

# Transportation Disadvantaged Coordinating Board Agenda

*Date | Time:* September 16, 2024, | 10 AM

## Lake County TDCB Committee Meeting - September 2024

Sep 16, 2024, 10:00 AM – 12:00 PM (America/New York)

**Please join my meeting from your computer, tablet or smartphone.**

<https://meet.goto.com/411440653>

**You can also dial in using your phone.**

**Access Code: 411-440-653**

**United States (Toll Free): [1 866 899 4679](tel:18668994679)**

**United States: [+1 \(571\) 317-3116](tel:+15713173116)**

**Direct phone connection with no access code required: [352-901-1278](tel:3529011278)**

This is an audio-only call-in number. If requested, this phone number can be texted to your cell phone for easy access.

**Get the app now and be ready when your first meeting starts:**

<https://meet.goto.com/install>

The Transportation Disadvantaged Coordinating Board (TDCB) serves to identify local service needs and provide information, advice, and direction to the Community Transportation Coordinator (CTC) on the coordination of services to be provided to the TD program. The TDCB focuses on compliance with state requirements for TD planning and ensuring that public transportation is accessible to everyone, including the transportation disadvantaged. TDCB membership is composed of several representatives such as health and human services agencies, the elderly and disabled, citizens, and the private transportation industry and is established pursuant to Rule 41- 2.012(3), Florida Administrative Code (FAC).

---

## CALL REGULAR MEETING TO ORDER

**Invocation / Pledge of Allegiance**

**Proper Noticing**

**Roll Call**

**Determination of Quorum**

**Chair Announcements** Lake County TDCB Chair, Commissioner Leslie Campione

---

## I. AGENDA UPDATE

**A.** Proposed revisions to today's agenda (if any)

# Transportation Disadvantaged Coordinating Board Agenda

Date | Time: September 16, 2024, | 10 AM

## II. OPPORTUNITY FOR PUBLIC COMMENT (ON AGENDA ITEMS OR GENERAL COMMENTS)

At this point in the meeting, the Board will hear citizens' questions, comments, and concerns. If the issue raised is not on today's Agenda, the Board will not act at this meeting. Questions may be answered by staff or referred for appropriate staff action. If further action is necessary, the item may be placed on a future Board agenda. Public comment shall be limited to three minutes per person.

## III. ACTION ITEMS

### A. Approval of June 10, 2024, Quarterly Meeting Minutes

*Attachment A: June 10, 2024, Lake County TDCB Quarterly Meeting Minutes*

### B. Subcommittee Annual Appointment

All subcommittees are to be fully staffed on an annual basis.

- a. The Grievance Subcommittee consists of five members and is fully staffed: Chair Leslie Campione, Lesha Buchbinder, Steve Homan, Jamie Ledgerwood, and Chantel Buck.
- b. The Bylaws Subcommittee consists of three members and is fully staffed: Chair Leslie Campione, Lesha Buchbinder, and Chantel Buck.
- c. The CTC Evaluation Subcommittee consists of three members and is fully staffed: Chair Leslie Campione, Lesha Buchbinder, and Jamie Ledgerwood.
- d. The Ridership Subcommittee consists of three members and is fully staffed: Chair Leslie Campione, Jim Lowe, and Chantel Buck.

**Staff recommends for all current members to be reappointed.**

### C. Lake County Connection Eligibility Application for Shared Ride Paratransit Service

Lake County Office of Transit Services has revised the Lake County Connection Eligibility Application for Paratransit Services and is seeking feedback and approval from the TDCB.

*Attachment B: Revised Eligibility Application for Paratransit Services*

### D. Mary Bennett Rule Proposed Policy Update

To qualify for Transportation Disadvantaged services based on income, individuals must have no other means of transportation available and have an annual gross household income that does not exceed 200 percent of the Federal Poverty Guideline. The Mary Bennett Rule creates an exception to the income eligibility criteria by allowing persons receiving dialysis treatment, as well as those with long-term medical conditions such as cancer treatments, heart conditions, diabetes, neuropathy, etc., that require ongoing treatment to qualify for Transportation Disadvantaged services if they are \$5,000 or less over the 200 percent poverty level. However, even with the additional \$5,000 allowance,

# Transportation Disadvantaged Coordinating Board Agenda

*Date | Time:* September 16, 2024, | 10 AM

some individuals who need transportation services are not qualifying under the Mary Bennett Rule.

CTC staff will present data that demonstrates the current challenge and recommend proposed changes to the Mary Bennet Rule for feedback and approval. If approved by the TDCB, this proposed policy change would be presented to the Lake County Board of County Commissioners for approval.

**Staff recommends: Approval the proposed changes to the Mary Bennet Rule for consideration from the Lake County Board of County Commissioners.**

---

## IV. DISCUSSION ITEMS

Recommendation for approval is requested for Discussion Items.

### A. Review and discussion of the Commission for the Transportation Disadvantaged (CTD) Ombudsman Report

The Lake County TDCB is required to review the CTD Ombudsman's Report quarterly. The CTD received no calls for Lake County this quarter.

### B. Actual Expenditure Report (AER) Review

The CTD requires the Planning Agency to annually complete the Actual Expenditure Report (AER), which lists direct federal and local government transportation funds for the past CTD grant year/State fiscal year.

*[Attachment C: Lake County Actual Expenditure Report for FY 2023-24](#)*

### C. CTC Evaluation Status Report

Lake County Transit had one finding from the FY 2023-24 CTC Evaluation. The CTC's accident rate for FY 2023 was 0.002% (2 accidents per 100,000 miles), which falls just short of meeting the standard of 0.001% (1 accident per 100,000 miles). The CTC will provide an update on this finding.

### D. CTC Evaluation Survey

The CTD has stated that the CTC Evaluation Rider Survey may be revised for clarity and to ensure relevancy to Lake County's transit service. Lake-Sumter MPO is seeking feedback on the current CTC Evaluation Rider Survey to help inform revisions for the FY 2024-25 CTC Evaluation Rider Survey.

*[Attachment D: CTC Evaluation Rider Survey](#)*

### E. 2050 Long Range Transportation Plan (LRTP)

The Long Range Transportation Plan (LRTP) serves as the MPO's primary guidance for developing transportation system improvements over the next 25 years. MPO staff will provide an update on the 2050 LRTP planning process.

### F. Board Membership Updates

# Transportation Disadvantaged Coordinating Board Agenda

*Date | Time:* September 16, 2024, | 10 AM

There have been no recent changes to the Lake County TDCB membership.

## **G. Upcoming Conferences/Meetings/Events**

- FPTA/CTD Annual Conference and EXPO – September 23-25, 2024, West Palm Beach
- Florida CTD Quarterly Business Meeting – September 25, 2024, West Palm Beach
- Florida Department of Transportation's Mobility Week – October 25-November 2, 2024, Statewide
- 18<sup>th</sup> Annual Stuff the Bus Food Drive – October 26, 2024, Tavares Crossroads Publix
- Florida CTD Quarterly Business Meeting – December 11, 2024, Tallahassee

---

## **V. REPORTS**

- A.** FDOT – Jamie Ledgerwood
- B.** Lake County CTC – Amy Bradford, [Lake County Transit Report \(Attachment E\)](#)
- C.** RATP Dev – Anthony Heyward
- D.** Lake-Sumter MPO Quarterly Progress Report – Michael Woods, [MPO Quarterly Progress Report \(Attachment F\)](#)

---

## **VI. OPPORTUNITY FOR PUBLIC COMMENT (ON AGENDA ITEMS OR GENERAL COMMENTS)**

At this point in the meeting, the Board will hear citizens' questions, comments, and concerns. If the issue raised is not on today's Agenda, the Board will not act at this meeting. Questions may be answered by staff or referred for appropriate staff action. If further action is necessary, the item may be placed on a future Board agenda. Public comment shall be limited to three minutes per person.

---

## **VII. BOARD MEMBER COMMENTS**

## **VIII. ADJOURNMENT**

## **IX. NEXT MEETING: December 2, 2024**

Pursuant to the provisions of Chapter 286, Florida Statutes, Section 286.0105, if any person decides to appeal any decision made by the above named board with respect to any matter considered at the meeting, he or she may need to ensure that a verbatim record of the proceedings is made, which record includes the testimony and evidence upon which the appeal is to be based. All interested citizens are welcome to attend. Persons with disabilities needing assistance to participate in any of the proceedings should contact (352) 315- 0170, 48 hours in advance of the meeting.



**Lake County Transportation Disadvantaged Coordinating Board  
Minutes June 10, 2024  
Lake~Sumter MPO  
1300 Citizens Blvd., Suite 175 Leesburg, FL 34748**

.....

**Members Present**

Leslie Campione, Chair  
Carlos Colon  
Timothy Bridges  
Rebecca Matthews  
Chantel Buck  
Cyndi North  
Lesha Buchbinder, Vice Chair  
Steve Homan  
Emilio Santiago  
Gustavo Henriquez

**Representing**

Lake~Sumter MPO  
FDOT  
FL Association CAA/Economically Disadvantaged  
Person with a Disability representing Disabled  
Citizens Advocate  
Citizens Advocate/User of System  
Children at Risk Representative  
Florida Dept. of Elder Affairs  
Florida Agency for Healthcare Administration  
Regional Workforce Development Board

**Members Absent**

Sheri Peterson  
E. Scott Pfender  
Jennilyn Green  
Kirk Armstrong  
Joanne Seagle

**Representing**

Dept. of Children & Families  
Public Education Community  
Vocational Rehabilitation/Dept. of Education  
Veterans Service Office Representing Veterans  
Persons over 60, representing elderly

**Staff Present**

Michael Woods  
Doris LeMay

**Representing**

Lake~Sumter MPO  
Lake~Sumter MPO

**CALL TO ORDER**

The meeting of the Lake County Transportation Disadvantaged Coordinating Board (TDCB) was called to order at 10:05 a.m. by Vice Chair Lesha Buchbinder. A moment of silence followed by the Pledge of Allegiance. Staff announced that the meeting was properly noticed, and a quorum was present. (3 Voting members present).

**I. AGENDA UPDATE - None**

**II. OPPORTUNITY FOR PUBLIC COMMENT** (on agenda items or general comments) – Jean Delafchell asked for route to Ocala

Commissioner Campione Arrived (4 Voting Members)

**III. CONSENT AGENDA**

- A. Approval of Lake County TDCB Bylaws
- B. Approval of Lake County TDCB Grievance Procedures
- C. Approval of March 4, 2024, Quarterly Meeting Minutes
- D. Approval of March 4, 2024, Annual Public Hearing Meeting Minutes

*Carlos Colon made a motion to approve items A-D, seconded by Chantel Buck and carried unanimously by an 4-0 vote, the Board approved Item A-D of the Consent Agenda as presented.*

**IV. ACTION ITEMS**

- A. Lake County FY 2023-2024 CTC Evaluation – Murriah Dekle WSP, provided A brief overview of the CTC Evaluation. Discussion continued.

*Lesha Buchbinder made a motion to approve FY 2023-24 CTC Evaluation, seconded by Chantel Buck and carried unanimously by an 4-0 vote, the Board approved FY 2023-24 CTC as presented.*

- B. Transportation Disadvantaged Service Plan (TDSP) Annual Update – Murriah Dekle, WSP provided a brief overview.

*Chantel Buck made a motion to approve TDSP Annual Update, seconded by Lesha Buchbinder and carried unanimously by an 4-0 vote, the Board approved the TDSP Annual Update as presented.*

- C. Mary Bennet Rule Proposed Policy Update – Murriah Dekle provided a brief overview. Discussion continued.

*Chantel Buck made a motion to table until next meeting, seconded by Lesha Buchbinder and carried unanimously by an 4-0 vote, the Board approved tabling the policy update.*

- D. Approval of FY 2025 TDCB Meeting Calendar
  - September 16, 2024
  - December 2, 2024
  - March 3, 2025
  - June 2, 2025

*Lesha Buchbinder made a motion to approve the FY 2025 Meeting Calendar, seconded by Carlos Colon and carried unanimously by an 4-0 vote, the Board approved the FY 2025 Meeting Calendar.*

**V. DISCUSSION ITEMS:**

- A. Review and discussion of the Commission for the Transportation Disadvantaged (CTD) Ombudsman Report – Murriah Dekle, WSP
- B. Follow Up Items – Murriah Dekle, WSP
- C. Legislative Update – Murriah Dekle, WSP
- D. CTC Evaluation Update – Kelsey Peterson, WSP
- E. Board Membership Update
- F. Upcoming Conferences/Meetings/Events

**VI. REPORTS**

- A. FDOT -None
- B. Lake County CTC – Bill Hearndon, Jill Brown
- C. RATP Dev – Lake County Connection – Anthony Heyward
- D. Lake Sumter MPO Quarterly Progress Report – Michael Woods

**VII. OPPORTUNITY FOR PUBLIC COMMENT**

Cyndi North – Early Pickups/Scheduling. Chantel Buck - Scheduling

**VIII. BOARD MEMBER COMMENTS –**

**IX. ADJOURNMENT:** There being no further business to discuss, the meeting adjourned at 11:44.

**X. NEXT MEETING: September 16, 2024 @ 10AM**

---

Chairman Campione

---

Date

**ELIGIBILITY APPLICATION FOR SHARED RIDE  
PARATRANSIT (DOOR-TO-DOOR) SERVICE**

**Applicant Name (please print legibly):** \_\_\_\_\_

**Date:** \_\_\_\_\_

**If you are seeking Medicaid Transportation, please call (866) 762-2237  
Florida Relay Voice: (800) 955-5700; TTY: (800) 955-8771**

- **What type of paratransit services are you applying for** ☐ **ADA** and/or ☐ **TD**
- **Are you requesting transportation services for Dialysis or Chemotherapy?** ☐ **Yes** ☐ **No**
- **TD Bus Pass Program** ☐ **(See eligibility requirements)**

**For questions or to submit this application contact our office at:**

**Address: Lake County Transit Management**

**560 E. Burleigh Blvd., Tavares, FL 32778**

**Phone: (352) 742-2612 option 2    Fax: (352) 508-1285**

**Email: [lctm@ratpdev.com](mailto:lctm@ratpdev.com)**

**Office Hours: Monday through Friday from 8 AM to 5 PM**

**INFORMATION ABOUT LAKE COUNTY CONNECTION SERVICES**

Lake County Connection paratransit services can be used for health care, nutritional (includes grocery shopping), employment, educational, and life sustaining (Social/Recreational) trips. Non-essential trips (regular shopping, recreational, etc.) will be transported to the nearest facility.

