

II. FISCAL IMPACT ANALYSIS

A. Five Year Summary of Fiscal Impact:

Fiscal Years	2007	2008	2009	2010	2011
Capital Expenditures					
Operating Costs	\$1,427,463				
External Revenues	< \$290,472 >				
Program Income (County)					
In-Kind Match (County)					
NET FISCAL IMPACT	\$1,136,991				
# ADDITIONAL FTE POSITIONS (Cumulative)					

Is Item Included In Current Budget? Yes X No
Budget Account No.: Fund 1340 Dep't. 540 Unit 5013 Object Various
Program

B. Recommended Sources of Funds/Summary of Fiscal Impact:

C. Departmental Fiscal Review: *John Murphy, Finance Mgr.*

III. REVIEW COMMENTS

A. OFMB Fiscal and/or Contract Dev. and Control Comments:

Jim Omb 12-12-06
OFMB
adm 12-11-06 *CM* 12/11/06
Jim - J. Jacob 12/14/06
Contract Dev. and Control

B. Legal Sufficiency:

Ulaheen Lealle
Assistant County Attorney
For Draney

C. Other Department Review:

OAA SERVICE PROVIDER APPLICATION
Palm Tran CONNECTION

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I.A. SERVICE PROVIDER SUMMARY INFORMATION PAGE

PSA: 9

ORIGINAL SUBMISSION ☒ REVISION ☐

<p>1. PROVIDER INFORMATION:</p> <p>Director: Dennis P. Dee Palm Tran CONNECTION 3044 South Military Trail, Suite D Lake Worth, FL 33463</p> <p>Legal Name of Agency: Palm Beach County Board of County Commissioners</p> <p>Mailing Address: Dennis P. Dee Palm Tran CONNECTION 3044 South Military Trail, Suite D Lake Worth, FL 33463</p> <p>Telephone Number: (561) 649-9848</p>	<p>2. GOVERNING BOARD CHAIR: Addie Greene 301 N. Olive West Palm Beach, FL 33401</p> <p>Name of Grantee Agency: Palm Beach County Board of County Commissioners 301 N. Olive West Palm Beach, FL 33401</p> <p>3. ADVISORY COUNCIL CHAIR: (If applicable) [Name/Address/Phone] Not Applicable</p>															
<p>4. TYPE OF AGENCY/ORGANIZATION:</p> <p>NOT FOR PROFIT: <input type="checkbox"/> PRIVATE <input checked="" type="checkbox"/> PUBLIC</p> <p>PRIVATE FOR PROFIT</p>	<p>5. PROPOSED FUNDING PERIOD: <u>January 1, 2007 – December 31, 2007</u></p> <p>A. New Applicant B. Continuation <input checked="" type="checkbox"/></p>															
<p>6. FUNDS REQUESTED:</p> <table border="0"> <tr> <td><input checked="" type="checkbox"/> OAA Title IIIB</td> <td><input type="checkbox"/> CCE</td> <td><input type="checkbox"/> CCPE</td> </tr> <tr> <td><input type="checkbox"/> OAA Title III-C</td> <td><input type="checkbox"/> HCE</td> <td><input type="checkbox"/> EHEAP</td> </tr> <tr> <td><input type="checkbox"/> OAA Title IIID</td> <td><input type="checkbox"/> ADI</td> <td><input type="checkbox"/> Contracted Services</td> </tr> <tr> <td><input type="checkbox"/> OAA Title IIIE</td> <td><input type="checkbox"/> LSP</td> <td><input type="checkbox"/> HCBS</td> </tr> <tr> <td><input type="checkbox"/> OAA Title VII</td> <td><input type="checkbox"/> USDA</td> <td><input type="checkbox"/> OTHER (SPECIFY)</td> </tr> </table>		<input checked="" type="checkbox"/> OAA Title IIIB	<input type="checkbox"/> CCE	<input type="checkbox"/> CCPE	<input type="checkbox"/> OAA Title III-C	<input type="checkbox"/> HCE	<input type="checkbox"/> EHEAP	<input type="checkbox"/> OAA Title IIID	<input type="checkbox"/> ADI	<input type="checkbox"/> Contracted Services	<input type="checkbox"/> OAA Title IIIE	<input type="checkbox"/> LSP	<input type="checkbox"/> HCBS	<input type="checkbox"/> OAA Title VII	<input type="checkbox"/> USDA	<input type="checkbox"/> OTHER (SPECIFY)
<input checked="" type="checkbox"/> OAA Title IIIB	<input type="checkbox"/> CCE	<input type="checkbox"/> CCPE														
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<input type="checkbox"/> OAA Title IIIE	<input type="checkbox"/> LSP	<input type="checkbox"/> HCBS														
<input type="checkbox"/> OAA Title VII	<input type="checkbox"/> USDA	<input type="checkbox"/> OTHER (SPECIFY)														
<p>7. SERVICE AREA: <input checked="" type="checkbox"/> Single County <u>Palm Beach County</u></p> <p><input type="checkbox"/> Selected Communities of a County: Specify</p> <p><input type="checkbox"/> Multiple Counties: List</p>																
<p>8. ADDRESS FOR PAYMENT OF CHECKS ITEM #: <input checked="" type="checkbox"/> #1 <input type="checkbox"/> #2</p>																
<p>9. CERTIFICATION BY AUTHORIZED AGENCY OFFICER:</p> <p>I hereby certify that the contents of this document are true, accurate and complete statements. I acknowledge that intentional misrepresentation or falsification may result in the termination of financial assistance.</p> <p>Name: <u>Addie Greene, Chairperson</u> Signature: _____</p> <p>Title: <u>Palm Beach County Board of County Commissioners</u> Date: _____</p>																

