, IL 62035

To Whom It May Concern,

Residential Options Incorporated, a not-for-profit organization that provides supervised community housing for persons with mental, emotional and physical disabilities, is submitting a Section 5310 application to the Illinois Department of Transportation. We are requesting two 12 passenger vehicles which will replace 2 older and less serviceable vehicles in our fleet. The new vehicles will allow us to continue providing much needed transportation to the disabled and elderly participants of our programs, mostly on a door-to-door basis, and primarily within the Madison/St. Clair County areas.

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

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

- Whether the services they are providing or are prepared to provide are designed to meet the special needs of elderly and disabled persons in the service area of the Section 5310 grant;
- Whether they wish to participate in some way in the provision of the services proposed in the Section 5210 application;
- Any other comments that they have about the application that they wish the Division to consider.

We would appreciate a letter of support and any additional comments by June 20, 2009 or as soon after as possible. Thank you in advance for your interest and assistance.

Sincerely,

Laurine Hamm
Grants Coordinator



4452 Industrial Drive • Alton, IL 62002
Office: (618) 466-1803 • Fax: (618) 466-5457

RESIDENTIAL OPTIONS, INC.

AN AFFILIATE OF CHALLENGER UNLIMITED, INC.

June 9, 2009

First Student
2012 Mascoutah Ave.
Belleville, IL 62220

To Whom It May Concern,

Residential Options Incorporated, a not-for-profit organization that provides supervised community housing for persons with mental, emotional and physical disabilities, is submitting a Section 5310 application to the Illinois Department of Transportation. We are requesting two 12 passenger vehicles which will replace 2 older and less serviceable vehicles in our fleet. The new vehicles will allow us to continue providing much needed transportation to the disabled and elderly participants of our programs, mostly on a door-to-door basis, and primarily within the Madison/St. Clair County areas.

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

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

- Whether the services they are providing or are prepared to provide are designed to meet the special needs of elderly and disabled persons in the service area of the Section 5310 grant;
- Whether they wish to participate in some way in the provision of the services proposed in the Section 5210 application;
- Any other comments that they have about the application that they wish the Division to consider.

We would appreciate a letter of support and any additional comments by June 20, 2009 or as soon after as possible. Thank you in advance for your interest and assistance.

Sincerely,

Laurine Hamm
Grants Coordinator



#4 Emmie L. Kaus Lane • Alton, IL 62002
Office: (618) 465-0044 • Fax: (618) 465-0056

RESIDENTIAL OPTIONS INC.
AN AFFILIATE OF CHALLENGE FUNDING, INC.

June 9, 2009

Rainbow Taxi Service
2810 Nameoki Rd.
Granite City, IL 62040

To Whom It May Concern,

Residential Options Incorporated, a not-for-profit organization that provides supervised community housing for persons with mental, emotional and physical disabilities, is submitting a Section 5310 application to the Illinois Department of Transportation. We are requesting two 12 passenger vehicles which will replace 2 older and less serviceable vehicles in our fleet. The new vehicles will allow us to continue providing much needed transportation to the disabled and elderly participants of our programs, mostly on a door-to-door basis, and primarily within the Madison/St. Clair County areas.

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

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

- Whether the services they are providing or are prepared to provide are designed to meet the special needs of elderly and disabled persons in the service area of the Section 5310 grant;
- Whether they wish to participate in some way in the provision of the services proposed in the Section 5210 application;
- Any other comments that they have about the application that they wish the Division to consider.

We would appreciate a letter of support and any additional comments by June 20, 2009 or as soon after as possible. Thank you in advance for your interest and assistance.

Sincerely,

Laurine Hamm
Grants Coordinator



#4 Emmie L. Kaus Lane • Alton, IL 62002
Office: (618) 465-0044 • Fax: (618) 465-0056

RESIDENTIAL OPTIONS INC.
AN AFFILIATE OF CHALLENGE VOLUNTEERS, INC.

June 9, 2009

Godfrey Bus Lines
6906 Montclair Ave.
Godfrey, IL 62035

To Whom It May Concern,

Residential Options Incorporated, a not-for-profit organization that provides supervised community housing for persons with mental, emotional and physical disabilities, is submitting a Section 5310 application to the Illinois Department of Transportation. We are requesting two 12 passenger vehicles which will replace 2 older and less serviceable vehicles in our fleet. The new vehicles will allow us to continue providing much needed transportation to the disabled and elderly participants of our programs, mostly on a door-to-door basis, and primarily within the Madison/St. Clair County areas.

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

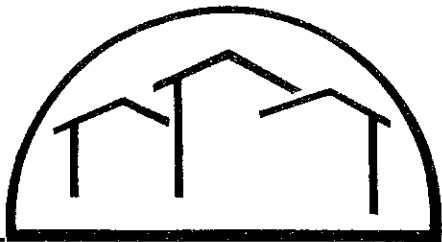
All public and private transit operators are encouraged to submit written comments indicating:

- Whether the services they are providing or are prepared to provide are designed to meet the special needs of elderly and disabled persons in the service area of the Section 5310 grant;
- Whether they wish to participate in some way in the provision of the services proposed in the Section 5210 application;
- Any other comments that they have about the application that they wish the Division to consider.

We would appreciate a letter of support and any additional comments by June 20, 2009 or as soon after as possible. Thank you in advance for your interest and assistance.

Sincerely,

Laurine Hamm
Grants Coordinator



#4 Emmie L. Kaus Lane • Alton, IL 62002
Office: (618) 465-0044 • Fax: (618) 465-0056

RESIDENTIAL OPTIONS INC.
AN AFFILIATE OF CHALLENGE UNLIMITED, INC.

June 9, 2009

Edwardsville Senior Citizens
1003 North Main St.
Edwardsville, IL 62025

To Whom It May Concern,

Residential Options Incorporated, a not-for-profit organization that provides supervised community housing for persons with mental, emotional and physical disabilities, is submitting a Section 5310 application to the Illinois Department of Transportation. We are requesting two 12 passenger vehicles which will replace 2 older and less serviceable vehicles in our fleet. The new vehicles will allow us to continue providing much needed transportation to the disabled and elderly participants of our programs, mostly on a door-to-door basis, and primarily within the Madison/St. Clair County areas.