The information requested on this application is intended to help us determine the funding program you may qualify for. All information provided may be verified and confirmed. Please attach any supporting documentation requested in the following sections.

All users of Lake County Connection are required to complete an application regardless of whether the applicant is new, recertifying, resides in a nursing home, a dialysis patient, or has a permanent disability. Recertification is required every two years.



## ELIGIBILITY CRITERIA

### **ADA QUALIFICATIONS AND GUIDELINES:**

1. This program typically serves the urban areas of Lake County and operates in conjunction with LakeXpress (LX) fixed route bus service.
2. This program is for any trips that origination and destination locations are within three-quarters (3/4) of a mile radius of an LX fixed route. This area is known as the ADA Corridor.
3. This program operates on the same days and times as the LX services. Since this program operates in conjunction with the LX fixed route program, this program is only usable if an individual is able to make a similar trip utilizing the LX program directly.
4. This program is intended for individuals that have a disability or condition that prevents the applicant from independently using the LX fixed route program service all the time, temporarily, or only under certain circumstances. All disabilities and/or conditions must be verified by an acceptable medical professional and documented on the Medical Verification Form (MVF) is the last two pages of this application.
5. Having a disability and/or condition alone does not guarantee eligibility under the ADA program. Eligibility is based on the individual's functional ability to use the LX fixed route program and is not a medical or psychiatric decision.
6. The ADA certification process may involve a telephone interview and/or an in-person functional assessment to determine if and how the applicant's transit needs can be met.
7. All ADA program trips have a required fare of \$2.00 each way and is ineligible for any fare reduction programs.

### **TRANSPORTATION DISADVANTAGED (TD) QUALIFICATIONS AND GUIDELINES:**

1. This program typically services the rural areas of Lake County and allows for transportation in areas that the LakeXpress (LX) fixed route bus service does not reach. Therefore, this program allows for transportation services that are not covered under the ADA program.
2. To determine if an applicant meets the program eligibility criteria for the TD program, the applicant must first have **no other means of transportation available to them (including LakeXpress fixed route bus service)** and meet at least one of the following criteria:
  - a. Applicant's age is 60+; **or**
  - b. Have a recognized disability; **or**
  - c. Applicant's annual gross **household** income is at or below **200%** of the Department of Health and Human Services poverty guidelines (<https://aspe.hhs.gov/poverty-guidelines>)
3. Please note that an applicant must provide information towards all the criteria fields to make an accurate determination.
4. No other means of transportation available to an individual also includes access to any relative in the household that can operate a vehicle on the applicant's behalf and/or owning a vehicle with no

obvious operating restrictions. Please note that falsifying ownership of or accessibility to a vehicle is grounds to revoke a current TD applicant's eligibility and may even bar an individual from future service opportunities.

5. Proof of **Household Income** is required for all individuals that earn an income within the household unless there is a legitimate reason that creates a separation of the incomes within the households such as renter/tenant relationship.
6. This program is funded from the state and depending on the availability of funds, trips may be denied based on the purpose of the trip. Trip priorities are ranked in order of highest priority as follows: (1) Critical Medical, (2) Other Medical, (3) Nutritional, (4) Employment, (5) Educational, and (6) Life-Sustaining/Other (Recreational) Trips.
7. The TD program operates Monday through Friday for all trip purposes as allowed by available funds. Saturday services are provided for critical medical trips (dialysis) only. The program does not provide any services on Sunday.
8. TD program does provide Out of County Trips to Gainesville, Oxford, Wildwood, and Orlando on Tuesday and Thursday only.
9. All TD program trips within the Lake County boundary have a required fare of \$2.00 each way. For trips to Gainesville, the fare is \$10.00 each way. For trips to Oxford, Wildwood, or Orlando, the fare is \$5.00 each way. Applicants may request a Hardship application that if eligible would modify the required fare for qualifying TD program trips.

### **TD BUS PASS PROGRAM**

- A fixed-route bus pass is provided at no cost to qualifying individuals who are financially prohibited from using the fixed-route system. Eligible recipients receive bus passes via U.S. Mail only. TD bus passes cannot be picked up at County facilities.
- To qualify for the TD Bus Pass Program, you must live in Lake County, have no means of transportation, including family and friends, and an income at or below 200% of the federal poverty level.

### **How do I get a TD Bus Pass?**

- Complete and mail the application, along with the required Proof of Income to the address shown on the application.
- To check the status of your application call 352-742-1940 three weeks (21 days) after the submission of your paperwork.
- Eligible TD customers may receive a 30-day bus pass, a 10 non-consecutive day bus pass, or an all-day bus pass at no cost to the passenger.

## INSTRUCTIONS FOR COMPLETING THIS APPLICATION

1. When completing the application, please type or print legibly and sign where indicated.
2. Unreadable, incomplete, or unsigned applications will not be accepted and will be returned. If submitting via email, the only acceptable format of the application is PDF from a document scanner. Camera scanners are not accepted.
3. Processing of this application can take up to **21** calendar days. The **21-day** period begins after a **completed** (includes all required supporting documents) application is received.
4. All applicants will be notified of the application status by letter or email.
5. Applications will remain active for two years, unless a temporary eligibility condition exists.
6. Completing this application does not automatically indicate approval for either the ADA program, TD program, or both.
7. A copy of a government issued photo identification of the applicant must be provided with the completed application.
8. If you are applying for Americans with Disabilities Act (ADA), you are required to complete the Medical Verification Form, which is the last two pages of the application.
9. The total monthly household income must be provided for all residents of the household that earn an income.
10. To aid with the completion of this application, sections will be marked with logos. Some sections are required by both programs, but if an applicant wishes to only apply for only the ADA program or only the TD program, complete sections with the following logos:

ADA Program -



TD Program -



**Lake County Connection will use the information in this application for the provision of transportation services only. The information will not be provided to any other person or agency outside of the Lake County Transit system.**



### **Section 1 – ADA & TD Program**

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ M.I.: \_\_\_\_\_

Street Address: \_\_\_\_\_ Apt #: \_\_\_\_\_ Bldg. #: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Name of Subdivision, Complex, Facility, or Nearest Intersection/Bus Route:

If the Subdivision, Complex, or Facility is a gated community, please provide the gate code: \_\_\_\_\_

Mailing Address (if different from above):

☐ Male      Date of Birth: \_\_\_\_\_      SSN: \_\_\_\_\_

☐ Female      Home Phone: \_\_\_\_\_      Cell Phone: \_\_\_\_\_

E-mail: \_\_\_\_\_

Are you a Medicaid Recipient? ☐ Yes ☐ No      Medicaid #: \_\_\_\_\_

Do you require materials or correspondence in an alternative format? ☐ Yes ☐ No

➤ If yes, please specify: ☐ Large Print    ☐ Audio File by (☐ CD or ☐ Flash Drive)

**Emergency Contact**

Name	Relationship	Primary Contact Number	Secondary Contact Number

Other person(s) you authorize to make travel arrangements on your behalf?

Name	Phone Number

If you reside in a facility (nursing home, assisted living facility, etc.), does the facility have a vehicle to transport residents?      ☐ Yes      ☐ No

Have you ever been transported by the facility?      ☐ Yes      ☐ No

List any impairments, disabilities, or other conditions you may have that prevents you from using the LakeXpress fixed route bus service program:

---



---

How long have you had this condition? \_\_\_\_\_ Is your condition permanent? \_\_\_\_\_

**Please indicate below if you use any of the following mobility aides or equipment:**

- |   |   |   |
|---|---|---|
| <input type="checkbox"/> Wheelchair                       | <input type="checkbox"/> Powered Scooter                        | <input type="checkbox"/> Powered Wheelchair |
| <input type="checkbox"/> Walker                           | <input type="checkbox"/> Long White Cane                        | <input type="checkbox"/> Portable Oxygen    |
| <input type="checkbox"/> Cane                             | <input type="checkbox"/> Leg Braces                             | <input type="checkbox"/> Crutches           |
| <input type="checkbox"/> Assisted Walking                 | <input type="checkbox"/> Needs Personal Care Attendant / Escort |   |
| <input type="checkbox"/> Service Animal (describe): _____ | <input type="checkbox"/> Other: _____                           |   |



## Section 2 – ADA Program

### ADA Functional Ability

Without the assistance of someone else, can you:

Board a Bus?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Read/Understand directions?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Handle coins and bus transfers?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Travel on a sidewalk?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Travel to the nearest bus stop?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Stand at a bus stop?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Identify the correct bus?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Walk ¾ mile?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Climb a 12-inch step?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Cross a street?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Balance yourself while seated?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Grip handles and railings?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Give your address and phone number?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Recognize landmarks?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Wait outside for more than 15 minutes?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Travel through crowds?	<input type="checkbox"/> Yes <input type="checkbox"/> No

Are you able to travel alone? ☐ Yes ☐ No

If you use a mobility aid, is the doorway / entrance of your residence accessible?<sup>1</sup> ☐ Yes ☐ No

Have you used or are you currently using the LakeXpress fixed route service?<sup>2</sup> ☐ Yes ☐ No

<sup>1</sup> Note: LCC Drivers cannot assist mobility devices into or out of a residence, up or down stairs, or through grass or sand.

<sup>2</sup> Note: All LCC and LakeXpress buses are fully accessible with wheelchair lifts/ramps and many of the LakeXpress buses can kneel for easy access.

How far can you walk? \_\_\_\_\_ How far can you walk with a mobility aid? \_\_\_\_\_

Do you need the wheelchair lift to board the bus? ☐ Yes ☐ No

Do you have any limbs that are in a cast, brace, fused or otherwise unbendable? ☐ Yes ☐ No

**If you do not use the LakeXpress service, please read the following statements and check all those which apply to you. You may select more than one:**

- ☐ I have a temporary disability which prevents me from getting to the bus stop or using the service. I will need ADA service only until I recover.
- ☐ I cannot get to the bus stop.
- ☐ I have a cognitive disability which prevents me from remembering and understanding all I must do to find my way to and from the bus stop, and to ride the bus.
- ☐ I have a vision disability which prevents me from finding my way to and from the bus stop.
- ☐ I have a severe medical condition. My condition results in an impairment which makes it impossible for me to use regular bus service.
- ☐ I have an episodic disability. I can use the LakeXpress fixed route services on days when I am feeling well, but on bad days, I can't make it to the bus stop, or even get on the bus.

**NOTE: Lake County Office of Transit Services offer Travel Training for LakeXpress (LX) fixed route services to teach individuals how to use the LX services. Participation in the Travel Training Program will not affect your eligibility for ADA Paratransit service.**

- ☐ Check here if you are interested in receiving additional information on Travel Training.

**ADA Paratransit Program requires that a Medical Verification Form (MVF) be completed by an accepted licensed medical professional. The Medical Verification Form (MVF) is the last two (2) pages of this application.**



### Section 3 – TD Program

---

Is the LakeXpress fixed route service accessible from your home? ☐ Yes ☐ No

Are there any circumstances preventing you from using the LakeXpress bus service? ☐ Yes ☐ No

If yes, please describe: \_\_\_\_\_

Do you have weekly scheduled medical appointments? ☐ Yes ☐ No

How many medical appointments do you usually have in a month? \_\_\_\_\_

How do you currently travel to your destination(s)?

☐ Bus ☐ Taxi/Uber/Lyft ☐ Drive yourself ☐ Other (please explain): \_\_\_\_\_

Do you currently own a motor vehicle? ☐ Yes ☐ No If yes, what prevents you from driving the vehicle? \_\_\_\_\_

Do you have relatives or friends who can transport you? ☐ Yes ☐ No

What are the names and ages, including yourself, of the people living in your household?

---

---

Does anyone living in your household own a car? ☐ Yes ☐ No ***If Yes, please provide a letter explaining why any vehicle available in the household is not accessible to the applicant for transportation needs.***

Indicate the reason you are seeking Transportation Disadvantage (TD) program services (check all that apply):

- ☐ I do not live within the LakeXpress fixed route service area.
- ☐ I am 60 years of age or older.
- ☐ My income level falls below current federal poverty guidelines (proof of income is required)
- ☐ I have a recognized disability.
- ☐ Other (please specify): \_\_\_\_\_

### **Verification of Income**

What is the **combined monthly household income of everyone living in the household**? \$ \_\_\_\_\_

Are you currently receiving public assistance such as food stamps? ☐ Yes ☐ No

➤ If yes, how much do you receive monthly? \$ \_\_\_\_\_

**Monthly Income Breakdown:** please include all wages, disability payments, Social Security payments, pensions, dividends, investments, etc. that makes up your **total gross annual household income**.