Approved as to Form
And Legal Sufficiency

Maureen Cull
County Attorney *For Donna Roney*

Sharon R. Bock, Clerk & Comptroller
Board of County Commissioners

By: _____
Deputy Clerk

II.A. GENERAL INFORMATION

II.A.1. NEEDS ASSESSMENT:

Palm Tran CONNECTION transports Palm Beach County Division of Senior Services' (DOSS) clients to DOSS Nutrition sites north of Hypoluxo Road only. For information - Please see Palm Beach County DOSS needs assessment information.

II.A.2 OUTREACH (OAA Only):

Palm Tran CONNECTION has a full-time Outreach Manager that visits various agencies, senior communities and any other interested party to discuss the Palm Tran CONNECTION transportation program. The majority of our DOSS clients come directly from the Meal Sites and/or the Division of Senior Services. For more information - Please see Palm Beach County DOSS Targeting information.

II.A.3. ELIGIBILITY AND ASSESSMENT/REASSESSMENT PROCESS:

Eligibility for Title- III-B Transportation:

Palm Tran CONNECTION transports Palm Beach County Division of Senior Services' (DOSS) clients to DOSS Nutrition sites north of Hypoluxo Road only. Palm Tran CONNECTION verifies that the client is 60 years or older and attends the DOSS Nutrition Meal Site. A vast majority of our clients are referred to us from the DOSS Meal Site. Please see Palm Beach County DOSS Eligibility for Title III-B for more information.

II.A.4. DESCRIBE SYSTEM FOR CONSUMER PRIORITIZATION:

There are no prioritizations for transportation.

II.A.5. PROCESS for REDUCING or TERMINATING SERVICES

Not Applicable for Palm Tran CONNECTION.

II.A.6. QUALITY ASSURANCE:

Palm Tran CONNECTION has Service Coordinators (road supervisors) that perform Annual Inspections, spot inspections and monitor random trips daily to ensure the service delivery is satisfactory. Field reports are submitted daily to the Operations Manager. They also make sure the Subcontractors are in compliance with County, State, and Federal transportation regulations by inspecting vehicles and driver files.

CONNECTION, as well as having the Service Coordinators, has Lead Reservationists to process daily trip revisions, non-emergency same day add-ons, as well as facilitate the resolution of any service issues.

The Palm Tran CONNECTION Customer Service department takes complaints and commendations daily from riders. Any safety or service delivery concerns are forwarded to the Service Coordinators for investigation and follow up. We have set a goal of One Hundred surveys performed each month to assure customer feedback on service delivery. For more information on the Quality Assurance of DOSS clients, please refer to the DOSS application.

III.A. DESCRIPTION OF SERVICE DELIVERY

SERVICE: DOSS Transportation

PROGRAM(S): DOSS Transportation

III.A.1. SITE LOCATION: (Provider may attach a list of site locations.)

PALM BEACH COUNTY

III.A.2. DAYS AND HOURS OF OPERATION:

Monday – Friday 9:00a.m. – 5:00p.m.

III.A.3. SERVICE ACTIVITIES

Palm Tran CONNECTION schedules all trips, prepares vehicle manifests, handles customer concerns and commendations, verifies eligibility, and monitors the performance of the Subcontractors that provide door to door paratransit transportation.