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

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

- Whether the services they are providing or are prepared to provide are designed to meet the special needs of elderly and disabled persons in the service area of the Section 5310 grant;
- Whether they wish to participate in some way in the provision of the services proposed in the Section 5210 application;
- Any other comments that they have about the application that they wish the Division to consider.

We would appreciate a letter of support and any additional comments by June 20, 2009 or as soon after as possible. Thank you in advance for your interest and assistance.

Sincerely,

Laurine Hamm
Grants Coordinator



#4 Emmie L. Kaus Lane • Alton, IL 62002
Office: (618) 465-0044 • Fax: (618) 465-0056

RESIDENTIAL OPTIONS INC.
AN AFFILIATE OF CHALLENGE VOLUNTARY, INC.

June 9, 2009

Vandalia/Gray Motorcoach
312 W. Morris
Caseyville, IL 62232

To Whom It May Concern,

Residential Options Incorporated, a not-for-profit organization that provides supervised community housing for persons with mental, emotional and physical disabilities, is submitting a Section 5310 application to the Illinois Department of Transportation. We are requesting two 12 passenger vehicles which will replace 2 older and less serviceable vehicles in our fleet. The new vehicles will allow us to continue providing much needed transportation to the disabled and elderly participants of our programs, mostly on a door-to-door basis, and primarily within the Madison/St. Clair County areas.

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

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

- Whether the services they are providing or are prepared to provide are designed to meet the special needs of elderly and disabled persons in the service area of the Section 5310 grant;
- Whether they wish to participate in some way in the provision of the services proposed in the Section 5210 application;
- Any other comments that they have about the application that they wish the Division to consider.

We would appreciate a letter of support and any additional comments by June 20, 2009 or as soon after as possible. Thank you in advance for your interest and assistance.

Sincerely,

Laurine Hamm
Grants Coordinator



#4 Emmie L. Kaus Lane • Alton, IL 62002
Office: (618) 465-0044 • Fax: (618) 465-0056

RESIDENTIAL OPTIONS INC.
AN AFFILIATE OF CHALLENGE VOLUNTARY, INC.

June 9, 2009

School Services & Leasing
102 S. 6th
Belleville, IL 62220

To Whom It May Concern,

Residential Options Incorporated, a not-for-profit organization that provides supervised community housing for persons with mental, emotional and physical disabilities, is submitting a Section 5310 application to the Illinois Department of Transportation. We are requesting two 12 passenger vehicles which will replace 2 older and less serviceable vehicles in our fleet. The new vehicles will allow us to continue providing much needed transportation to the disabled and elderly participants of our programs, mostly on a door-to-door basis, and primarily within the Madison/St. Clair County areas.

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

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

- Whether the services they are providing or are prepared to provide are designed to meet the special needs of elderly and disabled persons in the service area of the Section 5310 grant;
- Whether they wish to participate in some way in the provision of the services proposed in the Section 5210 application;
- Any other comments that they have about the application that they wish the Division to consider.

We would appreciate a letter of support and any additional comments by June 20, 2009 or as soon after as possible. Thank you in advance for your interest and assistance.

Sincerely,

Laurine Hamm
Grants Coordinator



#4 Emmie L. Kaus Lane • Alton, IL 62002
Office: (618) 465-0044 • Fax: (618) 465-0056

RESIDENTIAL OPTIONS INC.
AN AFFILIATE OF CHALLENGE COMMUNITED, INC.

June 9, 2009

Laidlow Transit
4525 Alby
Alton, IL 62002

To Whom It May Concern,

Residential Options Incorporated, a not-for-profit organization that provides supervised community housing for persons with mental, emotional and physical disabilities, is submitting a Section 5310 application to the Illinois Department of Transportation. We are requesting two 12 passenger vehicles which will replace 2 older and less serviceable vehicles in our fleet. The new vehicles will allow us to continue providing much needed transportation to the disabled and elderly participants of our programs, mostly on a door-to-door basis, and primarily within the Madison/St. Clair County areas.

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

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

- Whether the services they are providing or are prepared to provide are designed to meet the special needs of elderly and disabled persons in the service area of the Section 5310 grant;
- Whether they wish to participate in some way in the provision of the services proposed in the Section 5210 application;
- Any other comments that they have about the application that they wish the Division to consider.

We would appreciate a letter of support and any additional comments by June 20, 2009 or as soon after as possible. Thank you in advance for your interest and assistance.

Sincerely,

Laurine Hamm
Grants Coordinator

Main Street **Community Center**

1003 North Main Street
Edwardsville, IL 62025
mainstreetcommunitycenter.org
p: (618) 656-0300
f: (618) 656-0135

June 24, 2009

Residential Options, Inc.
4452 Industrial Drive
Attn: Laurine Hamm
Alton, IL 62002


Dear Ms. Hamm,

Main Street Community Center, Inc. would like to support your Section 5310 application to the Illinois Department of Transportation to replace two older passenger vehicles with two 12 passenger vehicles so you can provide service to the elderly and handicapped in Madison/St. Clair County areas.

Our agency is able to provide transportation in the Edwardsville/Glen Carbon area for our elderly and handicapped senior population Monday through Friday from 8:00 am to 4:00 pm.

If we can be of further assistance, please do not hesitate to contact us.

Yours Truly,



Jacqueline Kamp

Executive Director

Main Street Community Center does not discriminate in admission to programs or activities or treatment of employment in programs or activities in compliance with the Illinois Human Rights Act; the U.S. Civil Rights Act; Section 504 of the Rehabilitation Act; the Age Discrimination in Employment Act; and the U.S. and Illinois Constitutions. If you feel you have been discriminated against, you have the right to file a complaint with the Illinois Department on Aging. For information, call 1-800-252-8966 (voices and TDD), or contact Main Street Community Center at 1-618-656-0300.

June 22, 2009

Residential Options, Inc.
Ms. Laurine Hamm
#4 Emmie L. Kaus Lane
Alton, IL 62002

Dear Ms. Hamm,

Agency for Community Transit supports the application made by Residential Options, Inc. to the Illinois Department of Transportation requesting capital assistance grant funding for two new vehicles.

The transportation program offered by Residential Options, Inc. is complementary to the Agency's door-to-door program by providing essential service to persons with disabilities in our area. We fully understand the need for replacement vehicles in providing a safe and dependable transportation program and endorse the efforts of your organization.

Agency for Community Transit commends Residential Options, Inc. for their outstanding commitment to enhancing the lives of persons with disabilities throughout Madison County.