To process your application, **proof of income is required of everyone that make up the total household income.** This information must be submitted with the application.

Please indicate the total household income from each of the below categories:

Salary: \$\_\_\_\_\_ SSI: \$\_\_\_\_\_ SSDI: \$\_\_\_\_\_ Pension: \$\_\_\_\_\_

Interest / Dividends: \$\_\_\_\_\_ Workman's Comp: \$\_\_\_\_\_ Relatives: \$\_\_\_\_\_

Other (explain): \_\_\_\_\_ \$\_\_\_\_\_

**Acceptable forms of proof of the total household income included:**

- Two (2) of your most recent Paycheck Stubs (consecutive)
- Bank Statements for all accounts that manage income for two (2) consecutive months
- Social Security Income Verification Notice/Letter (SSA, SSI, SSDI)
- First (1<sup>st</sup>) page of your current Tax Return
- Retirement/Pension Statement (included VA)
- Unemployment Compensation Income Verification Notice/Letter
- Department of Children and Families Benefit Letter
- Child Support Letter

***If you are a roomer/boarder, you must provide a statement from your landlord listing the amount you pay for board, utilities, meals, and any other included expense.***

***If you do not have any income, please provide a letter from the individual or facility that is supporting you. A self-declaration letter will not be accepted as proof of lack of income.***

**Monthly Household Expenses:**

Housing: \$\_\_\_\_\_ Utilities: \$\_\_\_\_\_ Vehicle: \$\_\_\_\_\_ Food: \$\_\_\_\_\_

Cable: \$\_\_\_\_\_ Phone: \$\_\_\_\_\_ Cell Phone: \$\_\_\_\_\_ Medical: \$\_\_\_\_\_

Pharmacy: \$\_\_\_\_\_ Fuel: \$\_\_\_\_\_ Home Insurance: \$\_\_\_\_\_

Car Insurance: \$\_\_\_\_\_ Other: \_\_\_\_\_ Cost \$: \_\_\_\_\_

**Total Monthly Household Expenses: \$\_\_\_\_\_**

Would you ride LakeXpress if you were provided with a free bus pass? ☐ Yes ☐ No



**Application Checklist:**

- ☐ Did you attach a copy of your government issued identification or driver's license?
- ☐ Did you attach your household proof of income?
- ☐ Did you attached the Medical Verification Form completed by a licensed medical professional?



## Section 4 – ADA & TD Program

### Certification and Acknowledgement

I understand and affirm that the information provided in this application for either ADA Program and/or TD Program services is true and correct to the best of my knowledge and will be kept confidential and shared only with medical and transportation professionals involved in evaluating and determining my needs and eligibility for transportation to and from eligible services and appointments.

I understand that providing false or misleading information or making fraudulent claims or making false statements on behalf of others could constitute a felony under the laws of the State of Florida and could result in my eligibility status being revoked.

I agree to notify Lake County Connection if there is any change in personal circumstance, change in personal information such as address or phone number, or I no longer need to use any of the program services applied for. I understand that if I am approved for any program services, I must recertify two years from the date of approval for services.

Lake County Board of County Commissioners and our Operator, Lake County Transit Management, Inc. collects your social security number, if applicable, for the following purposes:

- *Identification and verification*
- *Billing and Payments*
- *Benefit Processing*

Social Security numbers may be used as a unique numeric identifier and may be used for search purposes.

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Signing for Applicant: \_\_\_\_\_ Date: \_\_\_\_\_

Relationship to Applicant: \_\_\_\_\_



## Medical Verification Form

If you are applying for ADA Paratransit door-to-door services due to a medically verified physical disability, cognitive condition, or impairment, this Medical Verification Form must be completed and signed by an accepted licensed medical professional.

### Accepted medical professionals include:

- Medical Doctor
- Doctor of Osteopathic Medicine
- Doctor of Chiropractic
- Occupational Therapist  
(Licensed/Registered)
- Audiologist
- Ophthalmologist
- Psychologist
- Licensed Nurse Practitioner
- Registered Nurse
- Physical Therapist
- ARNP

Be sure to print your name, date of birth, and the last 4 digits of your Social Security Number on the form to assist your medical professional.

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ M.I.: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Last 4 digits of Social Security Number: \_\_\_\_\_

### Applicant's Release

I understand that the purpose of this evaluation form is to determine my eligibility for ADA Paratransit door-to-door services. I understand that the information about my disability contained in this application will be kept confidential and shared only with professionals involved in evaluating my eligibility. I hereby authorize my medical representative to release all information regarding my medical condition to Lake County Connection D.B.A. Lake County Transit Management, Inc. I understand that providing false or misleading information could result in my eligibility status being revoked. I agree to notify Lake County Connection within ten (10) days if there is any change in circumstances or I no longer need to use Paratransit services.

Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**If applicant is unable to sign this form, someone may sign on their behalf.**

Signing for Applicant: \_\_\_\_\_

Relationship to Applicant: \_\_\_\_\_ Date: \_\_\_\_\_

**The following portion must be completed by a Medical Professional**

Dear Medical Professional:

To process this applicant's request for Lake County Connection Paratransit Door-to-Door transportation service eligibility, this form must be completed.

Only a licensed Medical Professional having knowledge of the applicant's functional ability to use the LakeXpress fixed route bus service should complete this form. All LakeXpress fixed route vehicles are equipped with wheelchair lifts/ramps and the buses have automated enunciators which announce all major streets, intersections, and landmarks.

The information that you provide below must be based solely upon the applicant having an actual physical or cognitive limitation which prevents the use of the LakeXpress fixed route service or operating a motor vehicle. The diagnosis of a potentially limiting illness or condition is not sufficient determination for paratransit services.

**THIS FORM MUST BE COMPLETED BY A MEDICAL PROFESSIONAL, AND MUST INCLUDE VALID MEDICAL LICENSE NUMBER, ADDRESS, PHONE NUMBER, AND SIGNATURE BY A MEDICAL PROFESSIONAL.**

Patient's Name: \_\_\_\_\_

What is the applicant's disability? \_\_\_\_\_

How does the condition functionally prevent the applicant from using regular bus services

\_\_\_\_\_

Is the condition permanent or temporary? ☐ Permanent ☐ Temporary

If temporary, what is the duration? \_\_\_\_\_

**Medical Professional Information:**

Signature of Medical Professional: \_\_\_\_\_ Date: \_\_\_\_\_

Medical License Number: \_\_\_\_\_ State Issued: \_\_\_\_\_

Print Name: \_\_\_\_\_ Title: \_\_\_\_\_

Address: \_\_\_\_\_ Suite #: \_\_\_\_\_ Bldg. #: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Extension: \_\_\_\_\_ Fax Number: \_\_\_\_\_

Email: \_\_\_\_\_ Contact Person: \_\_\_\_\_



**COMMISSION FOR THE TRANSPORTATION DISADVANTAGED**  
**ACTUAL EXPENDITURE REPORT FORM**  
(One form for each county  
Do not report funds from state agency sources)

COUNTY: Lake County  
DUE: September 15, 2024

**Coordinated Transportation**

Coordinated Transportation			
ACTUAL PRIOR YEAR			
Local Funding		Direct Federal Funding	
Expenditures	# of Trips, Operating Subsidy or Capital	Expenditures	# of Trips, Operating Subsidy or Capital
\$4,236,498	51,677		

**Transportation Alternatives**

Transportation Alternatives			
ACTUAL PRIOR YEAR			
Local Funding		Direct Federal Funding	
Expenditures	# of Trips, Operating Subsidy or Capital	Expenditures	# of Trips, Operating Subsidy or Capital

**Other**

Other			
ACTUAL PRIOR YEAR			
Local Funding		Direct Federal Funding	
Expenditures	# of Trips, Operating Subsidy or Capital	Expenditures	# of Trips, Operating Subsidy or Capital

# ATTACHMENT D

## RIDER/BENEFICIARY SURVEY

Staff making call: \_\_\_\_\_

County: \_\_\_\_\_

Date of Call:     /     /

Funding Source: \_\_\_\_\_

1) Did you receive transportation service on \_\_\_\_\_?     ☐ Yes or ☐ No

2) Where you charged an amount in addition to the co-payment? ☐ Yes or ☐ No

If so, how much?

3) How often do you normally obtain transportation?

☐ Daily 7 Days/Week     ☐ Other     ☐ 1-2 Times/Week     ☐ 3-5Times/Week

4) Have you ever been denied transportation services?

☐ Yes

☐ No. If no, skip to question # 4

A. How many times in the last 6 months have you been refused transportation services?

☐ None

☐ 3-5 Times

☐ 1-2 Times

☐ 6-10 Times

If none, skip to question # 4.

B. What was the reason given for refusing you transportation services?

☐ Ineligible

☐ Space not available

☐ Lack of funds

☐ Destination outside service area

☐ Other \_\_\_\_\_

5) What do you normally use the service for?

☐ Medical

☐ Education/Training/Day Care

☐ Employment

☐ Life-Sustaining/Other

☐ Nutritional

6) Did you have a problem with your trip on \_\_\_\_\_?

☐ Yes. If yes, please state or choose problem from below

☐ No. If no, skip to question # 6

What type of problem did you have with your trip?

☐ Advance notice

☐ Cost

☐ Pick up times not convenient

☐ Late pick up-specify time of wait

☐ Assistance

☐ Accessibility

☐ Service Area Limits

☐ Late return pick up - length of wait

☐ Drivers - specify

☐ Reservations - specify length of wait

☐ Vehicle condition

☐ Other

7) On a scale of 1 to 10 (10 being most satisfied) rate the transportation you have been receiving.

\_\_\_\_\_

8) What does transportation mean to you? (Permission granted by \_\_\_\_\_ for use in publications.)

**Additional Comments:**

---

---

---

---

## ATTACHMENT E

### Lake County Transit Report

September 16, 2024

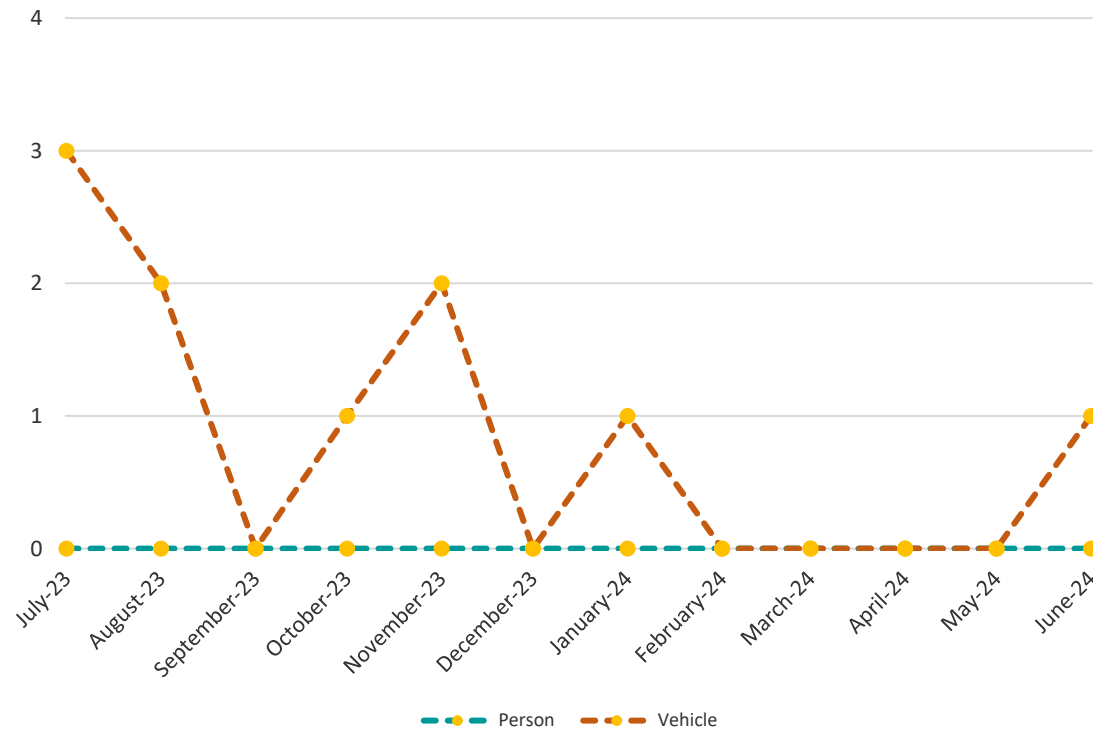
The data contained herein has been provided by Lake County Transit.