III.A.4. NUTRITION EDUCATION SCHEDULE

Not Applicable to Palm Tran CONNECTION

III.A.5. NUTRITION CONSULTATION AGREEMENT

Not Applicable to Palm Tran CONNECTION

III.A.6. NSIP COMMUNITY FOODS STATEMENT

Not Applicable to Palm Tran CONNECTION

IV.A NEW SERVICE/NEW PROVIDER BUSINESS MEASURES

Not Applicable

V.A. GOALS, OBJECTIVES AND PERFORMANCE MEASURES

Not Applicable to Palm Tran CONNECTION.

Please see Palm Beach County DOSS application for more information.

B. CONTRACT MODULE FORMATS

I.B. PERSONNEL COSTS WORKSHEET

Not Applicable

DOEA UNIT COST METHODOLOGY

There will be no request for reimbursement for labor or overhead for personnel costs.

II.B. LINE ITEM BUDGET PROJECTIONS

NOT APPLICABLE

DOEA UNIT COST METHODOLOGY

No request for reimbursement for staff time will be made.

III.B. SUPPORTING BUDGET SCHEDULE BY PROGRAM ACTIVITY

DOEA UNIT COST METHODOLOGY

Palm Beach County (Palm Tran CONNECTION) requests the payment of \$ 13.50 for each ambulatory trip performed. These prices are the same as those paid by the Florida Commission for the Transportation Disadvantaged and previously by the Agency for Health Care Administration (AHCA) for Medicaid trips performed. Palm Beach County will not be requesting the payment of a management fee for the reservation call taking and scheduling of the trip. AHCA historically paid \$2.38 per trip for these services.

These prices are predicated on the fact that Palm Beach County has solicited firm fixed pricing in the open market place. The Invitation for Bid (04-29R/DP) was made available to all interested firms. The Solicitation process was conducted in accordance with Palm Beach County's Purchasing Ordinance. This Ordinance embodies the basic principals and policies required by not only the State of Florida but also the Federal Transit Administration. The award of contracts was made to the most qualified, responsible and responsive vendor.

In accordance with the requirements of the Federal Acquisition Regulation Part 15 Subpart 804.3, Cost and Pricing Data may be exempted by the Contracting Officer if adequate price competition has been obtained. Adequate price competition exists if: (1) Offers are solicited; (2) Two or more responsible offerors that can satisfy the Government's requirements submit priced offers responsive to the solicitation's expressed requirements; and (3) The offerors compete independently for a contract to be awarded to the responsible offeror submitting the lowest evaluated price. All of the requirements listed above have been satisfied.

IV.B. MATCH COMMITMENT OF CASH DONATION

TRANSPORTATION – Palm Tran CONNECTION

Agency Name: Palm Beach County Board of County Commissioners (Palm Tran CONNECTION)

Donor Identification: N/A

Name: Palm Beach County Board of County Commissioners

Street: 301 N. Olive

City: West Palm Beach

State: FL

Zip: 33401

Phone: (561) 355-2201

Authorized Representative: Addie Greene, Chairperson

Total Amount \$1,136,991

Payments 12

Amount/Payment \$94,749

Contribution Period January 1, 2007 – December 31, 2007

Special Conditions:

Donor Certification:

I hereby certify intent to make the cash donation set forth above for use in the specified program during the program's upcoming funding period. This cash is not included as match for any other State or Federally assisted program or contract and is not borne by the federal government directly under any federal grant or contract.

Signature of Donor or Representative: _____ Date: _____
Addie Greene, Chairperson

Approved as to Form
And Legal Sufficiency

Maureen Leulke
County Attorney *Per [Signature]*

Sharon R. Bock, Clerk & Comptroller
Board of County Commissioners

By: _____
Deputy Clerk

V.B. MATCH COMMITMENT FOR DONATION OF BUILDING SPACE

NOT APPLICABLE

Agency Name: N/A

Donor Identification: N/A

Name:

Street:

City:

State:

Zip:

Phone:

Authorized Representative:

Description of Space: ☐ Office ☐ Site ☐ Other

Provider Owned Space:

1. Number of square footage used by project: _____ sq/ft
2. Appraised rental value per square foot: \$
3. Total value of space used by project (1x2): \$

Donor Owned Space:

1. Established monthly rental value: \$
2. Number of months rent to be paid by donor: _____ mos.
3. Value of donated space (1x2): \$

Special Conditions:

Donor Certification:

I hereby certify intent to donate use of the space set forth above for the program specified above during the program's upcoming funding period. This space is not being used as match for any other State or Federal program or contract.

Signature of Donor or Representative: _____ Date:

**VI.B. MATCH COMMITMENT OF SUPPLIES
NOT APPLICABLE**

Agency Name: N/A

Donor Identification: N/A

Name:

Street:

City:

State:

Zip:

Phone:

Authorized Representative:

The below described supplies are committed for use by the project for the period of:

Description of Supplies:

Computation of value method:

Value to be claimed by project: \$

Donor Certification:

These supplies are not included as contributions for any other State or Federally assisted program or contract and are not borne by the Federal Government directly or indirectly under any Federal grant or contract except as provided for under (cite the authorizing Federal regulation or law if applicable).