Sincerely,



Jerry J. Kane
Executive Director

JJK:elw

Applicant Name Residential Options, Inc

**PART X
PARATRANSIT SERVICE FINANCIAL PLAN**

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

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

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

PLEASE NOTE: TOTAL REVENUES SHOULD EQUAL TOTAL EXPENSES

SERVICE TYPE Activity/Line-Item	Replacement or Service Expansion Requests		NEW SERVICE Request
	Actual Spending for your Transportation Operation Previous 12 mos. (Calendar or Fiscal)	Projected Annual Budget for next 12 month period for Transportation Operations	Projected Annual Budget for next 12 month period, for All Transportation Operations
Revenues:			
Passenger Fares			
Operating Income from Service Contracts (see section B on next page)			
Operating Income from other Grants (see section B on next page)			
Donations			
General agency funds	192,687	210,144	
Other			
Total Revenues (should equal expenses)			
Expenses – Operations			
Driver Salaries and Fringe Benefits	73,781	75,994	
Dispatch/Supervisor Salaries and Fringe Benefits			
Maintenance (Parts and Labor)	25,673	28,240	
Materials and Supplies			
Fuel, Oil, Tires	37,155	44,586	
Insurance	19,984	21,982	
Vehicle Storage			
Other	36,094	39,342	
Expenses – Administration			
Management Salaries and Fringe			
Clerical/Bookkeeping Wages			
Rent, Utilities, Taxes			
Marketing /Promotion/Driver Training costs			
Other			
Total Expenses (should equal revenues)	192,687	210,144	

Applicant Name

Residential Options, Inc.

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:			
*			

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

*Income from DMH & DPA does not stipulate specific funds for the provision of transportation

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	Residential Options, Inc.	N/A
----------------	---------------------------	-----

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	<i>Residential Options, Inc.</i>
-------------------	----------------------------------

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

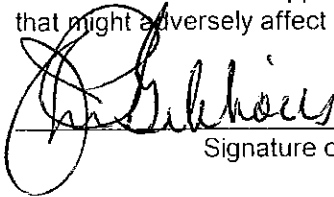
The attached signature pages (Applicant and Applicant's attorney) must be appropriately completed and signed where indicated.

AFFIRMATION OF APPLICANT'S ATTORNEY

For Residential Options, Inc.
(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.


Signature of Applicant's Attorney

JUNE 23, 2009
Date at Signature

John Gibbons, # 948918
Print Name of Applicant's Attorney
ARDC Registration Number

JOINT CERTIFICATION AND ASSURANCES FOR IDOT & FTA PROGRAMS

Please Print or Type: Name of Applicant/Agency: Diane Tebbe

Name and Relationship of Board Authorized Representative: Vice President, Residential Options, Inc.

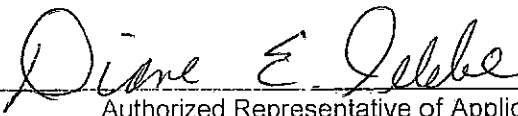
BY SIGNING BELOW, on behalf of the Applicant, I declare that the Applicant has duly authorized me to make these certifications and assurances and bind the Applicant's compliance. Thus, the Applicant agrees to comply with all State and Federal statutes, regulations, executive orders, and Federal requirements 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: 06/24/09



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.

APPENDIX 'C'
Residential Options, Inc. - Board Resolution

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

WHEREAS, the provision of general and 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 Body 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 RESIDENTIAL OPTIONS, INCORPORATED:

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 Residential Options, Inc.

Section 2. That Diane Tebbe, Vice President of Residential Options, Incorporated and/or Stephanie Brown, Chief Program Officer of Residential Options, Incorporated are hereby authorized and directed to execute and file such application on behalf of Residential Options, Inc.

Section 3. That Diane Tebbe, Vice President of Residential Options, Incorporated and/or Stephanie Brown, Chief Program Officer of Residential Options, Incorporated are 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 Diane Tebbe, Vice President of Residential Options, Incorporated and/or Stephanie Brown, Chief Program Officer of Residential Options, Incorporated are authorized and directed to execute and file on behalf of Residential Options, Inc. any grant agreement pursuant to said application.

PRESENTED and ADOPTED this 15th day of June, 2009.

George Davis
Signature
George Davis
Printed Name of Official
Chairman of the Board
Title

ATTEST: M. Yrusteres
6-19-09
Title

Notice of Public Hearing
Residential Options, Inc.

Re: State of Illinois Paratransit Vehicle Grant, for primary service area of Madison and St. Clair Counties

Notice is hereby given that a public hearing will be held by Residential Options, Inc.

Date: 7-8-09 Time: 8:15 AM
Place: Challenge Unlimited, Inc. – Conference Room
 #4 Emmie L. Kaus Ln.
 Alton, IL 62002

- I. For the purpose of considering a project for which financial assistance is being sought from the Illinois Department of Transportation, pursuant to the Illinois Department of Transportation's general authority to make such Grants, and which is generally described as follows:
 - A. Description of Project – Residential Options, Inc. is submitting a grant for the replacement of two vehicles which have excessive mileage and are no longer serviceable. The request is for one 6 passenger accessible van and one 12 passenger light duty accessible vehicle at a cost of \$88,000. These vehicles will allow Residential Options to continue to provide transportation to approximately 140 persons with disabilities living in the community integrated residential facilities provided by Residential Options.

This project will be included in a Consolidated Vehicle Procurement Program undertaken by the State of Illinois on behalf of Challenge Unlimited with State and Federal Funds.
 - B. Relocation – Relocation Assistance will not be required.
 - C. Environment – This project is being implemented to minimize environmental impacts.
 - D. Comprehensive Planning – This project is in conformance with comprehensive transportation planning in the area.
 - E. Elderly and Disabled – All new equipment included in this project will meet ADA accessibility rules for the elderly and disabled.

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

III. A copy of the application for a state grant for the proposed project for the intended service area will be made available for public inspection at:

Residential Options, Inc.
#4 Emmie L. Kaus Ln.
Alton, IL 62002

Contact: Laurine Hamm
Coordinator of Grants

618-465-0044 ext. 1032

CERTIFICATE OF PUBLICATION

STATE OF ILLINOIS)
COUNTY OF ST. CLAIR) ss.