**Table 1: Lake County Connection Preventable Accidents**

	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24	Apr-24	May-24	Jun-24	Total
<b>Person</b>	0	0	0	0	0	0	0	0	0	0	0	0	<b>0</b>
<b>Vehicle</b>	3	2	0	1	2	0	1	0	0	0	0	1	<b>10</b>

**Figure 1: Lake County Connection Preventable Accidents**

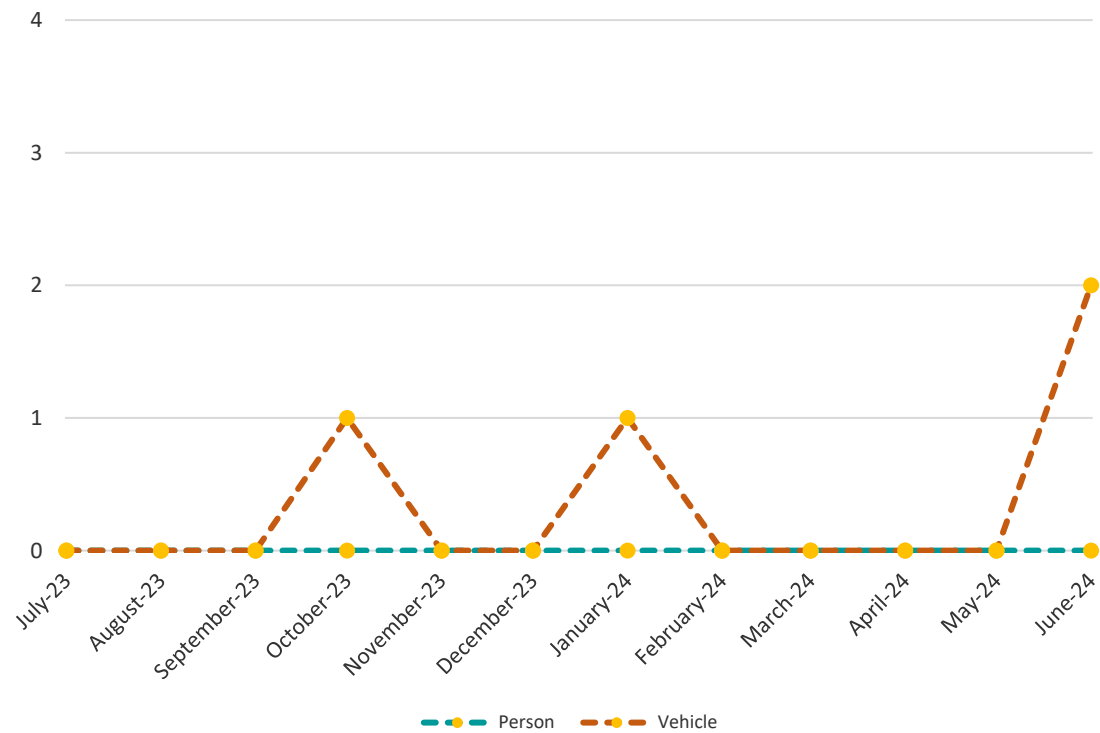


Source: 01 Accident Report 09-16-2024.xlsx

**Table 2: Lake County Connection Non-Preventable Accidents**

	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24	Apr-24	May-24	Jun-24	Total
<b>Person</b>	0	0	0	0	0	0	0	0	0	0	0	0	<b>0</b>
<b>Vehicle</b>	0	0	0	1	0	0	1	0	0	0	0	2	<b>4</b>

**Figure 2: Lake County Connection Non-Preventable Accidents**

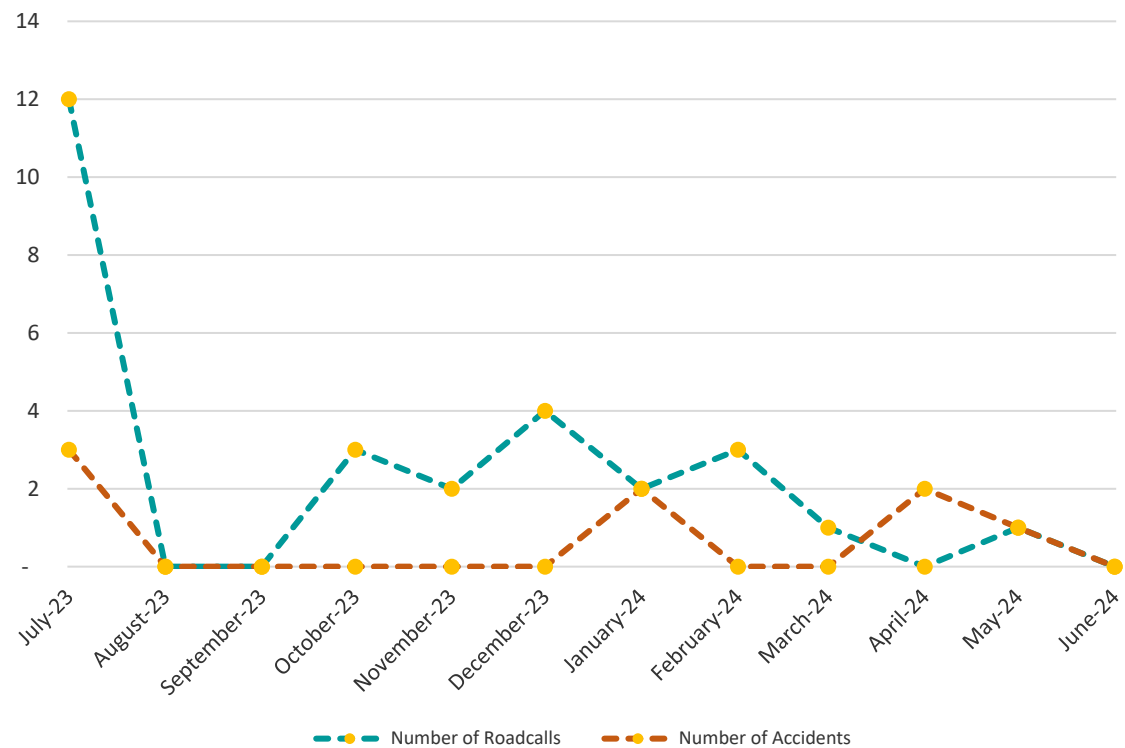


Source: 01 Accident Report 09-16-2024.xlsx

**Table 3: Accidents and Roadcalls**

	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24	Apr-24	May-24	Jun-24	Total
<b>Number of Roadcalls</b>	12	0	0	3	2	4	2	3	1	0	1	0	<b>28</b>
<b>Number of Accidents</b>	3	0	0	0	0	0	2	0	0	2	1	0	<b>8</b>

**Figure 3: Accidents and Roadcalls**

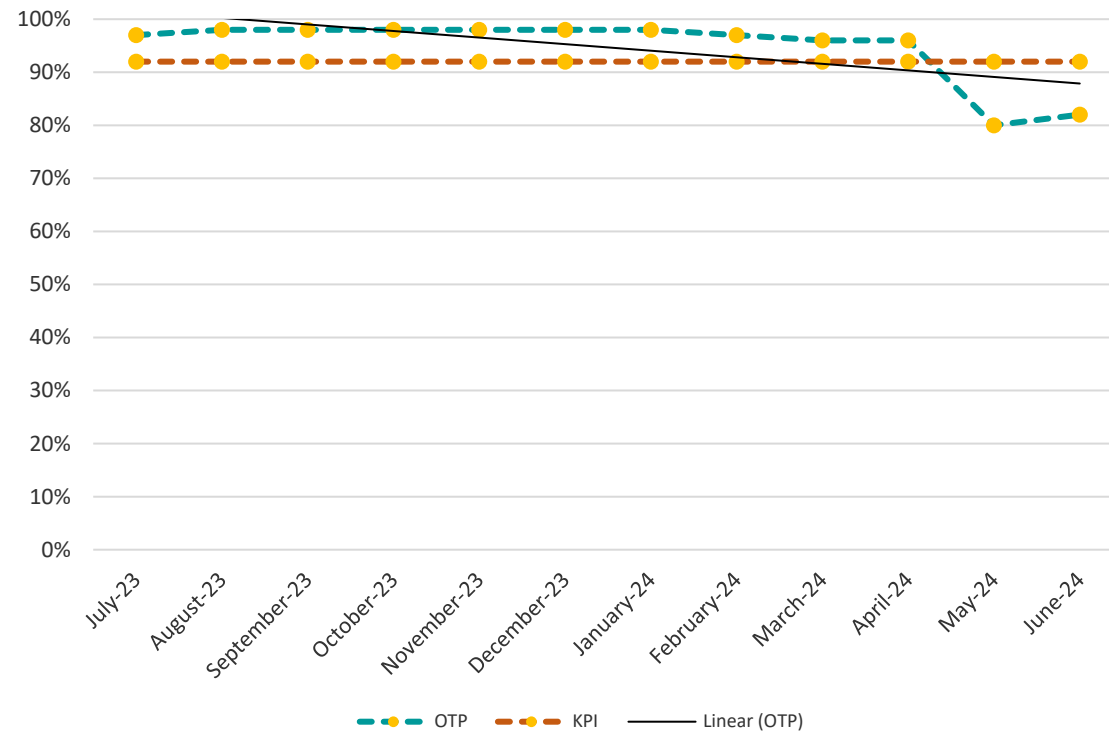


Source: 02 CTC AOR Monthly Report 09-16-2024.xlsx

**Table 4: Lake County Connection On Time Performance (OTP)**

	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24	Apr-24	May-24	Jun-24	Average
<b>On Time Performance</b>	97%	98%	98%	98%	98%	98%	98%	97%	96%	96%	80%	82%	<b>94.7%</b>
<b>On Time Performance Goal</b>	92%	92%	92%	92%	92%	92%	92%	92%	92%	92%	92%	92%	<b>92%</b>

**Figure 4: Lake County Connection On Time Performance**

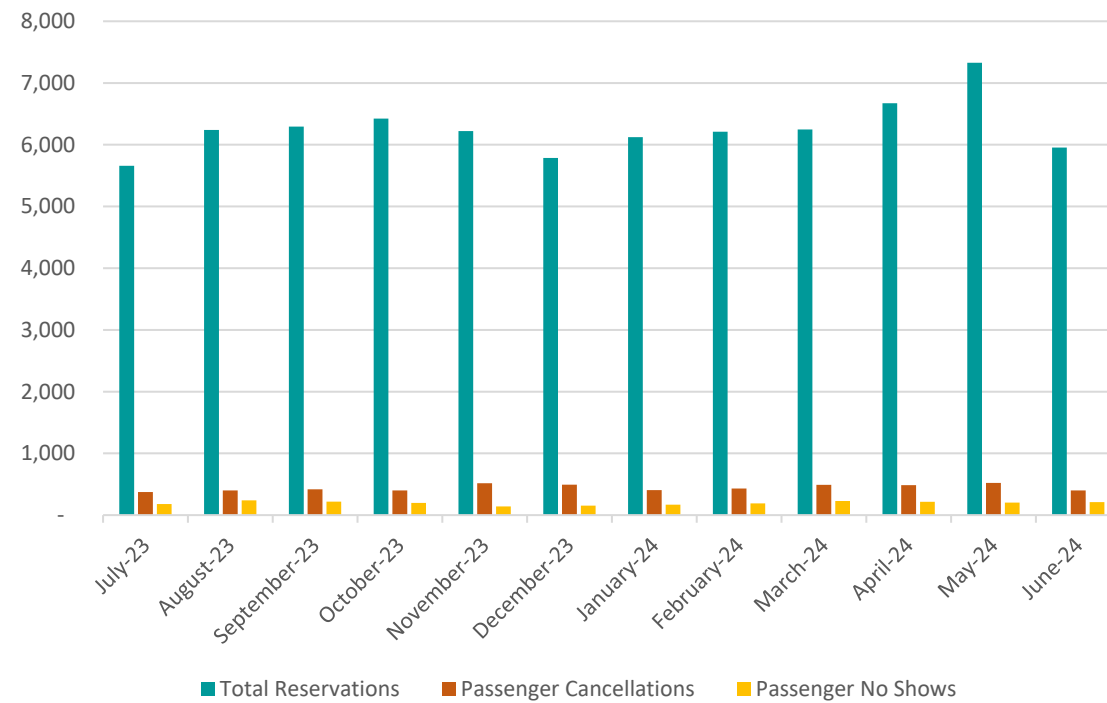


Source: 05 LCC OTP Report 09-16-2024.xlsx

**Table 5: Lake County Transit Trips**

	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24	Apr-24	May-24	Jun-24	Total
<b>Total Reservations</b>	5,658	6,239	6,294	6,424	6,220	5,787	6,122	6,212	6,247	6,673	7,328	5,954	<b>75,158</b>
<b>Passenger Cancellations</b>	373	399	417	400	517	493	406	431	491	486	522	401	<b>5,336</b>
<b>Passenger No Shows</b>	180	238	219	199	142	155	170	191	230	217	202	212	<b>2,355</b>