Signature of Donor or Representative: _____ Date:

**VII.B. MATCH COMMITMENT OF EQUIPMENT
NOT APPLICABLE**

Agency Name: N/A

Donor Identification: N/A

Name:

Street:

City:

State:

Zip:

Phone:

Authorized Representative:

The below described equipment is committed for use by the project for the period of:

<u>Item Description</u>	<u>Number</u>	<u>Acquisition</u>	<u>Value to Project*</u>	<u>Cost</u>
-------------------------	---------------	--------------------	--------------------------	-------------

1.

2.

3.

4.

5.

TOTAL VALUE CLAIMED: \$

☒ III. Items that are currently owned by the Grantee or are loaned or donated to the project are valued at an annual rate of 6-2/3 percent of the acquisition value.

Donor Certification:

This equipment is not included as match for any other State or Federally assisted program or contract and are not borne by the Federal Government directly or indirectly under any Federal grant or contract except as provided for under _____ (cite the authorizing Federal regulation or law if applicable).

Signature of Donor or Representative: _____ Date:

VIII.B. MATCH COMMITMENT OF IN-KIND CONTRIBUTION OF SERVICES
BY STAFF OF SERVICE PROVIDER OR STAFF OF OTHER ORGANIZATIONS

NOT APPLICABLE

Agency Name: N/A

Donor Identification: N/A

Name:
Street:

City:
State:
Zip:
Phone:

Authorized Representative:

The personal services described below are committed for use by the project for the period of:

Description of Positions:

<u>Position Title</u>	<u>Service</u>	<u>Hourly Rate or Annual Salary</u>	<u>#Hours Worked</u>	<u>Value to Project</u>
1.				
2.				
3.				
4.				
5.				

TOTAL - \$

☒ Value to project = (# of hours provided) x (hourly rate of annual salary).

Donor Certification: It is certified that the time devoted to the project will be performed during normal working hours.

These services are not included as match for any other State or Federally assisted program or contract and are not borne by the Federal Government directly or indirectly under any Federal grant or contract except as provided for under _____ (cite the authorizing Federal regulation or law if applicable).

Signature of Donor or Representative: _____ Date: _____

IX.B. MATCH COMMITMENT OF IN-KIND VOLUNTEER PERSONNEL AND TRAVEL

NOT APPLICABLE

Agency Name: N/A

Donor Identification: The volunteer staff positions identified below will be filled by local volunteers who will be recruited, trained and supervised as an ongoing activity of our agency. We will maintain volunteer records to document individual volunteer activity.

Describe Volunteer Effort:

Position Title	Equivalent Hourly Rate	# of Hours	Value to Project
1.			\$
2.			\$
3.			\$
4.			\$
5.			\$

TOTAL VALUE TO AGENCY \$

Equivalent Hourly Rates were determined by:

- ☐ Rates for comparable positions within own agency.
- ☐ State Employment Service estimate of rates for type of work.
- ☐ Rates for comparable positions within other local agencies.

Estimated Mileage X Rate per mile = Value
_____ \$

Donor Certification:

I certify that commitments have been received from individual volunteers or groups sufficient to provide the volunteer hours and travel as identified above.

Signature of Agency Official: _____ Date: _____

X.B. AVAILABILITY OF DOCUMENTS

The undersigned hereby gives assurance that the following documents are maintained in the administrative office of the provider and are accessible for review by the AAA.

1. Current Board Roster
2. Articles of Incorporation
3. Corporate By-Laws
4. Advisory Council By-Laws and Membership
5. Current Equipment Inventory
6. Bonding Verification
7. Staffing Plan
 - a. Position Descriptions
 - b. Pay Plan
 - c. Organizational Chart
8. Personnel Policies Manual
9. Financial Procedures Manual
10. Operational Procedures Manual
11. Affirmative Action Plan
12. Outreach Plan, if applicable
13. Americans With Disabilities Act Assurance
14. Staff Development and Training Plan
15. Unusual Incident File
16. Service Subcontracts
17. Co-Pay and Contribution System
18. Civil Rights Compliance Documentation

CERTIFICATION BY AUTHORIZED AGENCY OFFICIAL:

I hereby certify that the documents identified above currently exist and are available for review upon request.

Signature

Dennis P. Dee
Name of Authorized Individual

Date

Director, Palm Tran CONNECTION
Title of Authorized Individual