This is to certify that the undersigned Jay Tebbe is the president and publisher of the NEWS-DEMOCRAT a public and English secular newspaper of general circulation, which has been regularly published daily in the City of Belleville, County of St. Clair and State of Illinois, for at least one year prior to the first publication of the notice hereinafter mentioned, and that a notice of which the annexed is a true printed copy, has been published in said newspaper ONCE, the publication thereof having been made in the issue of said newspaper, published on June 20, 2009.

JAY TEBBE
President and Publisher
By D. Anderson
His Authorized Agent

Publisher's fee: \$334.95

PUBLIC NOTICE
Notice of Public Hearing
Residential Options, Inc.

Re: State of Illinois Paratransit Vehicle Grant, for primary service area of Madison and St. Clair Counties

Notice is hereby given that a public hearing will be held by Residential Options, Inc.
 Date: 7-8-09
 Time: 8:15 AM
 Place: Challenge Unlimited, Inc. Conference Room
 #4 Emmie L. Kaus Ln.
 Alton, IL 62002

For the purpose of considering a project for which financial assistance is being sought from the Illinois Department of Transportation, pursuant to the Illinois Department of Transportation's general authority to make such grants, and which is generally described as follows:

A. Description of Project- Residential Options, Inc. is submitting a grant for the replacement of two vehicles which have excessive mileage and are no longer serviceable. The request is for one passenger accessible van and one 12 passenger light duty accessible vehicle at a cost of \$88,000. These vehicles will allow Residential Options to continue to provide transportation to approximately 140 persons with disabilities living in the community integrated residential facilities provided by Residential Options.

This project will be included in a Consolidated Vehicle Procurement Program undertaken by the State of Illinois on behalf of Challenge Unlimited with State and Federal Funds.

B. Relocation- Relocation Assistance will not be required.

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

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

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

II. AT the hearing, Residential Options will afford an opportunity for interested persons or agencies to be heard with respect to the social, economic and environmental aspects of the projects. Interested persons may submit orally or in writing, evidence and recommendations with respect to said project.

III. A copy of the application for a state grant for the proposed project for the intended service area will be made available for public inspection at:

Residential Options, Inc.
 #4 Emmie L. Kaus Ln.
 Alton, IL 62002

Contact: Laurine Hamm
 Coordinator of Grants
 618-465-0044 ext. 1032

L-49801600 (June 20)

Order #: 49801600
 Class: 300 - LEGALS
 Adtaker: TMH
 Name: CHALLENGE UNLIMITED/ALTON
 Ad size: 3 x 7

PUBLIC NOTICE
Notice of Public Hearing
Residential Options, Inc.

Re: State of Illinois Paratransit Vehicle Grant, for primary service area of Madison and St. Clair Counties

Notice is hereby given that a public hearing will be held by Residential Options, Inc.
 Date: 7-9-09
 Time: 8:15 AM
 Place: Challenge Unlimited, Inc.-
 Conference Room
 #4 Emmie L. Kaus Ln.
 Alton, IL 62002

Sat. June 20

334.95

For the purpose of considering a project for which financial assistance is being sought from the Illinois Department of Transportation, pursuant to the Illinois Department of Transportation's general authority to make such Grants, and which is generally described as follows:

A. Description of Project-Residential Options, Inc. is submitting a grant for the replacement of two vehicles which have excessive mileage and are no longer serviceable. The request is for one 6 passenger accessible van and one 12 passenger light duty accessible vehicle at a cost of \$88,000. These vehicles will allow Residential Options to continue to provide transportation to approximately 140 persons with disabilities living in the community integrated residential facilities provided by Residential Options.

This project will be included in a Consolidated Vehicle Procurement Program undertaken by the State of Illinois on behalf of Challenge Unlimited with State and Federal Funds.

B. Relocation-Relocation Assistance will not be required.

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

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

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

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

III. A copy of the application for a state grant for the proposed project for the intended service area will be made available for public inspection at:

Residential Options, Inc.
 #4 Emmie L. Kaus Ln.
 Alton, IL 62002

Contact: Laurine Hamm
 Coordinator of Grants
 618-465-0044 ext. 1032

L-49801600 (June 20)

Notice of
Public Hearing
Residential Options,
Inc.

Re: State of Illinois
Paratransit Vehicle
Grant, for primary
service area of
Madison and
St. Clair Counties

Notice is hereby given
that a public hearing
will be held by
Residential Options,
Inc.

Date: 7-8-09
Time: 8:15 AM
Place: Challenge
Unlimited, Inc.,
Conference Room
#4 Emmie L. Kaus Ln.
Alton, IL 62002

I. For the purpose of
considering a project
for which financial
assistance is being
sought from the
Illinois Department of
Transportation,
pursuant to the Illinois
Department of
Transportation's
general authority to
make such Grants,
and which is generally
described as follows:

A. Description of
Project -
Residential Options,
Inc. is submitting a
grant for the
replacement of two
vehicles which have
excessive mileage
and are no longer
serviceable. The
request is for one 6
passenger accessible
van and one 12
passenger light duty
accessible vehicle at
a cost of \$68,000.
These vehicles will
allow Residential
Options to continue to
provide transportation
to approximately 140
persons with
disabilities living in
the community
integrated residential
facilities provided by
Residential Options.

This project will be
included in a
Consolidated Vehicle
Procurement Program
undertaken by the
State of Illinois on
behalf of Challenge
Unlimited with
State and Federal
Funds.

B. Relocation -
Relocation Assistance
will not be required.

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

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

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

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

III. A copy of the
application for a state
grant for the proposed
project for the
intended service area
will be made available
for public inspection
at:

Residential Options,
Inc.
#4 Emmie L. Kaus Ln.
Alton, IL 62002

Contact:
Laurine Hamm
Coordinator of Grants

618-465-0044
ext. 1032

*Residential
Options*

*Alton
Telegraph*

June 30, 2009

JOHN M. SHIMKUS
19TH DISTRICT, ILLINOIS

2452 RAYBURN HOUSE OFFICE BUILDING
WASHINGTON, DC 20515
(202) 225-5271

3130 CHATHAM ROAD, SUITE C
SPRINGFIELD, IL 62704
(217) 492-5090

240 REGENCY CENTRE
COLLINGSVILLE, IL 62234
(618) 344-3065

Congress of the United States House of Representatives

Washington, DC 20515-1319

221 EAST BROADWAY, SUITE 102
CENTRALIA, IL 62801
(618) 632-9676

ENERGY AND COMMERCE
COMMITTEE

SUBCOMMITTEES:
ENERGY AND ENVIRONMENT
HEALTH

COMMUNICATIONS,
TELECOMMUNICATIONS, AND
THE INTERNET

CITY HALL, ROOM 12
110 EAST LOCUST
HARRISBURG, IL 62946
(618) 252-8271

120 SOUTH FAIR STREET
OLNEY, IL 62450
(618) 392-7737

June 12, 2009

www.house.gov/shimkus

Mr. Joseph P. Clary
Director
IDOT Division of Public and Intermodal Transportation
300 West Adams Street, Floor 2
Chicago, IL 60606-5107


Dear Mr. Clary:

I am writing in support of Residential Options, Inc. and their recently submitted application for a section 5310 Transportation Capital Assistance Grant.