**Figure 5: Lake County Transit Trips**

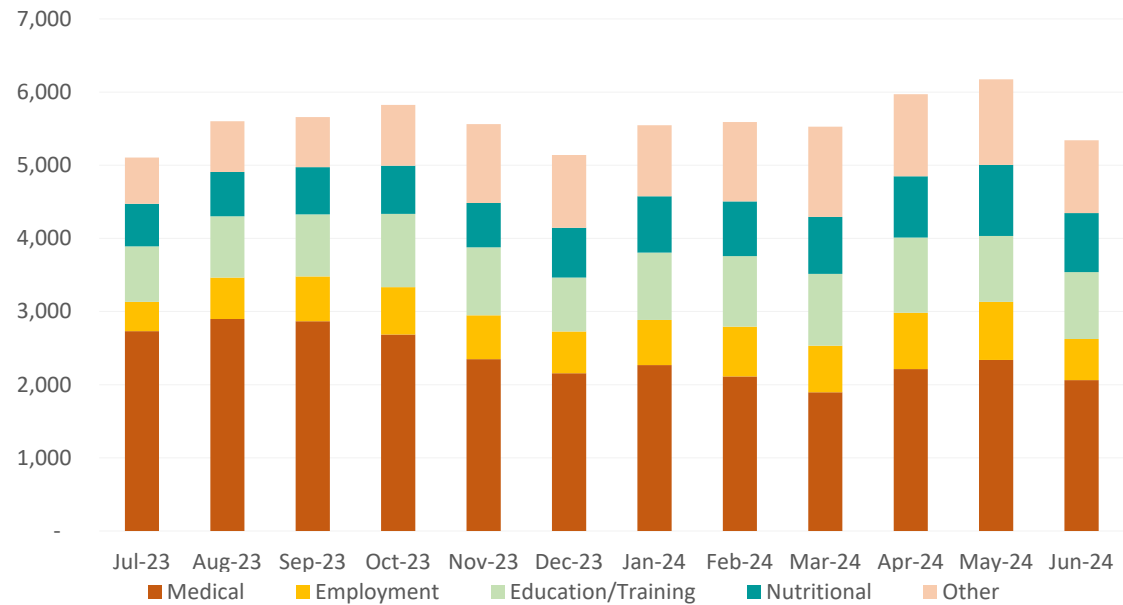


Source: 02 CTC AOR Monthly Report 09-16-2024.xlsx

**Table 6: Trip Purpose**

Trip Purpose	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24	Apr-24	May-24	Jun-24	Total
Medical	2,732	2,898	2,868	2,686	2,349	2,157	2,268	2,113	1,896	2,213	2,339	2,063	<b>28,582</b>
COVID-19 Vaccinations	0	0	0	0	0	0	0	0	0	0	0	0	<b>0</b>
Employment	401	566	612	648	600	571	617	680	637	770	792	561	<b>7,455</b>
Education/Training	757	837	848	1,000	929	737	920	965	981	1,028	903	914	<b>10,819</b>
Nutritional	583	606	646	659	606	679	771	747	779	837	969	808	<b>8,690</b>
Other	632	695	684	832	1,077	995	970	1,085	1,233	1,122	1,171	995	<b>11,491</b>
<b>Total</b>	<b>5,105</b>	<b>5,602</b>	<b>5,658</b>	<b>5,825</b>	<b>5,561</b>	<b>5,139</b>	<b>5,546</b>	<b>5,590</b>	<b>5,526</b>	<b>5,970</b>	<b>6,174</b>	<b>5,341</b>	<b>67,037</b>

**Figure 6: Trip Purpose**

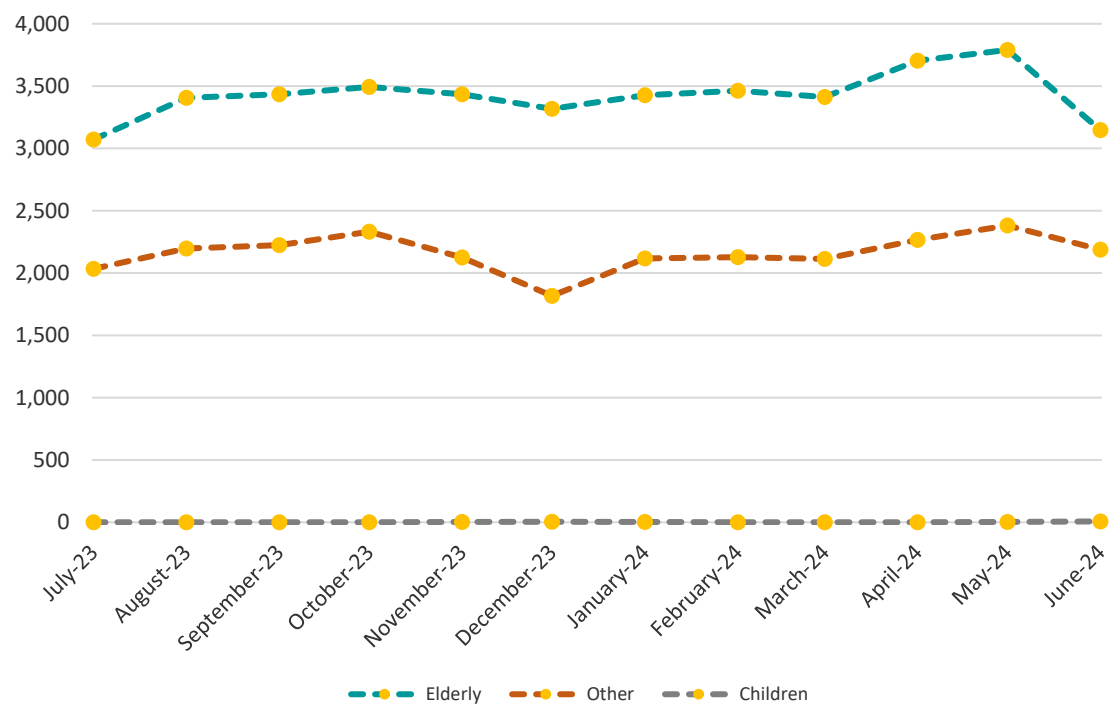


Source: 02 CTC AOR Monthly Report 09-16-2024.xlsx

**Table 7: Passenger Types**

Passenger Type	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24	Apr-24	May-24	Jun-24	Total
Elderly	3,071	3,406	3,434	3,493	3,434	3,318	3,427	3,463	3,413	3,704	3,790	3,147	<b>41,100</b>
Other	2,034	2,196	2,224	2,332	2,125	1,817	2,117	2,127	2,113	2,266	2,381	2,187	<b>25,919</b>
Children	0	0	0	0	2	4	2	0	0	0	3	7	<b>18</b>
<b>Total</b>	<b>5,105</b>	<b>5,602</b>	<b>5,658</b>	<b>5,825</b>	<b>5,561</b>	<b>5,139</b>	<b>5,546</b>	<b>5,590</b>	<b>5,526</b>	<b>5,970</b>	<b>6,174</b>	<b>5,341</b>	<b>67,037</b>

**Figure 7: Passenger Types**

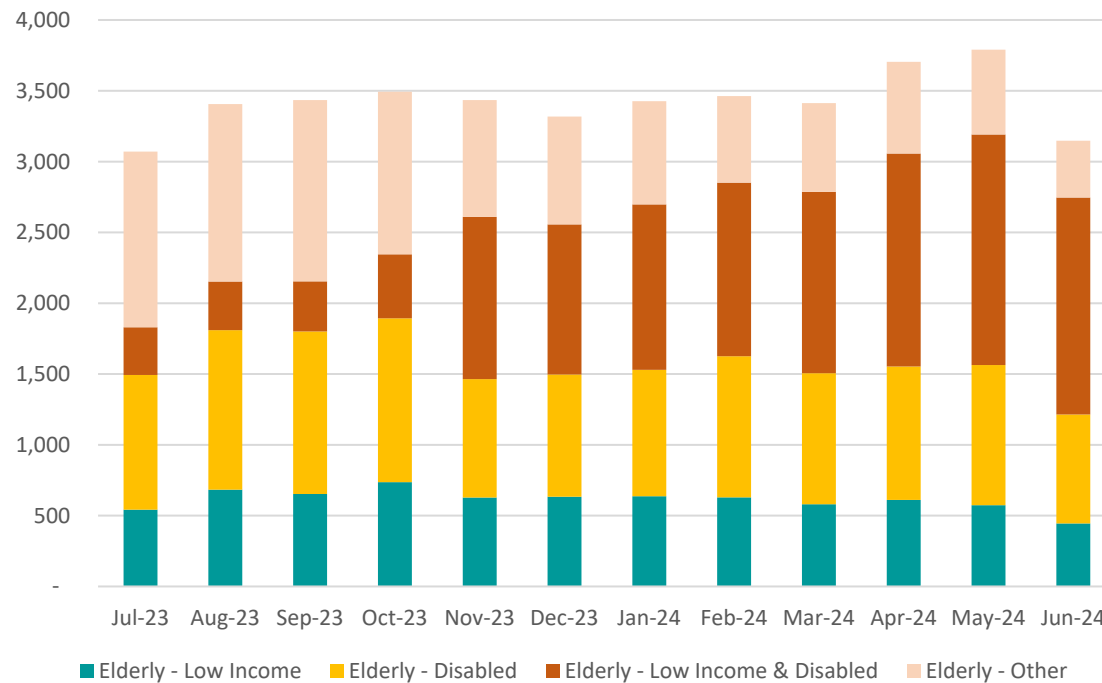


Source: 02 CTC AOR Monthly Report 09-16-2024.xlsx

**Table 8: Lake County Connection Passenger Types – Elderly**

Passenger Type	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24	Apr-24	May-24	Jun-24	Total
Elderly - Low Income	542	683	653	737	628	634	637	629	581	611	574	445	7,354
Elderly - Disabled	951	1,127	1,148	1,156	836	863	893	997	925	942	990	770	11,598
Elderly - Low Income & Disabled	337	343	353	452	1,146	1,060	1,168	1,226	1,280	1,504	1,628	1,532	12,029
Elderly - Other	1,241	1,253	1,280	1,148	824	761	729	611	627	647	598	400	10,119

**Figure 8: Lake County Connection Passenger Types – Elderly**



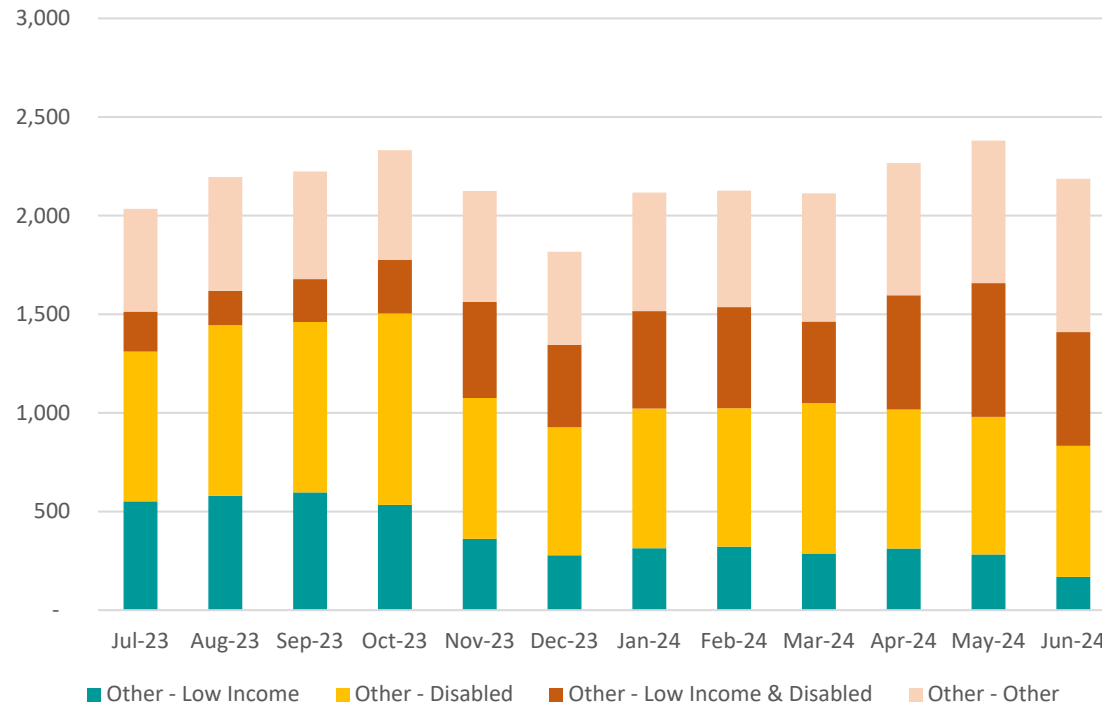
Source: 02 CTC AOR Monthly Report 09-16-2024.xlsx



**Table 9: Lake County Connection Passenger Types – Other**

Passenger Type	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24	Apr-24	May-24	Jun-24	Total
Other - Low Income	552	580	597	534	362	278	314	322	287	312	282	169	4,589
Other - Disabled	759	865	864	970	714	649	708	702	763	705	698	664	9,061
Other - Low Income & Disabled	203	174	217	272	486	418	494	512	413	579	678	577	5,023
Other - Other	520	577	546	556	563	472	601	591	650	670	723	777	7,246