Residential Options, Inc. is a non-profit organization that provides supervised residential services to those with mental, emotional and physical disabilities. Funding awarded would be used to purchase 2 new 12 person vehicles which would fully replace 2 outdated vehicles that have exceeded the age and mileage limitations as set by IDOT. These vehicles would be used as a transportation supplement to independent and public transportation to the disabled and elderly residents whose limitations prevent them from utilizing normal modes of transportation.

I thank you in advance for your consideration and if I can be of any further assistance, please contact my Project's Director, Rodney Davis, at 217-492-5090.

Sincerely,


JOHN SHIMKUS
Member of Congress

JMS: sint1

June 23, 2009

Mrs. Laurine Hamm
Residential Options, Inc.
#4 Emmie L. Kaus Ln.
Alton, IL 62002

Dear Laurine:

I am writing this letter to support the Residential Options, Inc. grant request for passenger vehicles that are needed to replace two of the older vehicles they currently have. Residential Options, Inc. provides transportation for the disabled and elderly in the Alton and surrounding communities, and the organization would be severely limited in the number of people they could transport without these new vehicles.

Please support this organization in their request. If I can be of any further assistance to you on this matter, please contact my Belleville district office at (618) 394-2211.

Sincerely,



THOMAS HOLBROOK
State Representative
113th District

TH/ap

ILLINOIS HOUSE OF REPRESENTATIVES

DISTRICT OFFICE:

528 HENRY STREET
ALTON, ILLINOIS 62002
618/465-5900
618/465-5150 FAX

CAPITOL OFFICE:

281-S STRATTON BUILDING
SPRINGFIELD, ILLINOIS 62706
217/782-5996
217/558-0493 FAX



DAN BEISER
STATE REPRESENTATIVE
111TH DISTRICT

COMMITTEES:

CHAIRMAN:

- TRANSPORTATION REGULATION
ROADS & BRIDGES

VICE CHAIRMAN:

- AGING

MEMBER:

- APPROPRIATIONS
HIGHER EDUCATION
- BUSINESS OCCUPATIONAL
LICENSES
- ENERGY & ENVIRONMENT
- VEHICLE SAFETY

June 22, 2009

Mrs. Laurine Hamm
Residential Options, Inc.
#4 Emmie L. Kaus Lane
Alton, IL 62002

Dear Ms. Hamm:

Please accept this letter as my support for your agency's application to the Illinois Department of Transportation for a section 5310 Transportation Capital Assistance Grant. It is my understanding that this funding will replace two 12 passenger vehicles to replace two older and less suitable vehicles that have exceeded the age and mileage replacement requirements as set by IDOT.

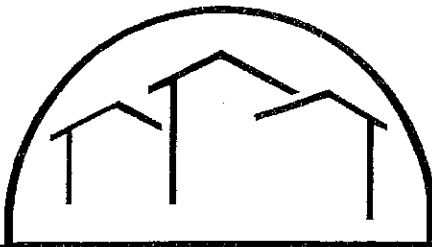
I have long been aware of the quality services provided by Residential Options and understand that escalating costs necessitate support funding. I not only endorse your program activities but also support your request for funding and encourage the Department of Transportation to approve your request.

Please contact me if I can be of further assistance to your agency.

Sincerely,

A handwritten signature in black ink that reads "Dan Beiser".

Dan Beiser
State Representative
111th District



4452 Industrial Drive • Alton, IL 62002
Office: (618) 466-1803 • Fax: (618) 466-5457

RESIDENTIAL OPTIONS, INC.

AN AFFILIATE OF CHALLENGER UNLIMITED, INC.

June 10, 2009

Madison County Mental Health Board
Marcia Wickenhauser, Exec. Dir.
157 N. Main St. – Ste. 380
Edwardsville, IL 62025

Dear Mrs. Wickenhauser,

Residential Options, Inc. a non-profit organization that provides supervised community based residential services to persons with mental, emotional and physical disabilities, is submitting an application to the Illinois Department of Transportation for a Section 5310 Transportation Capital Assistance Grant.

The request is for two 12-15 passenger vehicles that will replace 2 vehicles in our fleet that have met the replacement criteria as set by the Illinois Department of Transportation. Vehicles assigned to the homes are used to supplement independent and public transportation to those who are unable to use normal modes of transportation due to their limitations. Trips most frequently occurring are doctor/medical appointments, social/recreational activities, day program activities and other community integrated and life enrichment activities.

We would appreciate your support of our grant request and ask that you send your comments to my attention at the following address by June 17, 2009 or as soon after as possible:

Mrs. Laurine Hamm
Residential Options, Inc.
#4 Emmie L. Kaus Ln.
Alton, IL 62002

or fax to: Laurine Hamm, Residential Options, 618-465-0056

We thank you in advance for your support and assistance.

Sincerely,

Laurine Hamm
Grants Coordinator



4452 Industrial Drive • Alton, IL 62002
Office: (618) 466-1803 • Fax: (618) 466-5457

RESIDENTIAL OPTIONS, INC.

AN AFFILIATE OF CHALLENGE UNLIMITED, INC.

June 10, 2009

Mr. Jerry Kane
Agency for Community Transit
1 Transit Way
Granite City, IL 62040-7500

Dear Mr. Kane,

Residential Options, Inc. a non-profit organization that provides supervised community based residential services to persons with mental, emotional and physical disabilities, is submitting an application to the Illinois Department of Transportation for a Section 5310 Transportation Capital Assistance Grant.