**Figure 9: Lake County Connection Passenger Types – Other**

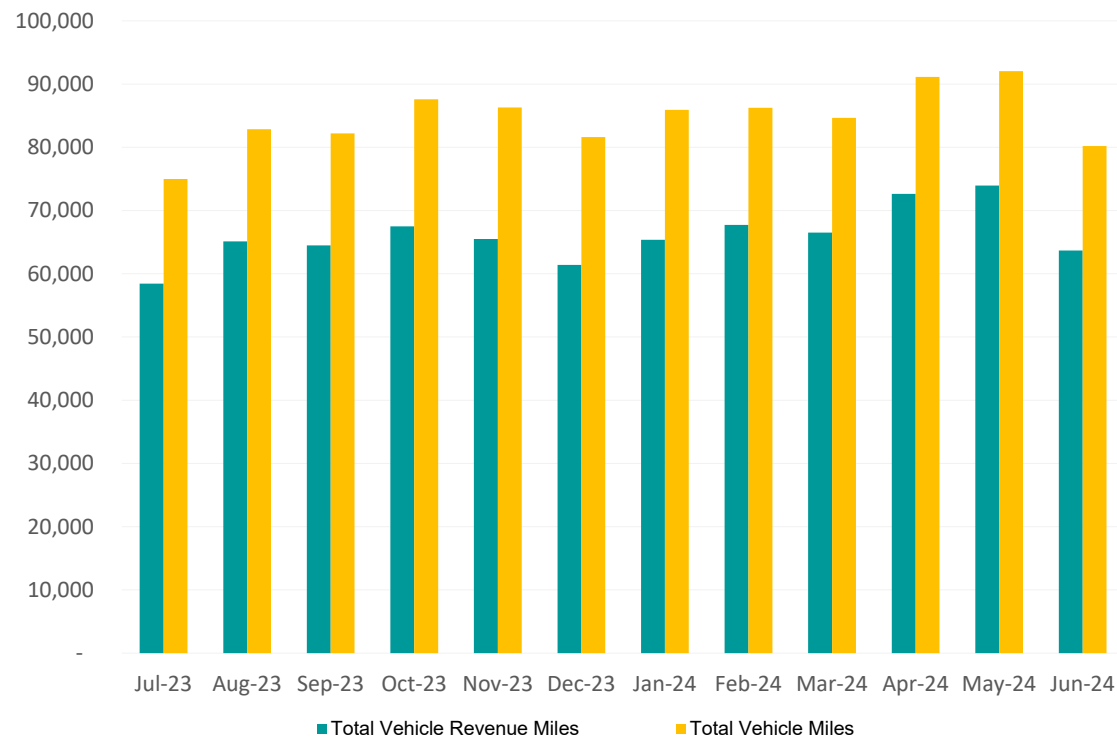


Source: 02 CTC AOR Monthly Report 09-16-2024.xlsx

**Table 10: Vehicle Miles**

	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24	Apr-24	May-24	Jun-24	Total
<b>Total Vehicle Revenue Miles</b>	58,436	65,114	64,479	67,490	65,510	61,402	65,372	67,732	66,517	72,643	73,938	63,687	<b>792,320</b>
<b>Total Vehicle Miles</b>	74,996	82,844	82,199	87,593	86,303	81,604	85,923	86,259	84,648	91,143	92,043	80,187	<b>1,015,742</b>

**Figure 10: Vehicle Miles**

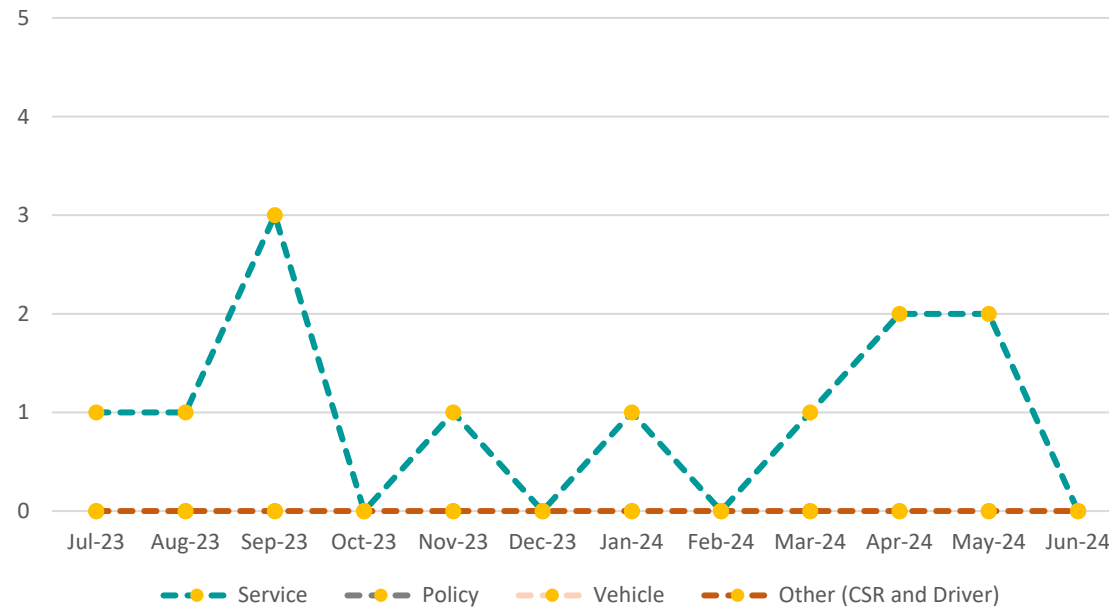


Source: 02 CTC AOR Monthly Report 09-16-2024.xlsx

**Table 11: Valid Complaints**

Complaint Type	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24	Apr-24	May-24	Jun-24	Total
Service	1	1	3	0	1	0	1	0	1	2	2	0	12
Policy	0	0	0	0	0	0	0	0	0	0	0	0	0
Vehicle	0	0	0	0	0	0	0	0	0	0	0	0	0
Other (CSR and Driver)	0	0	0	0	0	0	0	0	0	0	0	0	0
Total Valid Complaints	1	1	3	0	1	0	1	0	1	2	2	0	12

**Figure 11: Valid Complaints**



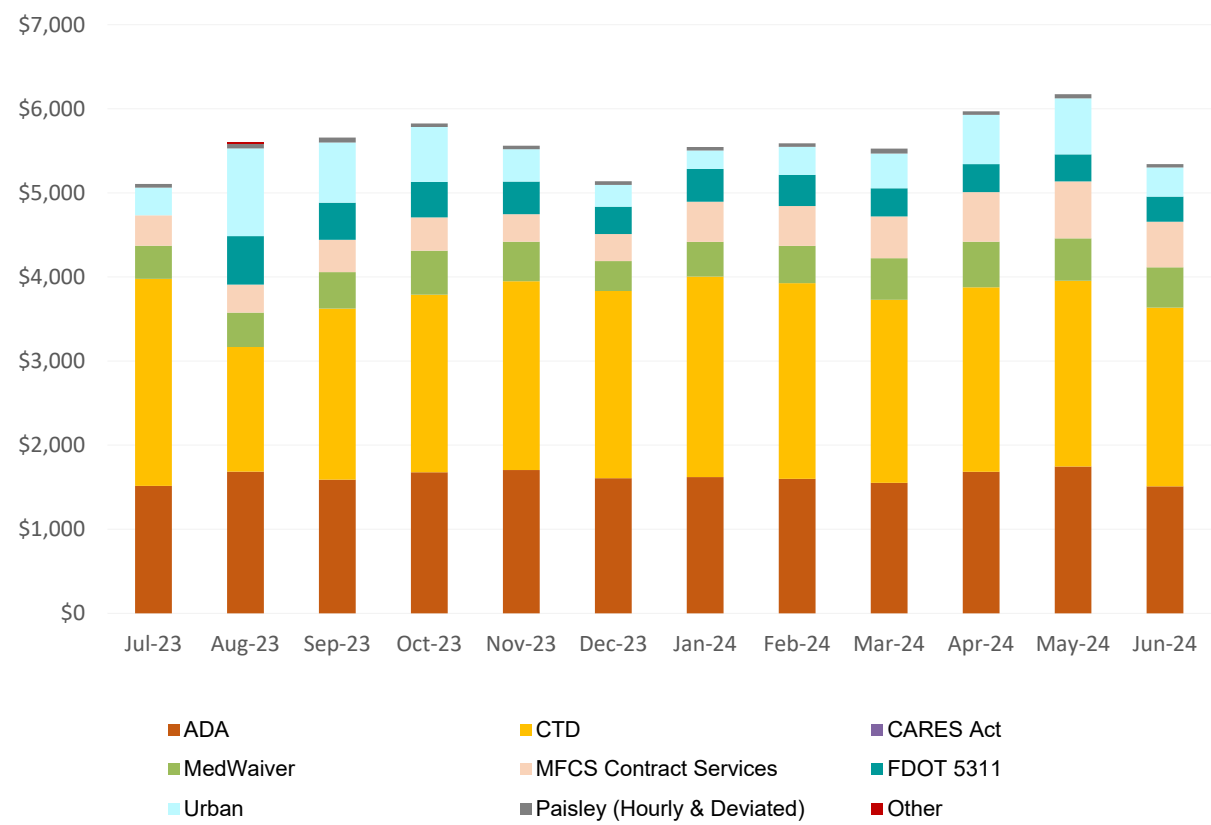
Source: 04 Complaint Report 09-16-2024.xlsx

**Table 12: Lake County Connection Funding Source**

<b>Funding Source</b>	<b>Jul-23</b>	<b>Aug-23</b>	<b>Sep-23</b>	<b>Oct-23</b>	<b>Nov-23</b>	<b>Dec-23</b>	<b>Jan-24</b>	<b>Feb-24</b>	<b>Mar-24</b>	<b>Apr-24</b>	<b>May-24</b>	<b>Jun-24</b>	<b>Total</b>
<b>ADA</b>	1,516	1,686	1,589	1,677	1,704	1,607	1,621	1,600	1,552	1,683	1,746	1,510	<b>19,491</b>
<b>CTD</b>	2,461	1,482	2,034	2,113	2,245	2,226	2,384	2,327	2,176	2,193	2,208	2,126	<b>25,975</b>
<b>CARES Act</b>	0	0	0	0	0	0	0	0	0	0	0	0	<b>0</b>
<b>MedWaiver</b>	395	409	434	522	470	355	412	443	495	543	505	478	<b>5,461</b>
<b>MFCS Contract Services</b>	361	333	384	396	328	323	478	474	497	589	678	543	<b>5,384</b>
<b>FDOT 5311</b>	0	575	443	423	388	324	389	370	334	333	320	298	<b>4,197</b>
<b>Urban</b>	330	1,044	714	653	384	260	219	334	414	587	667	346	<b>5,952</b>
<b>Paisley (Hourly &amp; Deviated)</b>	42	56	60	41	42	44	43	42	58	42	50	40	<b>560</b>
<b>Other</b>	0	17	0	0	0	0	0	0	0	0	0	0	<b>17</b>
<b>Total Actual County Trips</b>	5,105	5,602	5,658	5,825	5,561	5,139	5,546	5,590	5,526	5,970	6,174	5,341	<b>67,037</b>

Source: 02 CTC AOR Monthly Report 09-16-2024.xlsx

Figure 12: Lake County Connection Funding Source

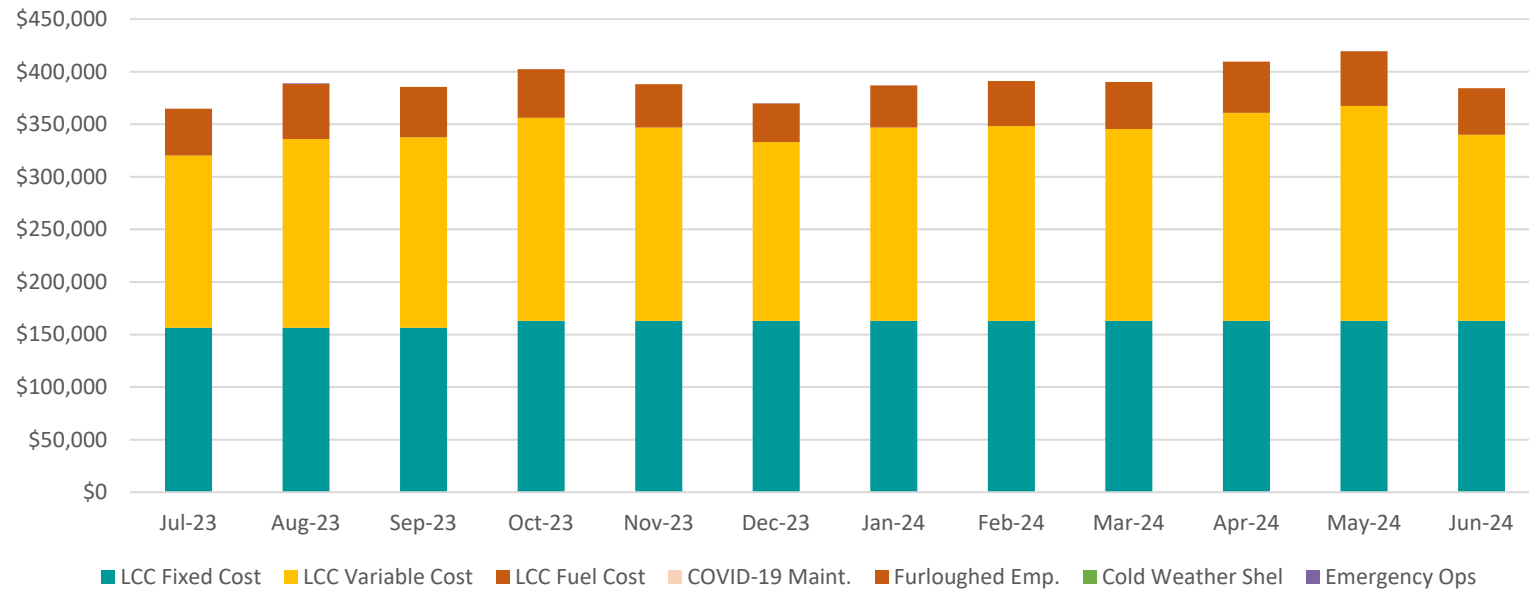


Source: 02 CTC AOR Monthly Report 09-16-2024.xlsx

**Table 13: Lake County Connection Contract Amount**

	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24	Apr-24	May-24	Jun-24	Total
<b>LCC Fixed Cost</b>	\$156,403	\$156,403	\$156,403	\$163,048	\$163,048	\$163,048	\$163,048	\$163,048	\$163,048	\$163,048	\$163,048	\$163,048	<b>\$1,936,642</b>
<b>LCC Variable Cost</b>	\$163,839	\$179,469	\$181,151	\$193,012	\$183,835	\$170,020	\$183,835	\$185,137	\$182,467	\$197,817	\$204,358	\$176,894	<b>\$2,201,835</b>
<b>LCC Fuel Cost</b>	\$44,502	\$52,558	\$47,892	\$46,298	\$41,145	\$36,716	\$39,953	\$42,869	\$44,767	\$48,713	\$51,956	\$44,399	<b>\$541,768</b>
<b>COVID-19 Maint.</b>	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	<b>\$0</b>
<b>Furloughed Emp.</b>	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	<b>\$0</b>
<b>Cold Weather Shel</b>	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	<b>\$0</b>
<b>Emergency Ops</b>	\$0	\$565	\$0	\$0	\$0	\$192	\$140	\$0	-\$200	\$0	\$0	\$0	<b>\$697</b>
<b>Total Expense</b>	<b>\$364,744</b>	<b>\$388,995</b>	<b>\$385,447</b>	<b>\$402,358</b>	<b>\$388,029</b>	<b>\$369,976</b>	<b>\$386,977</b>	<b>\$391,054</b>	<b>\$390,082</b>	<b>\$409,578</b>	<b>\$419,362</b>	<b>\$384,341</b>	<b>\$4,680,942</b>