The request is for two 12-15 passenger vehicles that will replace 2 vehicles in our fleet that have met the replacement criteria as set by the Illinois Department of Transportation. Vehicles assigned to the homes are used to supplement independent and public transportation to those who are unable to use normal modes of transportation due to their limitations. Trips most frequently occurring are doctor/medical appointments, social/recreational activities, day program activities and other community integrated and life enrichment activities.

We would appreciate your support of our grant request and ask that you send your comments to my attention at the following address by June 17, 2009 or as soon after as possible:

Mrs. Laurine Hamm
Residential Options, Inc.
#4 Emmie L. Kaus Ln.
Alton, IL 62002

or fax to: Laurine Hamm, Residential Options, 618-465-0056

We thank you in advance for your support and assistance.

Sincerely,

A handwritten signature in cursive script that reads "Laurine Hamm".

Laurine Hamm
Grants Coordinator



4452 Industrial Drive • Alton, IL 62002
Office: (618) 466-1803 • Fax: (618) 466-5457

RESIDENTIAL OPTIONS, INC.
AN AFFILIATE OF CHALLENGER UNLIMITED, INC.

June 9, 2009

Senator William Haine
307 Henry St. – Suite 210
Alton, IL 62002

Dear Senator Haine,

Residential Options, Inc., a non profit organization that provides supervised residential services to persons with mental, emotional and physical disabilities, is submitting an application to the Illinois Department of Transportation for a section 5310 Transportation Capital Assistance Grant. We are requesting 2 – 12 passenger vehicles to replace 2 older and less suitable vehicles that have exceeded the age and mileage limitations as set by IDOT.

Our transportation supplements independent and public transportation and provides specialized transportation to those disabled and elderly residents who are unable to participate in normal modes of transportation due to their limitations. Transportation provided by the homes includes such trips as doctor and medical appointments, day program activities, socialization and other community integrated and enrichment activities and the normal needs of any family group.

We would appreciate your support of our grant request and ask that you send your comments to my attention at the following address by June 17, 2009 or as soon after as possible:

Mrs. Laurine Hamm
Residential Options, Inc.
#4 Emmie L. Kaus Ln.
Alton, Illinois 62002

Or fax to: Residential Options, Inc. – Attn: Laurine Hamm @ 618-465-0056

We thank you in advance for your assistance and support.

Sincerely,

Laurine Hamm
Grants Coordinator



4452 Industrial Drive • Alton, IL 62002
Office: (618) 466-1803 • Fax: (618) 466-5457

RESIDENTIAL OPTIONS, INC.
AN AFFILIATE OF CHALLENGE UNLIMITED, INC.

June 9, 2009

Congressman John Shimkus
3130 Chatham Road, Suite C
Springfield, IL 62704

Dear Congressman Shimkus,

Residential Options, Inc., a non profit organization that provides supervised residential services to persons with mental, emotional and physical disabilities, is submitting an application to the Illinois Department of Transportation for a section 5310 Transportation Capital Assistance Grant. We are requesting 2 – 12 passenger vehicles to replace 2 older and less suitable vehicles that have exceeded the age and mileage limitations as set by IDOT.

Our transportation supplements independent and public transportation and provides specialized transportation to those disabled and elderly residents who are unable to participate in normal modes of transportation due to their limitations. Transportation provided by the homes includes such trips as doctor and medical appointments, day program activities, socialization and other community integrated and enrichment activities and the normal needs of any family group.

We would appreciate your support of our grant request and ask that you send your comments to my attention at the following address by June 17, 2009 or as soon after as possible:

Mrs. Laurine Hamm
Residential Options, Inc.
#4 Emmie L. Kaus Ln.
Alton, Illinois 62002

Or fax to: Residential Options, Inc. – Attn: Laurine Hamm @ 618-465-0056

We thank you in advance for your assistance and support.

Sincerely,

Laurine Hamm
Grants Coordinator



4452 Industrial Drive • Alton, IL 62002
Office: (618) 466-1803 • Fax: (618) 466-5457

RESIDENTIAL OPTIONS, INC.
AN AFFILIATE OF CHALLENGE UNLIMITED, INC.

June 9, 2009

Representative Jay C. Hoffman
263-S Stratton Building
Springfield, IL 62706

Dear Representative Hoffman,

Residential Options, Inc., a non profit organization that provides supervised residential services to persons with mental, emotional and physical disabilities, is submitting an application to the Illinois Department of Transportation for a section 5310 Transportation Capital Assistance Grant. We are requesting 2 – 12 passenger vehicles to replace 2 older and less suitable vehicles that have exceeded the age and mileage limitations as set by IDOT.

Our transportation supplements independent and public transportation and provides specialized transportation to those disabled and elderly residents who are unable to participate in normal modes of transportation due to their limitations. Transportation provided by the homes includes such trips as doctor and medical appointments, day program activities, socialization and other community integrated and enrichment activities and the normal needs of any family group.

We would appreciate your support of our grant request and ask that you send your comments to my attention at the following address by June 17, 2009 or as soon after as possible:

Mrs. Laurine Hamm
Residential Options, Inc.
#4 Emmie L. Kaus Ln.
Alton, Illinois 62002

Or fax to: Residential Options, Inc. – Attn: Laurine Hamm @ 618-465-0056

We thank you in advance for your assistance and support.

Sincerely,

Laurine Hamm
Grants Coordinator



4452 Industrial Drive • Alton, IL 62002
Office: (618) 466-1803 • Fax: (618) 466-5457

RESIDENTIAL OPTIONS, INC.
AN AFFILIATE OF CHALLENGER UNLIMITED, INC.

June 9, 2009

Representative Thomas Holbrook
267-S Stratton Office Building
Springfield, IL 62706

Dear Representative Holbrook,

Residential Options, Inc., a non profit organization that provides supervised residential services to persons with mental, emotional and physical disabilities, is submitting an application to the Illinois Department of Transportation for a section 5310 Transportation Capital Assistance Grant. We are requesting 2 – 12 passenger vehicles to replace 2 older and less suitable vehicles that have exceeded the age and mileage limitations as set by IDOT.

Our transportation supplements independent and public transportation and provides specialized transportation to those disabled and elderly residents who are unable to participate in normal modes of transportation due to their limitations. Transportation provided by the homes includes such trips as doctor and medical appointments, day program activities, socialization and other community integrated and enrichment activities and the normal needs of any family group.