**Figure 13: Lake County Connection Contract Amount**

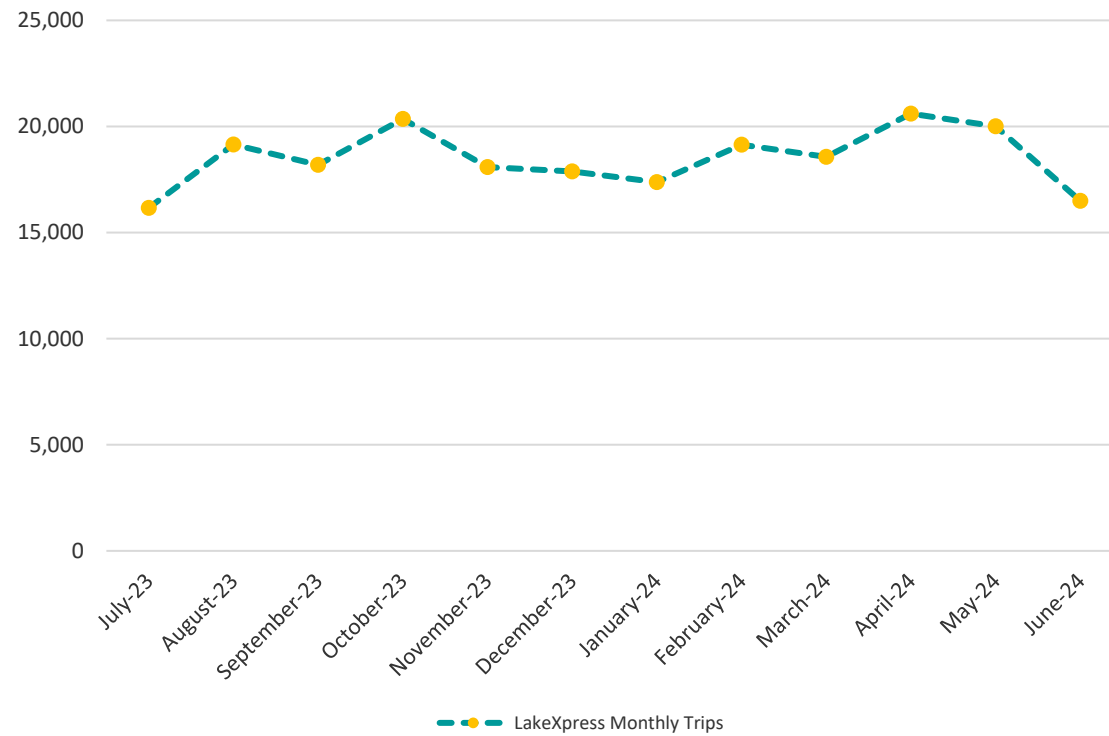


Source: 07 Performance Measures Report 09-16-2024.xlsx

**Table 14: LakeXpress Monthly Trips**

	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24	Apr-24	May-24	Jun-24	Total
<b>LakeXpress Monthly Trips</b>	16,165	19,146	18,187	20,351	18,082	17,882	17,377	19,137	18,568	20,604	20,009	16,497	<b>222,005</b>

**Figure 14: LakeXpress Monthly Trips**

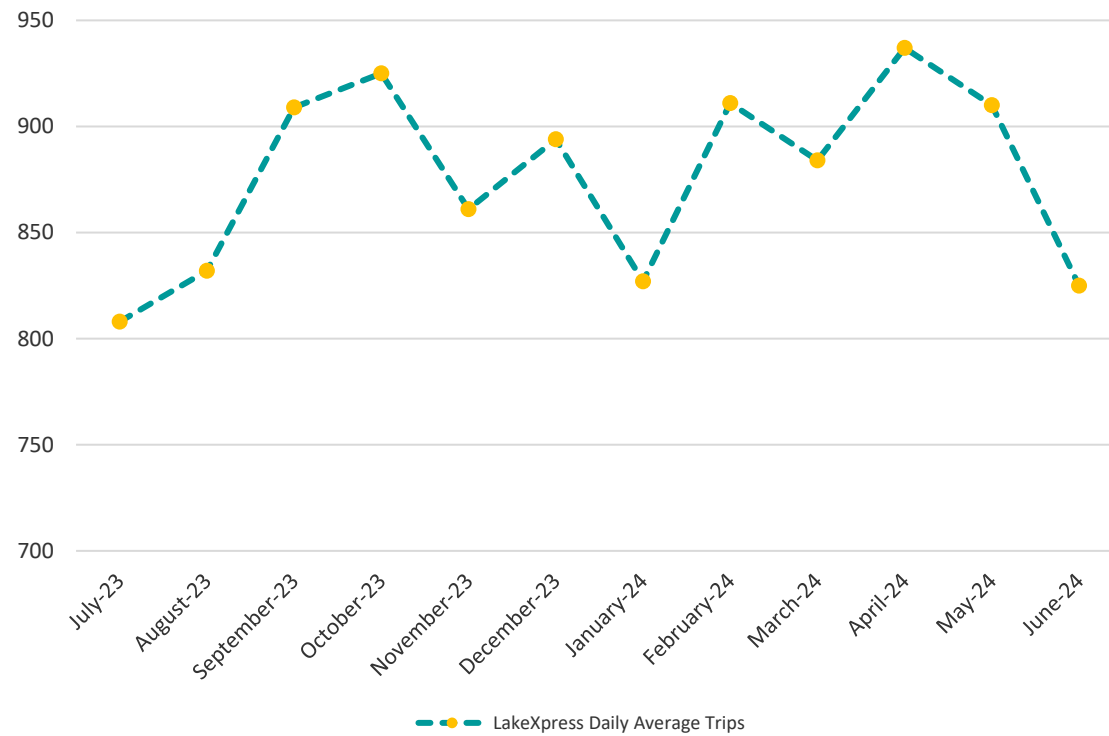


Source: 06 LX Monthly Trip Report 09-16-2024.xlsx

**Table 15: LakeXpress Daily Average Trips**

	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24	Apr-24	May-24	Jun-24
<b>LakeXpress Daily Average Trips</b>	808	832	909	925	861	894	827	911	884	937	910	825

**Figure 15: LakeXpress Daily Average Trips**



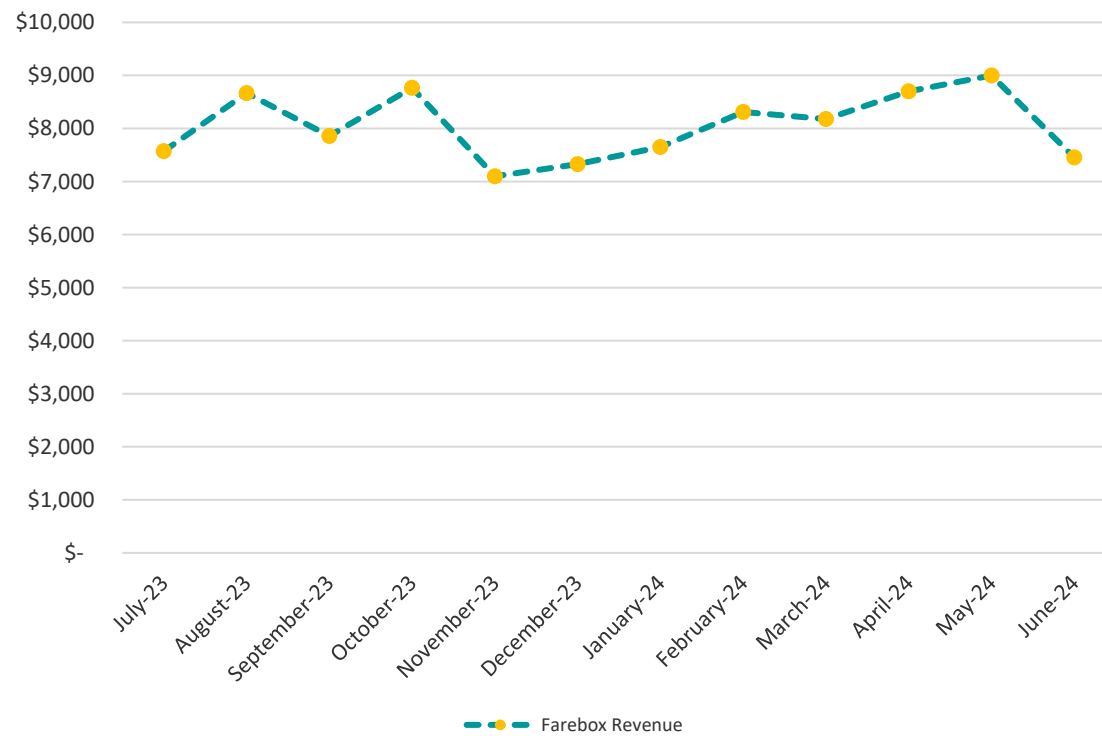
Source: 06 LX Monthly Trip Report 09-16-2024.xlsx



**Table 16: LakeXpress Farebox Revenue**

	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24	Apr-24	May-24	Jun-24	Total
<b>Farebox Revenue</b>	\$7,573	\$8,667	\$7,858	\$8,767	\$7,099	\$7,327	\$7,651	\$8,311	\$8,179	\$8,700	\$8,999	\$7,456	<b>\$96,586</b>

**Figure 16: LakeXpress Farebox Revenue**

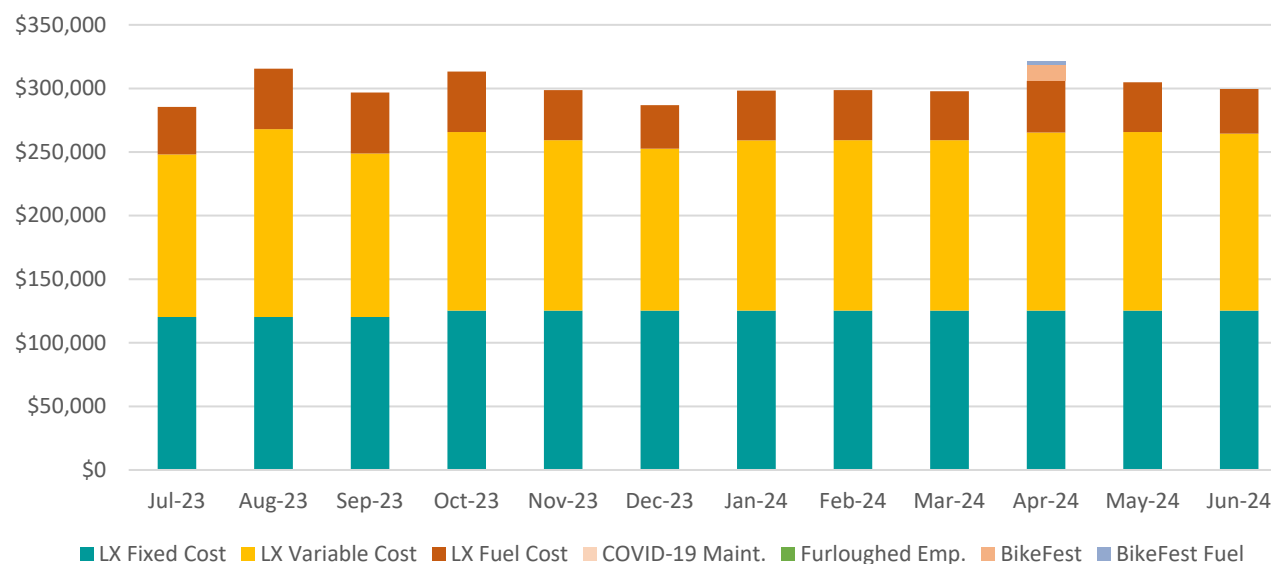


Source: 06 LX Monthly Trip Report 09-16-2024.xlsx

**Table 17: LakeXpress Contract Amount**

	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24	Apr-24	May-24	Jun-24	Total
<b>LX Fixed Cost</b>	\$120,230	\$120,230	\$120,230	\$125,338	\$125,338	\$125,338	\$125,338	\$125,338	\$125,338	\$125,338	\$125,338	\$125,338	<b>\$1,488,730</b>
<b>LX Variable Cost</b>	\$127,912	\$147,774	\$128,620	\$140,391	\$133,963	\$127,298	\$133,843	\$133,911	\$133,986	\$140,064	\$140,328	\$139,163	<b>\$1,627,253</b>
<b>LX Fuel Cost</b>	\$37,342	\$47,499	\$47,892	\$47,523	\$39,414	\$34,229	\$39,159	\$39,390	\$38,513	\$40,588	\$39,227	\$35,060	<b>\$485,837</b>
<b>COVID-19 Maint.</b>	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	<b>\$0</b>
<b>Furloughed Emp.</b>	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	<b>\$0</b>
<b>Total Expense</b>	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$12,346	\$0	\$0	<b>\$12,346</b>