We would appreciate your support of our grant request and ask that you send your comments to my attention at the following address by June 17, 2009 or as soon after as possible:

Mrs. Laurine Hamm
Residential Options, Inc.
#4 Emmie L. Kaus Ln.
Alton, Illinois 62002

Or fax to: Residential Options, Inc. – Attn: Laurine Hamm @ 618-465-0056

We thank you in advance for your assistance and support.

Sincerely,

Laurine Hamm
Grants Coordinator



4452 Industrial Drive • Alton, IL 62002
Office: (618) 466-1803 • Fax: (618) 466-5457

RESIDENTIAL OPTIONS, INC.

AN AFFILIATE OF CHALLENGER UNLIMITED, INC.

June 9, 2009

Representative Dan Beiser
528 Henry St.
Alton, IL 62002

Dear Representative Beiser,

Residential Options, Inc., a non profit organization that provides supervised residential services to persons with mental, emotional and physical disabilities, is submitting an application to the Illinois Department of Transportation for a section 5310 Transportation Capital Assistance Grant. We are requesting 2 – 12 passenger vehicles to replace 2 older and less suitable vehicles that have exceeded the age and mileage limitations as set by IDOT.

Our transportation supplements independent and public transportation and provides specialized transportation to those disabled and elderly residents who are unable to participate in normal modes of transportation due to their limitations. Transportation provided by the homes includes such trips as doctor and medical appointments, day program activities, socialization and other community integrated and enrichment activities and the normal needs of any family group.

We would appreciate your support of our grant request and ask that you send your comments to my attention at the following address by June 17, 2009 or as soon after as possible:

Mrs. Laurine Hamm
Residential Options, Inc.
#4 Emmie L. Kaus Ln.
Alton, Illinois 62002

Or fax to: Residential Options, Inc. – Attn: Laurine Hamm @ 618-465-0056

We thank you in advance for your assistance and support.

Sincerely,

Laurine Hamm
Grants Coordinator



4452 Industrial Drive • Alton, IL 62002
Office: (618) 466-1803 • Fax: (618) 466-5457

RESIDENTIAL OPTIONS, INC.
AN AFFILIATE OF CHALLENGER UNLIMITED, INC.

June 9, 2009

Senator Dick Durbin
525 South 8th St.
Springfield, IL 62703

Dear Senator Durbin,

Residential Options, Inc., a non profit organization that provides supervised residential services to persons with mental, emotional and physical disabilities, is submitting an application to the Illinois Department of Transportation for a section 5310 Transportation Capital Assistance Grant. We are requesting 2 – 12 passenger vehicles to replace 2 older and less suitable vehicles that have exceeded the age and mileage limitations as set by IDOT.

Our transportation supplements independent and public transportation and provides specialized transportation to those disabled and elderly residents who are unable to participate in normal modes of transportation due to their limitations. Transportation provided by the homes includes such trips as doctor and medical appointments, day program activities, socialization and other community integrated and enrichment activities and the normal needs of any family group.

We would appreciate your support of our grant request and ask that you send your comments to my attention at the following address by June 17, 2009 or as soon after as possible:

Mrs. Laurine Hamm
Residential Options, Inc.
#4 Emmie L. Kaus Ln.
Alton, Illinois 62002

Or fax to: Residential Options, Inc. – Attn: Laurine Hamm @ 618-465-0056

We thank you in advance for your assistance and support.

Sincerely,

Laurine Hamm
Grants Coordinator



#4 Emmie L. Kaus Lane • Alton, IL 62002
Office: (618) 465-0044 • Fax: (618) 465-0056

RESIDENTIAL OPTIONS INC.
AN AFFILIATE OF CHALLENGE VOLUNTARY, INC.

June 19, 2009

Senator James F. Clayborne
Kenneth Hall Regional Office Bldg. #10
Collinsville Ave., Ste. 201-A
East St. Louis, IL 62201

Dear Senator Clayborne,

Residential Options, Inc., a non profit organization that provides supervised residential services to persons with mental, emotional and physical disabilities, is submitting an application to the Illinois Department of Transportation for a section 5310 Transportation Capital Assistance Grant. We are requesting 2 – 12 passenger vehicles to replace 2 older and less suitable vehicles that have exceeded the age and mileage limitations as set by IDOT.

Our transportation supplements independent and public transportation and provides specialized transportation to those disabled and elderly residents who are unable to participate in normal modes of transportation due to their limitations. Transportation provided by the homes includes such trips as doctor and medical appointments, day program activities, socialization and other community integrated and enrichment activities and the normal needs of any family group.

We would appreciate your support of our grant request and ask that you send your comments to my attention at the following address by June 24, 2009 or as soon after as possible:

Mrs. Laurine Hamm
Residential Options, Inc.
#4 Emmie L. Kaus Ln.
Alton, Illinois 62002

Or fax to: Residential Options, Inc. – Attn: Laurine Hamm @ 618-465-0056

We thank you in advance for your assistance and support.

Sincerely,

Laurine Hamm
Grants Coordinator



4452 Industrial Drive • Alton, IL 62002
Office: (618) 466-1803 • Fax: (618) 466-5457

RESIDENTIAL OPTIONS, INC.

AN AFFILIATE OF CHALLENGE UNLIMITED, INC.

June 19, 2009

Representative Eddie Lee Jackson, Sr.
4700 State St., Suite 2
East St. Louis, IL 62201

Dear Representative Jackson,

Residential Options, Inc., a non profit organization that provides supervised residential services to persons with mental, emotional and physical disabilities, is submitting an application to the Illinois Department of Transportation for a section 5310 Transportation Capital Assistance Grant. We are requesting 2 – 12 passenger vehicles to replace 2 older and less suitable vehicles that have exceeded the age and mileage limitations as set by IDOT.

Our transportation supplements independent and public transportation and provides specialized transportation to those disabled and elderly residents who are unable to participate in normal modes of transportation due to their limitations. Transportation provided by the homes includes such trips as doctor and medical appointments, day program activities, socialization and other community integrated and enrichment activities and the normal needs of any family group.

We would appreciate your support of our grant request and ask that you send your comments to my attention at the following address by June 24, 2009 or as soon after as possible:

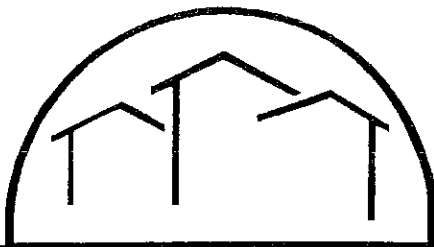
Mrs. Laurine Hamm
Residential Options, Inc.
#4 Emmie L. Kaus Ln.
Alton, Illinois 62002

Or fax to: Residential Options, Inc. – Attn: Laurine Hamm @ 618-465-0056

We thank you in advance for your assistance and support.

Sincerely,

Laurine Hamm
Grants Coordinator



4452 Industrial Drive • Alton, IL 62002
Office: (618) 466-1803 • Fax: (618) 466-5457

RESIDENTIAL OPTIONS, INC.

AN AFFILIATE OF CHALLENGER UNLIMITED, INC.

June 19, 2009

Senator William Haine
307 Henry Street
Suite 210
Alton, IL 62002

Dear Senator Haine,

Residential Options, Inc., a non profit organization that provides supervised residential services to persons with mental, emotional and physical disabilities, is submitting an application to the Illinois Department of Transportation for a section 5310 Transportation Capital Assistance Grant. We are requesting 2 – 12 passenger vehicles to replace 2 older and less suitable vehicles that have exceeded the age and mileage limitations as set by IDOT.

Our transportation supplements independent and public transportation and provides specialized transportation to those disabled and elderly residents who are unable to participate in normal modes of transportation due to their limitations. Transportation provided by the homes includes such trips as doctor and medical appointments, day program activities, socialization and other community integrated and enrichment activities and the normal needs of any family group.

We would appreciate your support of our grant request and ask that you send your comments to my attention at the following address by June 24, 2009 or as soon after as possible:

Mrs. Laurine Hamm
Residential Options, Inc.
#4 Emmie L. Kaus Ln.
Alton, Illinois 62002

Or fax to: Residential Options, Inc. – Attn: Laurine Hamm @ 618-465-0056

We thank you in advance for your assistance and support.

Sincerely,

Laurine Hamm
Grants Coordinator



4452 Industrial Drive • Alton, IL 62002
Office: (618) 466-1803 • Fax: (618) 466-5457

RESIDENTIAL OPTIONS, INC.

AN AFFILIATE OF CHALLENGER UNLIMITED, INC.

June 19, 2009

Representative Dan Beiser
528 Henry St.
Alton, IL 62002

Dear Representative Beiser,

Residential Options, Inc., a non profit organization that provides supervised residential services to persons with mental, emotional and physical disabilities, is submitting an application to the Illinois Department of Transportation for a section 5310 Transportation Capital Assistance Grant. We are requesting 2 – 12 passenger vehicles to replace 2 older and less suitable vehicles that have exceeded the age and mileage limitations as set by IDOT.

Our transportation supplements independent and public transportation and provides specialized transportation to those disabled and elderly residents who are unable to participate in normal modes of transportation due to their limitations. Transportation provided by the homes includes such trips as doctor and medical appointments, day program activities, socialization and other community integrated and enrichment activities and the normal needs of any family group.

We would appreciate your support of our grant request and ask that you send your comments to my attention at the following address by June 24, 2009 or as soon after as possible:

Mrs. Laurine Hamm
Residential Options, Inc.
#4 Emmie L. Kaus Ln.
Alton, Illinois 62002

Or fax to: Residential Options, Inc. – Attn: Laurine Hamm @ 618-465-0056

We thank you in advance for your assistance and support.

Sincerely,

Laurine Hamm
Grants Coordinator



4452 Industrial Drive • Alton, IL 62002
Office: (618) 466-1803 • Fax: (618) 466-5457

RESIDENTIAL OPTIONS, INC.

AN AFFILIATE OF CHALLENGER UNLIMITED, INC.

June 19, 2009

Representative Jay Hoffman
126 Vandalia
Suite 1
Collinsville, IL 62234

Dear Representative Jay Hoffman,

Residential Options, Inc., a non profit organization that provides supervised residential services to persons with mental, emotional and physical disabilities, is submitting an application to the Illinois Department of Transportation for a section 5310 Transportation Capital Assistance Grant. We are requesting 2 – 12 passenger vehicles to replace 2 older and less suitable vehicles that have exceeded the age and mileage limitations as set by IDOT.

Our transportation supplements independent and public transportation and provides specialized transportation to those disabled and elderly residents who are unable to participate in normal modes of transportation due to their limitations. Transportation provided by the homes includes such trips as doctor and medical appointments, day program activities, socialization and other community integrated and enrichment activities and the normal needs of any family group.

We would appreciate your support of our grant request and ask that you send your comments to my attention at the following address by June 24, 2009 or as soon after as possible:

Mrs. Laurine Hamm
Residential Options, Inc.
#4 Emmie L. Kaus Ln.
Alton, Illinois 62002

Or fax to: Residential Options, Inc. – Attn: Laurine Hamm @ 618-465-0056

We thank you in advance for your assistance and support.

Sincerely,

Laurine Hamm
Grants Coordinator



4452 Industrial Drive • Alton, IL 62002
Office: (618) 466-1803 • Fax: (618) 466-5457

RESIDENTIAL OPTIONS, INC.

AN AFFILIATE OF CHALLENGE UNLIMITED, INC.

June 19, 2009

Representative Thomas Hollbrook
9200 West Main, Suite 4
Belleville, IL 62223

Dear Representative Hollbrook,

Residential Options, Inc., a non profit organization that provides supervised residential services to persons with mental, emotional and physical disabilities, is submitting an application to the Illinois Department of Transportation for a section 5310 Transportation Capital Assistance Grant. We are requesting 2 – 12 passenger vehicles to replace 2 older and less suitable vehicles that have exceeded the age and mileage limitations as set by IDOT.

Our transportation supplements independent and public transportation and provides specialized transportation to those disabled and elderly residents who are unable to participate in normal modes of transportation due to their limitations. Transportation provided by the homes includes such trips as doctor and medical appointments, day program activities, socialization and other community integrated and enrichment activities and the normal needs of any family group.

We would appreciate your support of our grant request and ask that you send your comments to my attention at the following address by June 24, 2009 or as soon after as possible:

Mrs. Laurine Hamm
Residential Options, Inc.
#4 Emmie L. Kaus Ln.
Alton, Illinois 62002

Or fax to: Residential Options, Inc. – Attn: Laurine Hamm @ 618-465-0056

We thank you in advance for your assistance and support.

Sincerely,

Laurine Hamm
Grants Coordinator