**Figure 17: LakeXpress Contract Amount**



Source: 07 Performance Measures Report 09-16-2024.xlsx

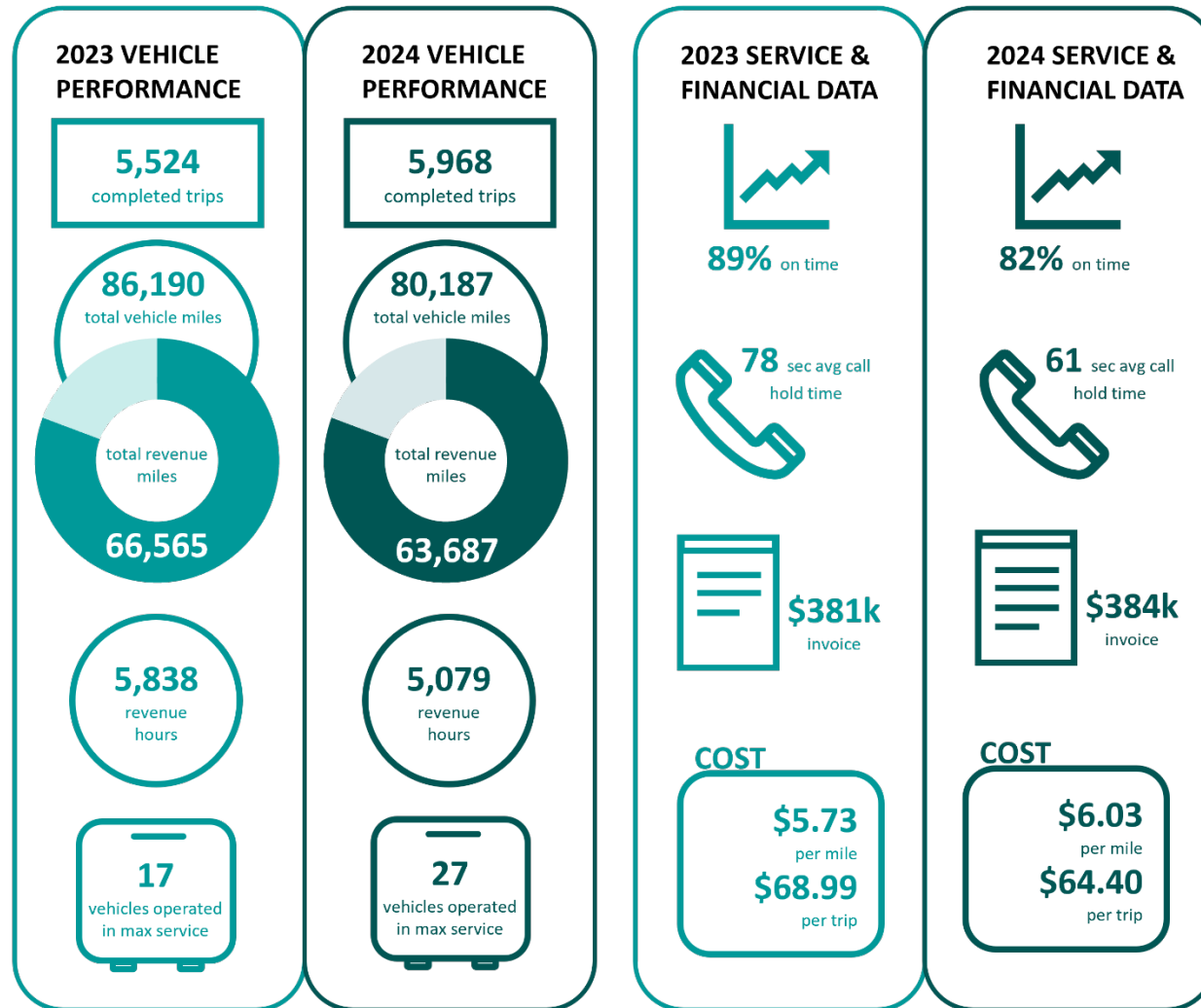
**Table 18: Lake County Transit Annual Comparison Summary**

<b>Description</b>	<b>June 2023</b>	<b>June 2024</b>	<b>Change</b>
<b>Completed Trips</b>	5,524	5,968	8.0%
<b>Total Vehicle Miles</b>	86,190	80,187	-7.0%
<b>Total Revenue Vehicle Miles</b>	66,565	63,687	-4.3%
<b>Total Revenue Hours</b>	5,838	5,079	-13.0%
<b>Vehicles Operated in Maximum Service</b>	17	27	58.8%
<b>Accidents/Incidents (Preventable)</b>	1	1	0.0%
<b>Accidents/Incidents (Non-Preventable)</b>	1	1	0.0%
<b>On Time Performance - Standard 92%</b>	89%	82%	-7.9%
<b>Call Hold Times (Seconds)</b>	1:18	1:01	-21.8%
<b>Invoice Amount</b>	\$381,102.30	\$384,341.47	0.8%
<b>Cost per mile</b>	\$5.73	\$6.03	5.4%
<b>Cost per trip</b>	\$68.99	\$64.40	-6.7%
<b>Compliments</b>	3	1	-66.7%
<b>Complaints (Valid)</b>	2	0	-100.0%

Source: 03 Comparison Report 09-16-2024.xlsx

**Figure 18: Lake County Transit Annual Comparison Summary**

**Selected Lake County Transit Metrics  
June 2023 and June 2024 Comparison**



Source: 03 Comparison Report 09-16-2024.xlsx



FLORIDA COMMISSION FOR THE TRANSPORTATION DISADVANTAGED

# PLANNING AGENCY QUARTERLY REPORT

SERVICE AREA/COUNTIES:

&lt;&lt;LAKE&gt;&gt;

INVOICE NUMBER:

G2I96 Q4

INVOICE DATE: July 30, 2024

QUARTER SERVICE DATES: April 1 - June 30, 2024

## AGENCY

Lake~Sumter Metropolitan Planning Organization


I PROGRAM MANAGEMENT	PROGRESS
A. When necessary and in cooperation with the LCB, <b>solicit and recommend a CTC</b> . The selection will be accomplished, to the maximum extent feasible, through public competitive bidding or proposals in accordance with applicable laws and rules. Such recommendation shall be presented to the Commission by Planning Agency staff or their designee as needed. (Tasks 2A)	The Lake TDCB recommended the Lake County remain the CTC for the next 5 years at the June 10, 2024 meeting.
B. Develop and maintain a process for the <b>appointment and reappointment of voting and non-voting members</b> to the local coordinating board. (41-2.012, FAC)	The MPO maintains records for all appointments to the Lake TDCB.
C. Prepare <b>agendas</b> for local coordinating board meetings consistent with the <i>Local Coordinating Board and Planning Agency Operating Guidelines</i> . (Task 3)	The MPO supports all aspects of the quarterly meetings and adheres to LCB guidelines.
D. Prepare official <b>minutes</b> of local coordinating board meetings regardless of a quorum) and submit a copy along with the quarterly report to the Commission. For committee meetings, prepare minutes in the form of a brief summary of basic points, discussions, decisions, and recommendations to the full board. Keep records of all meetings for at least five years. (Task 3)	The MPO prepares and posts all TDCB meeting minutes on the MPO website for public access and review.
E. Provide at least one <b>public workshop</b> annually by each local coordinating board, and assist the Commission, as requested, in co-sponsoring public workshops. This public workshop must be in addition to the local coordinating board meetings. It may, however, be held in conjunction with the scheduled local coordinating board meeting (immediately following or prior to the local coordinating board meeting). (Task 4)	The TDCB Public Workshop was held on March 4, 2024 prior to the TDCB quarterly meeting.
F. Provide staff support for <b>committees</b> of the local coordinating board. (Task 3)	The MPO supports and coordinates the subcommittees of the TDCB including : CTC evaluation, Grievance, Bylaws and Ridership.
G. Develop and update annually <b>by-laws</b> for local coordinating board approval. Approved by-laws shall be submitted to the Commission. (Task 5)	The TDCB bylaws are reviewed at the fourth quarter TDCB meeting.
H. Develop, annually update, and implement local coordinating board <b>grievance procedures</b> in accordance with the Commission guidelines. Procedures shall include a step within the local complaint and/or grievance procedure that advises a dissatisfied person about the Commission's Ombudsman Program. A copy of the approved procedures shall be submitted to the Commission. (Task 6)	The TDCB Grievance procedures are reviewed at the fourth quarter TDCB meeting.
I. Provide the Commission with a current <b>membership roster and mailing list</b> of local coordinating board members. The membership roster shall be submitted with the first quarterly report and when there is a change in membership. (Task 3)	The current TDCB membership roster is included in this invoice packet.
J. Provide <b>public notice</b> of local coordinating board meetings and local public workshops in accordance with the <i>Coordinating Board and Planning Agency Operating Guidelines</i> . (Task 3)	The newspaper public meeting notice is included in this invoice packet.
K. Review and comment on the <b>Annual Operating Report</b> for submittal to the local coordinating board, and forward comments/concerns to the Commission for the Transportation Disadvantaged. (Task 7)	The AOR was reviewed and approved at the second quarterly TDCB meeting.

L. Report the <b>actual expenditures</b> (AER) of direct federal and local government transportation funds to the Commission for the Transportation Disadvantaged no later than September 15th. (Task 8)	The AER was submitted to the CTD prior to September 15, 2024 and presented to the TDCB at the September 18, 2023 TDCB meeting.
<b>II. SERVICE DEVELOPMENT</b>	<b>PROGRESS</b>
A. Jointly, with the community transportation coordinator and the local coordinating board, develop the <b>Transportation Disadvantaged Service Plan (TDSP)</b> following CTD guidelines. (Task 1)	The major update for the TDSP was completed and approved at the June 2023 TDCB meeting. The TDSP annual updated was reviewed and approved at the June 10, 2024 TDCB meeting.
B. Encourage integration of "transportation disadvantaged" issues into <b>local and regional comprehensive plans</b> . Ensure activities of the local coordinating board and community transportation coordinator are consistent with local and state comprehensive planning activities including the Florida Transportation Plan. (427.015, FS)	The TDCB is included in the the planning process including the Lake County TDP and the MPO's 2050 LRTP currently under development.
C. Encourage the local community transportation coordinator to work cooperatively with <b>regional workforce boards</b> established in Chapter 445, F.S., and provide assistance in the development of innovative transportation services for participants in the welfare transition program. (427.0157, FS)	The Regional Workforce Board is represented on the TDCB Board.
<b>III. TECHNICAL ASSISTANCE, TRAINING, AND EVALUATION</b>	<b>PROGRESS</b>
A. Provide the LCB with <b>quarterly reports</b> of local TD program administrative support accomplishments as outlined in the grant agreement and any other activities related to the TD program. (Task 9)	The Quarterly Porgress report is included in this invoice packet and is presented to the TDCB at each quarterly meeting.
B. Attend at least one <b>Comission-sponsored training</b> , including but not limited to, the CTD's regional meetings, the CTD's annual training workshop, or other sponsored training. (Task 10)	MPO staff attended the revised CTD annual workshop in 2024.
C. Attend at least one <b>CTD meeting</b> each year within budget/staff/schedule availability.	MPO staff attendes most of the CTD Business meetings.
D. Notify CTD staff of local <b>TD concerns</b> that may require special investigations.	as needed
E. Provide <b>training</b> for newly-appointed LCB members. (Task 3)	MPO staff provides training for new TDCB members including a TD 101 training packet.
F. Provide <b>assistance</b> to the CTC, purchasing agencies, and others, as needed, which may include participation in, and initiating when necessary, local or regional meetings to discuss TD needs, service evaluation and opportunities for service improvement.	as needed
G. To the extent feasible, collect and review <b>proposed funding applications</b> involving "TD" funds consistent with Chapter 427, F.S., and Rule 41-2, F.A.C., and provide recommendations to the LCB. (427.0157, FS)	The TDCB reviews all TD grant applications.
H. Ensure the local coordinating board conducts, as a minimum, <b>an annual evaluation</b> of the community transportation coordinator. The local coordinating board shall evaluate the coordinator using the Commission's <i>Evaluation Workbook for Community Transportation Coordinators and Providers in Florida</i> (at a minimum using the modules concerning Competition In Use of Operators, Cost-Effectiveness and Efficiency, and Availability of Service) and local standards as defined in the Transportation Disadvantaged Service Plan. (Task 2B)	The TDCB conducted and approved the 2024 CTC evaluation at the 3rd and 4th quarter meetings.
I. Assist the CTD in <b>joint reviews</b> of the CTC.	as needed

J. Ensure the LCB annually reviews <b>coordination contracts</b> to advise the CTC whether the continuation of said contract provides the most cost effective and efficient transportation available, consistent with Rule 41-2, F.A.C.	Coordination contracts are reviewed annually.
K. Implement recommendations identified in the CTD's <b>QAPE</b> reviews.	ongoing

Other Items of Development and Update in accordance with Laws, Rules, and Commission policy:

By submission of this Quarterly Report, the information provided is accurate and accountable and corresponds with the activities for this quarter.



Representative

Date: